



Your Employee Benefits Guide to Health & Wellness 2024— 2025



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EMPLOYEE CONTRIBUTION RATES

EFFECTIVE OCTOBER 1, 2024

Employee Cost Per Paycheck (24 Paychecks)	Employee	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
PacificSource Health Plans					
PPO Base	\$65.30	\$140.27	\$92.67	\$125.27	\$185.91
PPO Wellness	\$38.07	\$102.33	\$61.52	\$89.46	\$141.45
HSA Base	\$48.84	\$98.34	\$64.98	\$87.85	\$130.34
HSA Wellness	\$23.97	\$64.47	\$37.17	\$55.88	\$90.66
Delta Dental of Idaho					
	\$3.50	\$7.00	\$7.00	\$7.00	\$11.50
Willamette Dental Group					
	\$3.50	\$7.00	\$7.00	\$7.00	\$11.50
United Heritage Vision					
	\$0.00	\$2.70	\$3.09	\$3.09	\$6.52

Voluntary Life/AD&D, Critical Illness, Accident, and Hospital Indemnity Rate Tables—see Content Page for page assignments

WORKING SPOUSE PREMIUM SURCHARGE

If your spouse has group health coverage available through his/her employer and chooses to enroll in the Bonner County medical plan, a Working Spouse Premium Surcharge of \$75 per month will apply.

HEALTH SAVINGS ACCOUNT CONTRIBUTION

For those enrolling in the HSA medical plan, Bonner County will contribute the following amounts to your Health Savings Account:

Bonner County Health Savings Account Contribution Strategy 2024—2025	Contribution Amount per Benefit Year	
	Non-Wellness	Wellness
Individual HSA Funding (\$2,000 HSA plan)	\$1,500	\$1,800
Family HSA Funding (\$3,200 HSA plan)	\$2,500	\$2,800

Any employee that does not complete requested identity verification steps for their HSA Bank account within 60 days of becoming eligible forfeits the Bonner County employer funding. The employee is responsible for ensuring their total annual contribution into their HSA Bank account, including the amount contributed by Bonner County, does not exceed the annual IRS contribution maximums as outlined on page 19.

PPO/Copay Plan ENROLLMENT—HRA VEBA CONTRIBUTION

For those enrolling the PPO/Copay Plan, Bonner County will contribute \$300 into your HRA VEBA account.

ELIGIBILITY & ENROLLMENT

ELIGIBILITY:

All eligible employees working at least 20 hours per week are eligible for group insurance benefits.

You can also enroll the following eligible dependents in the medical, dental, vision and dependent life coverage:

- Your legal spouse
- Your dependent children up to the age of 26, including step-children, adopted children, children placed with you for adoption, children for whom you are a legal guardian (up to age 19), foster children.

Coverage may be extended to a child named in a Qualified Medical Child Support Order or to a physically or mentally disabled child if the disability occurs before the child reached age 26.

WHEN COVERAGE BEGINS:

- If you are hired between the 1st and 15th of the month you will be effective the first of the month following date of hire.
- If you are hired between the 16th and last day of the month you will be effective the first of the month following 30 days from your date of hire.

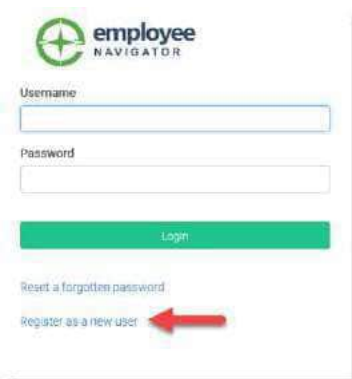
MAKING ENROLLMENT CHANGES DURING THE YEAR:

Once you enroll—either as a new hire or during open enrollment—your elections generally stay in effect for the rest of the plan year unless you have a qualifying event that immediately affects your benefit coverage. Examples of qualifying events include:

- Change in marital status;
- Change in number of dependents: birth, adoption, or placement for adoption;
- Change in employment status;
- Dependent satisfies or ceases to satisfy dependent eligibility requirements;
- Residence change;
- Gain or loss of eligibility for Medicaid, Children's Health Insurance Program, or other coverage.

Please contact HR immediately if you have a status change that could affect your enrollment options.

Employee Navigator Enrollment Portal




employee NAVIGATOR

Username

Password

[Reset a forgotten password](#)

[Register as a new user](#) 

Step 1: Register (Re-registration may be required!)

Go to <https://employeenavigator.com/benefits/Account/Login>

- **Returning users:** If you have logged into Employee Navigator before, please log in with your current username & password.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

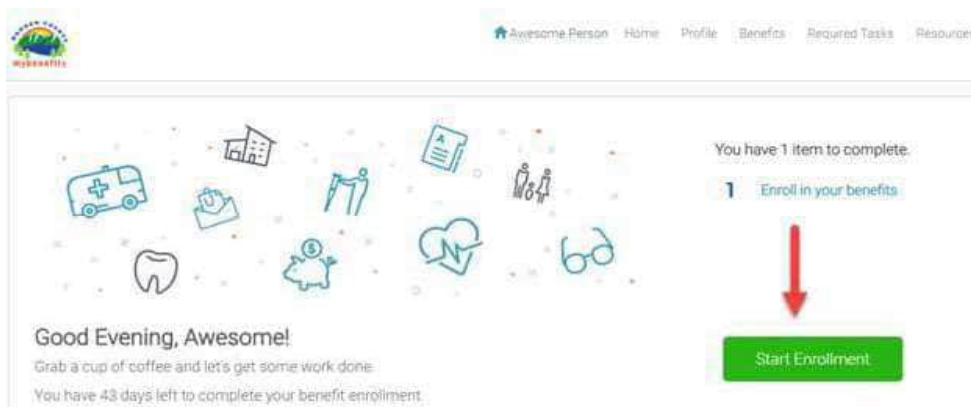
Step 2: Welcome!

After you login click Start Enrollment.

- COMPANY ID: **BonnerCounty**

TIP:

If using Passive Enrollment, click Complete HR Task to acknowledge rather than Start Enrollment!



mybenefits

Awesome Person Home Profile Benefits Required Tasks Resources


Good Evening, Awesome!

Grab a cup of coffee and let's get some work done.

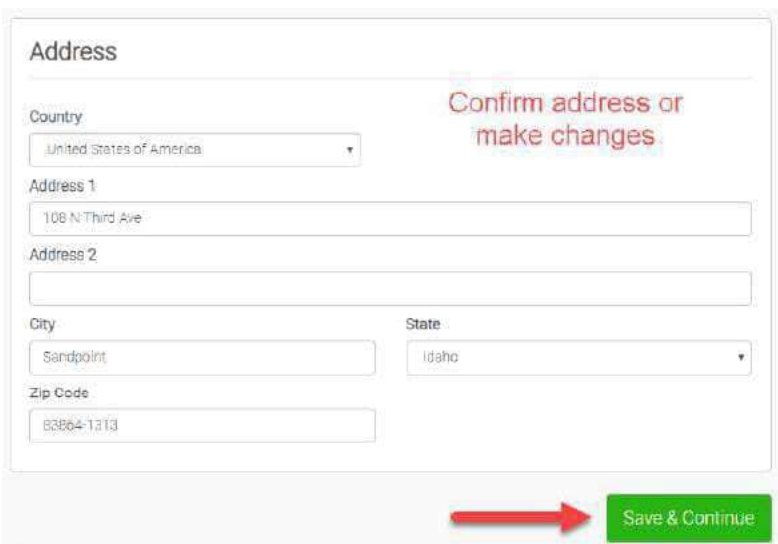
You have 43 days left to complete your benefit enrollment.

You have 1 item to complete.

1 Enroll in your benefits



Step 3: Update / Confirm Address



Address

Country


Address 1

Address 2

City

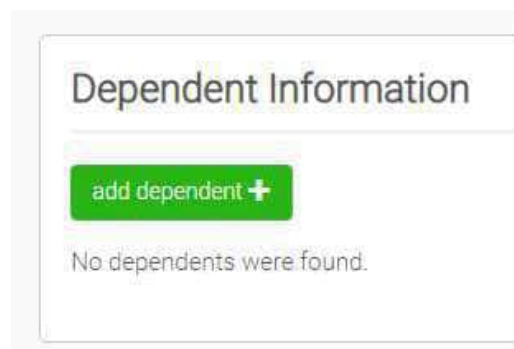
State

Zip Code



Confirm address or make changes

Step 4: Add Dependents



Dependent Information

No dependents were found.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



Who am I enrolling?

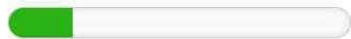
☐ Myself

☐ Select All

☐ Spouse Person (Spouse)

☐ Child Person (Child)

Progress: 3 of 16



View steps ▼

- ✓ 1. Personal Information
- ✓ 2. Address
- ✓ 3. Dependent Information
- 4. Medical
5. Health Savings Account
5. Dental
5. Vision
5. Life
5. Voluntary Short-Term Disability
5. Long-Term Disability
5. Voluntary Life
5. EAP
5. Flexible Spending Account
5. Dependent Care Spending Account
5. Limited Purpose FSA
5. Enrollment Summary

Progress Bar:

Green is complete

Yellow needs an election or a decline

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

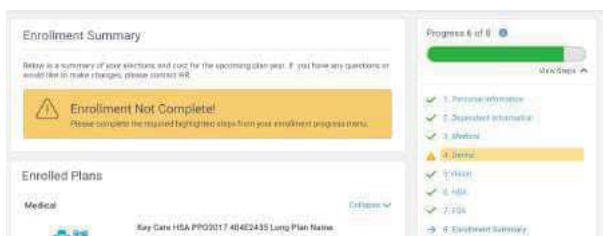


Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



You can login to review your benefits 24/7

HEALTH INSURANCE—PacificSource

A PPO medical plan allows you to see any provider without a physician referral. The level of benefits you receive is dependent upon your choice of an In-Network PPO provider or an Out-of-Network provider. Significantly higher costing benefits will be received when you obtain care from an Out-of-Network provider.

Bonner County recognizes that everyone has different medical benefit needs so they offer three medical plans through PacificSource Health Plans using their Voyager (PPO) Network. To find a provider, visit pacificsource.com/find-a-provider.

Plan Year Deductible: Amounts in excess of the allowed amount do not count toward the deductible. No one member will be required to meet more than the individual deductible amount toward the family deductible in a plan year before this plan begins to pay his/her covered services, and this plan will begin to pay the coinsurance percentage for all members' covered services when the family deductible is met. The Annual Deductible starts over October 1st.

Plan Year Out-of-Pocket Maximum: Once your deductible has been satisfied, you will pay 20% while the plan pays 80% for In-Network covered services until you've reached your Out-of-Pocket Maximum at which time the plan will pay 100% for In-Network covered services. The Out-of-Pocket Maximum starts over October 1st.

Medical Benefit Description <i>In-Network Coverage Shown</i>	PPO/Copay Plan	HSA \$2,000 Individual Plan	HSA \$3,200 Family Plan
Deductible	\$1,500 Ind / \$3,000 Fam	\$2,000	\$3,200 Ind / \$5,200 Fam
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum (includes deductible)	\$5,000 Ind / \$10,000 Fam	\$4,000	\$4,000 Ind / \$8,000 Fam
Physician Office Visit (PCP/Specialist)	\$30 / \$45 Copay	Deductible + Coinsurance	Deductible + Coinsurance
Preventive Care Services	No Charge	No Charge	No Charge
Diagnostic X-ray & Laboratory	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Urgent Care	\$30 Copay	Deductible + Coinsurance	Deductible + Coinsurance
Emergency Room	Deductible + \$100 Copay + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Rehabilitation <i>Inpatient: 30-day limit per Calendar Yr</i> <i>Outpatient: 30-day limit per Calendar Yr</i>	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Hospitalization	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Chiropractic Care—20 Visit Limit	Coinsurance Applies (Deductible Waived)	Deductible + Coinsurance	Deductible + Coinsurance
Prescription Drug Coverage (Retail)			
Rx Deductible	\$250 Ind / \$500 Fam (Waived for Tier 1)	Medical Deductible Applies (Waived for Preventive RX)	Medical Deductible Applies (Waived for Preventive RX)
Tier 1	\$15 Copay	20%	20%
Tier 2	\$30 Copay	20%	20%
Tier 3	\$45 Copay	20%	20%
Tier 4	\$200 Copay	\$200 Copay	\$200 Copay
Maximum Day Supply	Tier 1—3: 90 Days Tier 4: 30 Days	Tier 1—3: 90 Days Tier 4: 30 Days	Tier 1—3: 90 Days Tier 4: 30 Days

Out of Area Benefits—First Choice Health & Aetna Networks

Individuals on the PacificSource plan are able to receive the In-Network level of benefits while traveling or living outside of Idaho. If you live or are traveling outside of ID, MT, OR or select WA counties (Clark, Cowlitz, Klickitat, Pacific, Skamania, and Wahkiakum) use one of these networks:

- ⇒ Alaska & Washington (except above noted counties): **First Choice Network**
- ⇒ All other states: **Aetna**

Value Based Preventive Drug List



The Value Based Preventive Drug List is an optional benefit for select large groups. With this benefit, the drugs listed below are covered at 100%. This is a separate benefit from preventive drugs covered under the Affordable Care Act. A full list of covered drugs can be found at PacificSource.com/find-a-drug.

Show your PacificSource ID each time you purchase prescriptions at an in-network pharmacy to ensure you're receiving the best benefit.

If you have questions, please email our Customer Service team at CS@PacificSource.com, or call toll-free:

- Idaho: 800-688-5008
- Montana: 877-590-1596
- Oregon: 888-977-9299
- Washington: 866-556-1224
- TTY: 711. We accept all relay calls.

Asthma

- Arnuity Ellipta
- fluticasone HFA
- fluticasone propionate diskus
- Pulmicort FlexHaler
- Qvar RediHaler

Bone health

- alendronate sodium
- ibandronate sodium

Cholesterol

- atorvastatin calcium
- lovastatin
- pravastatin sodium
- simvastatin

Mental health

- bupropion HCL immediate release tablet
- carbamazepine immediate release tablet
- citalopram HBR
- escitalopram oxalate tablet
- fluoxetine HCL
- imipramine HCL
- lithium carbonate
- nortriptyline HCL
- olanzapine
- paroxetine HCL immediate release tablet
- quetiapine fumarate
- risperidone
- sertraline HCL
- venlafaxine HCL

Heart/blood pressure

- acebutolol HCL
- amiloride-HCTZ
- amlodipine besylate
- amlodipine besylate-benazepril
- atenolol
- atenolol-chlorthalidone
- benazepril HCL
- benazepril HCTZ
- bisoprolol fumarate
- bisoprolol-HCTZ
- bumetanide
- captopril
- chlorothiazide
- chlorthalidone
- clonidine HCL
- diltiazem ER
- diltiazem HCL
- enalapril maleate
- enalapril-HCTZ
- felodipine ER
- fosinopril sodium
- fosinopril-HCTZ
- furosemide
- guanfacine HCL
- hydrochlorothiazide
- indapamide
- irbesartan
- irbesartan-HCTZ
- isradipine
- labetalol HCL
- lisinopril
- lisinopril-HCTZ
- losartan potassium
- losartan-HCTZ
- methyclothiazide
- metolazone
- metoprolol tartrate
- metoprolol-HCTZ
- moexipril-HCL
- nadolol
- nicardipine HCL
- nifedipine ER
- pindolol
- propranolol HCL
- propranolol-HCTZ
- quinapril HCL
- spironolactone
- spironolactone-HCTZ
- torsemide
- trandolapril
- triamterene-HCTZ
- valsartan-HCTZ
- verapamil ER
- verapamil ER PM
- verapamil HCL

Diabetes

- Acarbose
- alogliptin
- Apidra*
- Baqsimi
- Farxiga
- Fiasp FlexTouch
- Fiasp
- glimepiride
- glipizide
- glipizide ER
- glipizide XL
- glipizide-metformin
- GlucaGen
- Glucagon
- Glyburide
- Glyburide-Metformin
- Glyxambi
- Gvoke
- Humulin U-500
- Janumet
- Janumet XR
- Januvia
- Jardiance
- Lantus Solostars
- Lantus
- Levemir FlexTouch
- Levemir
- metformin HCL
- metformin HCL ER
- miglitol
- nateglinide
- NovoLIN 70/30 FlexPen
- NovoLIN 70/30 Suspension
- NovoLIN N
- NovoLIN R
- NovoLOG
- Omnipod
- Omnipod Dash
- Omnipod 5 G6
- Ozempic*
- pioglitazone
- repaglinide
- Rybelsus*
- saxagliptin
- Synjardy
- Synjardy XR
- Toujeo Max Solostar
- Toujeo Solostar
- Tresiba FlexTouch
- Tresiba
- Trijardy XR
- Trulicity*
- Victoza*
- Xigduo XR

Diabetic testing

- BD Insulin Syringe
- BD Pen Needle
- Dexcom G6 (Receiver, Sensor, Transmitter)*
- Dexcom G7 (Receiver, Sensor)*
- FreeStyle Libre 14 Day (Reader, Sensor)*
- FreeStyle Libre (Reader, Sensor)*
- FreeStyle Libre 2 (Reader, Sensor)*
- Freestyle Libre 3 (Reader, Sensor)*
- Novopen Echo
- OneTouch Lancets
- OneTouch Ultra Blue Strips
- OneTouch Verio Strips
- One Touch Ultra 2 kit
- One Touch Verio Flex kit
- One Touch Verio kit
- One Touch Verio IQ kit

*Prior authorization or step therapy may apply. Prior authorization means we review the drug request to ensure it meets certain criteria. Step therapy means we may ask you to try a different drug first before reviewing the request. Both processes help us deliver safe and effective care.

The Incentive Drug List is offered to select large employer groups. The drugs listed below are available for the incentive copay shown on your policy or pharmacy summary of benefits. This is a partial list of covered drugs, and includes only those offered at the incentive copay rate. A full list of covered drugs can be found on our website at [PacificSource.com/drug-list](https://www.pacificsource.com/drug-list).

If you are taking a drug for a chronic condition and the drug is not listed below, consider asking your doctor about switching to one of these incentive alternatives to reduce your out-of-pocket costs. Show your PacificSource ID card each time you purchase prescriptions at an in-network pharmacy to ensure you're receiving the best benefit.

Unless otherwise noted, incentive drugs are limited to short-acting drugs. Long-acting drugs, transdermal patches, suspensions, compounds, and injectable drugs are not typically on the Incentive Drug List.

If you have questions, please email our Customer Service Department at cs@pacificsource.com, or call toll-free:

- (800) 688-5008 in Idaho
- (877) 590-1596 in Montana
- (888) 977-9299 in Oregon
- (866) 556-1224 in Washington

Antidepressants

- bupropion SR, XL
- citalopram
- fluoxetine capsule
- imipramine
- nortriptyline
- paroxetine
- sertraline
- trazodone
- venlafaxine

Anticonvulsants

- carbamazepine 200mg tab

Antidiabetic Agents

- glimepiride
- glipizide
- glipizide ER
- glipizide/metformin
- glyburide
- insulin syringes and needles
- metformin
- metformin ER

Antivirals

- acyclovir

Mental Health

- lithium carbonate
- olanzapine
- quetiapine
- risperidone

Cholesterol Lowering Drugs—Hyperlipidemics

- atorvastatin
- fenofibrate
- gemfibrozil
- lovastatin
- pravastatin
- simvastatin

Blood Pressure Lowering and Cardiac Drugs – Antihypertensives

- acebutolol
- amiloride/HCTZ
- amlodipine
- amlodipine/benazepril
- atenolol
- atenolol/chlorthalidone
- benazepril
- benazepril/HCTZ
- bisoprolol
- bisoprolol/HCTZ
- bumetanide
- captopril
- chlorothiazide
- chlorthalidone
- clonidine
- diltiazem ER
- enalapril
- enalapril/HCTZ
- felodipine ER
- fosinopril
- fosinopril/HCTZ
- furosemide
- guanfacine
- hydrochlorothiazide (HCTZ)
- indapamide
- irbesartan
- isradipine
- labetalol
- lisinopril
- lisinopril/HCTZ
- losartan
- losartan/HCTZ
- methyclothiazide
- metolazone
- metoprolol ER
- metoprolol tartrate
- metoprolol/HCTZ
- moexipril
- nadolol
- nicardipine
- nifedipine ER
- pindolol
- propranolol
- propranolol/HCTZ
- quinapril
- spironolactone
- spironolactone/HCTZ
- torsemide
- trandolapril
- triamterene/HCTZ
- valsartan/HCTZ
- verapamil
- verapamil ER tablet

Endocrine/Thyroid

- levothyroxine



Member Support Specialists

Need help getting care? We've got you covered.

Sometimes people need a hand when it comes to healthcare. PacificSource members can get help from our Member Support team.

Here are some of the ways we can assist:

Basic needs



Housing: Connecting you with resources to help pay rent, mortgage, or other housing-related costs.



Food: Connecting members with food insecurity to resources for arranging meals.



Transportation: Resources for getting to and from doctor appointments.



Utilities: Connecting you with resources to assist with water, electricity, or heat.

Medical help



Finding a doctor: Help finding the right doctor for you.



Appointments: We'll help connect you with your doctor to schedule appointments.



Follow-up: Help arranging home care, prescriptions, and treatment plans.



Equipment: Things like crutches, wheelchairs, CPAP machines, blood glucose monitors, and more.

Find out more

If you have questions or want to request help, please call a Member Support Specialist Monday – Friday, 8:00 a.m. – 5:00 p.m.

Medicare:
888-862-9725, TTY: 711

Non-Medicare:
888-991-1536, TTY: 711

We accept all relay calls.

[Medicare.PacificSource.com](https://www.Medicare.PacificSource.com)
[PacificSource.com](https://www.PacificSource.com)



Continued >



Member Support Specialists can also connect you with things like:

- Eye glasses
- Hearing aids
- Wheelchair ramps
- Yard cleanup
- Translation services
- Assistance with copays
- Support groups
- Incontinence supplies
- Information about medical conditions
- Treatment for mental health and substance use disorders

Free and confidential

Choosing to work with a Member Support Specialist is completely up to you. There is no obligation or cost to participate. And your interaction will remain confidential. No need is too great or small.

Coverage provided by PacificSource Health Plans or PacificSource Community Health Plans.



Value-added extras for you

These extras help you make the most of your plan and live a healthier life. You can find more information about these programs and services at PacificSource.com/extras.

Wellness programs

Tobacco cessation

Our Quit For Life® program, brought to you by Optum, offers one-on-one treatment sessions with a professional Quit Coach to help tobacco users kick the habit. Prescription medications are also available, when prescribed by your doctor.

Health and wellness education

Receive up to \$150 reimbursement per plan year for health and wellness education classes in your area.

Prenatal program

Our Prenatal Program helps expectant parents learn more about pregnancy and the development of their child. Participants receive educational materials and phone support from a nurse consultant. High-risk members receive additional support through a specialized program.

Prenatal vitamins

Women between the ages of 15 and 50 with prescription drug coverage can receive physician-prescribed prenatal vitamins at no cost—all copays and deductibles are waived—when filled through an in-network pharmacy. For more information, visit PacificSource.com/prenatal.

Weight management program

As a part of your PacificSource medical coverage, participate in a WW® (Weight Watchers) program and receive an annual reimbursement of \$100 (\$40 if an online WW participant) for your WW membership. Complete a minimum of ten weeks during a consecutive four-month period to maintain eligibility.

Discounted gym membership

Active&Fit Direct™ gives you access to more than 12,500 fitness facilities nationwide. The program's website offers a gym locator, educational materials, online fitness tracking, and wellness product discounts.

Continued >

Email

CS@PacificSource.com

Phone

888-977-9299

TTY: 711

We accept all relay calls.

En Español 866-281-1464

PacificSource.com



Travel emergency assistance program

Assist America® Global Emergency Services

If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by Assist America at no cost. Services include filling a prescription that was left at home, finding medical care in another country, locating lost luggage, and pre-trip safety and security checks for your destination country.

Pharmacy

Rx delivery by mail

We partner with CVS Caremark® for home delivery by mail. If your plan includes prescription drug coverage, the mail delivery service is a convenient and cost-saving option. Visit PacSrc.co/drug-info.

CVS Caremark

Web: Caremark.com

Phone: 866-329-3051

Care management

Condition support

Personal support is available to members with the following chronic conditions: diabetes, coronary artery disease, heart failure, chronic obstructive pulmonary disease (COPD), or asthma. It's optional and includes one-on-one coaching with our nurses and dietitian to help you reach your health and wellness goals. PacSrc.co/Support

Rare disease support

Our AccordantCare™ Rare Disease Program provides ongoing one-on-one support and care coordination to people with certain chronic, rare conditions. The program helps ensure optimal care, decrease complications, and improve health outcomes. For more information, visit Accordant.com.

Specialty medication support

Members with conditions that require injectable medications and biotech drugs can access our specialty pharmacy program through Caremark Specialty Pharmacy Services. A pharmacist-led CareTeam provides individual follow-up care and support.

Care management services

If you have an ongoing medical need, our Care Managers can help. The PacificSource clinical and member support staff has extensive experience for working with you and your healthcare providers to ensure continuity of care and to coordinate your health needs.

Phone and video doctor visits

Teladoc® is a national network of U.S. board-certified physicians and pediatricians that you can see on-demand 24/7, via phone or online video consultations, from wherever you happen to be. With most plans, you won't pay anything for a virtual visit with Teladoc. If you have an HSA plan, a virtual visit with Teladoc is subject to deductible. Check your plan summary's telemedicine benefit to confirm your cost share.

Online resources

PacificSource.com offers you a wealth of tools, information, and resources to help you make the most of your benefits.

InTouch: access coverage and benefit information

By logging into InTouch, you can easily and conveniently manage your insurance coverage and health 24/7. Look up coverage information, check the status of a claim, view explanation of benefits (EOB) statements for paid claims, and more.

myPacificSource mobile app

The easiest way to view and manage your benefits while on the go. Available for both iPhone® and Android™. Visit PacificSource.com/mobile.

Personalized wellness support

Accessible via desktop and mobile app, Virgin Pulse is an engaging well-being experience that gives you tools and resources to help you reach your unique health and wellness goals. It can help, whether you want to increase physical activity, eat better, or manage a health condition. Virgin Pulse includes social connections, daily actions, customized goal roadmaps, a healthcare tracker, nutrition and sleep guides, interactive videos, and more.

Provider directory

Our online provider directory makes it easy to find in-network healthcare providers for your plan. You can search by specialty, name, location, or other details to access a listing of providers that fit your criteria. Or, you can create your own personalized provider directory to download and print.

To access the directory, go to PacificSource.com/find-a-doctor.

Find more information at PacificSource.com/extras.

Please note: These value-added programs are not available with all plans. Check with your plan administrator or our Customer Service team for details.



Manage your benefits with InTouch whenever, wherever

Easily find in-network doctors, hospitals, specialists, alternative care providers, and more with **InTouch**—our secure web portal for members.

You can also:

- View your digital member ID card
- See if you've met your deductible and out-of-pocket max
- Find out which services are covered
- View your Explanation of Benefits statements



**PacSrc.co/
account**

Create your InTouch account

1. Scan QR code
2. Click "Create account"
3. Follow the steps provided



Our app puts InTouch in your pocket

The myPacificSource app is a convenient way to access InTouch from your smartphone or tablet. You'll find links to download the iOS or Android app at the page linked above.

After you create your InTouch account, use your username and password to log in to the app.





How to access care **nationally**

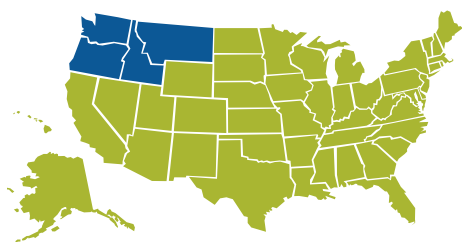
Whether you're on vacation, traveling for work, or you reside outside the PacificSource four-state network footprint, it's reassuring to know you can easily access healthcare.*



Nationwide in-network coverage for doctors and hospitals across the Northwest — and across the nation.

Outside Idaho, Montana, Oregon, and Washington, you can get in-network care through our collaboration with Aetna Signature Administrators®.

Aetna's PPO network includes more than 1.5 million participating physicians and ancillary providers, including more than 6,000 hospitals.

You will receive your plan's in-network level of benefits when you visit providers and facilities in the Aetna PPO.



-  **PacificSource Service Area**
(Idaho, Montana, Oregon, and Washington)
-  **Aetna PPO**

Provider directories

To find providers within Idaho, Montana, Oregon, or Washington, search our directory at PacificSource.com/find-a-doctor.

To find a provider outside our four-state service area, search the Aetna PPO directory at Aetna.com/ASA.

*Some exceptions apply for Individual members residing outside our service areas.

Sign in or register
for our secure member
portal, **InTouch**



InTouch.PacificSource.com

Email

CS@PacificSource.com

Phone

Toll-free: 888-977-9299
TTY: 711
We accept all relay calls.
En español: 866-281-1464

PacificSource.com



Frequently asked questions

What if the provider I want to use is not a member of the network?

If the provider is not in your plan's network or our national network, you will receive your plan's out-of-network provider benefits, unless it is a true medical emergency. If you have a true medical emergency, go directly to the nearest emergency room or appropriate facility, and there will be no reduction in benefits.

If you would like to request that a provider join either network, you may contact our Customer Service team for a nomination form. Give the form to the provider to complete and return to PacificSource. Keep in mind that sending in a nomination form doesn't mean the provider will automatically be added to the network. The nomination process may take up to nine months, and not all providers are approved.

What if I need nonemergency hospitalization?

Check the Aetna directory for an in-network hospital nearby. Then, check with your doctor to see if they have hospital privileges with that hospital. Finally, have your doctor get prior authorization for your admission by calling our Health Services team at **888-691-8209**.

How are my claims paid when I receive treatment?

When you use an Aetna PPO provider, simply show your PacificSource member ID card. The provider will send your claim to us automatically, and you won't have to file any paperwork.

If you go to an out-of-network provider, the provider may or may not bill us directly. If they don't bill us directly, you'll need to pay for the services up front, then send PacificSource a claim for reimbursement. Your claim must include a copy of the provider's itemized bill, along with your name, member ID number, group name and number, and the patient's name. If you were treated for an accidental injury, please also include the date, time, place, and circumstances of the accident.

How do providers obtain information on benefits, prior authorization, and eligibility?

Show your PacificSource member ID card to the provider office when obtaining services. It contains important provider information. For prior authorization, providers should contact our Health Services team at **888-691-8209**. To verify benefits and member eligibility, they can call our Customer Service team at **888-977-9299**.

What if I'm traveling in another country?

Depending on your specific medical plan benefits, if you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services at no cost. Medical services arranged by Assist America® Global Emergency Services (or partner Scholastic Emergency Services) are provided at no cost to you. Services include medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, critical care monitoring, and when medically necessary, evacuation to a facility that can provide treatment. For more information, visit PacSrc.co/assist-america.

What if there are no network providers where I live?

The networks are growing and adding new providers all the time. If a network provider is not available where you live, your plan pays your covered expenses based on usual, customary, and reasonable charges for that area, at the out-of-network cost-share rate.

HEALTH SAVINGS ACCOUNTS (HSAs)

What is an HSA?

A Health Savings Account is an individually owned, earnings-bearing account to help pay for future qualified medical expenses with tax-free dollars.

Who is eligible for an HSA?

An HSA owner must be enrolled in an HSA-eligible High-Deductible Health Plan (HDHP).

You are NOT eligible if:

You are enrolled in Medicare.

A tax dependent on someone else's tax return.

Have received VA benefits in the last 3 months.

You are enrolled in a non-qualified HDHP plan.

How do I manage my HSA?

Your HSA is your account and the dollars are your dollars. Since you are the account holder, you manage your HSA account. You may choose when to use your HSA dollars or when not to use your HSA dollars. HSA dollars pay for any eligible medical expense.

Opening Your HSA?

An account has been opened on your behalf through Flores and WealthCare Saver Bank.

If you don't want to use Flores, you may open an account on your own through a bank or other financial institution. Banks, credit unions, insurance companies and other financial institutions are all permitted to be trustees or custodians of these accounts.

Contribution Limits (Employer Contributions included)

	2024	2025
Employee	\$4,150	\$4,300
Employee + 1	\$8,300	\$8,550
Age 55+ Catch Up Contribution	\$1,000	\$1,000

What expenses are eligible for reimbursement?

HSA dollars may be used for qualified medical expenses incurred by the account holder and his or her spouse and IRS dependents. Qualified medical expenses are outlined within IRS Section 213(d) which states that "the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness."

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- COBRA premiums.
- Health insurance premiums while receiving unemployment benefits.
- Qualified long-term care premiums.
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals ages 65 and over.

Are dental and vision care considered qualified medical expenses under an HSA?

Yes, as long as these are deductible under the current rules. For example, cosmetic procedures, like cosmetic dentistry, would not be considered qualified medical expenses.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20% tax penalty. The exception to this rule is if the account holder is over age 65, disabled, or upon death of the account holder.

When can I start using my HSA dollars?

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.

When do I contribute to my HSA account, and how often?

You, your employer, or others can contribute to your HSA account through payroll deductions or as a lump sum deposit. You can contribute as often as you like, provided you and your employer's total annual contributions do not exceed the contribution limits shown above.

What if I have HSA dollars left in my account at the end of the year?

The money is yours to keep. It will continue to earn interest and will be available for you and your healthcare costs next year. Any dollars left in your HSA account at year-end will automatically roll over.

What happens to my HSA dollars if I leave my employer?

The funds are yours to keep! It is your account and you manage it as you see appropriate.

Can I use the money in my account to pay for my dependents' medical expenses?

You can use the money in the account to pay for the medical expenses of yourself, your spouse, and your dependents. You can pay for expenses for your spouse and dependents even if they are not covered by your HDHP.

Who qualifies as a dependent?

A person generally qualifies as your dependent for HSA purposes if you claim them as an exemption on your Federal tax return. Please see IRS publication 502 for exceptions. www.irs.gov/pub/irs-pdf/.

Can couples establish a "joint" account and both make contributions to the account, including "catch-up" contributions?

"Joint" HSA accounts are not permitted. Each spouse should consider establishing an account in his or her own name. This allows you to both make catch-up contributions when you are 55 or older.



Save tax. Keep more.

Health Reimbursement Arrangement

A health reimbursement arrangement (HRA) is a **tax-free savings account** for health care. This valuable employee benefit is funded with contributions from your employer. It's easy to use, and it's a smart way to save up for future out-of-pocket **medical, dental, and vision bills**, including **retiree insurance premiums**.

If your HRA is under the **Standard HRA Plan**, you can use it now or later, even during retirement. If your HRA is under the **Post-separation HRA Plan**, you can use it for "excepted benefits" until you separate from service or retire and become fully claims eligible. Excepted benefits generally include dental, vision, and long-term care.

Your HRA covers you, your spouse, and dependents, including your young-adult children through the end of the calendar year in which they turn age 26.

How It Helps

You might be struggling to cope with the cost of **doctor visits, prescriptions, new glasses or contacts, and braces for the kids**. Maybe you're working longer than you had expected because you can't afford medical insurance—up to \$1,000 or more per month for a retiree and spouse before age 65!

Fortunately, the **HRA VEBA Plan¹** can help. Many participants use their HRAs to reimburse **retiree insurance premiums** and the cost of medical items and services they wouldn't be able to afford otherwise. This includes things like **power chairs, hearing aids, expensive vision and dental care, and emergency medical bills**.

¹ The HRA VEBA Plan is offered by HRA VEBA Trust, a voluntary employees' beneficiary association (VEBA). This non-profit Trust is managed by a Board of Trustees elected by Plan participants, participating employers, or the Board itself, depending on the Trustee position.

How It Works

1. Your employer **sends tax-free money** to your HRA. Often, these funds would have otherwise been paid to you as taxable income. This means you're exchanging taxable income for tax-free money in your HRA—a *much better deal!* Your employer might also contribute funds in place of some other tax-free employee benefit.
2. You choose how you want to **invest your HRA funds** using the available fund lineup.
3. Depending on your HRA plan design², you can **use your money right away or save it up for later**, such as during retirement. Either way, you won't pay any taxes.

HRA eligibility and funding are usually subject to collective bargaining or employer policy. Check with your employer if you need to know more about your group's participation.

Medical Care Expenses

Qualified "medical care" expenses and premiums are defined in Section 213(d) of the Internal Revenue Code. Several common examples are listed below. There are hundreds more.

Expenses		Premiums
Copays	Laser eye surgery	Retiree medical, dental, vision
Deductibles	Eye glasses	Qualified long-term care (subject to IRS limits)
Prescriptions	Contacts	Medicare Part B
Preventative care	Hearing aids	Medicare Part D
Chiropractic	Physical therapy	Medicare supplement plans
Dental care	CPAP machines	TRICARE medical and dental
Orthodontia	Insulin	
Vision exams	Emergency services	

For a more detailed list, log in at HRAveba.org and click **Resources**.

Survivor Benefit

If you pass away, your HRA can transfer to your surviving spouse, children, designated beneficiaries, or other eligible survivors. This is a unique survivor benefit most other HRA plans can't offer. For more information, or to name a beneficiary, log in online, click **My Profile**, then click **Beneficiaries**.

GENERAL PURPOSE FLEXIBLE SPENDING ACCOUNTS (FSA)

A General Purpose Flexible Spending Account (FSA) is an option with your employer's health care coverage and is only available to you if you are not enrolled on the Health Savings Account (HSA) plan.

GENERAL PURPOSE FSA RULES

Employees are not allowed to contribute to both an HSA as well as a General Purpose (non-limited) health FSA.

The main advantage of FSA funds is that employees can pay for qualified expenses tax-free while reducing their taxable income. The Bonner County FSA allows participants to **carry over up to \$640 in unused funds** at the end of each plan year to reimburse expenses incurred in the next year. Any leftover funds above \$640 will be forfeited. This carryover does not count towards your next year's annual contribution limits.

Dependent Care FSA Rules

Dependent Care FSA (DCAP) funds cover costs for your eligible dependents while you are at work. This excludes things such as, but not limited to, educational expenses and/or tuition, overnight camp, registration, or late payment fees and field trips. H.S.A. participants are able to participate in the Dependent Care FSA benefit.

There are contribution limits to FSAs. In 2024, contribution limits are:

Medical Flexible Spending Account—\$3,200

Dependent/Daycare Flexible Spending Account—\$5,000 maximum (\$2,500 married filing separately)

(Enrolling in this plan to help pay Daycare expenses replaces the Dependent Care Credit on your personal taxes)

Unfortunately, we cannot provide a definitive list of "qualified medical expenses." A determination of whether an expense is for "medical care" is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

Examples of Typical **ELIGIBLE** FSA Expenses:

- Dental Treatment (excluding whitening)
- Orthodontia
- Glasses and/or Contact Lenses
- Vision Correction Procedures
- Guide Dog or other service animal
- Acupuncture
- Nursing Services
- Prosthesis
- Transplants
- Drug & Alcohol Treatment
- Fertility Treatment
- Elder Care
- Vasectomy

Examples of Typical **INELIGIBLE** FSA Expenses:

- Insurance premiums
- Long Term Care premiums
- Electrolysis or hair removal
- Funeral Expenses
- Over-the-counter medicine (without a prescription)
- Swimming Lessons
- Cosmetic Procedures

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNTS (LP-FSA)

A limited purpose FSA is similar to general purpose FSA—the difference being that there are fewer eligible expenses. Members with a Limited Purpose FSA may use their funds for dental & vision expenses only.

LIMITED PURPOSE FSA RULES

Employees are allowed to contribute to both an HSA as well as a limited purpose FSA. This allows you the ability to maximize your savings & tax benefits.

The main advantage of FSA funds is that employees can pay for qualified expenses tax-free while reducing their taxable income. The Bonner County Limited Purpose FSA allows participants to **carry over up to \$640 in unused funds** at the end of each plan year to reimburse expenses incurred in the next year. Any leftover funds above \$640 will be forfeited. This carryover does not count towards your next year's annual contribution limits.

There are contribution limits to Limited Purpose FSAs. In 2024, contribution limits are:

Flexible Spending Account—\$3,200

Unfortunately, we cannot provide a definitive list of “qualified medical expenses.” A determination of whether an expense is for “medical care” is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

Examples of Typical **ELIGIBLE** LP-FSA Expenses:

- Dental cleaning
- Dental fillings
- Dental crowns
- Orthodontia
- Contact Lenses
- Eyeglasses
- Refractions
- Vision Correction Procedures

Examples of Typical **INELIGIBLE** LP-FSA Expenses:

- Insurance premiums
- Medical expenses (deductibles, coinsurance, co-pays)
- Alcohol & drug rehab expenses
- Prescriptions
- Over-the-counter medicines
- Medical Equipment
- Contraceptives
- Cosmetic Procedures
- Expenses reimbursed by an insurance provider or health plan



Welcome to Wellness 2024

Bonner County is committed to employee health and wellness. 2024 Medically enrolled employees will have opportunities to participate in various wellness activities to earn an incentive.



STEP 1

BIOMETRICS WITH LAB WORK

Deadline: July 31, 2025



STEP 2

ANNUAL VISIT WITH PRIMARY CARE PROVIDER

Deadline: July 31, 2025



STEP 3

KNOW YOUR NUMBER ASSESSMENT

Deadline: July 31, 2025



STEP 4

TOBACCO ATTESTATION FORM/CESSATION E-LEARNING SERIES

Deadline: July 31, 2025

PORTAL LOGIN INSTRUCTIONS

Forgot Your Username Or Password?

1. Go to www.wellworksforyoulogin.com
2. Click the link **Forgot Username** or **Forgot Password**
3. Follow the instructions to retrieve your username or reset your password
4. If issues persist, please contact Wellworks For You at **800.425.4657**

New Users: Register On The Wellness Portal

1. Go to www.wellworksforyoulogin.com
2. Click the **register** link and create an account
3. Enter your Company ID: **10925**
4. Complete the registration process

MEDICAL ENROLLMENT STATUS

INCENTIVE

Enrolled in HSA Plan	\$300.00 Contribution
Enrolled in HRA Plan	\$300.00 Contribution

Contact your Wellness Coordinator for additional assistance: m.malin@wellworksforyou.com



EAP Plus with Coaching

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away.

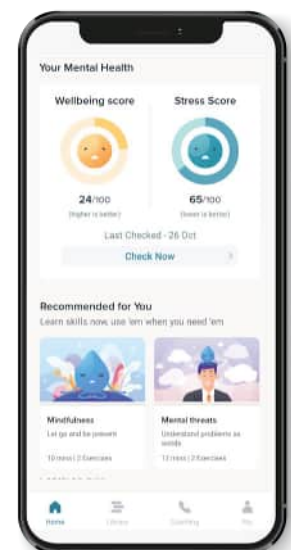
We Are Here to Help

Employee Assistance Program (EAP) benefits are available to all employees and their families at NO COST to you. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with our care team, or accessing online.

EAP Plus Program

Our program is designed to help reduce stress and keep you healthy.

- Bite-sized training is available from your desktop or mobile app.
- Access is confidential. Take the assessment and check your wellbeing score.
- Get your own personalized recommendations for CBT-based courses.
- Skills training to develop your resilience, stress management, and mental fitness.
- Sessions with a coach via phone or unlimited asynchronous chat.
- Visit uprisehealth.com/members to get started.
- Create an account with your email and your access code.



EAP Services for Employees & Families

Confidential Therapy

Face-to-face, video or telephonic therapy sessions for relationship and family issues, stress, anxiety, and other common challenges.

24-hour Crisis Help

Toll-free access for you or a family member experiencing a crisis.

Online Peer Support Groups

Online support groups for addiction recovery, anxiety, depression, frontline workers, grief and loss, parenting, and more.

Tess, AI Chat-bot

24/7 chatbot for emotional support and check-ins to boost wellness.

Your EAP provides a wide range of work-life services to help you manage a variety of challenges

Financial Help

30-days of access with a personal money coach who will work with the member toward financial wellness by identifying financial goals, assessing current financial situation, and providing a suggested detailed action plan.

Legal Services

One 30-minute legal consultation per each separate legal matter at no cost, 25% reduction from the normal hourly rate if member retains attorney or mediator.

Online Legal Forms

Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.

Child & Parenting Services

Get information and support on parenting, school issues, adoption, daycare, and other important issues for parents.

Adult & Eldercare Services

Get assistance in finding quality information and services including transportation, meals, activities, daytime care, housing, and more.

Webinars & Trainings

Industry experts will present monthly work-life webinars on a variety of topics.

EAP Services & Support for Supervisors

Managing people can be challenging. All supervisors have fast access to phone consultations and trainings about the EAP and management topics:

- Critical Incidents
- Making Employee Referrals
- Education and Training
- Drug-Free Workplace
- Organizational Development
- Conflicts In The Workplace

We Are Here to Help

To find out more about your EAP, schedule a therapy appointment, or get a referral for services call Uprise Health at **800-395-1616** or go to the member website at **members.uprisehealth.com**.



To access online resources, go to **members.uprisehealth.com** and then enter your **Access Code**.

DENTAL INSURANCE—Delta Dental of ID

Regular dental care is essential to good health. The Bonner County dental plans are administered through Delta Dental of Idaho and Willamette Dental Group. They are designed to provide you with a choice of dental coverage you need with the features you want. Take advantage of what these plans have to offer without compromising what matters most—including the freedom to visit the dentist of your and your dependents' choice.

One option for optimal savings is using a Delta Dental plan of Idaho participating dentist or specialist. You can find a dentist by visiting www.deltadentalid.com. You can also call (208) 489-3580. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may increase, since you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service(s).

Delta Dental of Idaho Dental Plan	PPO Dentist	Premier Dentist
Calendar Year Deductible*	\$50 Individual / \$150 Family	
Calendar Year Benefit Maximum*	\$1,250	\$1,000
Preventive Care/Diagnostic	100% (Deductible Waived)	80% (Deductible Waived)
Oral Examinations & Cleanings		
Sealants		
Topical Fluoride Application		
Full Mouth & Bitewing X-rays		
Basic Restorative		
Endodontics—Root Canal		
General Anesthesia		
Oral Surgery (Simple Extractions)		
Periodontics/Gum Disease		
Major Restorative	50%	40%
Implants: Services		
Implants: Repairs		
Bridges, Dentures, Crowns/Onlays		
Orthodontia	Discounts Available	

**Deductible & Benefit Maximum start over January 1st*



Here's [HOW] you can maximize your oral health at no additional cost.

HOW TO GET STARTED:



Simply request a free Health through Oral Wellness (HOW) risk assessment at the beginning of your dental visit with your Delta Provider.



If you qualify based on your results, Delta Dental of Idaho will release, or 'unlock' specific additional benefits without an increase in premium such as additional cleanings, sealants or periodontal maintenance for example.

DENTAL INSURANCE—Willamette Dental

As well as Delta Dental, Bonner County offers a dual-option dental plan with Willamette Dental Group. Willamette is a coordinated-care network that offers additional savings by allowing you to focus on staying healthy. In order to get the most out of your Willamette Dental benefits, you must receive care from a Willamette Dental Group dentist or specialist. You can find dentists by visiting www.willamettedental.com. You can also call 1 (855) 4DENTAL. **Nearest clinic— 943 W Ironwood Drive #200; Coeur D'Alene**

Unlike Delta Dental, the Willamette Dental plan has no annual maximum and no deductible. This means you will never exhaust your dental coverage and you don't need to satisfy a deductible before you can receive benefits.

Willamette Dental also maintains fixed out-of-pocket costs. You and your family will never be surprised by any unknown costs for dental services.

Willamette Dental Plan	In-Network <u>ONLY</u>
Deductible	None
Benefit Maximum	None
General & Orthodontic Office Visit	\$15 Copay
Preventive Care/Diagnostic	Office Visit Copay Applies
Topical Fluoride Application	
X-rays	
Fillings	
Sealants (per tooth)	
Local Anesthesia	
Oral Surgery (Simple Extractions)	
Periodontal Charting & Evaluation	
Endodontics & Periodontics	Varying Procedure Copay
Root Canal Therapy—Anterior, Bicuspid, Molar	
Osseous Surgery (per Quadrant)	
Bridges, Dentures, Crowns/Inlays/Onlays	
Nitrous Oxide	
Periodontal Root Planing	
Orthodontia	
Pre-Orthodontia Treatment	\$150 Copay
<i>Copay credited towards Comprehensive Ortho Treatment copay if patient accepts treatment plan</i>	
Comprehensive Orthodontia Treatment	\$2,800 Copay
Dental Implants	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per year

Frequency limitations may apply—see your dental booklet for additional information.

VISION—VSP

Bonner County offers vision insurance through United Heritage/Vision Service Plan. Bonner County pays the cost of employee coverage. You may choose to cover dependents at your own expense through payroll deduction.

To find a participating eye care provider or to review your plan coverage before your appointment, visit www.vsp.com or call 800-877-7195.

VSP Choice Network Plan B	In-Network	Out-of-Network
Copays		
Well Vision Exam	\$10 Copay	
Hardware	\$25 Copay	
Exam		
Benefit	Exam Copay Applies	Up to \$45 Reimbursement
Frequency	12 Months	
Hardware—Lenses		
Single Vision	Hardware Copay Applies	Up to \$30 Reimbursement
Lined Bifocal	Hardware Copay Applies	Up to \$50 Reimbursement
Lined Trifocal	Hardware Copay Applies	Up to \$65 Reimbursement
Lined Lenticular	Hardware Copay Applies	Up to \$100 Reimbursement
Frequency	12 Months	
Hardware—Frames*		
Benefit	\$130 Allowance \$70 Allowance (Costco)	Up to \$70 Reimbursement
Frequency	24 Months	
Hardware—Contact Lenses*		
Contact Lens Fitting	Covered in full after \$60 Copay	Not applicable
Elective	\$130 Allowance	Up to \$105 Reimbursement
Frequency—in lieu of Lenses & Frames	12 Months	

*15% savings on the amount over your allowance

Allowance per service may vary based on preferred provider status with VSP.
Please see your vision summary for additional information.

DISABILITY INSURANCE—United Heritage

Bonner County provides full-time employees with the opportunity to enroll in short- and long-term disability (STD and LTD) income benefits. The cost of LTD is covered 100% by the County. However, STD is optional and the employee would pay 100% for this benefit. In the event that you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive STD benefits if you are receiving workers' compensation benefits.

HERE'S HOW THE DISABILITY PLANS WORK:

Before STD benefits begin, you may be eligible for paid time off benefits. Please refer to your employee handbook for details on the paid time off policy. The STD plan pays 60% of your weekly pre-disability earnings, up to a maximum of \$1,000 per week. STD benefits begin on the 7th continuous calendar day of an eligible disability (injury or sickness) and are payable for up to 12 weeks.

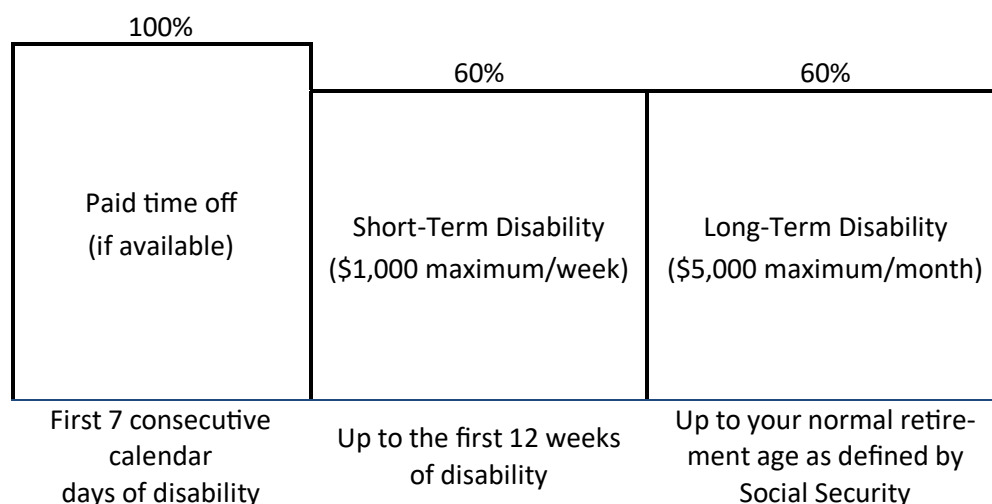
*This policy **does include a pre-existing clause** that states benefits will not be payable for any pre-existing condition unless you've not received care for that condition for 180 consecutive days while insured under this policy or if you've been continuously insured under this policy for 365 consecutive days.*

To determine your cost to enroll in this benefit, please speak with the Bonner County Benefits Administration Team or view your information in the Employee Navigator Enrollment Portal.

The LTD plan pays 60% of your monthly pre-disability earnings, up to a maximum of \$5,000 per month. LTD benefits begin the 90th day of continuous disability. The duration of payments is based on the insured's age when disability occurs. For a complete table of your benefit duration period, please refer to the Certificate of Coverage. Bonner County provides this benefit to you at no cost.

*This policy **does include a pre-existing clause** that states benefits will not be payable for any pre-existing condition unless you've not received care for that condition for 180 consecutive days while insured under this policy or if you've been continuously insured under this policy for 365 consecutive days.*

NOTE: Disability benefits can be reduced by "other income benefits". Please refer to the Reduction of Benefits – Other income section in your Certificate of Insurance.



LIFE INSURANCE—United Heritage

Bonner County pays the full cost of basic life insurance and accidental death and dismemberment (AD&D) for employees.

EMPLOYER PAID LIFE/AD&D INSURANCE

Employee life insurance: 1x base annual earnings, up to a maximum of \$100,000

Spouse life insurance: \$1,000

Child(ren) life insurance aged 15 days up to 26 years*: \$1,000

Accidental Death & Dismemberment (AD&D) insurance is equal to your amount of life insurance. As you grow older, the amount of life and AD&D insurance for you will be reduced according to the following schedule:

Age 65 – the original amount of insurance will reduce to 65%

Age 70 – the original amount of insurance will reduce to 50%

VOLUNTARY LIFE/AD&D INSURANCE

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependent(s) in this benefit you pay the full cost through semi-monthly payroll deductions. You can purchase:

BENEFIT AMOUNT(S)

	Guaranteed Issue*	Amount of Insurance	Increments
Employee	\$100,000	\$10,000 - \$250,000**	\$10,000
Spouse	\$25,000	\$5,000 - \$125,000***	\$5,000
Children 15 days-6 mos	\$10,000	\$2,000—\$10,000	\$2,000

*The Guaranteed Issue (GI) Amount for your spouse is 100% of your elected amount of life insurance or \$25,000, whichever is less. The GI Amount for your dependent child(ren) is 100% of your elected amount of life insurance or \$10,000, whichever is less.

**Not to exceed 3x basic annual earnings

***Not to exceed 50% of employee's voluntary life amount

Conversion Privilege – An insured employee and dependent(s) may convert group voluntary life insurance coverage without Evidence of Insurability to an individual life insurance policy during the 31-day period following termination of employment.

Portability Privilege—An insured employee and dependent(s) may continue coverage when coverage would otherwise end by turning in a Portability application during the 31 day period following termination of employment.

Waiver of Premium – If an insured employee becomes totally disabled prior to attainment of age 60, and have been disabled for nine consecutive months or more, no further premium will be required for the employee during continuance of total disability.

LIFE INSURANCE—United Heritage

(CONTINUED)

VOLUNTARY LIFE / AD&D—TO CALCULATE YOUR PREMIUM:

/ 1,000 =

X

=

Amount of Coverage

Rate

Monthly Total

Employee & Spouse Rate Table	
Age	Rates per \$1,000
0-24	\$0.08
25-29	\$0.07
30-34	\$0.08
35-39	\$0.11
40-44	\$0.16
45-49	\$0.25
50-54	\$0.40
55-59	\$0.64
60-64	\$0.84
65-69	\$1.32
70-74	\$2.29
75+	\$4.00

Child(ren) Unit Life/AD&D*
Rates per \$1,000
\$0.22

Follow the same method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Employee & Spouse Premium Table.

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table.

Please note: You will only be able to apply for guaranteed issue life insurance when first eligible.

If you do not enroll, future elections will require health questions (Evidence of Insurability).

If an employee enrolls in an amount less than the guaranteed issue limit, they may increase by \$10,000 each year in the future without health questions until the guarantee issue limit has been reached. This is the step-up guarantee which applies only to employees.

ACCIDENT - United Heritage

Bonner County offers additional voluntary benefits, including both a Voluntary Accident & Voluntary Critical Illness plan. Accident & Critical Illness coverages offer financial protection for the unexpected and provide monetary payouts directly to you based on the type of claim you experience.

Accidents happen! An Accident policy will pay you certain fixed dollar amounts for **on and off-the-job** accidents or injuries for which you obtain medical care—there are over 80 possible benefit payments available.

Accident Plan Schedule of Benefits (Condensed as an Example*)	Benefit Payment
Accidental Death	\$30,000
Knee Dislocation	\$1,800
Leg Fractures (Closed Reduction)	\$600
Hospital Admission	\$1,000
Ground Ambulance	\$300
Emergency Room Visit	\$150

More Examples of Scheduled Benefits:

- Burns
- Lacerations
- X-Rays
- Urgent Care Visits
- Dental Crown Repairs due to accidental injury
- Stiches

**Please see detailed summary
for full list of scheduled benefit
payouts.*

Family coverage includes spouse & child benefits equal 100% of the employee amount for most of the benefits!

- Accidental Death amount is 50% of the employee amount for a spouse and 10% for the child.
- Children can be enrolled until age 26

United Heritage Accident Premiums	
	Per Pay Period
Employee Only	\$6.49
Employee + Spouse	\$10.24
Employee + Child(ren)	\$10.89
Employee + Family	\$17.14

VOLUNTARY ACCIDENT BENEFITS

Description of Benefit	Benefit Amount		
	Primary Insured	Spouse	Children
Abdominal/Thoracic Surgery Benefit	\$1,500	\$1,500	\$1,500
Accidental Death Benefit	\$30,000	\$15,000	\$3,000
Accidental Death - Common Carrier Benefit	\$90,000	\$45,000	\$9,000
Accidental Dismemberment Benefit			
• Both hands or both feet or sight of both eyes	\$30,000	\$30,000	\$30,000
• One hand and One foot	\$30,000	\$30,000	\$30,000
• Speech and hearing in both ears	\$30,000	\$30,000	\$30,000
• Either hand or foot and sight of one eye	\$30,000	\$30,000	\$30,000
• Either hand or foot	\$15,000	\$15,000	\$15,000
• Sight of one eye	\$15,000	\$15,000	\$15,000
• Speech or hearing in both ears	\$15,000	\$15,000	\$15,000
• Thumb and index finger of either hand	\$5,000	\$5,000	\$5,000
Accident Follow-Up Benefit	\$75	\$75	\$75
Acupuncture Benefit	\$75	\$75	\$75
Ambulance (Air) Benefit	\$900	\$900	\$900
Ambulance (Ground) Benefit	\$300	\$300	\$300
Arthroscopic Surgery Benefit	\$300	\$300	\$300
Blood/Plasma/Platelet Benefit	\$200	\$200	\$200
Burn Benefit			
• Third Degree Burns	\$10,000	\$10,000	\$10,000
• Second Degree Burns	\$1,000	\$1,000	\$1,000
Child Care Benefit			
• Maximum Daily Amount	\$25 per day	\$25 per day	
Chiropractic Care Benefit	\$25	\$25	\$25
Coma Benefit	\$10,000	\$10,000	\$10,000
Concussion Benefit	\$150	\$150	\$150
Daily Hospital Confinement Benefit	\$200 per day	\$200 per day	\$200 per day
• Lifetime Maximum	365 days	365 days	365 days
Daily ICU Confinement Benefit	\$400 per day	\$400 per day	\$400 per day

Description of Benefit	Benefit Amount		
	Primary Insured	Spouse	Children
Diagnostic Exam Benefit	\$200	\$200	\$200
Dislocations Benefit (open)			
• Hip	\$4,000	\$4,000	\$4,000
• Knee (except patella)	\$1,800	\$1,800	\$1,800
• Ankle – bone/bones of the foot (other than toes)	\$1,000	\$1,000	\$1,000
• Collarbone (sternoclavicular)	\$1,000	\$1,000	\$1,000
• Lower jaw	\$1,000	\$1,000	\$1,000
• Shoulder (glenohumeral)	\$1,000	\$1,000	\$1,000
• Elbow	\$1,000	\$1,000	\$1,000
• Wrist	\$1,000	\$1,000	\$1,000
• Bone/bones of the hand (other than fingers)	\$1,000	\$1,000	\$1,000
• Collarbone (acromioclavicular and separation)	\$500	\$500	\$500
• One toe or finger	\$200	\$200	\$200
Dislocations Benefit (closed)			
• Hip	\$2,000	\$2,000	\$2,000
• Knee (except patella)	\$900	\$900	\$900
• Ankle – bone/bones of the foot (other than toes)	\$500	\$500	\$500
• Collarbone (sternoclavicular)	\$500	\$500	\$500
• Lower jaw	\$500	\$500	\$500
• Shoulder (glenohumeral)	\$500	\$500	\$500
• Elbow	\$500	\$500	\$500
• Wrist	\$500	\$500	\$500
• Bone/bones of the hand (other than fingers)	\$500	\$500	\$500
• Collarbone (acromioclavicular and separation)	\$250	\$250	\$250
• One toe or finger	\$100	\$100	\$100
Dislocations Benefit (incomplete)	25% of the Dislocations Benefit (closed)	25% of the Dislocations Benefit (closed)	25% of the Dislocations Benefit (closed)
Emergency Dental Benefit (extraction)	\$100	\$100	\$100
Emergency Dental Benefit (crown)	\$300	\$300	\$300

Description of Benefit	Benefit Amount		
	Primary Insured	Spouse	Children
Emergency Room Benefit	\$150	\$150	\$150
Eye Injury Benefit surgical repair	\$400	\$400	\$400
Eye Injury Benefit removal of foreign object	\$200	\$200	\$200
Fractures Benefit (open reduction)			
<ul style="list-style-type: none"> Skull (except bones of face or nose) <ul style="list-style-type: none"> Depressed skull fracture Simple non- depressed skull fracture Hip, thigh (femur) Vertebrae, body of (excluding vertebral processes) Pelvis (includes ilium, ischium, pubis, acetabulum, and cetaulum except coccyx) Leg (tibia and/or fibula) Bones of face or nose (except mandible or maxilla) Upper jaw, maxilla (except alveolar process) Upper arm between elbow and shoulder (humerus) Lower jaw, mandible (except alveolar process) Shoulder blade (scapula) and/or collarbone (clavicle, sternum) Vertebral processes Forearm (radius and/or ulna), hand, and/or wrist (except fingers) Kneecap (patella) Foot (except toes) Ankle Rib Coccyx Finger, toe 	<ul style="list-style-type: none"> \$6,000 \$1,500 \$4,000 \$1,200 \$1,500 \$1,200 \$600 \$1,000 \$1,000 \$1,000 \$1,000 \$400 \$1,000 \$1,000 \$1,000 \$400 \$400 \$200 	<ul style="list-style-type: none"> \$6,000 \$1,500 \$4,000 \$1,200 \$1,500 \$1,200 \$600 \$1,000 \$1,000 \$1,000 \$1,000 \$400 \$1,000 \$1,000 \$1,000 \$400 \$400 \$200 	<ul style="list-style-type: none"> \$6,000 \$1,500 \$4,000 \$1,200 \$1,500 \$1,200 \$600 \$1,000 \$1,000 \$1,000 \$1,000 \$400 \$1,000 \$1,000 \$1,000 \$400 \$400 \$200

Description of Benefit	Benefit Amount		
	Primary Insured	Spouse	Children
Fractures Benefit (closed reduction)			
<ul style="list-style-type: none"> Skull (except bones of face or nose) <ul style="list-style-type: none"> Depressed skull fracture Simple non- depressed skull fracture Hip, thigh (femur) Vertebrae, body of (excluding vertebral processes) Pelvis (includes ilium, ischium, pubis, acetabulum, and cetabulum except coccyx) Leg (tibia and/or fibula) Bones of face or nose (except mandible or maxilla) Upper jaw, maxilla (except alveolar process) Upper arm between elbow and shoulder (humerus) Lower jaw, mandible (except alveolar process) Shoulder blade (scapula) and/or collarbone (clavicle, sternum) Vertebral processes Forearm (radius and/or ulna), hand, and/or wrist (except fingers) Kneecap (patella) Foot (except toes) Ankle Rib Coccyx Finger, toe 	<ul style="list-style-type: none"> \$3,000 \$750 \$2,000 \$600 \$750 \$600 \$300 \$500 \$500 \$500 \$500 \$200 \$500 \$500 \$500 \$200 \$200 \$100 	<ul style="list-style-type: none"> \$3,000 \$750 \$2,000 \$600 \$750 \$600 \$300 \$500 \$500 \$500 \$500 \$200 \$500 \$500 \$500 \$200 \$200 \$100 	<ul style="list-style-type: none"> \$3,000 \$750 \$2,000 \$600 \$750 \$600 \$300 \$500 \$500 \$500 \$500 \$200 \$500 \$500 \$500 \$200 \$200 \$100
Chip Fracture (closed reduction)	25% of Closed Fracture Benefit	25% of Closed Fracture Benefit	25% of Closed Fracture Benefit
Hernia Benefit	\$150	\$150	\$150
Hospital Admission Benefit	\$1,000	\$1,000	\$1,000

Description of Benefit	Benefit Amount		
	Primary Insured	Spouse	Children
ICU Admission Benefit	\$1,000	\$1,000	\$1,000
Initial Physician Visit Benefit	\$75	\$75	\$75
Joint Replacement Benefit	\$2,000	\$2,000	\$2,000
Knee Cartilage Benefit (with repair)	\$750	\$750	\$750
Knee Cartilage Benefit (without repair)	\$150	\$150	\$150
Lacerations Benefit			
• 2" to 6" with sutures	\$300	\$300	\$300
• Greater than 6" with sutures	\$600	\$600	\$600
Lodging Benefit	\$125 per day	\$125 per day	\$125 per day
Medical Appliance Benefit	\$100	\$100	\$100
Paralysis Benefit (Paraplegia)	\$5,000	\$5,000	\$5,000
Paralysis Benefit (Quadriplegia)	\$10,000	\$10,000	\$10,000
Physical Therapy Benefit	\$25 per day	\$25 per day	\$25 per day
Prosthesis Benefit			
• Single	\$750	\$750	\$750
• Two or more	\$1,500	\$1,500	\$1,500
Rehabilitation Facility Benefit	\$100 per day	\$100 per day	\$100 per day
Ruptured Disc Benefit	\$750	\$750	\$750
Skin Graft Benefit	\$2,500	\$2,500	\$2,500
Tendon/Ligament/Rotator Cuff Benefit			
• Single	\$800	\$800	\$800
• Two or more	\$1,000	\$1,000	\$1,000
• Exploratory	25% of the single tendon/ligament/rotator cuff benefit	25% of the single tendon/ligament/rotator cuff benefit	25% of the single tendon/ligament/rotator cuff benefit
Transportation Benefit	\$300	\$300	\$300
Urgent Care Benefit	\$75	\$75	\$75
X-Ray Benefit	\$50	\$50	\$50

ACCIDENT - Aflac

The Aflac Accident plan provides cash benefits directly to you to help with out-of-pocket expenses in the event of a covered accident. A sudden accident might stop you in your tracks, but your bills like mortgages, utilities, groceries, and out-of-pocket costs will keep on coming. Accident insurance can help cover the costs associated with the treatment of a covered accidental injury. More importantly, the plan helps you focus on getting better, not worrying about how you will pay your bill.

Accident Plan Schedule of Benefits (Condensed as an Example*)	Benefit Payment
Accidental Death	\$50,000
Knee Dislocation (open reduction)	\$2,925
Leg Fractures (open reduction)	\$3,600
Hospital Admission	\$900
Ground Ambulance	\$150
Emergency Room Visit	\$150

More Examples of Scheduled Benefits:

- Burns
- Lacerations
- X-Rays
- Urgent Care Visits
- Dental Crown Repairs due to accidental injury
- Stiches

Family coverage includes spouse & child benefits equal 100% of the employee amount for most of the benefits!

- **Accidental Death amount is 50% of the employee amount for a spouse and 10% for the child.**
- **Children can be enrolled until age 26**

****Please see detailed summary for full list of scheduled benefit payouts.***

AFLAC Accident Premiums	
	Per Pay Period
Employee Only	\$5.74
Employee + Spouse	\$9.99
Employee + Child(ren)	\$13.24
Employee + Family	\$17.49

HOSPITAL INDEMNITY - Aflac

Hospital Admission: \$1,000 per admission; once per covered sickness or accident per calendar year.

Hospital Confinement: Pays \$150 per day; 31 days per covered sickness or covered accident.

Intensive Care: Pays \$150 per day up 10 days per confinement per covered sickness or covered accident.

Intermediate Intensive Care: Pays \$75 per day up to 10 days per covered sickness or covered accident.

AFLAC Hospital Indemnity Premiums	
	Per Pay Period
Employee Only	\$10.05
Employee + Spouse	\$20.24
Employee + Child(ren)	\$16.10
Employee + Family	\$26.29

Group Accident Insurance

Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category - Mid				Employee	Spouse	Child
Initial Treatment - once per accident, within 7 days of the accident						
ER/Urgent Care				\$150	\$150	\$150
ER/Urgent Care with X-Ray				\$200	\$200	\$200
Doctor's Office				\$75	\$75	\$75
Doctor's Office with X-Ray				\$100	\$100	\$100
Ambulance - once per day, within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground				\$300	\$300	\$300
Air				\$900	\$900	\$900
Major Diagnostic Testing - within six months of the accident				\$150	\$150	\$150
Maximum number of diagnostic tests per covered accident: 1						
Emergency Room Observation - within 7 days of the accident						
Maximum number of 24-hour periods of observation per covered accident: No Maximum						
Short Observation Period (4-24 Hours)				\$35	\$35	\$35
Long Observation Period (24+ Hours)				\$70	\$70	\$70
Prescriptions - within six months of the accident				\$5	\$5	\$5
Maximum number of filled prescriptions per covered accident: 2						
Pain Management - within six months of the accident				\$75	\$75	\$75
Maximum number of payments per covered accident: 1						
Blood/Plasma/Platelets - within six months of the accident				\$200	\$200	\$200
Maximum number of days per covered accident: 3						
Concussion - once per accident, within six months of the accident				\$350	\$350	\$350
Traumatic Brain Injury - once per accident, within six months of the accident				\$3,500	\$3,500	\$3,500
Coma - once per accident						
We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident				\$7,500	\$7,500	\$7,500
Burns - once per accident, within six months of the accident						
<u>Second Degree Burns</u>						
Less than 10%				\$75	\$75	\$75
At least 10%, but less than 25%				\$150	\$150	\$150
At least 25%, but less than 35%				\$375	\$375	\$375
35% or more				\$750	\$750	\$750
<u>Third Degree Burns</u>						
Less than 10%				\$750	\$750	\$750
At least 10%, but less than 25%				\$3,750	\$3,750	\$3,750
At least 25%, but less than 35%				\$7,500	\$7,500	\$7,500
35% or more				\$15,000	\$15,000	\$15,000
Emergency Dental Work - once per accident, within six months of the accident						
Repair with Crown				\$120	\$120	\$120
Extraction				\$30	\$30	\$30
Eye Injury - removal of a foreign body				\$175	\$175	\$175
Dislocations - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Knee	\$2,925	\$2,925	\$2,925	\$1,462.50	\$1,462.50	\$1,462.50
Shoulder	\$2,250	\$2,250	\$2,250	\$1,125	\$1,125	\$1,125
Foot/Ankle	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Hand	\$1,575	\$1,575	\$1,575	\$787.50	\$787.50	\$787.50
Lower Jaw	\$1,350	\$1,350	\$1,350	\$675	\$675	\$675
Wrist	\$1,125	\$1,125	\$1,125	\$562.50	\$562.50	\$562.50
Elbow	\$900	\$900	\$900	\$450	\$450	\$450
Finger/Toe	\$360	\$360	\$360	\$180	\$180	\$180
Lacerations - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Under 5 centimeters				\$75	\$75	\$75
5 to 15 centimeters				\$300	\$300	\$300
Over 15 centimeters				\$600	\$600	\$600
<u>Lacerations not requiring stitches</u>				\$37.50	\$37.50	\$37.50

Group Accident Insurance

Fracture - once per covered accident, within 90 days of the accident

Fracture Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Vertebrae/Sternum	\$5,400	\$5,400	\$5,400	\$2,700	\$2,700	\$2,700
Pelvis	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Skull (Depressed)	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Leg	\$3,600	\$3,600	\$3,600	\$1,800	\$1,800	\$1,800
Forearm/Hand/Wrist	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle/Kneecap	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Shoulder Blade/Collar Bone	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Lower Jaw	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Skull (Simple)	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Upper Arm/Upper Jaw	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Facial Bones (except teeth)	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Vertebral Processes/Sacrum	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Coccyx/Rib/Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240

Outpatient Surgery and Anesthesia (per day) - within one year of the accident

Performed in a Hospital or Ambulatory Surgical Center

\$300 \$300 \$300

Maximum number of payments per covered accident: No Maximum

Performed in a Doctor's Office, Urgent Care Facility or Emergency Room

\$35 \$35 \$35

Maximum number of payments per covered accident: 2

Facilities Fee for Outpatient Surgery - within one year of the accident

Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).

\$75 \$75 \$75

Inpatient Surgery and Anesthesia (per day) - within one year of the accident

\$750 \$750 \$750

Maximum number of payments per covered accident: No Maximum

Transportation - within six months of the accident

Maximum number of payments per covered accident: 3

Minimum Required Distance (miles): 100

Plane \$350 \$350 \$350

Any ground transportation \$150 \$150 \$150

(Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.)

Hospitalization Category - Mid	Employee	Spouse	Child
Hospital Admission (per confinement) - once per accident, within six months of the accident	\$900	\$900	\$900
Maximum number of admissions per covered accident: 1			
Hospital Confinement (per day) - within 6 months of the accident	\$225	\$225	\$225
Maximum days of confinement per covered accident: 365			
Hospital Intensive Care (per day) - within 6 months of the accident	\$300	\$300	\$300
Maximum days of confinement per covered accident: 30			
Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident	\$150	\$150	\$150
Maximum days of confinement per covered accident: 30			
Family Member Lodging (per day) - within six months of the accident	\$150	\$150	\$150
Maximum days of lodging per covered accident: 30			
Minimum Required Distance (miles): 100			

Group Accident Insurance

After Care Category - Mid	Employee	Spouse	Child
Appliances - within six months of the accident			
Cane	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Ankle Brace	\$30	\$30	\$30
Maximum number of appliances per covered accident: No Maximum			
Walking Boot	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Walker	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Crutches	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Leg Brace	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Cervical Collar	\$75	\$75	\$75
Maximum number of appliances per covered accident: No Maximum			
Wheelchair	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Knee Scooter	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Body Jacket	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Back Brace	\$300	\$300	\$300
Maximum number of appliances per covered accident: No Maximum			
Accident Follow-Up Treatment - within 6 months of the accident			
Initial treatment is received within 7 days of the accident	\$35	\$35	\$35
Maximum number of visits per covered accident: 6			
Post Traumatic Stress Disorder (PTSD) - once per accident, within 6 months of the accident	\$150	\$150	\$150
Rehabilitation Unit (per day)			
Maximum number of days per confinement: 31	\$75	\$75	\$75
No more than 62 days total per calendar year for each insured			
Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$35	\$35	\$35
Maximum number of visits per covered accident: 10			
Chiropractic or Alternative Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$25	\$25	\$25
Maximum number of visits per covered accident: 6			
Life Changing Events Category - Mid	Employee	Spouse	Child
Dismemberment - once per accident, within six months of the accident			
Single Loss	\$8,750	\$3,750	\$1,750
Double Loss	\$17,500	\$7,500	\$3,500
Loss of one or more fingers or toes	\$875	\$375	\$175
Partial Dismemberment (includes at least one joint of a finger or toe)	\$87.50	\$87.50	\$87.50
Paralysis - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$3,500	\$3,500	\$3,500
Quadriplegia	\$7,500	\$7,500	\$7,500
Prosthesis - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$2,000	\$2,000	\$2,000
Prosthesis Repair/Replacement - once per prosthetic device, within three years of initial Prosthesis payment	\$2,000	\$2,000	\$2,000
Residence/Vehicle Modification - once per accident, within one year of the accident	\$1,500	\$1,500	\$1,500
Wellness Rider - Mid	Employee	Spouse	Child
Amount paid will be based on the certificate year in which the wellness test was performed:			
Maximum number of payments per calendar year, per insured: 1			
Year 1 - Once per calendar year	\$25	\$25	\$25
Year 2 - Once per calendar year	\$50	\$50	\$50
Year 3 - Once per calendar year	\$50	\$50	\$50
Year 4 - Once per calendar year	\$50	\$50	\$50
Year 5 - Once per calendar year	\$75	\$75	\$75
Year 6+ - Once per calendar year	\$75	\$75	\$75

Group Accident Insurance

Accidental Death Rider	Employee	Spouse	Child
Accidental Death - within 90 days of the accident			
Accidental Death	\$50,000	\$25,000	\$10,000
Accidental Common-Carrier Death	\$100,000	\$50,000	\$20,000

Please request a sample policy for full benefit provisions and descriptions.

CRITICAL ILLNESS - United Heritage

Critical Illness Plan Schedule of Benefits (Condensed as an Example*)	Benefit Payment
Elected Benefit Amount	\$5,000 Minimum / \$50,000 Maximum (\$5,000 increments)
Guaranteed Issue	\$20,000
First Occurrence Payments (allowed in each category)	100% of elected benefit amount
Recurrence Payments (allowed once)	50% of first occurrence
Lifetime Maximum Benefit Payout	300% of elected benefit amount
Wellness Benefit Rider	Pays \$25 annually for employee and/or spouse
Hospital Confinement Rider	Pays \$50 per day for hospital confinement

Once a First & Second occurrence have occurred in a single category, that category is then closed for future benefit payouts.

**Please see detailed summary for full list of scheduled benefit payouts.*

Critical Illness Monthly Rates per \$1,000 of Benefit					Hospital Confinement Rider Monthly Rates per \$1,000			
Attained Age	Employee (Children Included)		Employee & Family (Children & Spouse)		Employee (Children Included)		Employee & Family (Children & Spouse)	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Under 40	\$0.51	\$0.80	\$0.74	\$1.09	\$0.24	\$0.37	\$0.49	\$0.70
40—44	\$0.88	\$1.57	\$1.32	\$2.15	\$0.37	\$0.65	\$0.78	\$1.18
45—49	\$1.32	\$2.63	\$2.05	\$3.58	\$0.53	\$1.02	\$1.14	\$1.82
50—54	\$1.92	\$4.24	\$3.07	\$5.74	\$0.76	\$1.64	\$1.69	\$2.86
55—59	\$2.78	\$6.74	\$4.55	\$9.06	\$1.08	\$2.54	\$2.47	\$4.37
60—64	\$4.01	\$10.52	\$6.72	\$14.05	\$1.53	\$3.90	\$3.59	\$6.59
65—69	\$5.60	\$15.56	\$9.54	\$20.71	\$1.88	\$5.06	\$4.49	\$8.47
70—74	\$8.01	\$21.36	\$13.57	\$28.63	\$2.68	\$6.89	\$6.36	\$11.7
75—79	\$11.03	\$26.31	\$18.29	\$35.79	\$3.51	\$8.09	\$8.02	\$13.99

You must enroll in Critical Illness and Wellness Benefit Rider as a bundle if you select United Heritage.

Wellness Benefit Rider Rate Per Month	
Employee	Employee & Family
\$1.20	\$2.39

CRITICAL ILLNESS—TO CALCULATE YOUR PREMIUM, DO THE FOLLOWING:

Employee Age	@	(Critical Illness Benefit Amount	/ \$1,000 X) +	Critical Illness Rate	+	Hospital Rate (Required)	+	Wellness Rate (Required)	=	Monthly Total
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Critical Illness Rates are based on Employee's Age & Employee's tobacco use status. Children are automatically covered when an employee enrolls in this coverage.

CRITICAL ILLNESS & CANCER - AFLAC

Critical Illness Plan Schedule of Benefits (Condensed as an Example*)	Benefit Payment
Elected Benefit Amount	\$10,000 Minimum / \$30,000 Maximum (\$5,000 increments)
Guaranteed Issue—Employee	\$30,000
First Occurrence Payments (allowed in each category)	100% of elected benefit amount
Recurrence Payments (allowed once)	100% of first occurrence
Wellness Benefit Rider	Pays \$50 annually for employee and/or spouse
Cancer (internal or Invasive)	100% of elected benefit amount
Skin Cancer	\$1,000 per calendar year
Metastatic Cancer	25% of elected benefit amount

**Please see detailed summary for full list of scheduled benefit payouts.*

Critical Illness & Cancer Benefit Monthly Rates per \$1,000 of Benefit

Attained Age	Employee (Children Included)	Spouse
18—29	\$0.55	\$0.55
30 —39	\$1.01	\$1.01
40—49	\$1.89	\$1.89
50—59	\$3.25	\$3.25
60+	\$5.74	\$5.74



Questions? Connect with Aflac whenever you need us, 24/7 at www.aflac.com/contact-aflac or call your local agent: Karen Ball at 208-660-7546 or karen_ball@us.aflac.com.

Contact Information—Page 1

	Medical Pharmacy Policy #G0039089	PacificSource Health Plans (888) 970-2507 www.pacificsource.com
	Voluntary Dental Policy #1464	Delta Dental of Idaho (208) 489-3580 www.deltadentalid.com
Willamette Dental Group 	Voluntary Dental Policy #ID29	Willamette Dental Group (855) 433-6825 www.willamettedental.com
	Voluntary Vision Policy #GV-2733	VSP (800) 877-7195 www.vsp.com
	Life/AD&D Voluntary Life Policy #GL2733 & G22733 Long- & Short-Term Disability Policy #GD-2733 & GS-2733 Accident & Critical Illness Hospital Indemnity	United Heritage (208) 493-6100 www.unitedheritage.com
	Accident Critical Illness Cancer Hospital Indemnity	AFLAC (800) 992-3522 www.aflac.com Karen Ball—(208) 660-7546 karen_ball@us.aflac.com
	General & Limited Purpose FSA Dependent Care FSA COBRA	Pacific Source Administrators FSA: (800) 422-7038 COBRA: (877) 355-2760 www.psa.pacificsource.com
	HSA Administration	Flores & Associates (800) 532-3327 www.flores247.com

Contact Information—Page 2

	Employee Assistance Program (EAP)	Uprise Health (866) 750-1327 www.uprisehealth.com
	Wellness Incentive	WellWorks for You (800) 425-4657 www.wellworksforyoulogin.com Company ID: 10925
	HRA VEBA Administration	AJG (509) 818-3128 www.ajg.com
	Public Employee Retirement System of Idaho	PERSI (800) 451-8228 www.persi.idaho.gov
	Benefit Contact	Marsh McLennan Agency Jackie Sue McFarlin (509) 363-4040 Jackie-Sue.McFarlin@MarshMMA.com

Important Note: This benefit guide is for illustrative purposes only and does not represent a contract. Please refer to actual carrier/vendor contracts for a complete explanation of benefits, limitations, exclusions, and general provisions. If a discrepancy exists between this benefit guide and contract, contract shall prevail.

**Bonner County
Employee Login Key**

Website Name	Website Link	Utilization	Username	Password	Updated Password
Gmail	www.mail.google.com	Access county emails, calendar and chat function.			
Thinkzoom	https://bonnerwizards.thinkzoom.com/	Access new hire and annual trainings.			
WellWorks	www.wellworksforyou.com	Access and upload wellness forms and other wellness resources.			
Employee Self Service (ESS)	https://bonnercountyid.munisselfservice.com/ess/	View PTO, Comp and CAT accruals. Access W2 forms, pay stubs and W4's. Update address, contact info and emergency contacts.			
Employee Navigator	https://www.employeenavigator.com/	Select and modify benefits. Report life events and access benefits forms and plan information.			
In Touch	https://intouch.pacificsource.com/Members/Account/SignIn	Find and select a Primary Care Provider. View claims, billing and detailed medical plan info.			
PERSI	https://mypersi.idaho.gov/	View retirement account balance and contributions for PERSI and PERSI Choice.			
Flores	www.flores247.com	View HSA account balance, contributions and transactions. Submit requests for qualified reimbursements. (HSA medical plan)			
HRA/Veba	www.hraveba.org	View HRA account balance, contributions and transactions. Submit requests for qualified reimbursements. (PPO medical plan)			



Bonner County Intranet

When you visit the Intranet, you will find important information, such as:

Payroll/Holiday Calendar, Benefit Information and Forms, Wellness Information and Forms, Upcoming Events, Employee of the Month and more!

Website Link: <https://www.hrconnection.com?u=bemployee1833>

Guest Key: bemployee1833

