



High-Level Summary of 2022 Benefits

The company offers 100% paid employee health insurance for medical, dental and vision. Buy-up plan options, supplemental insurance options and ability to add spouse and/or dependent coverage are available.

BlueCross of Idaho is our provider for medical, dental and vision. Coverage is available in all states, as our coverage extends to any providers within the BlueCross network.

Plan options are “un-bundled” which allows for employees to pick and choose coverage as needed. Please note, the employee must be enrolled in a plan option in order to enroll a dependent/spouse.

Choose Between Three Medical Plans:		
HSA Qualifying Plan (with Health Savings Account)	\$4,000 Deductible PPO Plan (Standard)	\$1,500 Deductible PPO Plan (Buy-Up)
<ul style="list-style-type: none"> In-network deductible: \$4,000 ind. / \$8,000 family 	<ul style="list-style-type: none"> In-network deductible: \$4,000 ind. / \$8,000 family 	<ul style="list-style-type: none"> In-network deductible: \$1,500 ind. / \$3,000 family
<ul style="list-style-type: none"> Medical total out-of-pocket in-network: \$5,500 ind. / \$11,000 family 	<ul style="list-style-type: none"> Medical total out-of-pocket in-network: \$6,850 ind. / \$13,700 family 	<ul style="list-style-type: none"> Medical total out-of-pocket in-network: \$4,500 ind. / \$9,000 family
<ul style="list-style-type: none"> In-network provider co-pay: deductible/co-insurance 	<ul style="list-style-type: none"> In-network provider co-pay (same for both): \$35 	
<ul style="list-style-type: none"> Prescription drugs: deductible/co-insurance 	<ul style="list-style-type: none"> Prescription drugs (same for both): \$15 co-pay for generic drugs, \$35 co-pay for brand drugs 	
<ul style="list-style-type: none"> All medical plan options cover eligible preventative care services 100%. 		

Choose Between Two Dental Plans:	
Dental Option 1 (Standard)	Dental Option 2 (Buy-Up)
<ul style="list-style-type: none"> Deductible: \$50 Annual maximum: \$1,000 	<ul style="list-style-type: none"> Deductible: \$50 Annual maximum: \$1,500 Orthodontia: 50%; \$1,500 lifetime max.
*Details based on per insured	

One Plan for Vision Coverage:
<ul style="list-style-type: none"> Free annual vision exam Prescription glasses - frames/lenses: Annual \$130 allowance with a co-pay of \$25 Contacts (instead of glasses): Annual \$130 allowance with no co-pay
*Details based on per insured

Supplemental Insurances through Aflac:
<ul style="list-style-type: none"> Voluntary Life Short-Term Disability Accident Critical Illness Hospital Indemnity Pet