

Employee Benefits At-A-Glance 2024/25 Plan Year



PacificSource

MEDICAL OPTION 1 - PPO/Copay Plan (All deductibles / out-of-pocket maximums start over October 1st)

Deductible:
\$1,500 Individual/\$3,000 Family
In-Network Coinsurance: After deductible, plan pays 80% and member pays 20%
Maximum Out-of-Pocket:
\$5,000 Individual/\$10,000 Family
PPO Wellness: \$300 HRA/VEBA per year

OFFICE VISITS: \$30 Primary Care/
\$45 Specialty
Preventive Care Visits: Covered 100%
Emergency Room: \$100 Copay +
Deductible/Coinsurance
Prescriptions: \$250 Deductible for
Brand-Specialty
\$15 /\$30 /\$45 /\$200

Pre-Tax Cost (24 Paychecks)	Non Wellness			Wellness		
	Employer Monthly	Employee Monthly	Employee Per Paycheck	Employer Monthly	Employee Monthly	Employee Per Paycheck
Emp Only	\$617.77	\$130.60	\$65.30	\$672.24	\$76.13	\$38.07
Emp & Spouse	\$1,327.15	\$280.54	\$140.27	\$1,403.04	\$204.65	\$102.33
Emp & Child	\$876.71	\$185.33	\$92.67	\$939.00	\$123.04	\$61.52
Emp & Children	\$811.51	\$250.53	\$125.27	\$883.12	\$178.92	\$89.46
Emp & Family	\$1,758.97	\$371.81	\$185.91	\$1,847.89	\$282.89	\$141.45

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MEDICAL OPTION 2 & 3—HSA Plan (All deductibles /out-of-pocket maximums start over October 1st)

Individual Plan Deductible: \$2,000
Family Plan Deductible: \$3,200 Individual
embedded/\$5,200 Family
In-Network Coinsurance: After deductible,
plan pays 80% and member pays 20%
Maximum Out-of-Pocket:
\$4,000 Individual/\$8,000 family

Prescriptions:
All Prescriptions Subject to
Deductible/Coinsurance*
**Deductible waived for certain
preventive medications*

Pre-Tax Cost (24 Paychecks)	Non Wellness			Wellness		
	Employer Monthly	Employee Monthly	Employee Per Paycheck	Employer Monthly	Employee Monthly	Employee Per Paycheck
Emp Only	\$570.22	\$97.67	\$48.84	\$619.95	\$47.94	\$23.97
Emp & Spouse	\$1,148.14	\$196.67	\$98.34	\$1,215.87	\$128.94	\$64.47
Emp & Child	\$758.63	\$129.95	\$64.98	\$814.24	\$74.34	\$37.17
Emp & Children	\$712.89	\$175.69	\$87.85	\$776.82	\$111.76	\$55.88
Emp & Family	\$1,512.82	\$260.67	\$130.34	\$1,601.18	\$181.31	\$90.66

OFFICE VISITS: Subject to Deductible/
Coinsurance

Preventive Care Visits: Covered 100%
Emergency Room: Deductible/Coinsurance

Bonner County is Funding HSA accounts for the
2024/2025 benefit year*:

	Non Wellness	Wellness
Individual	\$62.50/pp	\$62.50/pp + \$300
Family	\$104.16/pp	\$104.16/pp + \$300

**Any employee who does not complete required steps / identity verification for setup of HSA
account within 60 days forfeits the employer funding for the year.*

DENTAL

Option 1 – DELTA DENTAL: 1464

Delta PPO or Premier: \$50 Deductible
Individual Benefit Max: \$1,250 PPO/\$1000 Premier
Preventive: Covered at 100% PPO/80% Premier
Basic: Covered at 80% PPO/70% Premier
Major: Covered at 50% PPO/40% Premier
Orthodontic: Discounts Available
♦Deductible and benefits start over January 1st

Option 2— WILLAMETTE: ID29

Willamette Dental: Must go to Willamette Clinic
No Deductible/No Annual Maximum*, \$15 Copay per Visit
Diagnostic & Preventive: Covered 100%
Fillings: Covered 100%
Root Canal: Covered 100%
Porcelain/Metal Crowns: \$225 Copay
Bridge: \$225 Copay
Comprehensive Orthodontia: \$2,800 Copay
Dental Implants: Specific \$1,500 annual benefit
maximum applies. **Maximum resets January 1st.***

Pre-Tax Cost Per Paycheck (24 Paychecks)	Dental
Emp Only	\$3.50
Emp & Spouse	\$7.00
Emp & Child	\$7.00
Emp & Children	\$7.00
Emp & Family	\$11.50

See full benefit summaries for out-of-network benefits, exclusions, limitations, and contract clarifications.

VISION: GV-2733

VSP Network

\$10 Exam Copay (Every 12 months)

\$25 Hardware Copay (Every 12 months)

Lenses: Covered in full every 12 months after hardware copay

Frames: \$130 Allowance (Every 24 months)

Contacts: (in lieu of glasses) \$130 allowance (Every 12 months)

Pre-Tax Cost Per Paycheck (24 Paychecks)

	Vision (VSP)
Emp Only	\$0.00
Emp & Spouse	\$2.70
Emp & Child or Children	\$3.09
Emp & Family	\$6.52

ACCIDENT INSURANCE

AFLAC

UNITED HERITAGE

Both plans reimburse you based on a schedule of benefits for certain on- and off-the-job accidents & injuries for which you receive medical care such as burns, broken bones, emergency room and urgent care visits, fractures and hospital admission for example. The money comes directly to you for your providers or other bills, etc. you may need the money for after an accident or injury. **You have two options for enrollment, but you can only enroll in one carrier each year.**

Post-Tax Cost Per Paycheck (24 Paychecks)	Accident
AFLAC	
Emp Only	\$5.74
Emp & Spouse	\$9.99
Emp & Child or Children	\$13.24
Emp & Family	\$17.49
UNITED HERITAGE	
Emp Only	\$6.49
Emp & Spouse	\$10.24
Emp & Child or Children	\$10.89
Emp & Family	\$17.14

See full benefit summaries for out-of-network benefits, exclusions, limitations, and contract clarifications.

LIFE INSURANCE: GL-2733 & G2-2733

Employer Paid Group Life/AD&D Benefit: Employee: 1x Annual Earnings, rounded to the next higher \$1,000. Dependent: \$1,000.

Voluntary Life/AD&D Benefit: Up to \$100k guaranteed upon hire or up to \$250k (not to exceed 3x annual earnings) through underwriting anytime after. Voluntary spouse/dependent life available. See benefits booklet for pricing by age band and amount.

DISABILITY: GD-2733 & GS-2733

Employer Paid Long-Term Disability : Replaces up to 60% of income in event of partial or total long-term disability. **90-Day Elimination Period** (length of time you are unable to work before benefits begin) **Benefit Period:** Own Occupation 24 Months, then until Social Security Retirement for any occupation.

Voluntary Short-Term Disability: Replaces up to 60% of Gross Weekly Earnings. Pre-existing condition exclusions/limitations apply. Maximum Weekly Benefit: \$1,000.

Benefit Period: 12 weeks elimination. Subject to underwriting after initial enrollment period.

CRITICAL ILLNESS

AFLAC

UNITED HERITAGE—Bundle Required

Both plans pay you based on a schedule of benefits for certain serious illnesses such as cancer, heart attack, stroke or kidney failure for example. **You have two options for enrollment, but you can only enroll in one carrier each year.**

United Heritage and AFLAC have optional benefits for hospital confinement as well as annual wellness exam. Pre-existing condition exclusions/limitations apply. Please see plan booklet for premiums and plan details.

EAP

Up to **6 FREE counseling visits** for every member of your household for short-term services only; ongoing care may be referred to a contracted community provider.

Call 1-866-750-1327 to confidentially access EAP benefits: uprisehealth.com/members
Access Code: bonnercounty

