

2026 Employee Benefits



Take a positive step

ONLINE RESOURCES

You can download a copy of this booklet to your computer or smart phone by following the link below:

<https://eb.alliant.com/26bcbensum>





WHAT'S CHANGING FOR 2026

2026 Benefit Updates and Improvements

Bonner County is pleased to announce several enhancements to our employee medical benefits, effective October 1, 2026. These updates are designed to provide more flexibility, expanded provider access, and continued support for your overall health and wellness.

Please take a few moments to review what's new so you and your eligible family members can make informed decisions about your coverage.

What's New & Improved:

Medical Plan Updates

We're introducing a new tiered provider structure designed to help you save more when you choose high- quality, preferred providers. With these enhancements, choosing Tier 1 providers can significantly lower your deductible and out-of-pocket maximums.

- Deductible changes to all plans
- Annual Out-of-Pocket Maximums changes to all plans
- Coinsurance changed from 20% to 30% on all plans
- PPO copays changes for pharmacy

Introducing Regenexx

Regenexx, now in-network, offers a non-surgical alternative for treating many orthopedic conditions. Using advanced, research-based techniques, treatments are designed to reduce pain and support the body's natural healing process.

Voluntary Benefits Transition

Beginning with the upcoming plan year, your voluntary benefits will be moving from Aflac to Lincoln. During open enrollment, you'll have the opportunity to review the available plans, compare your options, and elect the coverage that best meets your needs.

LifeBalance is a **free** employee discount program that helps members save money on everyday purchases, travel, entertainment, fitness, and wellness-related services. It's an added perk that gives you access to discounts at thousands of participating businesses nationwide.

Hinge Health is a virtual musculoskeletal (MSK) care program that helps people manage back, neck, joint, and muscle pain from home. It combines personalized exercise therapy, physical therapy, health coaching, and education through a mobile app **at no cost to you**.

Nationwide Pet Insurance is a voluntary insurance plan that helps cover the cost of unexpected veterinary care for your pets. Premiums are paid directly to Nationwide rather than through your paycheck.

Payer Matrix is a new program designed to help plan members with high-cost specialty prescriptions reducing or eliminating out of pocket costs.

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



Getting Started

2026-2027 Benefits

Effective October 1, 2026

Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.

No matter where you are in your career, Bonner County supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

Who's eligible for benefits?



Employees:

You are eligible if you are a full-time employee working 20 or more hours per week.

Eligible dependents:

- Legally married spouse
- Biological, adopted or stepchildren up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)

For additional information, please refer to the benefit booklets for each benefit.

When can you enroll?

You can enroll in benefits as a new hire or during the annual open enrollment period.

If hired the 1st - 15th, coverage begins on the first of the following month. If hired the 16th - 31st, coverage begins on the first of the month following 30 days as long as you enroll within 30 days of becoming eligible.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

Changing your benefits

Click to play video



Life happens

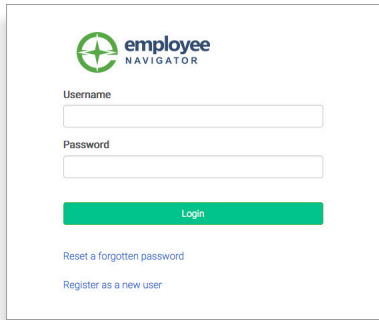
A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 30 days after the event.

ENROLL IN YOUR BENEFITS: One step at a time



employee NAVIGATOR

Username

Password

[Login](#)

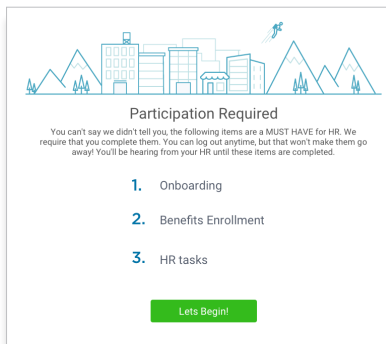
[Reset a forgotten password](#)

[Register as a new user](#)

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten 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.
- **Our Company ID - BonnerCounty**



Participation Required

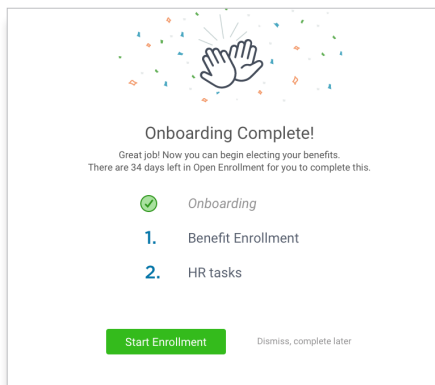
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

[Let's Begin!](#)

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

☒ Onboarding

1. Benefit Enrollment
2. HR tasks

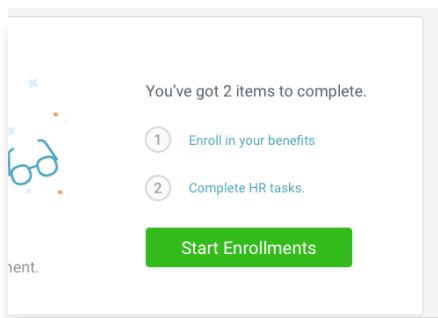
[Start Enrollment](#) [Dismiss, complete later](#)

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

[Start Enrollments](#)

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

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
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 08/01/18 for an employee. Below this, there are buttons for 'Compare', 'Details', and 'Selected'. A section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a button to 'View employer contributions summary'. At the bottom, there are buttons for 'Save & Continue' and 'Don't want this benefit?'.

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.

The screenshot shows the 'Enrollment Summary' page. It includes a progress bar indicating 'Progress 6 of 8'. A warning message states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a list of enrolled plans, including 'Medical' and 'Key Care HSA PPO2017 404E2435 Long Plan Name'. On the right, a progress bar shows steps 1 through 8, with step 8 highlighted as incomplete.

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. **You must print, sign and return the completed summary to HR.**

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.

The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' Below this, there is a list of tasks: 'Enroll in your benefits' (marked with a green checkmark) and '1. HR Tasks' (marked with a blue number 1). At the bottom, there is a green button labeled 'Start Tasks' and a link to 'Dismiss, complete later'.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

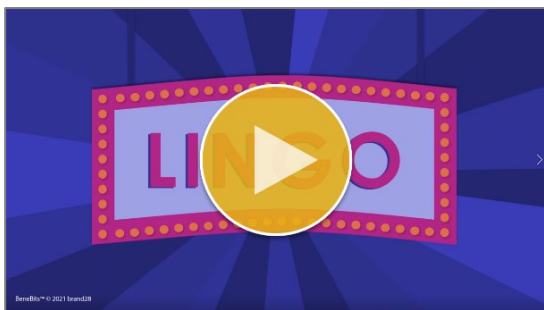
MEDICAL



WORDS TO KNOW

Can you beat the Health Lingo game? Learn the words that will help you understand how your plan works.

Click to play video



DEDUCTIBLE: The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.

OUT-OF-POCKET MAXIMUM: Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.

COINSURANCE: After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.

COPAY: A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.

IN-NETWORK / OUT-OF-NETWORK: In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

Regence Blue Shield of Idaho



You always pay the deductible and copayment (\$). The coinsurance (%) shows what **you** pay after the deductible.

In-Network Benefits	PPO Plan		HSA Individual Plan		HSA Family Plan	
Annual Deductible	Tier 1	\$500 individual \$1,000 family	Tier 1	\$1,700	Tier 1	\$1,875 individual \$3,400 family
	Tier 2	\$1,000 individual \$2,000 family	Tier 2	\$2,500	Tier 2	\$3,750 individual \$5,700 family
Annual Out-of-Pocket Maximum	Tier 1	\$3,000 individual \$6,000 family	Tier 1	\$2,500	Tier 1	\$2,500 individual \$5,000 family
	Tier 2	\$6,000 individual \$12,000 family	Tier 2	\$5,000	Tier 2	\$5,000 individual \$10,000 family
PCP Office Visit	\$30 copay		30% after deductible		30% after deductible	
Specialist Office Visit	\$40 copay		30% after deductible		30% after deductible	
Chiropractic	30% coinsurance (deductible waived) (up to 20 visits per year)		30% after deductible (up to 20 visits per year)		30% after deductible (up to 20 visits per year)	
Lab and X-ray	30% after deductible		30% after deductible		30% after deductible	
Urgent Care	\$30 copay then 30% coinsurance		30% after deductible		30% after deductible	
Emergency Room	\$100 copay then 30% after deductible (copay waived if admitted)		30% after deductible		30% after deductible	
Hospitalization	30% after deductible		30% after deductible		30% after deductible	
Outpatient Surgery	In ASC: 20% after deductible; others: 30% after deductible		In ASC: 20% after deductible; others: 30% after deductible		In ASC: 20% after deductible; others: 30% after deductible	
PRESCRIPTION DRUGS						
Rx Deductible	\$250 per individual		Medical deductible applies		Medical deductible applies	
Retail Pharmacy						
Tier 1	\$25 copay after Rx deductible		20% after deductible		20% after deductible	
Tier 2	\$35 copay after Rx deductible		20% after deductible		20% after deductible	
Tier 3	\$55 copay after Rx deductible		20% after deductible		20% after deductible	
Tier 4	\$200 copay after Rx deductible		\$200 copay		\$200 copay	

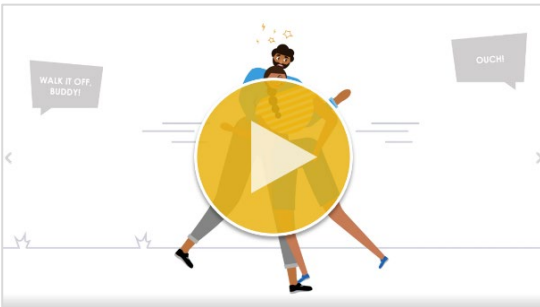
Tier 1 Providers: Northwest Specialty Hospital and Beacon Clinic

Tier 2 Providers: All other in-network providers

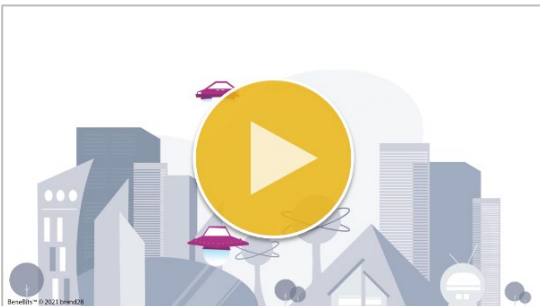


ENGAGE

Click to play video



Urgent Care vs ER



Virtual Healthcare

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs
- Express Scripts Home Delivery

Health Enhancing Programs

In addition to medical coverage, we provide these programs and services to help you access care when and how you need it and address special health concerns:

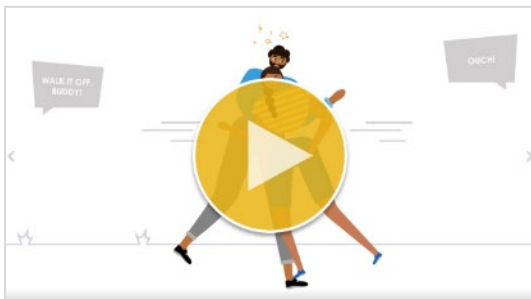
- Doctor On Demand – Telehealth
- Hinge Health
- Regenexx
- SupportLinc

Know where to go

Where you get medical care can significantly affect the cost. Here's a quick guide to help you know where to go based on your condition, budget, and time.

Visit type	Use it for ...
Online visit (\$) Often available 24/7	• non-emergency health issues: – cold, flu, allergies, headache, migraine – rashes, skin conditions – minor injuries – mental health concerns
Office visit (\$\$) Typically open during regular business hours	• routine medical care and management: – preventive care – illnesses and injuries – existing conditions
Urgent care (\$\$\$) Typically open with extended evening and weekend hours	• urgent but not life-threatening conditions: – sprains or stitches – animal bites – high fever or respiratory infections
Emergency room (\$\$\$\$) Open 24/7	• life-threatening conditions requiring immediate care: – suspected heart attack or stroke – broken bones – excessive bleeding – severe pain – difficulty breathing

Click to play video



Urgent Care vs. ER

Alternative facilities

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Procedure	Alternative	Features	Savings*
Surgery	Ambulatory surgical center	• Specializes in same-day surgeries • Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more • Held to same safety standards as hospitals	Up to 50% vs. a hospital stay
Physical therapy	Outpatient facility	• Most cases are suited for outpatient physical therapy • Same types of treatments and similarly skilled therapists as inpatient facilities	40 to 60% vs. a hospital setting
Sleep study	Home testing	• Diagnoses obstructive sleep apnea • Cost is often covered by insurance if considered medically necessary	Up to \$4,500 vs. a lab
Infusion therapy	Home or outpatient infusion	• For drugs that must be delivered by intravenous injections, or epidurals • Delivered by licensed infusion therapy provider • Maintain normal lifestyle and comfort of home or outpatient center	Up to 90% vs. a hospital stay

**Savings estimates are based on in-network facilities and providers*

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital.

You can also search for surgical centers, physical therapy, and similar services on your plan's website, or call member services for assistance. Online tools such as [healthcarebluebook.com](https://www.healthcarebluebook.com) and [healthgrades.com](https://www.healthgrades.com)

help you compare costs and doctor ratings.

Some alternative facilities include a fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

Get convenient, affordable care by choosing an ambulatory surgical center

Finding out that you need surgery can be stressful. You may have concerns about the surgery, or be worried about costs. The good news is that you may have choices that can save you time and money. Many surgeries can be done outside a hospital in an ambulatory surgical center—a medical facility dedicated to procedures that don't require an overnight stay. These are sometimes called outpatient surgeries.

Benefits of an ambulatory surgical center

Each ambulatory surgical center provides you with the safety of experienced staff and special equipment for specific surgeries.

Thanks to new technology, more procedures—like knee replacements, for example—can now be done in ambulatory surgical centers.

Ambulatory surgical centers feel less like a hospital and more like a regular doctor's office—and are often located in or near a doctor's office.

Category of surgery	Common procedures in that category
Ear, nose and throat	Tonsil removal, ear tubes
Stomach and colon issues	Colonoscopy (exam of the colon), endoscopy (exam of the digestive track), hemorrhoid removal
General	Biopsies (e.g., breast, bone, liver, etc.), hernia repair, appendix removal, gall bladder removal
Gynecology (women's health)	Hysteroscopy, hysterectomy (removal of the uterus), tubal ligation (having tubes tied)
Eye surgeries	Cataract removal, repair of retina, cornea transplant
Plastic surgery	Skin grafts
Foot issues	Bunion removal, hammer toe repair
Prostate, bladder and kidney issues	Some prostate surgeries, bladder exam by scope, kidney stone surgery
Blood vessel issues	Varicose vein removal
Joint and bone issues	Knee repair, ACL repair, shoulder repair, hand/wrist procedures, treatment of fractures or dislocations

How much can you save at an ambulatory surgical center?

Regence offers a coinsurance (cost share) discount of up to 10% for members having surgery at an ambulatory surgical center. This means that after you've met your deductible, whatever amount is your share of the surgery will be reduced by up to 10%*

What you might save: Sample costs

Tonsil removal

Inpatient hospital	
Price	\$3,500
Regular coinsurance	30%
You pay	\$1,050
Ambulatory surgical center	
Price	\$900
Discounted coinsurance**	20%
You pay	\$180 (SAVE \$870)

Hernia repair

Inpatient hospital	
Price	\$7,200
Regular coinsurance	30%
You pay	\$2,160
Ambulatory surgical center	
Price	\$2,100
Discounted coinsurance**	20%
You pay	\$420 (SAVE \$1,740)

Illustrative example only, using sample prices that reflect average cost differences between the same services rendered in an inpatient hospital vs. an ambulatory surgical center. Savings calculation assumes plan deductible has been met.

Is an ambulatory surgical center right for you?

If you're going to have one of these procedures, ask your doctor if an ambulatory surgical center is right for you. In some cases, it might not be the best option.

How to find an ambulatory surgical center

If an ambulatory surgical center is a good option, you can find one that's in-network by going to [regence.com/find-a-doctor](https://www.regence.com/find-a-doctor). Use the search term "ambulatory surgical center" for best results.

Need more help? Call the Customer Service number on the back of your member ID card.

*Reflects the 10% coinsurance discount. Ambulatory surgical center coinsurance discount may not apply to all plans. Ask your employer or contact Customer Service for more details.

**Some employers may provide a discount; check your plan to find out.



Regence BlueShield of Idaho
is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield of Idaho
1211 West Myrtle Street, Suite 200 | Boise, ID 83702

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Connect to urgent and mental health care from anywhere.

You've got anytime access to doctors and therapists with Doctor On Demand®.



Get treatment for 90% of all common ER complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable.

We make it easy to find the right care, right away.



Connect face-to-face with your provider from your phone, tablet, or computer.



Find the right therapist or psychiatrist for you from a diverse network of providers and specialists.



Get urgent care in as little as five minutes with 24/7/365 access to experienced providers.

How much does it cost?

Your visit could be free. To find out, log into the app to see how much a visit will cost.

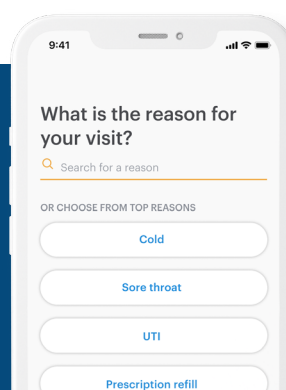
How do I get started?

- 1 Download the Doctor On Demand app.**
Activate your account or login.
- 2 Pick your provider.**
Select the next available appointment or find the time best for your schedule .
- 3 Get care at home or on the go.**
Get help with all your healthcare needs from experienced doctors, therapists, and psychiatrists.

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association. Doctor on Demand® is a separate company that provides telehealth services for Regence members.

Activate your account.

doctorondemand.com/regence-id
1-800-997-6196



Download the app





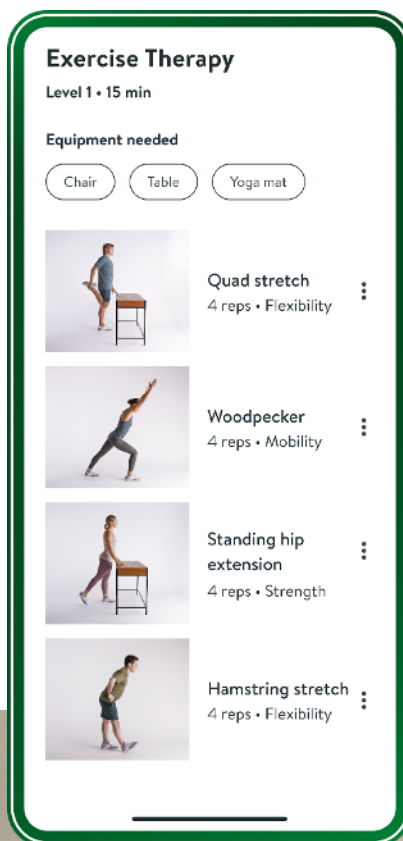
Hinge Health is transforming the way pain is treated

Musculoskeletal (MSK) spend is rising by eight percent per member per year.¹ People are struggling to manage their pain while costs continue to rise because care is not meeting their wide range of needs.

You can reduce MSK spend while improving quality of life

With one app, members get expert clinical care that's personalized to their specific needs across the entire continuum of MSK care — from sprains and chronic pain to pelvic health.

[Hear real Hinge Health members tell their stories →](#)



#1

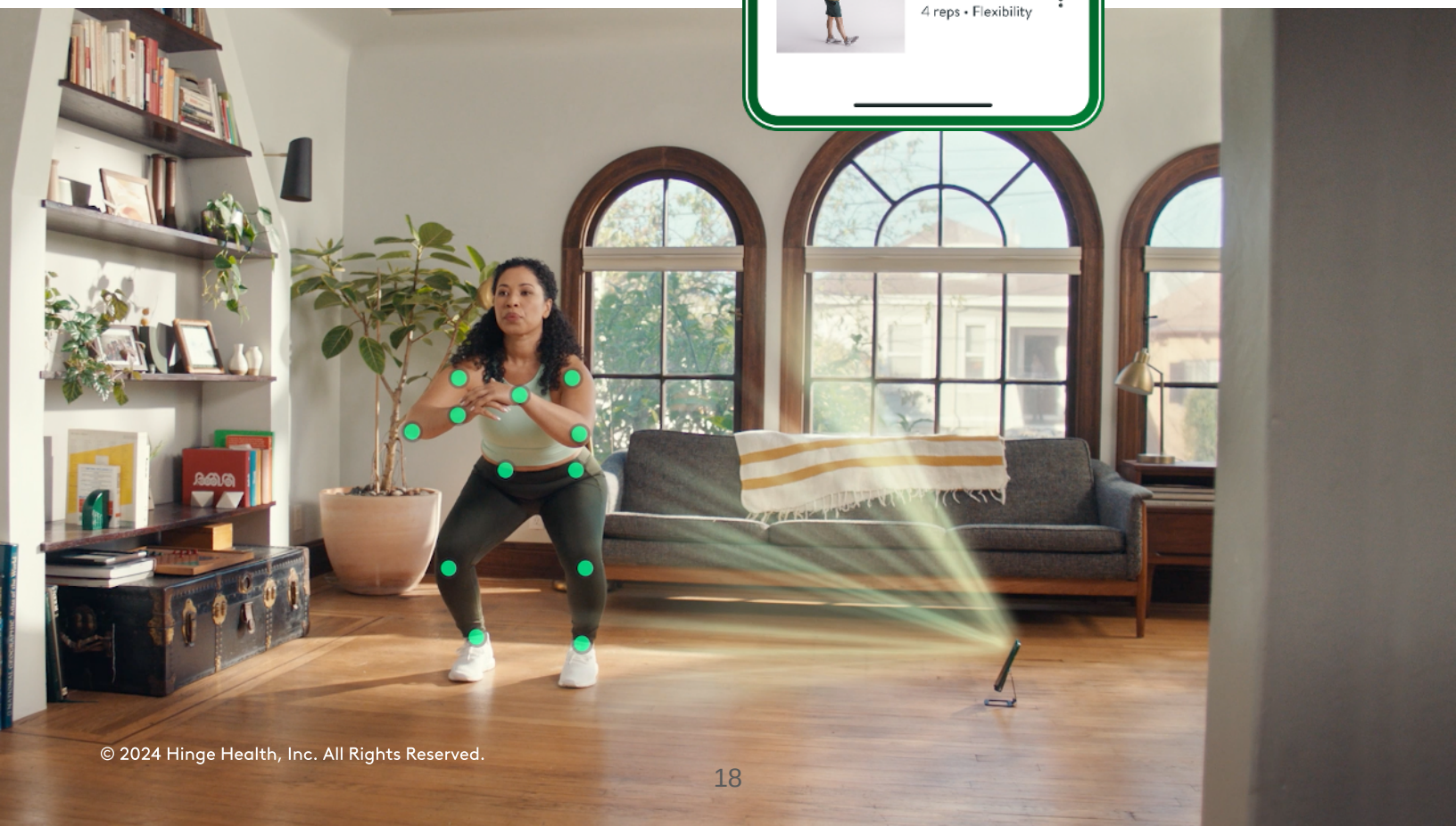
Digital MSK app
4.9★ rating based on
30K+ reviews
and counting

68%

average reduction in
pain per participant²

50+

member testimonials
shared every day
on average



The right clinical expert and technology for everyone.



A complete clinical team



Technology enhanced care



Physical therapists lead and monitor care.



TrueMotion technology tracks motion and provides real-time feedback.



Board-certified health coaches help members build healthy habits.



FDA-cleared Enso device relieves pain without drugs or surgery.



Orthopedic physicians help members make informed surgery decisions.



Data integration from 1M+ in-person providers creates a complete picture of care

Trusted by 1,700+ clients



L.L.Bean

Wawa

FUJIFILM

A low lift 90 day launch

We're partnered with 45+ health plans, PBMs, and benefit point solutions, so 90% of implementation is already complete. There are only four tasks for you to complete to get up and running in ninety days.

Why do 4 in 5 companies with a digital MSK solution choose Hinge Health?

58%

average reduction in depression & anxiety²

42%

reduction in new opioid prescriptions³

2.4x ROI

based on medical claims reduction study with 136 employers across 46 industries⁴

[See how Hinge Health's Digital MSK Clinic works →](#)

1 in 2 MSK surgeries avoided⁴

Sources: 1.Hinge Health internal analysis of commercial medical claims data. (2023). 2.In a 12 week study of chronic knee and back program participants. Bailey JF, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. J Med Internet Res 2020. 3. In a study comparing Hinge Health members with traditional PT patients. Wang G, et al. Opioid initiation one year after starting a digital musculoskeletal (MSK) program: an observational, longitudinal study with comparison group. J Pain Res. 2023. 4. In a 2022 study comparing 4,207 Hinge Health members with 4,207 matched comparison group members in the year after starting the Hinge Health chronic MSK program, 136 Employer Medical Claims ROI Study, 2022. The study defined surgery as any MSK-related surgical procedure that would have been rendered to a study participant in a 12 month period.



866-295-0981

regenexxbenefits.com/bonner-county/oe



WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, the physicians draw your blood platelets and bone marrow aspirate and process them using **Regenexx** lab processing techniques. They then inject them precisely at the site of your injury using image guidance. **Regenexx** treatments provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient therapy performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a lower-risk alternative to surgery with **Regenexx** treatments.

YOUR REGENEXX BENEFIT

Regenexx is covered as an in-network benefit within the Bonner County health plans.

In-network benefits for specialist services within your plan and in-network deductibles and out-of-pocket maximums apply for all **Regenexx** services.

Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network. Charges depend on your specific plan details and your current deductible and out-of-pocket status.

CONDITIONS TREATED

Ankle/Foot

- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow

- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip

- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee

- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder

- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine

- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.

Call 866-295-0981 or visit regenexxbenefits.com/bonner-county/oe.

Register for a webinar at regenexxbenefits.com/bonner-county/oe/web.

Preventive care

You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

Health plans are required to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Be aware: Not all exams and tests are considered preventive care

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.



Typical screenings for adults

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam





Preventive care

In-network services covered at 100%



Most Regence members have 100% coverage for preventive services—care that detects an issue before it becomes a problem. You'll pay nothing for the care listed here when you see an in-network provider. We follow recommendations from three government agencies to determine which services we cover.¹

You may have to pay for covered preventive care if:

- You see an out-of-network provider
- Your doctor provides preventive care outside the guidelines
- Your provider doesn't obtain any required pre-authorization (for example, physical therapy for fall prevention, genetic testing for BRCA 1 and 2 and lung cancer screening)

Also, diagnostic services are different from preventive. Diagnostic care looks at a problem you're already having. So ask your doctor if services are preventive or diagnostic. It's important to know because you may have to pay out of pocket for diagnostic care.

Check the list below to see which preventive services most of our plans cover. Some plans may have limitations or not cover all of these services. Check your plan benefits or call Customer Service at the number on the back of your member ID card if you have questions.

1. These scientifically supported guidelines are created by the United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA).

Members of all ages

The following services are provided as appropriate to need and age.*

Lab tests

- Cholesterol screening (if high risk)
- BRCA 1 and 2 testing and counseling (if high risk and meet criteria)
- Hepatitis B screening (if increased risk)
- Hepatitis C screening (if high risk or age 18–79)
- HIV screening (15–65 or high risk)
- HIV PrEP screening
- Sexually transmitted disease counseling during wellness exams
- Screening for gonorrhea, syphilis and chlamydia
- Tuberculosis screening
- Prediabetes and type 2 diabetes screening and counseling (35–70 if overweight or obese)

Procedures

- Abdominal aortic aneurysm screening (men only, 65+ and have ever smoked)
- Cervical cancer screening (Pap) (21+)
- Colon cancer screening (45+)
- Lung cancer screening (50–80 with history of smoking)
- Osteoporosis screening (women 65+ or at risk)
- Physical therapy to prevent falls (in community-dwelling adults 65+ and at high risk)
- Screening mammogram (40+ or at high risk)
- Sterilization (tubal ligation)

Examinations / counseling

- Annual wellness (physical) exam (18+)
- Blood pressure monitoring (18+)
- Breast cancer prevention counseling (if high risk)
- Depression screening during wellness exams
- Diabetes counseling (40–70 if overweight or obese)
- Diet behavior counseling (for those with hyperlipidemia)
- Heart disease prevention counseling (18+ with additional cardiovascular disease (CVD) risk factors)
- HIV counseling (15–65 or at high risk)
- HPV screening every three years (30+)
- Interpersonal and domestic violence screening and counseling during wellness exams
- Obesity counseling in midlife (40–60)
- Obesity screening and counseling
- Sexually transmitted disease counseling during wellness exams
- Tobacco-use counseling (not programs or classes)
- Unhealthy alcohol and/or drug use screening and behavioral counseling (18+)

Immunizations

- Chicken pox (varicella)
- Diphtheria, pertussis (whooping cough), tetanus (DPT)
- Hemophilus influenzae type b (Hib)
- Hepatitis A and B
- Herpes zoster (shingles) (19+)
- HPV (up to 45)
- Influenza (flu)
- Measles, mumps, rubella (MMR)
- Meningitis
- Pneumonia
- Smallpox / monkeypox

* When an age range is listed, such as 15–18, your coverage includes the first age through the second.

Pregnant members

During pregnancy, members may receive preventive services described under “Members of all ages,” plus the following:

Lab tests

- Anemia screening
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening and counseling
- Rh(D) incompatibility screening
- UTI screening

Breastfeeding / chestfeeding supplies and support

- Breast pump / lactation pump (non–hospital-grade)
- Lactation support and counseling

Examinations / counseling

- Counseling to promote healthy weight gain during pregnancy

Children

Children may receive age-appropriate* preventive services described under “Members of all ages,” plus the following:

Newborns (up to 62 days of age)

- Congenital hypothyroidism screening
- Gonorrhea medication for the eyes
- Jaundice (bilirubin) screening
- Metabolic screening
- PKU screening
- Sickle cell anemia screening

Youths (up to 21)

Anemia screening

Dyslipidemia (high cholesterol and fat in blood)

Lead poisoning screening

Examinations / counseling

- Dental caries (up to age 6, starting when first tooth appears)
- Eye exam (3–5)
- Fluoride varnish (up to age 6 when applied by primary care clinician)
- Interventions for children and adolescents (6+) with high body mass index
- Newborn hearing screening (up to 62 days)
- Skin cancer counseling (6 months–24 years for those with fair skin type)
- Well-child exams (up to age 18)

Immunizations

- Children may receive age-appropriate immunizations described under “Members of all ages,” plus the following:
- Polio
- Rotavirus

* When an age range is listed, such as 15–18, your coverage includes the first age through the second.



Contraception for women

- Birth control education and training
- Contraception mobile application, FDA-approved only

Our prescription drug benefit covers all forms of FDA-approved birth control. For a complete list, visit regence.myprime.com/v/RBO/COMMERCIAL/en/forms.html. Religious exemption: Birth control coverage may not be available if the group you have coverage through has a religious exemption.

Prescription drugs

Your preventive care benefits cover many over-the-counter and prescription drugs.

To learn more, visit regence.myprime.com/v/RBO/COMMERCIAL/en/forms.html and go to the ACA Preventive Medications, Covered Contraceptive Products and Tobacco Cessation coverage lists.



To learn more, go to regence.com. For your plan benefits, see your benefit booklet or call us at the number on the back of your member ID card.



Prescriptions breaking your budget?

Click to play video



The formulary drug tiers determine your cost

\$ Generic drugs

\$\$ Brand-name drugs

\$\$\$ Specialty drugs

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.



Get the most from your pharmacy benefit

Have a prescription to fill? Wondering if you should switch to a generic or use our home delivery service? Here are some quick tips and programs you need to know about.



How to fill your prescription

Whether you have a new prescription or need to refill an existing one, our network of more than 65,000 participating pharmacies has you covered—across the country and around your corner.

Show your member ID card to your pharmacist so they can file your claim with us online and tell you how much you owe.

Programs to stretch your pharmacy dollar

Our programs are designed to put valuable medication and health support into your hands, while also saving you money.

Covered-drug list

When it comes to choosing medications, it's important to know how the list of covered drugs—or formulary—works.

The covered-drug list divides medications into multiple tiers, each with its own cost share. Before we add a medication to the list, our team of doctors and pharmacists carefully evaluate how safe and effective it is while assessing whether it will improve health.

To see if your medication is covered and how much it will cost, visit regence.com/pharmacy, sign in or select your type of coverage, and click on **Find a Drug**.

Generics

Generic and brand-name medications have the same strength, quality and purity. But, generics can cost up to 80% less. So, ask your doctor if there is a generic drug that will work for you.

Home delivery

You can get some medications—like the ones you take for a chronic condition—mailed to you at the location of your choice. That means fewer trips to the pharmacy, and it can even save you a copay or lower your out-of-pocket costs if you have coinsurance.

90-day fills

You can pick up 90-day supplies of most long-term medications at one of our Extended Supply Network (ESN) retail pharmacies or have our Home Delivery Program ship it to the location of your choice.

Visit regence.com/pharmacy, select your type of coverage or simply sign in, and click on **Find a Pharmacy** to locate an ESN retail pharmacy or register for home delivery.

Clinical programs

Our pharmacists work behind the scenes to help you get the medications you need when you need them. We also look out for safety concerns, such as potential drug interactions or duplicate prescriptions, that could affect you.

Specialty Pharmacy

We know that living with a complex health condition can be stressful and sometimes confusing. Our specialty pharmacy services are here to support you with the care and medications you need, every step of the way. In some cases, your plan may require that you use our Specialty Pharmacy.

If you're on a non-HSA plan and are prescribed certain specialty drugs, you may have the opportunity to reduce

your out-of-pocket costs by enrolling in the FlexAccess program, which helps you identify manufacturer copay assistance coupon programs to make your medication(s) more affordable.

To assist you with the complexities of your condition and its treatment, our Specialty Pharmacy services will help you coordinate refills, monitor side effects and give you 24-hour access to clinical specialists. You'll even get injectable supplies for free—and everything can be delivered to your home or location of your choice.

Blood Glucose Meter Program

If you have diabetes, you're eligible to receive a new LifeScan OneTouch® glucose meter at no cost. Order your meter directly from LifeScan by calling 1 (855) 306-2278.

Understanding pre-authorization

To ensure you're getting an effective drug at an affordable price, we review prescriptions for some medications before we cover them. Drugs on the pre-authorization list include many for which equal or more effective and lower-cost options exist.

If your drug needs pre-authorization, you'll want to do one of two things:



Talk with your doctor to see if there's an alternative treatment that does not require pre-authorization.

OR



Have your doctor or pharmacist request pre-authorization for your medication. You may need to get that authorization before you can get your prescription filled.



Stay connected

Visit [regence.com](https://www.regence.com) to find drug coverage, pricing, network pharmacies and more. Questions? Call the Customer Service number on your member ID card.



Regence BlueShield of Idaho
is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy and pharmacy services are provided by JourniRx, Inc. (a licensed pharmacy). JourniRx is a separate company that provides pharmacy and pharmacist services.

Regence BlueShield of Idaho
1602 21st Avenue | Lewiston, ID 83501

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IDAHO

Regence



ENHANCED MEDICATION SUPPORT

Rx help for better health and savings

Medication questions? We've got answers. From understanding your benefits to finding lower-cost drugs to locating the best pharmacy, your Regence health plan has the tools and guidance to help you make the best choices for your health.



Real savings

When Patricia went to buy her prescription inhaler, she was shocked to find out it would cost her \$300 for each refill.

After a brief moment of panic and mental budgeting, she remembered she had a lifeline in all of this: her Regence medication support tools.

“I can’t believe how much I was going to pay for my inhaler. All it took was simply asking a pharmacist. They did all the work to save me hundreds of dollars!”

Support for you and your family

When you create an account at regence.com or on the Regence app, you can easily access medication support tools that help you:

Research and compare medications for costs, effectiveness and side effects

Connect with a licensed pharmacist who can review your current medications and answer all your medication questions

Get personalized insights identifying safety concerns and FDA recalls

Review a care timeline to see a chronological list of medications, provider appointments and labs for you and family members on your plan

Get assistance changing and transferring prescriptions, or setting up home delivery



Start getting medication support

1. Create an account or sign in at regence.com.
2. Opt in to **News & updates** to get personalized insights.
3. Download the Regence app for on-the-go access to everything you need.



Pharmacy and pharmacy services are provided by JourniRx, Inc. (a licensed pharmacy). JourniRx, Inc. is a separate company that provides pharmacy and pharmacist services.

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Regence BlueShield of Idaho
1602 21st Avenue | Lewiston, ID 83501

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EXPRESS SCRIPTS MAIL ORDER

Skip the trips to the pharmacy

With home delivery, you won't miss wandering the aisles waiting for your medication to be ready—or standing in line for a pickup. Your Regence health plan offers access to Express Scripts, so you can get your long-term medications delivered right to your door with free standard shipping. It's a safe, convenient way to fill your prescriptions and might even save you money.

What you get with Express Scripts

- 24/7 access to a team of knowledgeable pharmacists and support staff
- Free standard delivery
- Tamper-proof, unmarked packaging
- Refill reminder notices through your phone or email, whichever you prefer
- Multiple locations across the U.S. for fast processing and dispensing

Convenience that comes to you

You'll receive most medications within seven to ten days after you place your first order. Refills may take up to seven days to arrive. You may be able to stock up on your long-term medications with a 90-day supply—one more way to cut down on your trips to the pharmacy.



Get started

Here's how to set up home delivery:

- 1 Go to express-scripts.com/rx to register and create a profile. Or you can call an Express Scripts health care advisor at 1-833-599-0451 for assistance setting up your profile. You can also download the Express Scripts app to manage your prescriptions.
- 2 Once you've registered and created your profile, ask your doctor to send a prescription to Express Scripts.

Questions?

Call the Customer Service number on your member ID card. We're open 24 hours a day, seven days a week.



Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues



In-the-moment support

Reach a licensed clinician by phone 24/7/365 when you call for assistance.



Short-term counseling

Access no-cost in-person or virtual (video) counseling sessions to resolve emotional concerns such as stress, anxiety, depression, burnout or substance use.



Coaching

Get assistance from a Coach to boost your emotional fitness, learn healthy habits, establish new routines, build your resilience and more.



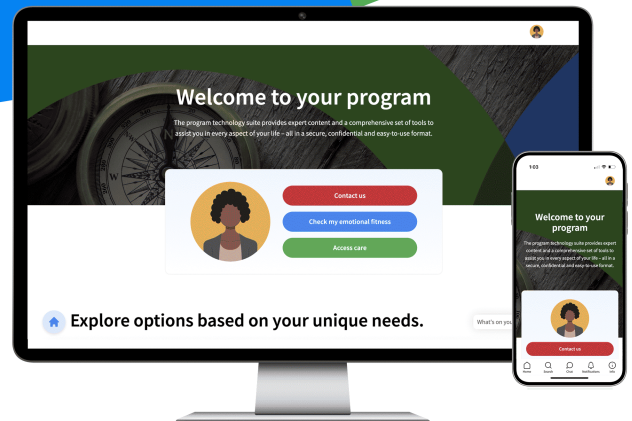
Work-life benefits

Receive expert consultations for financial and legal issues. Work-life specialists also provide convenience referrals for everyday needs such as child or elder care, pet care, home improvement or auto repair.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- Create a personal profile to quickly access support from a licensed clinician
- Receive recommendations and care options based on your unique needs
- Exchange text messages with a Coach
- Attend anonymous group support sessions on a variety of topics
- Strengthen your mental health and wellbeing at your own pace with self-guided digital therapy
- Discover flash courses, self-assessments, financial calculators, career resources, articles, tip sheets and videos



Start with Mental Health Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator assessment. You'll instantly receive personalized guidance to access care and support.



Download
the mobile
app today!



1-888-881-5462



supportlinc.com

group code: [bonnercountyyid](#)

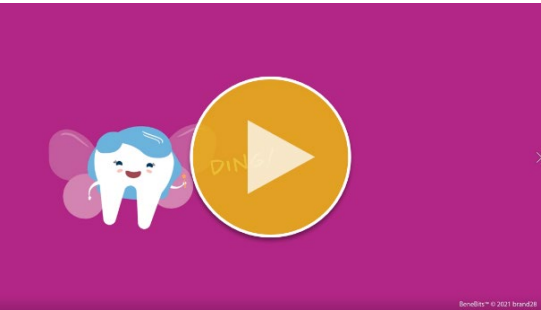


DENTAL

OUR PLANS

- Delta Dental of Idaho PPO Plan
- Willamette HMO Dental Plan
- Northwest Dental Benefits PPO Plan

Click to play video



Why sign up for Dental coverage?

It’s important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That’s where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- Preventive** care includes exams, cleanings, and x-rays
- Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- Major** care goes further than basic and includes bridges, crowns, and dentures
- Orthodontia** treatment to properly align teeth within the mouth.



You always pay the deductible and copayment (\$). The coinsurance (%) shows what the **plan** pays after the deductible.

	Delta Dental of Idaho PPO Plan Delta Dental members can visit any licensed dentist for dental care, but you can save the most by choosing a dentist in the Delta Dental PPO network.	Willamette HMO Dental Plan Willamette Dental is an HMO managed-care plan. You must visit a Willamette facility for services.	Northwest Dental Benefits PPO Plan With NWDB, you are required to use the Premier Provider Network. Out-of-network benefits are offered but with specific limitations.
Benefits	In-Network Benefits	In-Network Benefits	In-Network Benefits
Annual Deductible	\$50 per individual \$150 per family	\$0 per individual \$0 per family	\$0 per individual \$0 per family
Annual Plan Maximum	\$1,250	Unlimited	\$2,500
Diagnostic & Preventive (exams, cleanings, x-rays, sealants, fluoride)	100%	100% after copay (varies by service; see fee schedule on next pages)	100% after copay (varies by service; see fee schedule on next pages)
Basic Services (fillings, root canals, periodontics, oral surgery)	80% after deductible	100% after copay (varies by service; see fee schedule on next pages)	100% after copay (varies by service; see fee schedule on next pages)
Major Services (dentures, implants, bridges, crowns)	50% after deductible	100% after copay (varies by service; see fee schedule on next pages)	100% after copay (varies by service; see fee schedule on next pages)
Orthodontia	Not covered	Pre-orthodontia treatment: \$150 copay; Comprehensive treatment: \$2,800 copay; (see contract for limitations) Children: Covered Adults: Covered	\$2,500 lifetime maximum (see contract for limitations) Children: Covered Adults: Covered

Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

Bonner County
Group Number: 1464
Contract Effective Date: 10/01/2026

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	\$50	\$50	\$50
Family Deductible Excluding Diagnostic and Preventive services per benefit year	\$150	\$150	\$150
Maximum Benefit Per eligible person per benefit year	\$1,250	\$1,000	\$1,000

Services	You pay the % below		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	20%	20%
Basic Services Fillings, root canals, extractions, oral surgery	20%	30%	30%
Major Services Crowns, implants, onlays, bridges, dentures	50%	60%	60%

PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a network participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

Summary of Benefits



Bonner County – ID29– 10/1/2026

COVERED BENEFITS	COPAYS
Annual maximum	No annual maximum*
Deductible	No deductible
General & ortho office visit	You pay \$15 per visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & emergency exams	Covered with the office visit copay
X-rays	Covered with the office visit copay
Teeth cleaning	Covered with the office visit copay
Fluoride treatment	Covered with the office visit copay
Sealants (per tooth)	Covered with the office visit copay
Head and neck cancer screening	Covered with the office visit copay
Oral hygiene instruction	Covered with the office visit copay
Periodontal charting	Covered with the office visit copay
Periodontal evaluation	Covered with the office visit copay
RESTORATIVE DENTISTRY	
Fillings	You pay a \$25 copay
Porcelain-metal crown	You pay a \$225 copay**
PROSTHODONTICS	
Complete upper or lower denture	You pay a \$350 copay**
Bridge (per tooth)	You pay a \$225 copay**
ENDODONTICS & PERIODONTICS	
Root canal therapy - anterior	You pay a \$85 copay
Root canal therapy - bicuspid	You pay a \$110 copay
Root canal therapy - molar	You pay a \$140 copay
Osseous surgery (per quadrant)	You pay a \$150 copay
Root planing (per quadrant)	You pay a \$60 copay
ORAL SURGERY	
Routine extraction (single tooth)	You pay a \$25 copay
Surgical extraction	You pay a \$80 copay
ORTHODONTIA TREATMENT	
Pre-orthodontia treatment	You pay a \$150 copay***
Comprehensive orthodontia treatment	You pay a \$2,800 copay
DENTAL IMPLANTS	
Dental implant surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local anesthesia	Covered with the office visit copay
Dental lab fees	Covered with the office visit copay
Nitrous Oxide	You pay a \$40 copay
Specialty office visit	You pay \$30 per visit
Out of area emergency care reimbursement	You pay charges in excess of \$100

*Benefits for implant surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Idaho, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.



NORTHWEST
DENTAL BENEFITS

2026

Up to
\$2,500
ORTHODONTIA BENEFIT

\$2,500
ANNUAL MAXIMUM

\$0
DEDUCTIBLES &
OFFICE VISIT FEES

SUPERIOR ORTHODONTIA COVERAGE

No age limit
Use towards traditional braces
or Invisalign® treatment

CONVENIENT VISITS & CARE

Providers authorized to approve
same-day treatment
No need for traditional
preauthorizations to save you time



Sample Benefits

Your Copay*

PREVENTATIVE SERVICES

Routine Exams	\$0
Cleanings (2 per 12 months)	\$0
Bitewing X-Rays (1 per 12 months)	\$0
Full Mouth X-Rays	\$0
Fluoride	\$0
Sealants	\$0

BASIC SERVICES

Fillings	\$35
Simple Extractions	\$35
Oral Surgery (Surgical extractions/ impactions)	\$60
Periodontics	\$50/ quad \$30/ maintenance
Emergency Pain	\$0

MAJOR SERVICES

Root Canals	\$250 - \$400
Crowns	\$350 - \$400
Core Buildup	\$50
Dentures (6 month waiting period)	\$750
Implants (6 month waiting period)	\$850
Wisdom Teeth Removal	\$100 - \$135

*This is a brief comparison only. Copays associated with fees deducted from Annual Maximum. For detailed information, please see complete Benefit Summary and/or contract. If discrepancies exist, the contract shall prevail.



LEADING BENEFITS & MAXIMUMS

Plans cover commonly
excluded services
Double the Annual Maximum of
traditional plans, on average

PREMIER LOCAL PROVIDERS

70+ dentists and orthodontists,
including general and pediatric
dentists

30+ private-practice locations
across Idaho ready to serve you



@NorthwestDentalBenefits

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VISION

OUR PLAN

Vision Service Plan (VSP) Choice Plan

Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Click to play video





Vision Service Plan (VSP) Choice Plan

Your vision checkup is fully covered after your exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

Benefits	In-Network Benefits
Copay – Exam	\$10 copay then 100%
Copay - Materials	\$25 copay
Lenses	
Single Vision	Basic lens covered in full (copay applies)
Bifocal	Basic lens covered in full (copay applies)
Trifocal	Basic lens covered in full (copay applies)
LightCare	Uses both lens and frame benefit
Frames	Up to \$130 allowance; Featured frame brands, including bebe, Calvin Klein, Cole Haan, Dragon, Flexon, Longchamp, Nike, and more are covered up to the enhanced featured frame allowance of \$180; plus a 20% discount from the remaining balance
Contacts	Fitting & eval exam: up to \$60 copay; Elective contacts: up to \$130 allowance (copay waived; instead of eyeglasses)
Benefit Frequency	
Contacts, Lenses, Exam	1 x every 12 months from last date of service
Frames	1 x every 24 months from last date of service

Make Eye Health a Priority with VSP!

Your health comes first with VSP and BONNER COUNTY. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489*

More Ways to Save

Extra \$50 to spend on Featured Frame Brands†

bebe Calvin Klein COLE HAAN
 DRAGON FLEXON LONGCHAMP

 and more

Up to 40% Savings on lens enhancements‡

See all brands and offers at vsp.com/offers.

Enroll through your employer today.

Questions?

vsp.com

800.877.7195 (TTY: 711)

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp
PREMIER
edge

Get more at preferred in-network doctor locations

private
practice
doctors

Visionworks

EYEMART
EXPRESS
FAMILY OF STORES

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.



Scan QR code or visit **vsp.com** to learn more.

*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

‡Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through BONNER COUNTY.

Provider Network:

VSP Choice

Effective Date:

10/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening	\$10 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
		\$25	See frame and lenses
FRAME*	\$180 Featured Frame Brands allowance \$180 Visionworks or Eyemart Express frame allowance on any frame \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart/Sam's Club frame allowance \$70 Costco frame allowance	Included in Prescription Glasses	Every 24 months
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
VSP LIGHTCARE™+	\$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$25	Every 24 months
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.

Health savings account (HSA)

Click to play video



Are you eligible?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the HDHP Medical Plan
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare
3. Not a tax dependent
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses



A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the Flores HSA works:

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

2026-2027 Contribution Amount Per Pay Period (24)

Individual HSA Plan	Non-Wellness \$62.50	You can earn an additional \$300 upon completion of the Wellness Program
Family HSA Plan	Non-Wellness \$104.16	

- You can contribute up to the limit set by the IRS each year (includes company amount)

IRS Contribution Limits

2026	Individual: \$4,400 per year; Family: \$8,750 per year
2027	Individual: \$4,500 per year; Family: \$9,000 per year

Are you age 55 +? You can contribute an additional \$1,000 per year

- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA:

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

Any employee that does not complete the requested identity verification steps for their HSA 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 account, including the amount contributed by Bonner County, does not exceed the annual IRS contribution maximums listed above.

HRA: Health reimbursement arrangement



Are you eligible?

You are eligible for the HRA if you are enrolled in the Regence PPO plan.

Can I have both an HRA and an FSA?

Yes! You can have both an HRA and a healthcare flexible spending account (FSA) at the same time, but you can't be reimbursed from both accounts for the same expense. The HRA is typically used first until the account is depleted.

Your “allowance” for healthcare expenses

Healthcare can be expensive. That's why Bonner County provides eligible participants with an HRA to help pay your medical expenses. The HRA is administered by Veba.



Earn a \$300 Wellness Bonus!

Here's how it works:

- Complete all Wellworks activities (shown on page 78) and receive a one-time \$300 incentive deposit added to your HRA account. It's our way of rewarding you for investing in your health!
- You are eligible if you are enrolled in the Regence PPO plan.
- When you have a healthcare expense, you can use your HRA debit card or submit a request for reimbursement with a receipt or supporting documents.

Reasons to love an HRA:

1. **It's 100% employer-funded.** All contributions are made by Bonner County. In fact, the rules prohibit employee contributions.
2. **It's tax-free.** HRA reimbursements are excluded from your gross income, so they are 100% tax-free.
3. **No “use it or lose it.”** As long as you stay with Bonner County, unused money rolls over to use in future years.



Healthcare flexible spending account (FSA)

Click to play video



Are you eligible?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in the high deductible health plan, you can only participate in the limited-purpose FSA for dental and vision expenses.

Find out more

- PeakOneAdmin.com
- [Eligible Expenses](#)
- [Ineligible Expenses](#)



Set aside healthcare dollars for the year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the works:

- You estimate what your and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and certain drugstore items.
- You can contribute up to \$3,400, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

Estimate carefully!

If you don't spend all the money in your account, you can roll over up to \$680 to use the following year. Any additional remaining balance will be forfeited.

Potential tax savings:

Because FSA contributions are pre-tax, they reduce the total amount of your income the government makes you pay taxes on. Tax savings vary depending on filing status and other variables, but here's an example using single-filer status and marginal federal income tax rates:

\$60,000 annual pay, contributing \$1,700 to FSA

\$374	\$130	\$504
22% income tax savings	7.65% FICA tax savings	Total FSA tax savings

\$120,000 annual pay, contributing \$3,300 to FSA

\$792	\$252	\$1044
24% income tax savings	7.65% FICA tax savings	Total FSA tax savings



Healthcare FSA

Do you want to save 30% on health-related expenses this year? Enrolling in a healthcare flexible spending account (FSA) can save you up to \$900 a year.

What is a healthcare FSA?

A healthcare FSA is an account that lets you set aside money before taxes to pay for many medical expenses for yourself, your spouse, or eligible dependents.

What can it be used for?

Eligible expenses include things like insurance copayments and deductibles, prescription drugs, vision and dental expenses.

How does it work?

1. During open enrollment, sign up for a healthcare FSA.
2. Choose how much money you'd like to set aside for medical expenses.
3. The amount you've chosen is divided equally and deducted from your paycheck over the course of the year.
4. When paying for eligible expenses, you can use your Peak One Debit Card to pay direct or use your personal funds and get reimbursed.

When can I use it?

Conveniently, the total amount you've chosen to put in your FSA is available to start spending on the first day of your plan.

Helpful Tips

Plan ahead to maximize your healthcare FSA and use all your funds each year.

- Review what you paid for health-related expenses last year – are there any reoccurring items?
- Think about the upcoming year – does anyone in your family need orthodontia or vision care? Are you thinking of having a child?
- Use the information to figure out how much you'd like to have in your FSA.

Did You Know?

You can use your FSA for:

- Medical procedures and surgeries
- Exercise and wellness expenses
- Family planning and care
- Many prescription drugs, vitamins, and probiotics

Sign up for a healthcare FSA and start saving today!

www.PeakOneAdmin.com

3903 E Primrose Lane, Suite 102
Post Falls, ID 83854
866.315.1777





Flexible Spending Account Rollover

You have the option to carry over up to \$680 of unused funds to the following plan year, allowing you to enjoy tax savings without risk.

What is a flexible spending account?

A flexible spending account (FSA) is a health benefit account that allows you to set aside pre-tax dollars for eligible medical, dental and vision expenses that are not covered under your primary health plan.

What is an FSA rollover?

Historically, FSA users would forfeit any unused FSA funds at the end of the plan year as a result of the use-it-or-lose-it rule. While this rule is still in place, the FSA rollover option provides you with a measure of relief by giving you the ability to rollover up to **\$680** of unused funds to the following plan year. The rollover amount does not count toward the maximum allowable contribution for the following plan year.

How does it work?

- During open enrollment, you elect to contribute the maximum allowable amount of **\$3,400** to your FSA.
- During the course of the plan year, you spend \$2,640 on eligible healthcare expenses, which means you have **\$680** remaining in your account at the end of the plan year.
- You choose to re-enroll in the FSA and expect to incur additional medical expenses in the coming year so you once again elect to contribute the maximum allowable amount of **\$3,400**.
- Thanks to the FSA rollover option, the **\$680** of unused funds from your previous year's account is added to your current year account.
- You now have **\$4,080** available for qualified healthcare expenses for the current year.

What are the benefits of the FSA rollover option?

- Minimizes your risk of forfeiting unused FSA funds at the end of the plan year.
- You no longer have to precisely predict your out-of-pocket healthcare expenses for the coming year in an effort to choose the "right" FSA election amount during open enrollment.
- Gives you more flexibility to pay for eligible healthcare expenses as they arise, rather than rushing to spend all unused FSA funds at the end of the plan year.

Questions?

Call us at 866.315.1777

Paying for daycare? Make it tax-free!

Click to play video



Every opportunity to save

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

**Sign up for a FSA and DCFSA
and start saving today!**

www.PeakOneAdmin.com

3903 E Primrose Lane, Suite 102
Post Falls, ID 83854
866.315.1777

Dependent care FSA—up to \$7,500 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Peak.

Here's how the Peak plan works:

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before- and after-school care programs, preschool, and summer day camp for children younger than 13.

The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$7,500 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Estimate carefully!

You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.





Dependent Care FSA

Do you want to save 30% on daycare or caregiving expenses? Enrolling in a dependent care flexible spending account (FSA) can save you up to \$1,500 a year.

What is a dependent care FSA?

A dependent care FSA is an account that lets you set aside money before taxes to pay care providers who watch your children and eligible dependents while you're at work.

What can it be used for?

Eligible expenses include before- or after-school care for children 12 or younger, custodial care for dependent adults, licensed daycare centers, a nanny or au pair, preschools, and day camps.

How does it work?

1. During open enrollment, sign up for a dependent care FSA.
2. Choose how much money you'd like to set aside for daycare or caregiving expenses.
3. The amount of money you've chosen will be divided equally and deducted from your paycheck over the course of the year.

When can I use it?

Reimbursement won't be processed until you have enough funds in your account.

Helpful Tips

Plan ahead to maximize your dependent care FSA and use all your funds each year.

- Calculate how much you would normally spend on your dependents' care for 12 months.
- Note that there is an annual contribution limit.
- Set up direct deposit to receive reimbursements faster.
- Download the Peak1 Admin mobile app to check your account balance and send your claim by uploading a photo of your detailed receipt.

Did You Know?

- You can also use funds for a licensed after-school program or summer camp if your child is age 12 or younger or is disabled.
- If you experience a qualifying event, like having a baby or assuming care for an elderly person, you can sign up outside of the annual enrollment period.
- If your care provider changes rates or fees, you may also adjust the amount you set aside.

**Sign up for a
dependent care FSA
and start saving today!**

www.PeakOneAdmin.com

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Post Falls, ID 83854
866.315.1777



Employee FAQ

Dependent Care FSA (DCFSA)

What is a dependent care FSA (DCFSA)?

A dependent care FSA (DCFSA) is an account that lets you set aside money before taxes to pay care providers who watch your children and eligible dependents while you're at work.

Why should I enroll in a DCFSA?

The money you put into a DCFSA is set aside from your paycheck before taxes. On average, participants enjoy a 30% tax savings on their annual contribution. This means you could be saving up to \$1,500 per year on dependent care expenses!

How do I contribute money to my dependent care FSA?

The amount you elect as your annual contribution will be divided by the number of paychecks for the year. This pay period amount will be deducted from each paycheck before taxes.

You can then use the money in your account to pay for eligible dependent care expenses throughout the plan year.

Who qualifies as a dependent?

Dependents are children under age 13, that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

When can I use my dependent care FSA?

You can use funds from your dependent care FSA under the following conditions:

- To care for your qualified dependent.
- To allow you (and your spouse if filing jointly) to work or look for work.

Dependent care FSA funds can cover costs for before or after school care for children aged

12 and younger, custodial care for dependent adults, licensed daycare centers, nanny or au pair services, nursery schools or preschools, late pickup fees, and summer or holiday day camps.

What doesn't qualify?

There are certain expenses you cannot pay for using your dependent care FSA. These include expenses from a prior plan year, expenses for non-disabled children aged 13 and older, educational expenses (including kindergarten or private school tuition fees), food, clothing, sports lessons, field trips and entertainment, overnight camp expenses, and late payment fees for childcare.

Can I use my entire dependent care FSA election amount at the beginning of the year?

No, you will only have dependent care FSA funds as they are equally deducted each pay cycle. Funds will accumulate in your account until you either file a claim for reimbursement or you use your dependent care FSA Mastercard card.

Are there any rules about who can care for my dependents?

Yes, you cannot use funds to pay for care provided by a spouse, a person listed as a dependent on your taxes, or your child under the age of 19.

How do I use my dependent care FSA to pay for qualified expenses?

If your care provider accepts Mastercard, you can use your Peak One Administration dependent care FSA debit card for eligible expenses. You'll need to wait until you have accumulated enough funds in your account to use the debit card, so make sure to check your balance on the WealthCare Portal or Peak1

Admin Mobile App.

You can use personal funds and then reimburse yourself with funds from your dependent care FSA by submitting an online claim through the WealthCare Portal or via the Peak1 Admin Mobile App. You'll need to provide photos of receipts when you submit a claim for reimbursement. Reimbursement won't be processed until you have enough funds in your account.

What happens if I don't spend all my dependent care FSA funds by the end of the plan year?

You have an additional 2.5-month period after the plan year ends, allowing you to incur new eligible expenses and use funds remaining in your account from the previous plan year. Any unused funds that are in your account at the end of the run out period will be forfeited, which means you will lose that money. Plan carefully so that you use all the money in your dependent care FSA by the end of the plan year.

Can I change my election amount mid-year?

You can only enroll or change your election amount mid-year if you have a special event like a birth, death or assume care for an elderly person. If your care provider changes rates or fees, or your child turns 13 you may also adjust the amount you set aside.

What happens to my account if I lose my job or quit?

Unfortunately, participation in your dependent care FSA is discontinued as of your last day of employment. Expenses for services rendered after your termination date are not eligible for reimbursement.

Questions?

Contact membercare@peakoneadmin.com.



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details.

Bonner County-provided life and AD&D insurance



Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by Bonner County.

Lincoln Life & AD&D

Employee 1 x base annual salary up to \$100,000

Spouse \$1,000

Children \$100 up to \$1,000 dependent on age

The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.

What's guaranteed issue?

If you select coverage above a certain limit (the "guaranteed issue") or after your initial eligibility, you will need to provide additional information about your health status to qualify for the requested amount of coverage.

A note about taxes

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.



Long-term disability insurance



LTD benefits cushion the financial impact of a disability

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

Bonner County pays the cost of this coverage.

Lincoln LTD Benefits

Amount	60% of earnings, up to a monthly maximum of \$5,000
Begins	after 90 days of disability
Duration	to age 65 or social security normal retirement age

Things to know about LTD insurance

- It can protect you from having to tap into your retirement savings.
- You can use LTD benefits however you need, for housing, food, medical bills, etc.
- Benefits can last a long time—from weeks to even years—if you remain eligible.





VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Voluntary Short-term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Pet Insurance

You’re unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

Bonner County offers plans to help:

- provide income for survivors
- replace income if you’re injured or ill
- bridge the gap for special healthcare needs
- secure your identity, and help you manage legal issues

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don’t have to sign up for voluntary benefits at all. The choice is yours.

Voluntary life and AD&D insurance

Protecting those you leave behind

Voluntary life and AD&D insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or children if you purchase coverage for yourself.

Lincoln Voluntary Life & AD&D

Employee	3 x the employee's annual salary up to \$250,000. Guaranteed issue of \$150,000
Spouse	1.5 x the employee's annual salary or 50% of the employee's benefit amount up to \$125,000. Guaranteed issue of \$25,000
Children	> 14 days \$10,000



Guaranteed issue

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit evidence of insurability with additional information about your health for the insurance company to approve the amount of coverage.

Short-term disability insurance



Expect the unexpected

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

Voluntary STD Benefits

Short-term disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability.

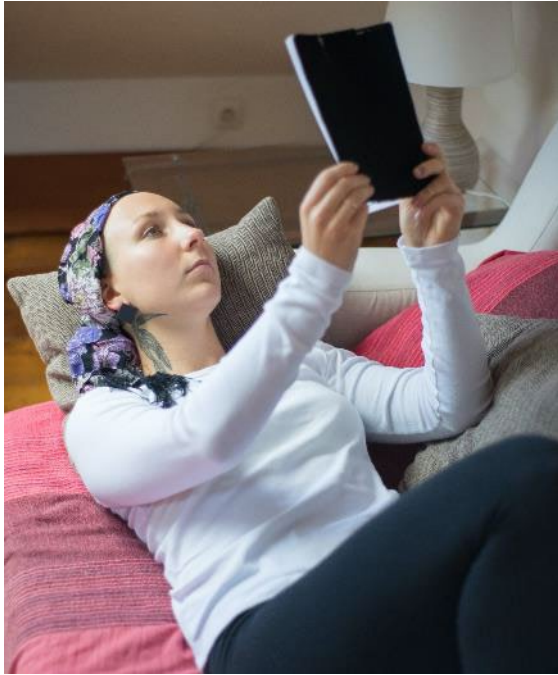
You pay the cost of this coverage.

Lincoln STD Benefits

Amount	60% of earnings, up to a weekly maximum of \$1,000
Begins	after 7 of disability due to accident or 7 of disability due to sickness or maternity
Duration	12 weeks



Voluntary health-related plans



Things to consider

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.



Accident Insurance

Accident insurance from **Lincoln** helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray.

Critical Illness Insurance

Critical illness insurance from **Lincoln** can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray.

Hospital Indemnity Insurance

Hospital indemnity insurance from **Lincoln** can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.



What is it?

Accident insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered injury.

Why is this coverage valuable?

This coverage provides you a lump sum cash benefit to help manage unexpected expenses. How you spend it is completely up to you — from everyday bills or childcare to other expenses.

Your accident coverage

Eligibility description	All Full-Time Employees
Contribution	You pay the cost of your coverage.
Emergency treatment	
Ambulance	\$400
Air ambulance	\$1,500
Emergency care/treatment	\$200
Initial care visit	\$125
Major diagnostic	\$250
X-ray	\$175
Fractures	
Ankle	\$1,300
Arm (shoulder to elbow)	\$1,200
Arm (elbow to wrist)	\$1,600
Coccyx	\$500
Collarbone	\$1,200
Elbow	\$450
Bones of the face	\$1,250
Fingers	\$250
Foot (except toes)	\$1,125
Hand (except fingers)	\$1,125
Hip	\$3,000
Jaw upper	\$1,125
Jaw lower	\$1,125
Kneecap	\$1,300
Leg (hip to knee)	\$2,250
Leg (knee to ankle)	\$1,600
Nose	\$1,125
Pelvis	\$2,000



Rib	\$600
Shoulder blade	\$1,500
Skull depressed	\$3,000
Skull non-depressed	\$1,300
Sternum	\$550
Toes	\$250
Vertebral body	\$1,450
Vertebral process	\$1,350
Wrist	\$1,200
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
Dislocations	
Ankle	\$1,200
Collarbone (acromion and separation)	\$900
Collarbone (sternoclavicular)	\$1,200
Elbow	\$1,000
Fingers	\$275
Foot (except toes)	\$950
Hand (except fingers)	\$650
Hip	\$2,625
Lower jaw	\$650
Knee (except kneecap)	\$1,600
Shoulder	\$2,250
Toes	\$250
Wrist	\$1,100
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
Specific injuries	
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$300
2nd degree burns: Based upon surface area burned	\$200 - \$1,200
3rd degree burns: Based upon surface area burned	\$1,300 - \$12,000
Skin grafts	50% of burn benefit
Concussion	\$300
Dental crown	\$300
Dental extraction	\$150



Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$200
Laceration: based upon the need for and length of sutures	\$100 - \$1,000
Severe traumatic brain injury	\$10,000
Surgical benefits	
Arthroscopic	\$450
Cranial	\$1,500
Hernia	\$150
Other surgery under conscious sedation	\$150
Other surgery under general anesthesia	\$350
Repair of knee cartilage	\$1,000
Repair of ligaments, tendons, rotator cuff	\$1,000
Repair of ruptured disc	\$1,000
Open abdominal or thoracic	\$1,500
Hospitalization and ongoing care	
Accident hospital admission	\$750
Accident hospital daily confinement	\$150
Accident intensive care admission	\$1,500
Accident intensive care daily confinement	\$300
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$75
Physician follow-up visits (up to six visits)	\$125
Alternative care/rehabilitation facility daily confinement/rehabilitative confinement	\$150
Epidural/cortisone pain management (up to one injection)	\$75
Medical mobility devices	\$100
Wheelchair (expected use one year or more)	\$400
Wheelchair (expected use less than one year)	\$175
Prosthesis (per limb)	\$600
Recovery assistance	
Family care	\$200
Companion lodging (100 or more miles from home)	\$150 per day
Transportation (100 or more miles from home)	\$300 per trip



Moving vehicle benefits	
Moving vehicle injury	\$275
Moving vehicle death	\$5,000
Safe driver injury/death: Seat belt	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Air bag	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe rider: Other helmet (bicycle, scooter, skateboard)	\$200
Accidental death and dismemberment (AD&D) benefit	
Accidental death: Your death	\$25,000
Accidental death: Your spouse or life partner	\$12,500
Accidental death: Your child	\$6,250
Common carrier death: Your death	\$50,000
Common carrier death: Your spouse or life partner	\$25,000
Common carrier death: Your child	\$12,500
Transportation of remains (100 or more miles)	\$10,000
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$10,000
Loss of finger, thumb, toe	\$1,250
Loss of sight in both eyes	\$20,000
Loss of hearing in both ears	\$20,000
Loss of speech	\$20,000
Loss of both arms	\$20,000
Loss of both legs	\$20,000
Loss of arm and leg	\$20,000
Paraplegia	\$20,000
Hemiplegia	\$20,000
Loss of both arms and both legs	\$20,000
Quadriplegia	\$20,000



Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students. The education benefit is payable for each full-time student.	10% of AD&D benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student. The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.	10% of AD&D benefit
Modification to home or auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle ridable if the insured suffers a severe loss. This benefit is payable once per person within 365 days of the accident.	\$3,000
Health assessment/wellness benefit	
Receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.	\$50
Additional plan benefits	
Portability	Included
Child sports injury benefit	Included



Benefit exclusions

Like any insurance, this accident policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, voluntary use of controlled substance, voluntary intake or use by any means of any drug, except when:
 - Prescribed or administered by a physician
 - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
- War or any act of war, declared or undeclared, war or any act of war other than terrorism, declared or undeclared, war or any act of war, declared or undeclared while serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer
- Participation in a riot, insurrection, or rebellion of any kind
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
 - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
 - The pilot has a valid pilot's certificate with a nonstudent rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment only, benefits aren't payable for any loss sustained or contracted in consequence of your being intoxicated or under the influence of any narcotic, operating a motor vehicle while intoxicated, as defined by the law of the state in which the accident occurred, if it is a felony
- Being incarcerated in any type of penal or detention facility, injury sustained while confined to jail, workhouse, or other corrections facility when it is due to an act of the facility and law enforcement is liable
- Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months
- Bungee cord jumping, mountaineering, or base jumping
- Skydiving, parachuting, or jumping from any aircraft for recreational purposes



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LCN-6758624-070224

PDF 7/24 **Z01**

Order code: GP-ACDT2-FLI001

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is licensed to do so. In New York, insurance products are issued by the Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



What is it?

Critical illness insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered illness.

Why is this coverage valuable?

Unexpected expenses can add up after a critical illness. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

Your critical illness coverage

Eligibility description	All Full-Time Employees
Contribution	You pay the cost of your coverage.
Employee coverage amount	\$10,000
Spouse coverage amount	\$10,000 up to 100% of employee benefit amount
Dependent children coverage	Your dependent children automatically receive 50% of your coverage amount at no extra cost.
Preexisting condition	Not applicable
Covered conditions	
Heart attack	100%
Arterial/vascular disease	50%
Mitral or aortic valve disease	25%
Sudden cardiac arrest, resulting in death	100%
Stroke	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
End stage renal (kidney) failure	100%
Invasive cancer	100%
Noninvasive cancer (in situ)	25%
Skin cancer	\$1,000 per lifetime
Supplemental conditions	
AIDS	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced multiple sclerosis	100%
Advanced Huntington's disease	100%
Advanced COPD	100%



Benign brain tumor	100%
Loss of sight, hearing and/or speech	100%
Accidental injuries benefit	
Severe burns, permanent paralysis, or traumatic brain injuries (includes coma)	100%
Occupational disease (employee only)	
HIV	100%
Hepatitis (B, C, D)	100%
Tuberculosis	25%
Invasive MRSA infection	25%
Tetanus	25%
Rabies	25%
Additional childhood conditions	
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 diabetes	100%
Recovery assistance	
Family care benefit	\$25 per day for up to 30 days
Lodging when 100 or more miles from home	\$150 per day for up to 30 nights
Transportation when 100 or more miles from home	\$200 per trip for up to 3 trips
Health assessment/wellness benefit	
You receive a cash benefit every year you and any covered family members complete a single covered exam or screening.	\$50
Additional plan benefits	
Portability	Included



Benefit exclusions

Like any insurance, your critical illness policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover covered conditions or loss caused or contributed to by:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony, participation in a felony, or committing a felony
- War or any act of war, declared or undeclared
- Participation in a riot, insurrection, or rebellion of any kind, active participation in a riot, insurrection, or rebellion, voluntary participation in a riot, insurrection, or rebellion, or participation in a riot or insurrection
- A covered condition sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months

Benefits won't be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest isn't payable if the event occurs during a medical procedure. This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.



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Z01

Order code: GP-CIFBS-FLI002

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern. Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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What is it?

Hospital indemnity insurance is a supplemental health product that may provide benefits if you or your covered dependent visit a hospital or intensive care unit (ICU) due to a covered illness or injury.

Why is this coverage valuable?

Unexpected expenses can add up after an accident. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

Your hospital indemnity coverage

Eligibility description	All Full-Time Employees
Contribution	You pay the cost of your coverage.
Core hospital benefits	
Hospital admission: For the initial day of admission to a hospital for treatment of sickness and injury	\$1,000 per day for 1 day per calendar year
Hospital confinement: For each day of confinement in a hospital as a result of sickness and injury	\$150 per day for 31 days per calendar year, starting on day 2 of confinement
Hospital ICU admission: For the initial day of admission to an ICU for treatment as a result of sickness and injury	\$2,000 per day for 1 day per calendar year
Hospital ICU confinement: For each full or partial day of confinement in an ICU as a result of sickness and injury	\$150 per day for 31 days per calendar year, starting on day 2 of confinement
Additional benefits	
Portability if you leave your employer	Included
Preexisting conditions	
A preexisting condition includes any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable



Benefit exclusions

Like any insurance, this hospital indemnity policy does have exclusions. The list below provides some common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane¹
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - Prescribed or administered by a physician
 - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony
- War or any act of war, declared or undeclared
- Participation in a riot, insurrection, or rebellion of any kind
- Participation in an act of terrorism
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for group policyholder business, provided:
 - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
 - The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
- Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
- Treatment of a mental illness¹
- Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof¹
- Treatment through experimental procedures
- Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- Being incarcerated in any type of penal or detention facility
- Scuba diving
- Mountaineering or spelunking
- Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or similar activities
- Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
- Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months

¹ Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.



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Z01

Order code: GP-HIOBS-FLI001

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern. Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

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Nationwide[®] My Pet Protection ChoiceSM PLAN SUMMARY



Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.¹

My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
 Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
 Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
 Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
 Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental ² and one additional test ³			✓



Get a quote: <https://partnersolutions.nationwide.com/pet/bonnercountyyid>
Or call us at 877-738-7874



Nationwide[®]



What makes My Pet Protection ChoiceSM different?

Every My Pet Protection ChoiceSM policy includes guaranteed issuance,⁴ plus additional benefits to support pet families:

- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit



Nationwide is the industry's first provider of coverage for birds and exotic pets.

Nationwide offers more than great coverage

VetHelpline[®]

24/7 pet telehealth support

All Nationwide[®] pet insurance members enjoy unlimited access to VetHelpline[®] for round-the-clock telehealth with licensed veterinary professionals.

Nationwide PetRxExpress[®]

Discounted pet medications

Save time and money when filling pet prescriptions at participating pharmacies with Nationwide PetRxExpress[®].

veterinary services

Save on veterinary care

Nationwide[®] pet insurance members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco.

vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

Easy to use, easy to understand

- 1 Visit any veterinarian, anywhere.
- 2 Submit a claim from any device.
- 3 Get reimbursed for eligible expenses once the deductible is met.



Get a quote: <https://partnersolutions.nationwide.com/pet/bonnercountyid>
Or call us at 877-738-7874

[1] Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and any annual limits that may apply. Plans may not be available in all states. Policy eligibility may vary. [2] Coverage for spay/neuter or dental starts 90 days after the original policy term effective date. [3] One additional test of the following: health screen (blood test), radiograph (X-ray), electrocardiogram (EKG) [4] Guaranteed issuance means any new pets enrolling into a My Pet Protection Choice plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. All plans require accident coverage; additional coverage for illness, hereditary & congenital, and wellness is optional. Optional coverage for behavior, prescription food and prescription supplements may also be available. Optional cruciate coverage may be added after the first year of coverage; not available in all states. Pre-existing conditions are not covered. Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, My Pet Protection, and VetHelpline are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2025 Nationwide. 24GRP10277N.



TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

Introducing Alliant Medicare Solutions

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a Licensed Insurance Agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

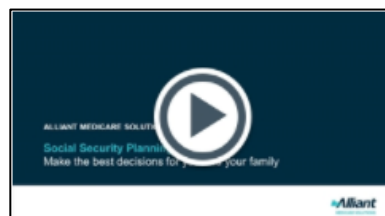
Find Out More



[Your Guide to Medicare](#)



[Medicare 101 Video](#)



[Social Security Planning Video](#)



WELLBEING & BALANCE

“The key to keeping your balance is knowing when you've lost it.”

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

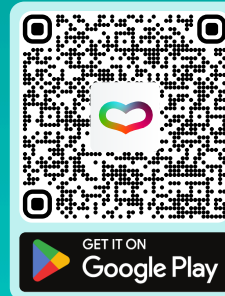
Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.



2026-2027 Wellness Program

Download the Mobile App

Access your wellness program information, submit forms, and track your progress — all in one place. Connect with our wellness team and stay on top of your goals, right from the app.



Need Support or Have Questions?



For questions about your Wellness Program, including your status or deadlines, select Contact Us on the Portal homepage or in the Wellworks For You Mobile App. You can also call 800.425.4657 to reach the Wellness Team.

Need Live Assistance?



Our "Chat Live" feature will give you access to chat with one of our helpful representatives during our regular business hours (Monday to Friday 8:00am ET to 7:00pm ET) to answer any questions and guide you on a path towards wellness.



Overview



Get Started

All medically enrolled employees will have opportunities to participate in various wellness activities to earn an incentive. Your new program requirements are listed below.

Earn Your Incentive

Participate in your Wellness Program this year to earn an incentive.

- Step 1: Biometrics with Lab Work
- Step 2: Annual Wellness Visit with Primary Care Provider (Required for Onsite Biometric Screening Participants Only)
- Step 3: Know Your Number Assessment
- Step 4: Tobacco Attestation/Cessation Series

Medical Enrollment Status	Incentive
Enrolled in HSA Plan	\$300.00 Contribution
Enrolled in HRA Plan	\$300.00 Contribution

In order for your participation in the program to be tracked, eligible participants must be registered under the Bonner County Portal. Please follow the steps below to log into your Wellworks For You account or create an account if you do not have one.

Log into the Wellness Portal

1. Go to www.wellworksforyoulogin.com
2. Your username will be: Employee Email Address
3. Your temporary password is your date of birth in MMDDYYYY format. (September 12, 1978 = 09121978)
4. Accept the terms of the **Consent Form**
5. Verify that your Profile Setup page is accurate and complete.

Forgot your username or password?

Click "Forgot Username" or "Forgot Password" to recover your login; if needed, utilize the Live Chat feature for assistance.

In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Wellworks For You.



2026-2027 WELLNESS PROGRAM Requirements

1

Biometric with Lab Work

To earn credit, you must complete one of the following between **July 15, 2026, and July 31, 2027**:

Option 1: Visit Your Primary Care Physician (PCP)

Schedule your annual physical with lab work and bring the required form with you. Your doctor must record all required metrics directly on the form. Do not send lab results separately; only the completed form will be accepted.

- Print the **Physician Results Form** from the Wellness Locker and submit the completed form to Wellworks For You by the deadline.
- Keep a copy for your records; participants are responsible for confirming successful submission.

Option 2: Attend an Onsite Screening

- Screenings will be held at Bonner County. Details will be shared via email.

2

Annual Wellness Visit with Primary Care Provider

***This requirement applies only to employees who complete their biometric screening at an onsite screening event.**

Schedule your annual physical and bring the Proof of Annual Visit Form (available in the Forms and Documents Page) for your primary care provider (PCP) to sign.

- If your lab work is completed during your annual physical, submit only the Physician Results Form. A separate Proof of Annual Visit Form is not required.
- If you complete your lab work at an onsite screening event, you must submit the Proof of Annual Visit Form to meet this requirement.

3

Know Your Number (KYN) Assessment

When you log into the Wellness Portal or Mobile App, you'll be prompted to complete the KYN Assessment. Fill out all sections except the Health Metrics.

- If your health metrics are already entered, complete the questionnaire and click **FINISH**.
- If your health metrics are not yet entered, complete the questionnaire and click **SAVE**. Wellworks will upload your results from step 1.

Once both the questionnaire and health metrics are complete, your results report will be available on the Know Your Number Assessment page and in your Wellness Locker under Health Records. Your participation status will be updated at that time.

4

Tobacco Attestation/Cessation E-Learning Series

Log in to the Wellness Portal and certify your tobacco status (whether you use tobacco or not).

- **Non-Tobacco Users:** Attest that you are tobacco-free to complete this step.
- **Tobacco Users:** You must complete the 6-week Tobacco Cessation e-Learning Series on the Wellness Portal by **July 31, 2027**.

Tobacco Cessation e-Learning Series:

1. Log in to your Wellness Portal
2. Select the Learning Center file from the homepage or via the Menu
3. Select the series **Your Guide to Going Tobacco-Free** from the Learning Center
4. Complete the Pre-Module Survey
5. Watch each module video and pass the quiz (70% or higher). If you don't pass, wait 24 hours before retaking.
6. You will be required to wait one (1) week between each module before the next module opens
7. After you finish Module 6, you must complete and submit the Post-Module Survey



Deadline
JULY 31ST, 2027





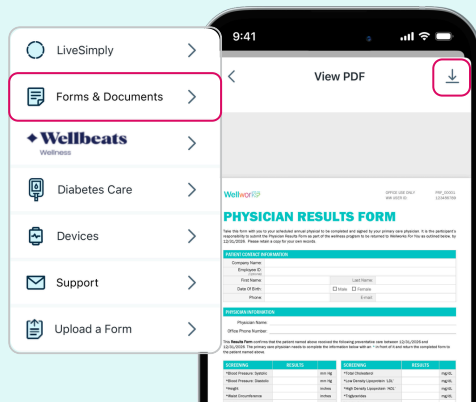
2026-2027 WELLNESS PROGRAM Form Upload

Instructions

Access, download, complete, and submit your program forms and documents in the Wellness Portal or Mobile App.

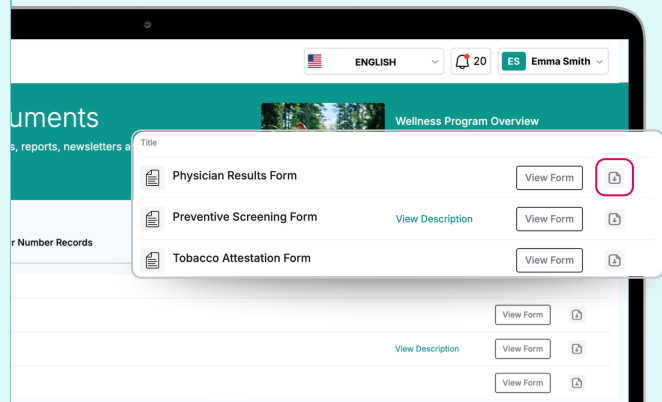
Download via Mobile App

Go to **Forms & Documents** via the menu. Tap the form you need, then tap the download button in the top-right corner.



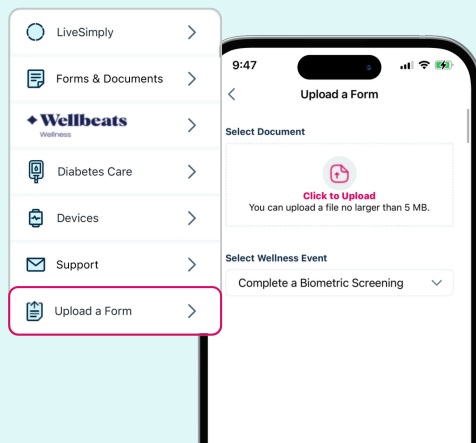
Download from Portal

Go to **Forms & Documents** via the sidebar under **My Program**. In the row of the form you need, click the download button to download the form.



Upload via Mobile App

Go to the **Upload a Form** tab in the top left menu, select **Click to Upload**, and choose the relevant event from the Select Wellness Event drop-down. Users are limited to **one (1)** file per submission.



Upload to Portal

Click **Upload Forms** on the Home page. Select the event title from the dropdown and upload your form. Users are limited to **one (1)** file per submission.

Submit Your Program Forms

Upload completed program documents such as physician or activity forms here to submit for participation credit.



- > Complete a Biometric Screening
- > Tobacco Program
- > Physician Results Form 2025
- > Annual Preventive Exam
- > Vision Exam
- > Race Participation
- > Blood Donation
- > Wellbeing Log

Please Note:

Wellworks For You requires 7-10 business days to process submitted forms and update your Wellness Portal. It is your responsibility to submit all required documents, and we recommend keeping a copy for your records.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- LifeBalance
- WellnessPATH
- Active & Fit

Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future. You can increase your take-home pay by saving on taxes; work toward your retirement goals; and get help with refinancing student loans.



BONNER COUNTY
IDAHO



Experience LifeBalance

Enjoy savings on electronics, fitness, adventure, caregiving services, financial well-being, home improvement, and more!

Great Discounts for Bonner County Employees

Experience health, happiness, and savings with the LifeBalance Program! Enjoy thousands of exciting employee discounts! LifeBalance connects you with great deals on the things you care about most, including family fun, travel, health, fitness, electronics, and more.

How Do I Start Saving?

Create your free account at BonnerCounty.LifeBalanceProgram.com with the email address of your choice and start saving today! Be sure to sign up for email updates to stay informed about new, seasonal, and time-sensitive discount offers.

What Can I Save On?

Shop deals on exercise, electronics, apparel, travel, attraction admission, meal delivery, mortgage loans, childcare, gardening, healthcare products, and so much more! Some of LifeBalance's most popular savings include:

- **Samsung:** Up to 30% off purchases
- **Headspace:** 20% off an annual subscription
- **Walt Disney World Resort:** Exclusive pricing on select tickets

- **Apple:** Up to 10% off select purchases
- **Cabela's:** Up to \$45 off select purchases
- **Garmin:** 20% off wearables, monitors, and scales
- **Disneyland Resort:** Up to 20% off select tickets
- **GE Appliance Store:** Up to 37% off MSRP on select appliances
- **ABCMouse.com:** 25% off monthly subscriptions
- **PetMeds:** \$15 off orders of \$49 or more
- **Coleman:** 25% off full price items
- **Rosetta Stone:** 25% off monthly and yearly subscriptions
- **ClassPass:** 1 free month + 55 credits
- **Oakley:** 15% off purchases
- **Factor_:** 55% off initial box, 15% off the next 51 boxes
- **Jiffy Lube:** 15% off entire service order

Who Do I Contact with Questions?

The LifeBalance Members Services Team is always happy to assist you!

Please call **888.754.5433** or email info@LifeBalanceProgram.com with any questions or feedback!





Never get so busy making a living, that you never make a life!



Sign up today!

With LifeBalance, you can enjoy more of the things we all love -- fun family time, health, fitness, travel, electronics, apparel, the great outdoors, and above all, a good deal. Discounts are available year-round for you and your family members, and can be accessed by visiting **BonnerCounty.LifeBalanceProgram.com**.

Find savings on brands like these:



Brands and offers are subject to change at any time. Login or create your account at **BonnerCounty.LifeBalanceProgram.com** to view these offers and more.

p: 888.754.5433 e: info@LifeBalanceProgram.com



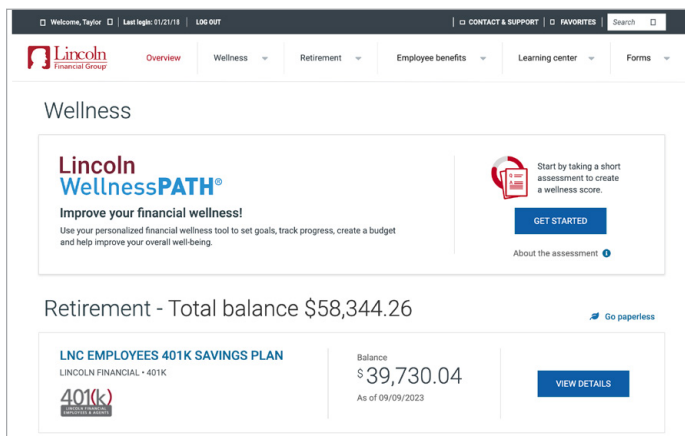
Lincoln WellnessPATH

Your path to financial wellness

Wellness isn't just about physical health; emotional and financial components also play a role. Whether you want to save more or need to pay off debt, getting your finances in order can have an impact on your overall well-being. That's where Lincoln can help.

Introducing Lincoln WellnessPATH

Lincoln WellnessPATH® provides tools and personalized steps to manage your financial life. From creating a budget to building an emergency fund to paying down debt, our easy-to-use online tool helps you turn information into action so you can focus on both short- and long-term goals, such as saving for retirement or providing protection for your loved ones.

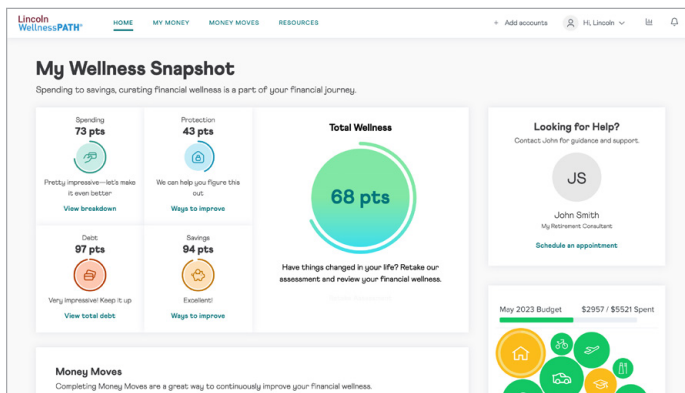


How does it work?

It's easy to get started.

Log in to **LincolnFinancial.com/WellnessPATH** and click **GET STARTED** from the *WellnessPATH* section on the overview page.

The first time you use the tool, you'll have the option to answer a few questions to help you set personalized goals so you can immediately take action. After answering these simple questions (such as, "Do you rent or have a mortgage?") you'll receive a financial wellness score that analyzes your spending, protection, debt, and savings.



Information at a glance

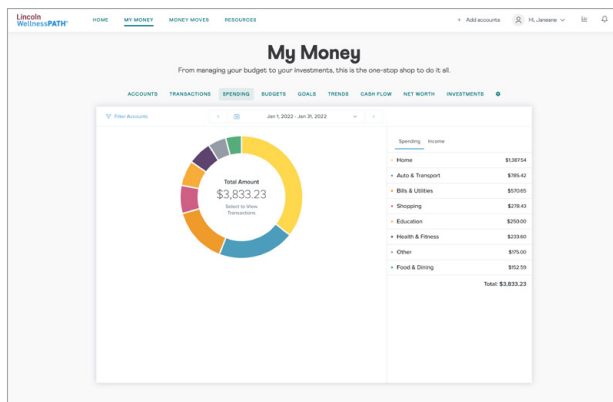
On the dashboard, quickly see if you're on target to meet your goals. If you have areas that need improvement, Lincoln WellnessPATH helps you set and track your progress toward your short-term Money Moves and your long-term goals.

Once you reach a milestone, you're prompted to set new goals to keep improving your financial wellness.

Images are for illustrative purposes only.

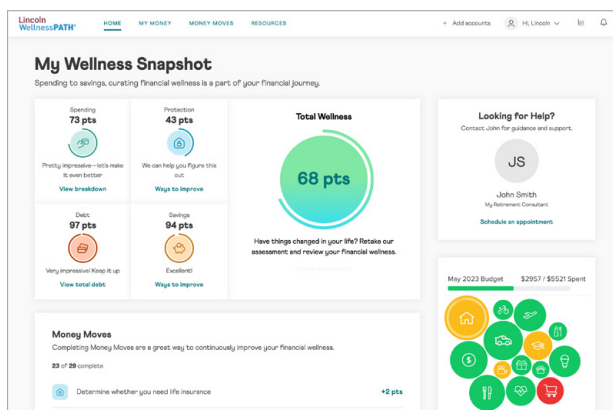


Your tomorrow.
Our priority.™



Link your accounts

My Money allows you to keep track of all your finances in one convenient location. Should you choose to securely link your financial accounts, you can easily monitor your progress across cash flow, spending, and saving.



Customized resources

Resources include additional tools, calculators, and education to help you learn how to improve your financial well-being throughout every life stage.



Improve your financial wellness

Register or log in to LincolnFinancial.com to start using *WellnessPATH* today!

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No insurance purchase is necessary to use the *WellnessPATH*® Marketplace.

Lincoln is not affiliated with third party vendors provided through the *WellnessPATH*® Marketplace.

Lincoln will receive a marketing distribution fee for third party products purchased through *WellnessPATH*® Marketplace. Depending on the arrangement, it may be a flat-dollar fee or a percentage of fees received by the third party vendor ranging from \$1 – \$500 per purchase transaction.

Lincoln and its affiliates do not provide advice about the products and services offered by third party vendors. The information provided through *WellnessPATH*® Marketplace is general and educational in nature and should not be considered professional advice. Everyone's circumstances are different and before making a financial wellness decision, an appropriate professional should be consulted.

WellnessPATH® Marketplace will offer links to third-party websites, which are not part of Lincoln's websites ("Sites"). Lincoln does not own, control, or endorse the content or products and services available through these third party websites. Lincoln does not assume any responsibility for any losses or damages in connection with the security, privacy practices, or content of any third party websites. These third party websites may have privacy and security policies that differ from our Sites.

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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LincolnFinancial.com/Retirement

LCN-7429174-121024

POD ADA 12/24 **Z02**

Order code: FWL-ABTWP-FLI001

One Membership. Thousands of Ways to Stay Active and Save Money.

-  **12,200+ Gyms**
-  **9,300+ On-Demand Videos**
-  **1:1 Well-Being Coaching**
-  **Enroll Your Spouse¹**

No annual fees or long-term contracts. Switch gyms anytime.



Plus: 5,700+ Premium Gym Options at exercise studios, outdoor experiences, and others with 20% – 70% discounts at most locations³



Get Started: [Regence.com/Advantages](https://www.Regence.com/Advantages)

¹ Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

² Plus an enrollment fee and applicable taxes.

³ Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

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IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your medical, dental, and vision benefit contributions for the 2026 plan year
- Contact information for our benefit carriers and vendors
- A Benefits Glossary to help you understand important insurance terms
- A summary of the health plan notices you are entitled to receive annually, and where to find them

Your benefit costs

The total amount you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—reducing your taxable income.

Employee Cost Per Paycheck	Employee	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
Regence Blue Shield					
PPO Base	\$74.66	\$160.37	\$105.94	\$138.54	\$212.54
PPO Wellness	\$43.52	\$116.98	\$70.33	\$98.94	\$161.71
HSA Base	\$57.18	\$115.15	\$76.08	\$98.95	\$154.12
HSA Wellness	\$28.07	\$75.49	\$43.52	\$62.94	\$107.20
Delta Dental of Idaho					
	\$3.50	\$7.00	\$7.00	\$7.00	\$11.50
Willamette Dental Group					
	\$5.75	\$9.56	\$19.53	\$19.53	\$43.94
Northwest Dental Benefits					
	\$6.63	\$9.53	\$18.11	\$31.59	\$35.42
VSP					
	\$0	\$2.92	\$3.33	\$3.33	\$7.07

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.

Plan Contacts

If you need to reach out to our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/ Group #
Medical/Pharmacy	Regence of Idaho	(866) 240-9580	regence.com	10065016
Dental	Delta Dental of Idaho	(208) 489-3580	deltadentalid.com	1464
Dental	Willamette Dental Group	(855) 433-6825	willamettedental.com	ID29
Dental	Northwest Dental Benefits	(208) 618-6932	northwestdentalbenefits.com	9130
Vision	VSP Vision Care	(800) 877-7195	vsp.com	40164908
Life & AD&D LTD Voluntary STD Accident Critical Illness Hospital Indemnity	Lincoln	(877) 275-5462	LincolnFinancial.com	1283954
Employee Assistance Program	CuraLinc Employee Connect	(888) 881-5462 (888) 628-4824	supportlinc.com guidanceresources.com	
HSA Administration	Flores & Associates	(800) 532-3327	flores-associates.com	
FSA/DCFSA/Cobra	Peak One	(866) 315-1777	peakoneadmin.com	
HRA Administration	Gallagher	(509) 818-3128	aig.com	
Wellness Program	Wellworks	(800) 425-4657	wellworksforyoulogin.com	
Public Employee Retirement System of Idaho	PERSI	(800) 451-8228	www.persi.idaho.gov	
Pet Insurance	Nationwide	(877) 738-7874	nationwide.com/pet/bonnercountyyid	
Discount Program	Life Balance	(888) 754-5433	bonnercounty.lifebalanceprogram.com/	
Benefit Questions	Shannon Mayfield	(208) 262-6925	shannon@idahosummitinsurance.com	

Important plan information

Health plan notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located at the end of this booklet:

- Medicare Part D Notice: Describes options to access prescription drug coverage for Medicare eligible individuals
- Women's Health and Cancer Rights Act: Describes benefits available to those that will or have undergone a mastectomy
- Newborns' and Mothers' Health Protection Act: Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- HIPAA Notice of Special Enrollment Rights: Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- HIPAA Notice of Privacy Practices: Describes how health information about you may be used and disclosed
- Notice Regarding Wellness Program: Describes voluntary nature of wellness program that includes biometrics and/or a Health Risk Assessment (HRA)
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP): Describes availability of premium assistance for Medicaid eligible dependents.
- The 'No Surprises' Rules: Explains rules that protect you from surprise medical bills.

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Plan documents

Important documents for our health plan and retirement plan are available in the Employee Navigator portal under the “Documents” section. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

Summary plan descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- Bonner County Group Health Plan

Summary of benefits and coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available in the Employee Navigator portal under the “Documents” section.

- Regence PPO Medical Plan
- Regence HSA Individual Medical Plan
- Regence HSA Family Medical Plan

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Bonner County Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

2026 Annual Notices

Information about your rights and options

Medicare Part D Notice

This notice explains your options for accessing prescription drug coverage if you are eligible for Medicare.

Important Notice from Bonner County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bonner County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Bonner County has determined that the prescription drug coverage offered by the following plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.
 - Regence BlueShield of Idaho PPO Medical Plan
 - Regence BlueShield of Idaho HSA Individual Medical Plan
 - Regence BlueShield of Idaho HSA Family Medical Plan

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Bonner County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the Regence BlueShield of Idaho Medical plans are creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Bonner County prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Bonner County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Regence BlueShield of Idaho at (888) 675-6570. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bonner County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage ...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	10/01/2026
Name of Entity:	Bonner County
Contact:	Kevin Rothenberger
Address:	521 S Division Ave, Suite 202, Sandpoint, ID 83864
Phone Number:	(208) 255-3630 Ext: 1301

Women's Health and Cancer Rights Act

This notice describes benefits available to people who have had or will have a mastectomy.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at (888) 675-6570.

Newborns' and Mothers' Health Protection Act

This notice explains the rights of mothers and newborns to stay in the hospital 48–96 hours after delivery.

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (888) 675-6570.

HIPAA Notice of Special Enrollment Rights

This notice explains when you and/or your dependents can enroll in medical coverage outside of the annual open enrollment period.

If you decline enrollment in Bonner County's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Bonner County's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within [30/31] days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Bonner County's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Notice Regarding Wellness Program

This notice explains that Bonner County's wellness program is voluntary.

Regence Empower is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which would include a blood test for glucose, HDL, LDL, triglycerides and total cholesterol. You are not required to complete an HRA or to participate in any blood tests or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$25 in gift cards for completing your Health Assessment and engaging in specified healthy activities. Although you are not required to complete an HRA or participate in any biometric screenings, only employees who do so will receive up to \$25 in gift cards.

The information from your HRA and/or the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Bonner County may use aggregate information it collects to design a program based on identified health risks in the workplace, Regence Empower will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual that may receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kevin Rothenberger at (208) 255-3630 Ext. 1301.

ACA Disclaimer

This notice explains how insurance offered by Bonner County affects your eligibility for premium subsidies through the ACA Exchange.

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% of your modified adjusted household income in 2026.

The ‘No Surprises’ Rules

This notice explains rules that protect you from unexpected large medical bills and limits on out-of-network charges for certain services.

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

This notice describes premium assistance that may be available in your state for Medicaid-eligible dependents.

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov/.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility.

Alabama – Medicaid

Website: myalhipp.com
Phone: (855) 692-5447

Alaska – Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: (866) 251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid eligibility:
health.alaska.gov/dpa/Pages/default.aspx

Arkansas – Medicaid

Website: myarhipp.com
Phone: (855) MyARHIPP (692-7447)

California – Medicaid

Health Insurance Premium Payment (HIPP) Program
website: dhcs.ca.gov/hipp
Phone: (916) 445-8322
Email: hipp@dhcs.ca.gov
Fax: (916) 440-5676

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado website:
healthfirstcolorado.com
Health First Colorado Member Contact Center: (800) 221-3943 (TTY: 711)
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: (800) 359-1991 (TTY: 711)
Health Insurance Buy-In Program (HIBI):
mycohibi.com
HIBI Customer Service: (855) 692-6442

Florida – Medicaid

Website:

flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp

Phone: (877) 357-3268

Georgia – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: (678) 564-1162, press 1

GA CHIPRA Website:

medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: (678) 564-1162, press 2

Indiana – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: in.gov/medicaid

Website: in.gov/fssa/dfr

Family and Social Services Administration

Phone: (800) 403-0864

Member Services phone: (800) 457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid website: hhs.iowa.gov/programs/welcome-iowa-medicaid

Medicaid phone: (800) 338-8366

Hawki website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki

Hawki Phone: (800) 257-8563

HIPP website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp

HIPP Phone: (888) 346-9562

Kansas – Medicaid

Website: kancare.ks.gov

Phone: (800) 792-4884

HIPP Phone: (800) 967-4660

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website:

chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Phone: (855) 459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP website: kynect.ky.gov

Phone: (877) 524-4718

Medicaid website: chfs.ky.gov/agencies/dms

Louisiana – Medicaid

Louisiana Medicaid website: ldh.la.gov/healthy-louisiana

Medicaid Customer Service Line: (888) 342-6207

Louisiana Medicaid email: healthy@la.gov

Louisiana Health Insurance Premium Program

(LaHIPP) Website: ldh.la.gov/lahipp

LaHIPP phone: (877) 697-6703

LaHIPP email: La.HIPP@la.gov

LaHIPP fax: (888) 716-9787

LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

Maine – Medicaid

Enrollment website:

mymaineconnection.gov/benefits

Phone: (800) 442-6003 (TTY: 711)

Private Health Insurance Premium webpage:

maine.gov/dhhs/ofi/applications-forms

Phone: (800) 977-6740 (TTY: 711)

Massachusetts – Medicaid and CHIP

Website: mass.gov/masshealth/pa

Phone: (800) 862-4840 (TTY: 711)

Email: masspremassistance@accenture.com

Minnesota – Medicaid

Website: mn.gov/dhs/health-care-coverage/

Phone: (800) 657-3672

Missouri – Medicaid

Website: mydss.mo.gov/mhd/healthcare

Phone: (573) 751-2005

Montana – Medicaid

Website:

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: (800) 694-3084

Email: HHSHIPPPProgram@mt.gov

Nebraska – Medicaid

Website: ACCESSNebraska.ne.gov

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

Nevada – Medicaid

Medicaid website: dhcfp.nv.gov

Medicaid phone: (800) 992-0900

New Hampshire – Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program

Phone: (603) 271-5218

Toll free number for the HIPPA program: (800) 852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP

Medicaid website:

state.nj.us/humanservices/dmahs/clients/medicaid

Phone: (800) 356-1561

CHIP Premium Assistance Phone: (609) 631-2392

CHIP website: njfamilycare.org/index.html

CHIP phone: (800) 701-0710 (TTY: 711)

New York – Medicaid

Website: health.ny.gov/health_care/medicaid

Phone: (800) 541-2831

North Carolina – Medicaid

Website: medicaid.ncdhhs.gov

Phone: (919) 855-4100

North Dakota – Medicaid

Website: hhs.nd.gov/healthcare

Phone: (866) 614-6005

Oklahoma – Medicaid and CHIP

Website: insureoklahoma.org

Phone: (888) 365-3742

Oregon – Medicaid and CHIP

Website: healthcare.oregon.gov

Phone: (800) 699-9075

Pennsylvania – Medicaid and CHIP

Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html

Phone: (800) 692-7462

CHIP website: dhs.pa.gov/CHIP/Pages/CHIP.aspx

CHIP phone: (800) 986-KIDS (5437)

Rhode Island – Medicaid and CHIP

Website: eohhs.ri.gov

Phone: (855) 697-4347 or (401) 462-0311 (Direct Rlthe Share Line)

South Carolina – Medicaid

Website: scdhhs.gov

Phone: (888) 549-0820

South Dakota – Medicaid

Website: dss.sd.gov

Phone: (888) 828-0059

Texas – Medicaid

Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program

Phone: (800) 440-0493

Utah – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) website: medicaid.utah.gov/upp

Phone: (888) 222-2542

Email: upp@utah.gov

Adult Expansion website:

medicaid.utah.gov/expansion

Utah Medicaid Buyout Program website:

medicaid.utah.gov/buyout-program

CHIP website: chip.utah.gov

Vermont – Medicaid

Website: dvha.vermont.gov/members/medicaid/hipp-program

Phone: (800) 250-8427

Virginia – Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs

Medicaid/CHIP phone: (800) 432-5924

Washington – Medicaid

Website: hca.wa.gov

Phone: (800) 562-3022

West Virginia – Medicaid and CHIP

Website: dhhr.wv.gov/bms

Website: mywvhipp.com

Medicaid phone: (304) 558-1700

CHIP toll-free phone: (855) MyWVHIP (699-8447)

Wisconsin – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm

Phone: (800) 362-3002

Wyoming – Medicaid

Website:

health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/

Phone: (800) 251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human
Services Centers for Medicare & Medicaid
Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

General Notice of COBRA Continuation Coverage Rights

This notice describes how you and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of Bonner County's health plan.

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Human Resources.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee

Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Name of Entity:	Bonner County
Contact:	Kevin Rothenberger
Address:	521 S Division Ave, Suite 202, Sandpoint, ID 83864
Phone Number:	(208) 255-3630 Ext: 1301

