

Employee Benefits At-a-Glance



Effective 1/1/2025

MEDICAL – Regence Blue Shield of Idaho

Base Plan	Buy Up Plan	H.S.A. Plan
<p>Deductible \$1,500 Individual \$4,500 Family</p> <p>After deductible, plan pays 80% Member pays 20%</p> <p>Maximum out of pocket \$3,500 Individual \$7,000 Family</p> <p>Office Visits \$20 Primary Care / Specialist</p> <p>Preventative Care Visits Covered 100%</p> <p>Diagnostic Lab & X-Ray 1st \$400 covered 100% then Deductible + Coinsurance</p> <p>Hospital Services Deductible + Coinsurance</p> <p>ER \$150 Copay (Deductible + Coinsurance apply)</p> <p>RX Copay \$5 Generic \$25 Preferred Brand \$50 Brand \$150 Specialty</p>	<p>Deductible \$750 Individual \$2,250 Family</p> <p>After deductible, plan pays 80% Member pays 20%</p> <p>Maximum out of pocket \$2,750 Individual \$5,500 Family</p> <p>Office Visits \$20 Primary Care / Specialist</p> <p>Preventative Care Visits Covered 100%</p> <p>Diagnostic Lab & X-Ray 1st \$400 covered 100% then Deductible + Coinsurance</p> <p>Hospital Services Deductible + Coinsurance</p> <p>ER \$150 Copay (Deductible + Coinsurance apply)</p> <p>RX Copay \$5 Generic \$25 Preferred Brand \$50 Brand \$150 Specialty</p>	<p>Deductible \$3,200 Individual \$6,400 Family</p> <p>After deductible, plan pays 80% Member pays 20%</p> <p>Maximum out of pocket \$5,000 Individual \$10,000 Family</p> <p>Office Visits Deductible + Coinsurance</p> <p>Preventative Care Visits Covered 100%</p> <p>Diagnostic Lab & X-Ray Deductible + Coinsurance</p> <p>Hospital Services Deductible + Coinsurance</p> <p>ER Deductible + Coinsurance</p> <p>RX Copay All prescriptions are subject to Deductible + Coinsurance</p>
<p>Employee Monthly Contribution Emp. Only – \$31.85 Emp. & Spouse – \$452.72 Emp. & Child – \$203.30 Emp. & Children – \$203.30 Emp. & Family – \$717.18</p>	<p>Employee Monthly Contribution Emp. Only – \$67.05 Emp. & Spouse – \$510.08 Emp. & Child – \$247.53 Emp. & Children – \$247.53 Emp. & Family – \$788.51</p>	<p>Employee Monthly Contribution Emp. Only – \$23.23 Emp. & Spouse – \$330.30 Emp. & Child – \$148.26 Emp. & Children – \$148.26 Emp. & Family – \$523.27</p>

*Payroll deductions are calculated on 26 payrolls a year.

H.S.A. Contributions

For employees who elect to save money in their Health Equity H.S.A. account, P1FCU will provide a **\$1,000** annually (\$83.33/PR) H.S.A. account contribution and an additional **\$500** for employees who contribute at least **\$500**. Your contributions are pre-tax payroll deductions can be used to cover the cost of eligible medical expenses, including your deductible.

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DENTAL BASE – Delta Dental

<p>Individual Deductible \$25 Family Deductible \$75 Individual Benefit Max \$1,500</p> <p>Child Orthodontia 50% up to \$1,500 lifetime maximum</p>	<p>Preventative 100% Basic 80% Major 50%</p>	<p>Employee Monthly Contribution Emp. Only – \$2.10 Emp. & Spouse – \$29.10 Emp. & Child – \$18.90 Emp. & Children – \$18.90 Emp. & Family – \$45.90</p>
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DENTAL BUY-UP – Delta Dental

<p>Individual Deductible \$0 Family Deductible \$0 Individual Benefit Max \$2,000</p> <p>Orthodontic Services - Includes Adult Orthodontia 50% up to \$2,000 lifetime maximum</p>	<p>Preventative 100% Basic 90% Major 50%</p>	<p>Employee Monthly Contribution Emp. Only – \$14.23 Emp. & Spouse – \$52.59 Emp. & Child – \$38.31 Emp. & Children – \$38.31 Emp. & Family – \$77.57</p>
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VISION – Regence Blue Shield of Idaho

<p>\$0 Exam Copay (Calendar Year) \$0 Material Copay (Calendar Year)</p> <p>Standard Lenses Covered 100% Frames \$250 Allowance for VSP Doctors (Calendar year) \$135 Allowance for VSP approved retailer</p>	<p>Contacts Instead of Frames \$250 Allowance (\$60 lens fitting copay)</p>	<p>Employee Monthly Contribution Rates included in Medical premium</p>
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**Payroll deductions are calculated on 26 payrolls a year.*

EMPLOYER PAID LIFE AND AD&D – United Heritage

P1FCU provides **3x base annual earnings up to \$250,000** in Life and Accidental Death & Dismemberment (AD&D) Insurance coverage for each eligible employee, as well as **\$2,500** in coverage for your spouse & child(ren). A separate AD&D plan in the amount of **\$50,000** is also included.

SUPPLEMENTAL LIFE INSURANCE – United Heritage

Employees may also purchase additional Supplemental Life Insurance, starting at \$10,000 in coverage. Rates vary by age.

Additional Life Coverage **\$150,000** of Guaranteed Issue term life insurance and AD&D coverage is available (not to exceed 5x annual salary) Higher amounts (Up to \$500K) are available upon completion and approval of evidence of insurability form.

Spouse Coverage Guaranteed issue of **\$30,000** not to exceed 50% of EE election

Child Coverage Up to **\$10,000** per child

EMPLOYER PAID SHORT TERM DISABILITY – United Heritage

Replaces **60%** of Gross Weekly Earnings

Weekly Maximum Benefit **\$2,000** for up to 12 weeks

Elimination Period 7 Days for injury or sickness

EMPLOYER PAID LONG TERM DISABILITY – United Heritage

Replaces **70%** of Gross Weekly Earnings

Monthly Maximum Benefit **\$8,000**

Elimination Period 90 Days

Benefit Duration 24 Months if unable to work in own occupation . Up to SSNRA if unable to work in any occupation.

VOLUNTARY GROUP BENEFITS – Colonial Life

Full-time employees may also purchase additional insurance

Group Accident

Coverage Options: Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family

Group Critical Illness – Choose from **\$10,000**, **\$20,000**, or **\$30,000** benefit amounts

Coverage Options: Employee Only Rates and Employee + Any Family Member(s)

Group Hospital Confinement Indemnity (2 plan options)

Coverage Options: Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family