

# Employee Benefits *at-a-glance*

2016-2017 Plan Year



MEDICAL Regence BlueShield		
<p><b>Option 1: Regence Classic</b> Regence PPO Network</p> <p><b>\$1,500</b> Individual Deductible/ <b>\$3,000</b> Family Deductible (Per Plan Year)</p> <p>80% Coinsurance In Network (<i>Member Pays 20% after deductible</i>)</p> <p>\$6,250 Out of Pocket Max Per Member (\$12,500 / family)</p> <p><b>Office Visits: \$30 PCP or \$45 Specialist</b></p> <p><b>Preventive Care Visits:</b> Covered 100%</p> <p><b>Diagnostic Lab &amp; X-Ray:</b> Subject to Deductible / Coinsurance</p> <p><b>Maternity:</b> Subject to Deductible / Coinsurance</p> <p><b>Hospital Services:</b> <b>All Services Subject to Deductible / Coinsurance</b></p> <p><b>Emergency Room:</b> \$100 Copay + Deductible / Coinsurance</p>	<p><b>Option 2: HSA \$2,000</b> Regence PPO Network</p> <p><b>\$2,000</b> Individual Deductible</p> <p>80% Coinsurance In Network (<i>Member pays 20% after deductible</i>)</p> <p>\$5,000 Out of Pocket Max Per Member</p> <p>Office Visits: Subject to Deductible / Coinsurance</p> <p><b>Preventive Care Visits:</b> Covered 100%</p> <p><b>Diagnostic Lab &amp; X-Ray:</b> Subject to Deductible / Coinsurance</p> <p><b>Maternity:</b> Subject to Deductible / Coinsurance</p> <p><b>Hospital Services:</b> <b>All Services Subject to Deductible / Coinsurance</b></p> <p><b>Emergency Room:</b> Deductible / Coinsurance</p>	<p><b>Option 3: HSA \$2,600 (Embedded)</b> Regence PPO Network</p> <p><b>\$2,600</b> Embedded Individual Deductible / \$5,200 per Family</p> <p><b>Benefits begin for one family member when the single deductible is met. When the family deductible is met, benefits begin for all family members.</b></p> <p>80% Coinsurance In Network (<i>Member pays 20% after deductible</i>)</p> <p>\$5,000 Out of Pocket Max Per Member (\$10,000/ family)</p> <p>Office Visits: Subject to Deductible / Coinsurance</p> <p><b>Preventive Care Visits:</b> Covered 100%</p> <p><b>Diagnostic Lab &amp; X-Ray:</b> Subject to Deductible / Coinsurance</p> <p><b>Maternity:</b> Subject to Deductible / Coinsurance</p> <p><b>Hospital Services:</b> <b>All Services Subject to Deductible / Coinsurance</b></p> <p><b>Emergency Room:</b> Deductible / Coinsurance</p>

Rx Benefits Regence BlueShield		
<p><b>Option 1: Regence Classic</b></p> <p><b>Generic: \$15 Copay</b></p> <p><b>Brand Name Drugs: Separate \$250 Rx deductible applies for all Brand Name Medications</b></p> <p>\$30 Copay for Formulary Brand</p> <p>\$45 Copay for Non-Formulary Brand</p> <p>\$200 Copay for Specialty Drugs</p> <p><i>Copays are per 30 day supply</i></p>	<p><b>Option 2: HSA \$2,000</b></p> <p><b>All Prescriptions Subject to Deductible / Coinsurance*</b></p> <p><i>*Deductible waived for certain preventive medications</i></p>	<p><b>Option 3: HSA \$2,600 Embedded</b></p> <p><b>All Prescriptions Subject to Deductible / Coinsurance*</b></p> <p><i>*Deductible waived for certain preventive medications</i></p>

Dental Benefits	
<p><b>Option 1: Delta Dental PPO Plan</b> Delta PPO or Premier</p> <p>\$50 Deductible (Per Calendar Year)</p> <p><b>Individual Annual Benefit Max:</b> <b>\$1,250 PPO / \$1000 Premier</b></p> <p><b>Preventive:</b> Covered at 100% / 80%</p> <p><b>Basic:</b> Covered at 80% / 70%</p> <p><b>Major:</b> Covered at 50% / 40%</p> <p>No Orthodontia coverage</p>	<p><b>Option 2: Willamette</b> Must go to Willamette Clinic</p> <p>No Deductible / No Annual Maximum</p> <p><b>\$15 Copay Per Visit</b></p> <p><b>Diagnostic &amp; Preventive:</b> Covered 100%</p> <p><b>Fillings, Simple Extractions:</b> Covered 100%</p> <p><b>Porcelain Crowns:</b> \$225 Copay / <b>Bridge:</b> \$225 Copay</p> <p><b>Comprehensive Orthodontia:</b> \$2,800 Copay</p>

Vision VSP through United Heritage	
<p><b>Exam Only Plan</b></p> <p><b>Exam</b> Covered in full every 12 mos after \$10 copay</p> <p><b>Lenses</b> 20% discount when complete pair of glasses purchased</p> <p><b>Frames</b> 20% discount when complete pair of glasses purchased</p> <p><b>Contacts</b> 15% discount off contact lens exam</p>	<p><b>Exam &amp; Eyewear Buy-up</b></p> <p><b>Exam</b> Covered in full every 12 mos after \$10 Copay</p> <p><b>Lenses</b> Covered in full every 12 mos after \$25 Copay</p> <p><b>Frames</b> \$130 Allowance every 24 mos</p> <p><b>Contacts (in Lieu of Glasses)</b> \$130 Allowance every 12 mos</p>

Employee Life and AD&D Insurance
<p>Employee Life / AD&amp;D Benefit: 1x Earnings, rounded to the next higher \$1000</p> <p>Dependent Life Benefit: \$1,000</p> <p><b>Supplemental Life:</b> New employees may purchase up to \$100K with Guaranteed Issue</p> <p>or up to \$250,000 (not to exceed 3x's annual earnings) with statement of good health</p> <p>Supplemental Spouse/Dependent Life available</p>

Voluntary Long-Term Disability Insurance
<p>Replaces up to 60% of income in event of partial or total disability</p> <p>90 Day Elimination Period (length of time you are unable to work before benefits begin)</p> <p>Rates vary by age and income</p> <p>Guaranteed issue if enrolled when first eligible for benefits. Otherwise, health history is required.</p>

*This comparison is for illustrative purposes only and does not represent a contract. See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications.*

# Monthly Employee Contribution

## Regence Classic Plan

	Employee Cost	Employee Cost with Wellness Incentive
Employee	\$113.08	\$76.89
Employee & Spouse	\$242.93	\$206.74
Employee & 1 Child	\$160.48	\$124.29
Employee & Children	\$216.95	\$180.77
Family	\$321.98	\$285.79

## Regence HSA \$2,000

	Employee Cost	Employee Cost with Wellness Incentive
Employee	\$80.74	\$48.44

## Regence HSA \$2,600

	Employee Cost	Employee Cost with Wellness Incentive
Employee & Spouse	\$162.56	\$130.26
Employee & 1 Child	\$107.42	\$75.12
Employee & Children	\$145.22	\$112.92
Family	\$215.48	\$183.18

## Delta Dental Rates

Employee	\$5.00
Employee & Spouse	\$10.00
Employee & 1 Child	\$10.00
Employee & Children	\$10.00
Family	\$15.00

## Willamette Rates

Employee	\$5.00
Employee & Spouse	\$10.00
Employee & 1 Child	\$10.00
Employee & Children	\$10.00
Family	\$15.00

## United Heritage Rates\*

	Eyeware Buy-up
Employee	\$5.53
Employee & Spouse	\$12.38
Employee & 1 Child	\$12.68
Employee & Children	\$12.68
Family	\$21.62

\*Exam only benefit provided by Bonner County