

Employee Benefits *at-a-glance, 2017/2018 plan year*

MEDICAL OPTION 1, REGENCE CLASSIC

Regence PPO Network

Deductible: \$1500 Ind/
\$3000 Family 80% Coinsurance in
Network/Member pays 20% after
deductible.

Maximum out of pocket:
\$6250 Individual/\$12,500 Family.

OFFICE VISITS: \$30 Primary Care/\$45 specialty

Preventative Care Visits: Covered 100%

Diagnostic Lab & X-Ray:
Subject to Deductible/Coinsurance

Maternity: Subject to Deductible/
Coinsurance

Hospital Services: All services subject to
Deductible/Coinsurance

Emergency Room: \$100 Copay +
Deductible/Coinsurance

Pre-Tax Cost Per Paycheck

	PPO Base	PPO Wellness
Emp Only	\$55.98	\$38.07
Emp & Spouse	\$120.25	\$102.34
Emp & Child	\$79.44	\$61.53
Emp & Children	\$107.39	\$89.48
Emp & Family	\$159.38	\$141.47

Rx COPAY

\$15 Generic
\$250 Brand deductible
\$30 Brand
\$50 Non Formulary Brand
\$200 Copay for specialty Drugs

MEDICAL OPTION 2 & 3 HSA individual or family

Regence PPO Network

Deductible: \$2,000 Ind/
\$2600 family individual embedded/\$5200 Family,
80% Coinsurance

In Network/Member pays 20% after deductible

Maximum out of pocket: \$5,000 Individual/
\$10,000 family

Bonner County is Funding HSA accounts for the
2017/2018 benefit year:

Individual, \$1,000.00 funded to HSA account

Family, \$1,500.00 funded to HSA account

OFFICE VISITS: Subject to Deductible/
Coinsurance

Preventive Care Visits: Covered 100%

Diagnostic Lab & X-Ray: Subject to
Deductible / Coinsurance

Maternity: Subject to Deductible/
Coinsurance

Hospital Services: All Services Subject
to Deductible /Coinsurance

Emergency Room: Deductible/
Coinsurance

Pre-Tax Cost Per Paycheck

	HSA Base	HSA Wellness
Emp Only	\$39.97	\$23.98
Emp & Spouse	\$80.47	\$64.48
Emp & Child	\$53.17	\$37.18
Emp & Children	\$71.88	\$55.89
Emp & Family	\$106.66	\$90.67

Rx COPAY

All Prescriptions Subject to
Deductible / Coinsurance*

**Deductible waived for certain preventive medications*

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

DENTAL

Option 1, DELTA

Delta PPO or Premier: \$50 Deductible (Per Calendar Year)

Individual Benefit Max: \$1,250 PPO/\$1000 Premier

Premier Preventive: Covered at 100% PPO/80% Premier

Basic: Covered at 80% PPO/70% Premier

Major: Covered at 50% PPO/40% Premier

Orthodontic: No Orthodontia Coverage

Pre-Tax Cost Per Paycheck

	Dental
Emp Only	\$2.50
Emp & Spouse	\$5.00
Emp & Child	\$5.00
Emp & Children	\$5.00
Emp & Family	\$7.00

Option 2, WILLAMETTE

Willamette Dental: Must go to Willamette Clinic

No Deductible / No Annual Maximum, \$15 Copay per Visit

Diagnostic & Preventive: Covered 100% Fillings: Covered 100%

Root Canal: Covered 100% Porcelain / Metal Crowns: \$225

Copay Bridge: \$225 Copay

Comprehensive Orthodontia: \$2,800 Copay

Pre-Tax Cost Per Paycheck

	Dental
Emp Only	\$2.50
Emp & Spouse	\$5.00
Emp & Child	\$5.00
Emp & Children	\$5.00
Emp & Family	\$7.00

EAP

Up to 6 FREE counseling visits for every member of your household

Call 1-866-750-1327

confidentially access

EAP benefits, MyRBH.com

Access Code: BonnerCounty

VISION

NEW. One plan only.

\$10 Exam Copay (Every 12 months)

\$25 Material Copay (Every 12 months)

Lenses: Covered in full every 12 months after copay

Frames: \$130 Allowance (Every 24 months)

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

Pre-Tax Cost Per Paycheck

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

LIFE INSURANCE

Employer Paid Group Life/AD&D Benefit: Employee, 1x Annual Earnings, rounded to the next higher \$1000. Dependent, \$1,000.

Voluntary Supplemental Life: up to \$100k guaranteed upon hire/Open Enrollment or up to \$250k (not to Exceed 3x's annual earnings) through underwriting anytime after. Supplemental spouse/Dependent Life available. See benefits booklet for pricing by age band and amount.

DISABILITY

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

NEW. Voluntary Short-Term Disability: Replaces up to 60% of Gross Weekly Earnings. Maximum Weekly Benefit: \$1,000. Benefit Period: 12 weeks elimination.

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