

Employee Benefits At-A-Glance 2026-2027 Plan Year



Regence Blue Shield of Idaho

MEDICAL OPTION 1 – PPO/Copay Plan (All deductibles / out of pocket maximums reset on October 1st, 2026)

In-Network Benefits

Annual Deductible	Tier 1	\$500 individual \$1,000 family
	Tier 2	\$1,000 individual \$2,000 family
Annual Out-of-Pocket Maximum	Tier 1	\$3,000 individual \$6,000 family
	Tier 2	\$6,000 individual \$12,000 family

Office Visit (Primary / Specialist)	\$30 copay \$45 copay
Chiropractic (up to 20 visits per year)	30% coinsurance (deductible waived)
Lab and X-ray	30% after deductible
Urgent Care	\$30 copay; then 30% coinsurance
Emergency Room (copay waived if admitted)	\$100 copay; then 30% after deductible
Outpatient Surgery	ASC: 20% after deductible; others: 30% after deductible

PRESCRIPTION DRUGS	
Rx Deductible	\$250 per individual; Tier 2,3,4
Retail Pharmacy	
Tier 1	\$25 copay
Tier 2	\$35 copay after Rx deductible
Tier 3	\$55 copay after Rx deductible
Tier 4	\$200 copay after Rx deductible

Employee Cost Per Paycheck	Employee	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
PPO Base	\$74.66	\$160.37	\$105.94	\$138.54	\$212.54
PPO Wellness	\$43.52	\$116.98	\$70.33	\$98.94	\$161.71
Wellness					
You can earn a one-time \$300 wellness incentive deposit into an HRA/VEBA account upon completion of the wellness program					

Regence Blue Shield of Idaho

MEDICAL OPTION 2 / 3 – HSA Plan (All deductibles / out of pocket maximums reset on October 1st, 2026)

In-Network Benefits

Annual Deductible HSA Individual Plan	Tier 1	\$1,700
	Tier 2	\$2,500
Annual Deductible HSA Family Plan	Tier 1	\$3,400 individual \$3,400 family
	Tier 2	\$3,750 individual \$5,700 family
Annual Out-of-Pocket Maximum HSA Individual Plan	Tier 1	\$2,500
	Tier 2	\$5,000
Annual Out-of-Pocket Maximum HSA Family Plan	Tier 1	\$3,400 individual \$5,000 family
	Tier 2	\$5,000 individual \$10,000 family

Office Visit (Primary / Specialist)	30% after deductible
Chiropractic (up to 20 visits per year)	30% after deductible
Lab and X-ray	30% after deductible
Urgent Care	30% after deductible
Emergency Room	30% after deductible
Outpatient Surgery	ASC: 20% after deductible; others: 30% after deductible

PRESCRIPTION DRUGS	
Retail Pharmacy	
Tier 1	30% after deductible
Tier 2	30% after deductible
Tier 3	30% after deductible
Tier 4	\$200 copay after deductible

Employee Cost Per Paycheck	Employee	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
HSA Base	\$57.18	\$115.15	\$76.08	\$98.95	\$154.12
HSA Wellness	\$28.07	\$75.49	\$43.52	\$62.94	\$107.20

If you choose to enroll in the HSA medical plan, Bonner County will contribute to your Health Savings Account. See table below.

2026-2027 Bonner County HSA Contribution Amount Per Pay Period					
Base			Wellness		
Individual HSA Plan		\$62.50	You can earn an additional \$300 upon completion of the Wellness Program		
Family HSA Plan		\$104.16			

Tier 1 Providers: Northwest Specialty Hospital and Beacon Clinic
Tier 2 Providers: All other in-network providers

DENTAL

Delta Dental of Idaho

Deductible Individual / Family	\$50 / \$150
Annual Maximum	\$1,250 per individual
Preventive (Exams / Cleanings / X-Rays)	Plan pays 100%
Basic (Fillings / Periodontics)	Plan pays 80% after deductible
Major (Crowns / Dentures / Implants)	Plan pays 50% after deductible
Orthodontia	Not covered

Willamette Dental Group

Deductible Individual / Family	\$0 / \$0
Annual Maximum	Unlimited
Preventive (Exams / Cleanings / X-Rays)	Plan pays 100% after copay
Basic (Fillings / Periodontics)	Plan pays 100% after copay
Major (Crowns / Dentures / Implants)	Plan pays 100% after copay
Orthodontia	Children & Adults covered

Northwest Dental Benefits

Deductible Individual / Family	\$0 / \$0
Annual Maximum	\$2,500
Preventive (Exams / Cleanings / X-Rays)	Plan pays 100% after copay
Basic (Fillings / Periodontics)	Plan pays 100% after copay
Major (Crowns / Dentures / Implants)	Plan pays 100% after copay
Orthodontia	Children & Adults covered

Employee Cost Per Paycheck	Employee	Employee & Spouse	Employee & Child	Employee & Children	Employee & Family
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

VISION

Vision Service Plan (VSP)

Exam	\$10 copay
Basic Lenses (Single Vision / Bifocal / Trifocal)	Covered in full after \$25 copay
Frames	Up to \$130 allowance
Elective Contacts (Instead of eyeglasses)	Up to \$60 copay Up to \$130 allowance
Frequency (Exam / Lenses / Frames)	1x 12 mos ¹ / 1 x 12 mos ¹ / 1 x 24 mos ¹

¹From last date of service

Employee Cost Per Paycheck	
Employee	\$0.00
Employee & Spouse	\$2.92
Employee & Child(ren)	\$3.33
Employee & Family	\$7.07

ACCIDENT

Lincoln Financial Group

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.

Employee Cost Per Paycheck	
Employee	\$5.33
Employee & Spouse	\$8.90
Employee & Child(ren)	\$9.87
Employee & Family	\$13.36

Please see plan booklet for plan details

CRITICAL ILLNESS

Lincoln Financial Group

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.

Please see plan booklet for premiums and plan details

HOSPITAL INDEMNITY

Lincoln Financial Group

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.

Employee Cost Per Paycheck	
Employee	\$9.57
Employee & Spouse	\$20.60
Employee & Child(ren)	\$14.62
Employee & Family	\$26.73

Please see plan booklet for plan details

LIFE INSURANCE

Lincoln Financial Group

Employer Paid Group Life/AD&D Benefit		Voluntary Life/AD&D Benefit	
Employee Benefit	1 x base annual salary up to \$100,000	Employee Benefit	Increments of \$10,000 up to lesser of 3 x covered annual earnings or \$250,000
Spouse Benefit	\$1,000	Spouse Benefit	Increments of \$5,000 up to lesser of 1.5 x employee salary or 50% employee benefit
Child(ren) Benefit	\$100 - \$1,000	Child(ren) Benefit	14 days – 26 years: \$10,000 or \$20,000
Please see plan booklet for age banded pricing schedule			

DISABILITY*

Lincoln Financial Group

Employer Paid Long-Term Disability		Voluntary Short-Term Disability	
Monthly benefit amount	60% of covered monthly earnings up to a maximum of \$5,000	Weekly benefit amount	60% of covered weekly earnings up to a maximum of \$1,000
Benefits begin after	90 days	Benefits begin after	7 days
Maximum payment period	Age 65 or SSNRA	Maximum payment period	Up to 12 weeks
*Pre-existing condition exclusions/limitations apply		Please see plan booklet for age banded pricing schedule	

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Lincoln Financial Group

EmployeeConnect offers professional, confidential services to help you and your loved ones improve your quality of life. Confidential help available 24 hours a day, seven days a week for employees and their family members. Get in-person help – up to 5 sessions per issue – on a number of topics including family, parenting, addictions, emotional, legal, financial, relationships, stress, etc. EmployeeConnect also offers a range of online resources for you to access on your own.

Call: 888-628-4824

Visit: GuidanceResources.com or download the mobile app

Username: LFGSupport Password: LFGSupport1

CuraLinc

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues. Reach a licensed clinician by phone 24/7/365 when you need assistance. SupportLinc offers short term counseling, coaching, and work-life benefits. Create a personal profile in your web portal or mobile app to quickly access support.

Call: 888-881-5462

Visit: supportlinc.com or download the mobile app

Group Code: bonnercountyd

ONLINE RESOURCES

You can download the full Bonner County Benefit Book to your computer or smart phone by following the link below or scanning the QR code:

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



Bonner County 2026 Benefits at a Glance

This 2026 Benefits at a Glance is an overview of benefits effective from October 1, 2026 through September 30, 2027 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.