



### High-Level Summary of 2024 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; enrolling in these may result in an out-of-pocket monthly premium, shown on page 2.

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.

<b>Choose Between Three Medical Plans (Regence BlueShield of Idaho):</b>			
	<b>HSA Qualifying Plan (w/ Health Savings Account)</b>	<b>Standard Plan</b>	<b>Buy Up Plan</b>
In-Network Deductible:	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$1,500 Individual \$3,000 Family
Medical Total Out-of-pocket In-Network:	\$5,500 Individual \$11,000 family	\$6,850 Individual \$13,700 family	\$4,500 Individual \$9,000 Family
In-Network Physician Co-Pay:	Individual is responsible for cost of services subject to meeting deductible and co-insurance	\$0	\$0
In-Network Specialist Co-Pay:	Individual is responsible for cost of services subject to meeting deductible and co-insurance	\$40	\$40
Prescription Drugs:	Individual is responsible for cost of services subject to meeting deductible and co-insurance	*Tier 1: \$10 *Tier 2: \$35 *Tier 3: \$50	*Tier 1: \$10 *Tier 2: \$35 *Tier 3: \$50
<ul style="list-style-type: none"> <li>All medical plan options cover eligible preventative care services 100%.</li> <li>Regence BlueShield of Idaho coverage extends to any providers within the Regence BlueShield Network.</li> <li>*For explanation of Prescription Tiers, please see the Prescriptions Drug List, which can be found in the Benefits section of the KB.</li> </ul>			

<b>Choose Between Two Dental Plans (Delta Dental)</b>	
<b>Standard Option</b>	<b>Buy Up Option</b>
<ul style="list-style-type: none"> <li>In-network deductible: \$50</li> <li>Annual maximum: \$1,250</li> </ul>	<ul style="list-style-type: none"> <li>In-network deductible: \$50</li> <li>Annual maximum: \$1,750</li> <li>Annual rollover amount: \$300</li> <li>Child Orthodontia: 50%; \$1,500 lifetime max.</li> </ul>
*Details based on per insured	

<b>Vision Coverage (Included in Regence BlueShield)</b>
<ul style="list-style-type: none"> <li>Free annual eye exam</li> <li>Annual \$250 allowance for glasses</li> <li>Annual \$250 allowance for contact lenses plus \$60 fitting &amp; evaluation co-pay</li> <li>Annual \$135 frame allowance when purchased retail (Walmart/Costco, etc.)</li> </ul>
*Details based on per insured

<b>Supplemental Insurances (Aflac)</b>
<ul style="list-style-type: none"> <li>Voluntary Life</li> <li>Short-Term Disability</li> <li>Long-Term Disability</li> <li>Accident</li> <li>Critical Illness</li> <li>Hospital Indemnity</li> <li>Pet (Nationwide)</li> </ul>



**Regence BlueShield of Idaho  
2024 Monthly Health Insurance Premiums**

Below are the monthly premiums associated with each insurance election. The total premium factors in the company paid portion and is what the enrolled employee owes per month.

Total monthly premiums are deducted across two paychecks.

In addition, the company provides a \$100 monthly insurance allowance for employees to use towards benefit premiums and other, shown on page 3.

<b>\$4,000 Deductible PPO Plan (Standard)</b>	
Employee Only:	Free
Ee + 1 Child:	\$289.30
Ee + All Children:	\$289.30
Ee + Spouse/Domestic Partner:	\$482.15
Ee + Family:	\$771.45

<b>\$1,500 Deductible PPO Plan (Buy-Up)</b>	
Employee Only:	\$50.05
Ee + 1 Child:	\$376.90
Ee + All Children:	\$376.90
Ee + Spouse/Domestic Partner:	\$594.75
Ee + Family:	\$921.60

<b>HSA Qualifying Plan (w/ Health Savings Acct)</b>	
Employee Only:	Free
Ee + 1 Child:	\$214.10
Ee + All Children:	\$214.10
Ee + Spouse/Domestic Partner:	\$385.35
Ee + Family:	\$642.35

<b>Dental Option 1 (Standard)</b>	
Employee Only:	Free
Ee + 1 Child:	\$28.64
Ee + All Children:	\$28.64
Ee + Spouse/Domestic Partner:	\$27.44
Ee + Family:	\$54.89

<b>Dental Option 2 (Buy-Up)</b>	
Employee Only:	\$3.42
Ee + 1 Child:	\$42.30
Ee + All Children:	\$53.12
Ee + Spouse/Domestic Partner:	\$34.78
Ee + Family:	\$83.12

*\*Aflac Supplemental Insurance rates vary based on employee and can be determined when enrolling through Paycom.*



## **\$100 Monthly Insurance Allowance**

Registered Agents Inc provides a \$100 monthly insurance allowance (or \$50 per pay period) for employees to use towards:

1. Medical plan buy-ups
2. Lowering monthly premiums for dependent/spouse coverage
3. An employer contribution towards the employee's health savings account, if the employee is enrolled in the HSA Qualifying Plan.
4. Purchasing Aflac Life or Short Term Disability Insurance for employee and Aflac Life Insurance for dependents.
5. Please note, Aflac Life Insurance and Short Term Disability are the only Aflac Supplemental Insurance options that the allowance is eligible to be used towards.

### **How to Use During Enrollment:**

- The \$50 per paycheck will automatically be applied once your benefits are approved. The application of the allowance will be used towards premiums in the following election order:
  - Medical, Dental, Vision, Employer contribution towards Health Savings Account (if applicable), then Aflac Life Insurance.
- ***The allowance is not refundable to the employee if it is not used.***

Contact [peopleops@corporatetools.com](mailto:peopleops@corporatetools.com) if you have any questions on enrollment or plan options.