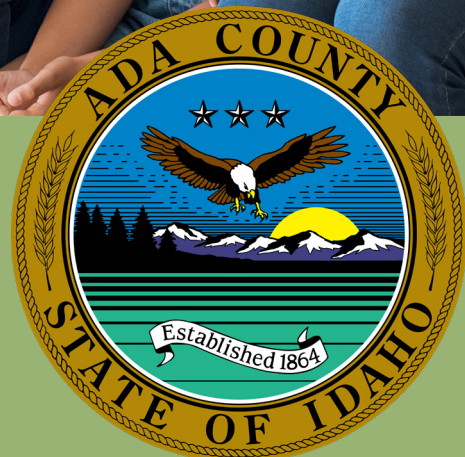


Benefit Summary

Helping you make informed choices about your employee benefits.



October 1, 2021 through September 30, 2022

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

Ada County is proud to offer a comprehensive benefits package to eligible employees who work 20 hours or more per week. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical, dental and vision), and Ada County provides other benefits at no cost to you (life, accidental death & dismemberment and short-term disability insurance). In addition, there are voluntary benefits with reasonable group rates that you can purchase through Ada County payroll deductions.

Benefits Offered

- » Medical
- » Dental
- » Vision
- » Life Insurance
- » Accidental Death & Dismemberment (AD&D) Insurance
- » Voluntary Life Insurance
- » Short-Term Disability
- » Voluntary Long-Term Disability
- » Flexible Spending Account (FSA)
- » Deferred Compensation Plan 457(b)
- » PERSI Retirement
- » PERSI Choice 401(k)
- » Aflac
- » Paid Time Off
- » Paid Parental Leave
- » Paid Bereavement Leave

Eligibility

You and your dependents are eligible for Ada County benefits on the first of the month following 30 days of continuous employment.

Eligible dependents are your spouse, children under age 26 or disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Human Resources within 30 days.

If you become ineligible for benefits due to a change in work hours or through separation of employment, benefits coverage will end on the last day of the month during which that event takes place.



Employees will electronically enroll in and make changes to their benefits online.



Enrolling as a New Hire

You will participate in New Employee Orientation (NEO) generally within the first two weeks of your first day of work. In NEO, you will receive your benefit enrollment information. You will have seven (7) days from NEO to complete your online enrollment and return your required forms to Human Resources. Your benefits will then be in effect on the first day of the month following 30 days of continuous employment.

For example, if you were hired on March 13, your benefits would become effective on May 1.

Required Documents

You must provide documentation that proves the relationship of an eligible dependent. Documents are to be provided to Human Resources. If your dependent(s) is/are currently enrolled in Ada County benefits, electronic documentation is not required. Below are common documents used to establish proof of eligibility:

- » Tax Returns
- » Birth Certificates
- » Court Documents

Other documents may be acceptable; please contact Human Resources for a more comprehensive list.

Making Changes to Your Enrollment Throughout the Year

You can make certain benefit changes throughout the plan year if something big happens, such as getting married, divorced, having a baby, or dependents losing/gaining coverage. These are examples of “qualified” changes under IRS rules. You **must** log in online, provide proof of dependent documents to HR, and request the change **within 30 days** of the event. If the online request is not completed within 30 days of the event, you will have to wait until the next annual open enrollment period.

If you have a question about whether or not your life event is considered qualified, please contact Human Resources at 208.287.7123 or employeebenefits@adacounty.id.gov.

Medical/Pharmacy Benefits

Administered by Regence BlueShield



Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention can go a long way — especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, they can often be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Ada County.

Ada County offers you a Preferred Provider Organization (PPO) medical plan. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	In-Network	Out-of-Network
Lifetime Benefit Maximum	No Lifetime Maximum	
Annual Deductible	\$350 individual / \$700 family	\$700 individual / \$1,400 family
Annual Out-of-Pocket Maximum	\$3,500 individual / \$7,000 family	\$7,000 individual / \$14,000 family
Coinsurance	25%	40%
Doctor's Office		
Office Visits — Primary Care	\$20 copay / visit	40% coinsurance
Office Visits — Specialist	\$40 copay / visit	40% coinsurance
Wellness Care (<i>routine exams, x-rays/tests, immunizations, well baby care and mammograms</i>)	No charge	40% coinsurance
Prescription Drugs		
Retail — Preferred Generic Drug (<i>30-day supply</i>)	\$15 copay	\$15 copay
Retail — Non-Preferred Generic Drug (<i>30-day supply</i>)	\$25 copay	\$25 copay
Retail — Preferred Brand Name (<i>30-day supply</i>)	\$50 copay after \$350 deductible	\$50 copay after \$350 deductible
Retail — Non-Preferred Brand Name (<i>30-day supply</i>)	\$100 copay after \$350 deductible	\$100 copay after \$350 deductible
Mail Order — Preferred Generic Drug (<i>90-day supply</i>)	\$30 copay	\$30 copay
Mail Order — Non-Preferred Generic Drug (<i>90-day supply</i>)	\$50 copay	\$50 copay
Mail Order — Preferred Brand Name (<i>90-day supply</i>)	\$100 copay after \$350 deductible	\$100 copay after \$350 deductible
Mail Order — Non-Preferred Brand Name (<i>90-day supply</i>)	\$200 copay after \$350 deductible	\$200 copay after \$350 deductible
Specialty Drugs (<i>30-day supply</i>)	\$150 copay after \$350 deductible	\$150 copay after \$350 deductible
Hospital Services		
Emergency Room	25% coinsurance after \$150 copay / visit	25% coinsurance after \$150 copay / visit
Inpatient	25% coinsurance	40% coinsurance
Outpatient Surgery	25% coinsurance	40% coinsurance
Ambulatory Surgical Center	10% coinsurance	40% coinsurance
Ambulance Service	20% coinsurance	20% coinsurance
Mental Health Services		
Inpatient Services	20% coinsurance	40% coinsurance
Outpatient Services	\$20 copay / visit	40% coinsurance
Substance Abuse Services		
Inpatient Services	20% coinsurance	40% coinsurance
Outpatient Services	\$20 copay / visit	40% coinsurance
Other Services		
Maternity Services	25% coinsurance	40% coinsurance
All Other Maternity Hospital / Physician Services	25% coinsurance	40% coinsurance
Spinal Manipulations (<i>20 spinal manipulations per claimant per plan year</i>)	25% coinsurance	50% coinsurance
Physical, Occupational and Speech Therapy Services	50% coinsurance	80% coinsurance
TMJ and Related Services (<i>\$2,000 lifetime maximum benefit</i>)	25% coinsurance	40% coinsurance
Home Health Care	25% coinsurance	40% coinsurance
Other Services (<i>Artificial limbs and other prosthetic devices; orthotic devices</i>)	25% coinsurance	40% coinsurance

Hearing Benefit

Administered by Regence BlueShield

Your Regence BlueShield insurance will cover 100% of one ROUTINE in-network hearing examination per enrolled member every plan year.

Diagnostic hearing examinations are different and are not covered under the hearing benefit, although they may be covered to an extent under medical insurance.

Whether a hearing exam is routine versus diagnostic is based on circumstances and the way it's coded by the healthcare provider. For instance, an exam to determine why you are experiencing hearing loss or an exam following an ear injury is more likely a diagnostic exam versus routine. A hearing exam received as part of a physical is more along the lines of a routine examination.



When you use a Regence network provider, the plan pays 100% for one pair of hearing aids per enrolled member every four plan years. You pay no copays as long as it is a Regence network provider.

Employee Assistance Program (EAP)

Administered by Reliant Behavioral Health

How well we deal with life's challenges is a key component to healthy living. Reliant Behavioral Health offers several programs that help you balance your commitment to work with your commitment to your family. At no cost to you, you and your household members, or anyone dependent on your income, may receive up to six confidential counseling sessions for many issues, including those related to parenting, relationships, anxiety, and work stress.

Other services offered are:

- » 24-Hour Crisis Help
- » Short-term Counseling
- » Online Consultations
- » Legal Services
- » College Preparation
- » Online Legal Forms
- » Home Ownership Resources
- » Identity Theft Services
- » Financial Services
- » Online and Digital Resources



You can use EAP more than once. New sessions are available for each different problem you face.

To access EAP services, simply call 866.750.1327 or go to ibhsolutions.com and use the access code of: GOADACOUNTY.



Dental Benefits

Administered by Delta Dental or Willamette Dental



Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with one of Ada County's dental benefit plans.

Ada County offers two Idaho dental plan options. Carefully review the Delta Dental PPO plan and the Willamette Dental Group plan to understand your options and determine which one is right for you and your family.

Willamette Dental Group offers you and your family value-based benefits while you pay predictable, low copays. Here's how the plan works:

- » No deductibles to pay before your dental benefit applies
- » No annual maximum to your dental benefit
- » You pay a low premium
- » You may only receive services from Willamette Dental Group providers

Not everyone's personal situation is the same; your family's needs may be different from the needs of your coworkers.

In recognition of these differences, we offer two dental plans for you to choose from.

	Delta Dental		Willamette Dental
	In-Network PPO	Out-of-Network Premier	
Annual Deductible	\$25 individual / \$75 family	\$25 individual / \$75 family	\$0
Annual Benefit Maximum	\$1,500	\$1,500	No Maximum Benefits
Preventive Dental Services (cleanings, exams, x-rays)	No cost	20%	\$15 per office visit
Basic Dental Services (fillings, root canal therapy, oral surgery)	20%	30%	\$15 per office visit for fillings; \$60-\$120 copay for Root Canal therapy
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%	60%	\$80 copay surgical extraction; \$150 copay for crown
Orthodontic Services (dependent children covered to age 26)	50% Maximum lifetime benefit of \$1,500	50% Maximum lifetime benefit of \$1,500	\$2,000 copay

Delta Dental Plan works like the medical plan PPO. You may visit any licensed dentist; however, you will get the maximum benefit if you visit an in-network provider. When you visit an out-of-network provider, you may pay a higher deductible and/or coinsurance.

Ada County offers access to the **Amplifon hearing discount program** through Delta Dental. The package provides custom hearing solutions, a risk-free 60-day trial, continuous care, and a hearing aid low price guarantee. To learn more, visit www.amplifonusa.com/ddid or call 1.866.921.3974.

Vision Benefits

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.



Your coverage from a VSP doctor

Service	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$20 copay for exam and/or eyewear	\$20 copay for exam and/or eyewear. Then, the plan pays \$46 and you pay the rest
Lenses — once every 12 months		
Polycarbonate lenses for children — once every 24 months	\$0	Not covered
Single Vision Lenses	\$0	The plan pays \$55 and you pay the rest
Lined Bifocal Lenses	\$0	The plan pays \$75 and you pay the rest
Lined Trifocal Lenses	\$0	The plan pays \$95 and you pay the rest
Frames — once every 12 months	\$150 Allowance towards frame	
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	\$150 allowance for contacts; copay does not apply. Contact lens exam (fitting and evaluation) Up to \$60 copay	The plan pays \$50 towards your frames or contact lenses and you pay overage

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage — they handle the paperwork for you.

VSP members will continue to receive an extra \$20 to spend when choosing a featured frame brand like bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Ferragamo, Chloe and more.

VSP also offers a hearing aid discount program through its partner, TruHearing. You can enroll in the TruHearing MemberPlus Program by going to www.truhearing.com/vsp/.

Basic Life and Accidental Death & Dismemberment Insurance

Insured by Cigna/New York Life

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Ada County. The County provides Basic Life Insurance at no cost to you if you are a benefit eligible employee.

Basic Life and Accidental Death & Dismemberment Insurance		
Employee Basic Life Insurance	1x annual salary	Up to maximum of \$50,000
Accidental Death Insurance	1x annual salary	Up to maximum of \$50,000

Short-Term Disability Insurance

Administered by Cigna/New York Life

Short-Term Disability (STD) insurance provides income if you become disabled due to an injury or illness and is provided to you at no cost. Benefits begin on the seventh day of any injury, hospitalization or illness and can continue for up to 26 weeks.

Benefit Amount — 60% of weekly covered earnings.

Benefit Maximum — \$1,000 per week

Please contact Human Resources for more details.

Ada County offers Basic Life Insurance, Accidental Death & Dismemberment and Short Term Disability at no cost to you. Additional Life and Disability Insurances can be elected at your discretion.

Voluntary Life Insurance

Insured by Cigna/New York Life

You can purchase additional life insurance for you, your spouse and your children. You pay the cost of coverage with after-tax dollars, but you can do so with convenient payroll deductions.

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage as a new hire (up to five times your salary with a maximum of \$150,000, and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee — Up to five times your salary; \$500,000 maximum amount in increments of \$10,000

Spouse — Up to \$250,000 in increments of \$10,000 (Spouse Life Insurance benefits cannot exceed 50% of employee's Life Insurance Benefits)

Children 15 days to 26 years — Up to \$10,000 in increments of \$1,000



Voluntary Decreasing Term Life Insurance — Idaho NCPERS Plan

Administered by Member Benefits

As an eligible PERSI participant, you may also enroll in a voluntary decreasing term life insurance program, the Idaho NCPERS Plan. You may enroll at the time you begin working for Ada County or during Open Enrollment.

Voluntary Long-Term Disability Insurance

Administered by Cigna/New York Life

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your ability to earn an income. Ada County offers the option for employees to enroll in Long-Term Disability (LTD) insurance coverage.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly earnings, up to \$6,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. You are guaranteed coverage if you enroll as a new hire and during FY22 open enrollment. If you wait to enroll, you will have to go through the evidence of insurability process that ensures you are in good health before benefits are issued.

Members				Dependent Group Decreasing Term Life	
Member's Age at Time of Claim	Group Decreasing Term Life	Group AD&D	Total Benefit for Accidental Death	Spouse/Domestic Partner	Child(ren)*
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25 to 29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30 to 39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40 to 44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45 to 49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50 to 54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55 to 59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60 to 64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

Flexible Spending Accounts (FSAs)

Administered by Peak One Administration

You can save money on your healthcare and/or dependent care expenses with a FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to a FSA (that's where the savings comes in). Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.



Healthcare Spending Limit \$2,750

Dependent Care Spending Limit \$5,000

Peak One Administration is the administrator of two individual Flexible Spending Accounts – one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs.

Here's How an FSA Works

1. You decide the annual amount you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare / elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA account.
3. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online or you may use the debit card.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.



Ada County Deferred Compensation 457(b) Plan

Empower Retirement Services is the administrator and recordkeeper for the Ada County Deferred Compensation 457(b) Plan. With the Deferred Compensation 457(b) Plan, you contribute a percentage of your pay and the County will match your contributions up to 3% of your annual salary. You can select from a robust lineup of funds for your account investments, including target date funds that make managing your investments a lot easier. They are timed to the date you plan to retire and are professionally managed by a financial advisor. You may contribute to the pretax and/or Roth option.

Contribution Limits

There are IRS limits on how much you can contribute to the PERSI Choice Plan 401(k) and the Ada County Deferred Compensation 457(b) Plan. When you contribute to both the Choice Plan 401(k) and Ada County's Deferred Compensation 457(b) Plan, you may contribute the maximum contribution amount (\$19,500) to each plan type for a total contribution of \$39,000 in 2021. The \$19,500 maximum contribution to the Deferred Compensation 457(b) Plan includes Ada County's contribution. If you will be age 50 or older in 2021, you may also make additional catch-up contributions. You can make an additional catch-up contribution of up to \$6,500 to each plan for a total catch-up contribution of \$13,000 and an overall contribution maximum of \$52,000. Please note the IRS can change these contribution amounts each year. Annual cost-of-living increases may occur.



PERSI Plans

PERSI Base Plan

Participation in the PERSI Base Plan is mandatory. The Base Plan is a pension plan, designed to provide long-term benefits when you choose a career in public service. The County makes sizable contributions on your behalf. These are combined with your pretax contributions to provide a valuable source of future income. You are fully vested in the Base Plan after 60 months of credited service.

The Base Plan offers three types of retirement:

- » Service retirement
- » Early retirement (including the rule of 80/90, which means you may receive an unreduced retirement allowance if your years of credited service plus your age equal 90 (general members) or 80 (law enforcement/EMS)).
- » Disability retirement

Your PERSI Base Plan Benefits Contributions

	County Contributions	Employee Contributions
General members	11.94% of annual salary	7.16% of annual salary
Law Enforcement / EMS members	12.28% of annual salary	9.13% of annual salary

PERSI Choice Plan 401(k)

Participation in the Choice Plan is totally voluntary, but you must be eligible for the Base Plan in order to participate. With the Choice Plan 401(k), you set aside a percentage of your income on a pretax basis. You can invest those contributions in a variety of investment options, although your funds will default into the PERSI Total Return Fund if you do not actively invest in other funds. You can also roll money over from another eligible retirement savings plan into the Choice Plan 401(k). Although it is not encouraged, you do have access to the money in your Choice Plan 401(k) through loans or withdrawals; you will pay taxes on the amount (if under age 59½) in addition to regular income taxes. You may also pay a 10% early-withdrawal penalty.



Aflac Supplemental Programs

Aflac pays cash benefits directly to you if you or an immediate family member is injured in an accident or becomes sick. Aflac pays regardless of any other benefits you may receive. You pay for Aflac coverage with after-tax dollars through convenient payroll deductions. You may enroll or discontinue Aflac policies at any time.



Paid Time Off

When you need a few days away, Ada County understands. Whether you are taking time off to be with family and friends or you're trying to recover from an illness, sick time, vacation time or holidays are available so you can get paid while you're away. Or, if you don't need all of your sick time, you can save it to help you pay for health insurance when you stop working for the County.

Holidays

Ada County recognizes 11 paid holidays each year:

- » New Year's Day » Juneteenth » Veterans Day
- » Martin Luther King, Jr. Day » Independence Day » Thanksgiving Day
- » Presidents' Day » Labor Day » Christmas Day
- » Memorial Day » Columbus Day

Sick Leave Policy

The County offers a sick leave policy separate from time off for vacation. The County's policy is designed to be there for you when you need it, but it also offers some benefit if you find you don't need to use the time off.

Eligibility — You are eligible for sick leave if you regularly work 20 hours or more each week.

Rate at which your sick time builds — Generally, you accrue up to a maximum of 3.7 hours every pay period, unless you are an EMS field employee, and then you accrue up to a maximum of 4.43 hours.

Sick Leave "Sweep" — If you accumulate a balance that is more than 240 hours at the end of the last pay period of the fiscal year (varies between September 18 and September 30, depending on the year), any hours you accumulated over 240 hours will be partially credited as a dollar amount to a Post-Employment Health Plan account through Nationwide. This can help you pay for insurance premiums after you stop working for the County. That credit is paid at 50 cents on the dollar.

When you can use your sick time — You can use your sick time as soon as it is available.

Paid Parental Leave

Ada County offers up to 8 weeks of paid parental leave in the event of a birth or adoption of a child. For additional information, please contact Human Resources at 208.287.7123 or employeebenefits@adacounty.id.gov.

Paid Bereavement Leave

In the unfortunate event of the death of an employee's immediate family member (spouse, child, parent, sibling, grandparent, grandchild, or the same relation by marriage), the employee will be allowed to use up to 5 days of paid leave for bereavement purposes relating to the death.

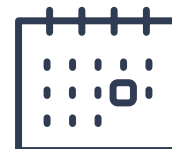
Vacation Leave

Eligibility for paid vacation leave begins as the leave is accrued from the first day of employment. Benefit-eligible employees, who regularly work twenty (20) or more hours per week, will accrue vacation leave.

Rate at which your vacation time builds

The amount of vacation time you accrue is tied to your years of continuous service with the County. Amounts are listed in the table provided.

Years of Continuous Service	Annual Accrual	Maximum Accrual
Benefit-Eligible Employees		
0–4 years	Approx. 96 hours/year for full-time employee	3.7 hours per 80 hour biweekly pay period; 400 hours total
5–9 years	Approx. 120 hours/year for full-time employee	4.62 hours per 80 hour biweekly pay period; 400 hours total
10–14 years	Approx. 144 hours/year for full-time employee	5.54 hours per 80 hour biweekly pay period; 400 hours total
15–19 years	Approx. 168 hours/year for full-time employee	6.47 hours per 80 hour biweekly pay period; 400 hours total
20 years +	Approx. 192 hours/year for full-time employee	7.39 hours per 80 hour biweekly pay period; 400 hours total
EMS Field Personnel		
0–4 years	Approx. 176 hours/year	6.77 hours per biweekly pay period; 560 hours total
5–9 years	Approx. 200 hours/year	7.70 hours per biweekly pay period; 560 hours total
10–14 years	Approx. 224 hours/year	8.62 hours per biweekly pay period; 560 hours total
15–19 years	Approx. 248 hours/year	9.54 hours per biweekly pay period; 560 hours total
20 years +	Approx. 272 hours/year	10.47 hours per biweekly pay period; 560 hours total



Employee Contributions for Benefits

Benefit Plan	Semi-Monthly Rate
Medical	
Employee	\$20.00
Employee + Spouse	\$112.50
Employee + Child(ren)	\$67.50
Employee + Spouse + Child(ren)	\$122.50
Delta Dental	
Employee	\$0.00
Employee + Spouse	\$18.50
Employee + Child(ren)	\$26.50
Employee + Spouse + Child(ren)	\$40.00
Willamette Dental	
Employee	\$0.00
Employee + Spouse	\$18.50
Employee + Child(ren)	\$26.50
Employee + Spouse + Child(ren)	\$40.00
Vision	
Employee	\$0.00
Employee + Spouse	\$3.50
Employee + Child(ren)	\$4.50
Employee + Spouse + Child(ren)	\$7.50

Rates based on \$10,000 of benefits Maximum Accrual		
	Age	Rate
Voluntary Life Insurance	Less than 20	0.50
	20–34	0.70
	35–39	0.90
	40–44	1.30
	45–49	1.90
	50–54	3.10
	55–59	4.90
	60–64	7.60
	65–69	12.80
	70–74	24.30
	75+	49.10
Rates based on \$100 of Coverage		
LTD Insurance	Less than 30	.144
	30–34	.167
	35–39	.205
	40–44	.341
	45–49	.568
	50–54	.887
	55–59	1.182
	60–64	1.258
	65–69	1.303
	70–74	1.341
	75+	2.410

Calculate the Cost of your LTD Coverage

To calculate the cost of your coverage, follow these steps:

1. Enter your gross or pre-tax monthly pay. Please note this amount cannot exceed \$10,000 \$ _____
2. Enter the rate for your age group (see the chart above) \$ _____
3. Multiply gross pay (line 1) by the rate of your age group (line 2) \$ _____
4. Divide by 100 to determine the amount of premium that will be deducted from your paycheck each month \$ _____



Contact Information



If you have specific questions about a benefit plan, please contact the administrator listed below:

Benefit	Administrator	Phone	Other
Medical	Regence BlueShield of Idaho	855.895.1150	Attn: ASO Correspondence, Intake and Appeals P.O. Box 2998 Tacoma, WA 98401-2998 www.regence.com
	<i>The Regence employee portal can be accessed by going to their website and completing the registration process. You will need your member ID card and an active email address. Note: each member on your plan aged 13 and older must register for their own account.</i>		
Employee Assistance Program (EAP)	Reliant Behavioral Health	866.750.1327	www.ibhsolutions.com Access Code: GOADACOUNTY
	You can download the mobile app, RBH Mobile, at the Android or IOS (Apple) app stores.		
Dental PPO	Delta Dental of Idaho	208.489.3580	fax: 208.344.4649 www.deltadentalid.com
	<i>The Delta Dental employee portal can be accessed by going to their website and completing the registration process. You will need your member ID or SSN, and date of birth.</i>		
Dental HMO	Willamette Dental Group	855.433.6825	email: info@willamettedental.com www.willamettedental.com
	<i>*Willamette does not offer an employee portal*</i>		
Vision	Vision Service Plan	800.877.7195	www.vsp.com
	<i>The VSP employee portal can be accessed by going to their website and completing the registration process. You will need the last 4 digits of your SSN, or your member ID number.</i>		
Flexible Spending Accounts (FSA)	Peak One Administration	866.315.1777	fax: 855.495.3669 email: MemberCare@PeakOneAdmin.com www.PeakOneAdmin.com
	<i>The Peak One Wealthcare Portal can be accessed by going to their website and completing the registration process. Your Employer ID is PK10005. Your Employee ID is 0005, the first initial of your first name, the first initial of your last name, and the last 5 digits of your SSN.</i>		
Life Insurance and Disability	Cigna/NYL	800.362.4462	www.mycigna.com
	<i>The Cigna employee portal can be accessed by going to their website and completing the registration process. You will need your name, date of birth, and zip code. This process can be completed on the myCigna app as well.</i>		
Idaho NCPERS Life Insurance	Member Benefits	800.525.8056	ncpers@memberbenefits.com
	<i>*Member Benefits does not offer an employee portal*</i>		
Supplemental Benefits	Aflac	Raleigh Arnold Casey Miner	(208) 620.7632 (208) 369.3515 Raleigh_Arnold@us.aflac.com Casey_Miner@us.aflac.com
	<i>*Aflac does not offer an employee portal*</i>		
Base Plan (Pension)	PERSI	208.334.3365 800.451.8228	www.persi.idaho.gov
	<i>The PERSI employer portal can be accessed for the first time by visiting mypersi.idaho.gov, and clicking "Register" and "Request New Pin". For the security of your identity, a pin will be mailed to the address on file. Once you receive your pin, you may register your PERSI account. You will need your pin, SSN, name, date of birth, and email address.</i>		
Choice 401(k)	PERSI	866.437.3774	www.mypersi401k.com
	<i>The PERSI 401(k) employee site portal can be accessed for the first time by visiting mypersi401k.com and selecting the "register" button. Select "I do not have a PIN" and follow the prompts. The website will guide you through the registration process.</i>		
Deferred Compensation 457(b)	Empower Retirement	800.701.8255	Retirement Plan Advisor 844.446.8658 ext. 20433 www.empower-retirement.com
	<i>The Empower Retirement employee portal can be accessed for the first time by calling Customer Service at 800.701.8255, Monday-Friday 6 am-8 pm MST and Saturday 7 am-3:30 pm MST. Using the voice activated system, you will provide your SSN; when prompted for a pin, ask for a representative, and have your personal information readily available to verify your account and protect your identity.</i>		
COBRA	Peak One Administration	887.404.9443	fax: 855.495.3669 email: Benefits@PeakOneAdmin.com www.PeakOneAdmin.com https://peak1.member.hrissuite.com
	<i>The Peak One Wealthcare Portal can be accessed by going to their website and completing the registration process. Your Employer ID is PK10005. Your Employee ID is 0005, the first initial of your first name, the first initial of your last name, and the last 5 digits of your SSN.</i>		

Legal Notices

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (for example, your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain preauthorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain preauthorization. For information on preauthorization, contact your Plan Administrator.

Women's Health and Cancer Rights

If you are receiving benefits in connection with a mastectomy and you, in consultation with your attending physician, elect breast reconstruction, coverage under the plan will be provided (subject to the same provisions as any other benefit) for:

- » reconstruction of the breast on which the mastectomy was performed;
- » surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- » prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas.



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

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 **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 **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, 2021. Contact your state for more information on eligibility.

ALABAMA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
http://myalhipp.com 855.692.5447	Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
ALASKA – Medicaid	KANSAS – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	https://www.kancare.ks.gov/ 800.792.4884
ARKANSAS – Medicaid	KENTUCKY – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
CALIFORNIA – Medicaid	LOUISIANA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Email: hipp@dhcs.ca.gov	www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
COLORADO – Medicaid and CHIP	MAINE – Medicaid
Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	Enrollment: http://www.maine.gov/dhhs/ofi/public-assistance/index.html 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
FLORIDA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268	https://www.mass.gov/info-details/masshealth-premium-assistance-pa 800.862.4840
GEORGIA – Medicaid	MINNESOTA – Medicaid
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
INDIANA – Medicaid	MISSOURI – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
	MONTANA – Medicaid
	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084

Benefit Summary

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800.692.7462

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/hipp/ Medicaid: 800.432.5924 CHIP: 855.242.8282
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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