



Employee Benefits Guide

Plan Year 2024

Plan Effective: January 1, 2024 - December 31, 2024



Table of Contents

A Message from Boundary Community Hospital	3
Eligibility	4
Medical Insurance – Blue Cross of Idaho	5
Prescription Benefits – Blue Cross of Idaho	6
Member Tools - Blue Cross of Idaho	7
Health Savings Account (HSA) - HealthEquity	8
Dental Insurance – Ameritas	9
Voluntary Vision Insurance - Ameritas	110
Flexible Spending Account (FSA) - HealthEquity	14
Employee Assistance Program (EAP) – BPA Health	12
Basic & Supplemental Life & AD&D Insurance – Symetra	132
Travel Assistance Program – Symetra Support	13
Beneficiary Companion & Identity Theft Programs – Symetra Support	153
Voluntary Worksite Benefits - Aflac	14
Cost for Benefits Coverage	15
Cost for Voluntary Coverage	16
Benefits Resource Center & Carrier Customer Service Contacts	17
Benefits Mobile App – MyBenefits2Go	18





A Message from Boundary Community Hospital

At Boundary Community Hospital, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

The Boundary Community Hospital Team

Eligibility

Eligible Employees

If you are an active employee, regularly working at least 24 hours a week, you may enroll in Boundary Community Hospital's employee benefits plan.

Eligible Dependents

You must be enrolled for the coverage to enroll your eligible dependents. Your eligible dependents are your legal spouse, domestic partner, and children up to age 26.

When Coverage Begins

Your benefits will be effective on the first day of the month following your hire date. If you are hired on the first day of the month, your benefits will be effective on your hire date. During your Open Enrollment period, the benefits and enrollment changes you elect are effective January 1, 2024. All elections are in effect for the entire plan year and can only be changed during Open Enrollment or if you experience an IRS-approved family status change during the plan year.

IRS-approved Family Status Change

An IRS-approved family status change is an event in your personal or professional life that may impact your eligibility or dependents' eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status such as marriage, divorce, death of spouse, or legal separation
- Change in the number of dependents such as birth, adoption, death of dependent, or divorce
- Change in employment status, such as job loss or change from full-time to part-time



If such a change occurs, you must submit your enrollment change(s) to Paycom within 30 days of your event date. Some events may allow a 60-day grace period to submit your enrollment change(s). Documentation proof of the event change may be required. Failure to request a change of status timely, may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



Medical Insurance – Blue Cross of Idaho (BC of ID)

Boundary Community Hospital offers you two Blue Cross medical plans: a Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account (HSA) and a PPO plan. Both plans give you the freedom to see a provider of your choice. However, you will get the most out of your benefits with an in-network provider and pay the most out-of-pocket expenses if you see an out-of-network provider. If you enroll in the QHDHP plan, Boundary will contribute \$19.23 per payroll up to \$500 annually towards your HSA. The below highlights of your benefits reflect only in-network benefits. For out-of-network benefits, please refer to your medical plan summary or booklet.

Blue Cross of Idaho In Network Benefits	QHDHP HSA BCH / PPO	PPO BCH / PPO
Calendar Year Deductible (Shared with out-of-network benefits)	\$2,500 Individual \$5,000 Family Aggregate	\$2,000 Individual \$4,000 Family
Boundary HSA Annual Contribution	\$500 Per Participant	Not Applicable
Coinsurance (Plan / Member)	80% / 20%	80% / 20%
Calendar Year Out-Of-Pocket Maximum (Includes deductible, coinsurance, and copays)	\$5,000 Individual \$10,000 Family <i>\$7,000 Per Individual</i>	\$3,500 Individual \$7,000 Family
Preventive Care	100% DW	100% DW
Primary Care Office	80% AD	BCH: \$10 copay DW PPO: \$30 copay DW
Specialty Care Office Visit	80% AD	BCH: \$30 copay DW PPO: \$50 copay DW
Mental Health / Substance Abuse Counseling Visits	80% AD	\$10 copay DW
Urgent Care (Walk-In Clinic)	80% AD	\$30 copay DW
Lab Work & X-rays	80% AD	80% AD
Complex Imaging (CT, PT, PET Scan)	80% AD	80% AD
Emergency Room Visit	\$100 copay, then 80% AD	\$100 copay, then 80% AD
Hospital Admission	80% AD	80% AD
Physician / Surgeon Fee	80% AD	80% AD
Prescription Drug Benefits (Generic / Non-Preferred Generic / Brand / Non-Preferred Brand)		
Retail Pharmacy (Rx) Copay – 30-day Supply	80% AD	\$10 / \$20 / \$30 / \$50 (DW)
Mail Order Prescription Copay – 90-day Supply	80% AD	3x Retail Rx Copay (DW)
Specialty Drugs (Non-preferred / Preferred) – 30-day Supply	80% AD	20% / 30% (DW)
Calendar Year Rx Out-Of-Pocket Maximum	Shared with medical	\$1,000 Individual \$2,000 Family

BHC = Boundary Community Hospital **AD** = After Deductible **DW** = Deductible Waived **PCY** = Per Calendar Year
***Deductible family aggregate:** The family deductible must be met collectively by all covered members in the family before your plan pays for covered services.

Out-of-Network Benefits

Your medical plan's reimbursement to out-of-network providers may be based on a fee, which leaves a balance on the bill, also known as a balance bill, after your plan coverage has been applied. Out-of-network providers do not have a contractual agreement with your medical plan and can charge you for the balance bill. Below is an overview of your out-of-network benefits.

Blue Cross of Idaho Out-of-Network Benefits	QHDHP HSA	PPO
Calendar Year Deductible	Shared with in-network	Shared with in-network
Coinsurance (Plan / Member)	60% / 40% after deductible	60% / 40% after deductible
Preventive Care	60% after deductible	60% after deductible
Calendar Year Out-Of-Pocket Maximum (Includes deductible, coinsurance, and copays)	\$6,500 Individual \$13,000 Family Aggregate	\$5,000 Individual \$10,000 Family

PPO Network Benefits

If you stay within the PPO network for your services, you will get the most out of your benefits and keep your out-of-pocket expenses lower than when you see an out-of-network provider. PPO network providers also charge a discounted rate based on their contractual agreement with Blue Cross of Idaho. To find a PPO Network provider, visit members.bcidaho.com if you have a member account or www.bcidaho.com prior to becoming a BCI member.

Prescription Benefits with BC of ID

Your Blue Cross of Idaho pharmacy benefits give you access to a wide range of prescription drugs through a large network of local and national pharmacies. To find an in-network pharmacy, login to your member account at members.bcidaho.com, select **Pharmacy**, and select **Find a Pharmacy**. You can also contact customer service with the phone number listed on your ID card.



Member Tools with Blue Cross of Idaho

You have access to additional resources, with Blue Cross of ID, to help navigate the utilization of your medical coverage. Please review the Blue Cross of Idaho Member Handbook and program flyers for more details on the tools and support available to you and your family.

Blue Cross of ID Member Account

Register for your member account at members.bcidaho.com. With your BC of ID member account, you can search for network providers and pharmacies, estimate your treatment cost using the Cost Advisor tool, locate source forms, use wellness tools, and more!

Blue Cross of Idaho Mobile App

In addition to your online member account, download the Blue Cross of ID mobile app from Google Play or the Apple Store. With this app, you can access the same tools and resources provided by your member account, including showing a copy of your virtual medical ID card.

Preventive Care

Take advantage of the no-cost preventive care services available to you and your covered dependents. Age and gender-appropriate exams and screenings are a great way to establish a relationship with a primary care physician and offer you a chance to discuss your health conditions before serious issues arise. You can learn more about your Preventive Care coverage by visiting members.bcidaho.com and selecting Health & Wellness and Preventive Guidelines.

\$0 Copay for Children's Office Visits

BC of Idaho believes that your dependent children should have access to affordable care. Your medical plan includes a \$0 copay for office visit consultations or sessions with in-network Primary Care Physicians, Specialists, Mental Health Providers, and Urgent Care Centers or Walk-in Clinics for dependents' children ages 17 and younger. This program excludes emergency room visits, x-rays, diagnostic imaging, and lab work.

Wellness Tools

Boundary Community Hospital partners with BC of Idaho for a great selection of health and wellness tools and programs for members to engage in. Nutritional guidance, physical activities, stress guidance, and Active & Fit Flyer programs are available to help you learn and sustain a healthy lifestyle. For details, please refer to Sharecare and Active & Fit flyers.

Care Management

When complex or sensitive medical events occur, BC of Idaho is there for you and your family. A BC of Idaho professional can work with you to navigate the system, help you make informed decisions, and locate resources for you and your family. Call **1-800-627-6655** or email casemanagement@bcidaho.com for assistance.

Out-of-Area Benefits

As a BC of Idaho member, you can see a network provider nearly anywhere in the United States. While traveling in another Blue Cross Blue Shield coverage area, you take your health care benefits with you and have access to medical assistance services, doctors, and hospitals. Use provider.bcbs.com or call **800-810-BLUE (2583)** to locate in-network services outside your area.

Health Savings Account (HSA) - HealthEquity

Boundary Community Hospital's Qualified High Deductible Health Plan (QHDHP) HSA can be paired with a Health Savings Account. Enrolling in the QHDHP with HSA medical plan may make you eligible to participate in the HSA program. The IRS regulates the entirety of the Health Savings Account and sets eligibility rules for participating in the program, which are below:

1. You must be enrolled in a qualified high deductible health plan such as Boundary's QHDHP HDS plan.
2. You must not have dual coverage under a PPO or HMO medical plan.
3. You must not be enrolled in Medicare or Medicaid coverage.
4. You must not have received Veterans Aid or Tricare benefits in the past 3 months, except for injuries received during active duty military service.
5. Your household must not contribute to a General Purpose Health Care Flexible Spending Account (FSA).
6. You cannot be claimed as tax dependent.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account you own to pay for current and future eligible health care expenses for you and your eligible dependents. Plus, you can get extra tax advantages with an HSA because:

- Your pre-tax contribution from payroll can help lower your taxable income
- Your fund and the interest earned in your HSA is tax-free
- You don't pay income taxes on withdrawals used to pay for eligible health expenses; if you withdraw funds for non-eligible expenses, taxes and penalties may apply

2024 HSA Contributions

The IRS sets the contribution calendar year limit for the Health Savings Account each year. For the 2024 calendar year, the IRS contribution limit is below.

- **Individual Coverage: \$4,150**
- **Family Coverage: \$8,300**

Participants ages 55 and older can contribute an additional \$1,000 each calendar year

Boundary Community Hospital contributes towards your HSA account if you enroll in the QHDHP and meet the IRS eligibility requirements. The HSA funds that Boundary contributes will be calculated into the IRS calendar year contribution limits. Below is Boundary's HSA contribution:

- **\$500 per participant per calendar year**
Boundary will deposit \$20.83 towards your HSA per payroll

HSA Account with HealthEquity

Your Health Savings Account vendor is HealthEquity. When you enroll in the QHDHP plan, you will be automatically registered in the HSA account. You can open a HealthEquity online account by visiting www.healthequity.com. You may also download the HealthEquity mobile app from the Apple Store or Google Play or by scanning the QR code.



**See how much
you can save**

HealthEquity.com/Learn/HSA

You can also find eligible expenses by visiting www.hsastore.com.

Dental Insurance - Ameritas

Boundary Community Hospital offers two dental plan options through Ameritas: Base and Buy Up plans. The dental plans offer in-network and out-of-network benefits. You will get the most out of your coverage if you keep your service within the network. To find Ameritas dentist, visit ameritas.com.

AMERITAS	BASE PLAN		BUY UP PLAN	
	Ameritas Classic & Plus Network	Out-of-Network	Ameritas Classic & Plus Network	Out-of-Network
Provider Network	Ameritas Classic & Plus Network	Out-of-Network	Ameritas Classic & Plus Network	Out-of-Network
Calendar Year Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Calendar Year Benefits Maximum per individual	\$1,000	\$1,000	\$1,500	\$1,500
Benefit Maximum Carryover per benefits year	\$250 + \$100 PPO Bonus Up to \$1,000 maximum		\$250 + \$150 PPO Bonus Up to \$1,500 maximum	
Preventive Care (Exams, Cleanings, X-rays)	100% DW	\$100% DW	100% DW	\$100% DW
Basic Services (Composite Filling, Endodontics, Periodontics)	80% AD	80% AD	80% AD	80% AD
Major Services (Crowns, Denture, Implants)	50% AD	50% AD	50% AD	50% AD
Orthodontia Services (Child-only coverage)	Not Covered		50% AD Up to \$1,500 benefit lifetime maximum	
Out-of-Network Reimbursement	95 th Percentile of Usual Customary Rates		95 th Percentile of Usual Customary Rates	

AD = After Deductible **DW** = Deductible Waived

Benefits Maximum Carry Over

To qualify for the annual benefits maximum, Ameritas members must have at least one dental service within the benefits plan year and not exceed the total claims spent threshold for the plan year. If you meet the qualifications, you can carry over up to \$250 per calendar year and an additional PPO bonus carryover if services are rendered within the network. Below is the threshold of your carry-over maximums:



(Benefit Year*)	Base Plan	Buy Up Plan
Benefits Spent	\$500	\$750
Annual Carry-over Amount	\$250	\$250
Annual PPO Bonus	\$100	\$150
Overall Maximum Carry Over*	\$1,000	\$1,500

You must have one claim each year to be eligible for the carry-over rewards; you could lose all your carry-over amount if you do not see your dentist within your benefit plan year.

Voluntary Vision Insurance – Ameritas

You also have three vision plan options from Ameritas: VSP Choice, EyeMed, and Vision Perfect plans. Your enrollment is voluntary, and you pay 100% of the cost. The benefits below reflect your in-network benefits. For

***Overall Maximum Carryover:** If you qualify for carry over each year, your carry over maximum amount is \$1,000 for the Base plan and \$1,500 for Buy Up plan.

out-of-network benefits, please refer to your vision plan summary or booklet.

Ameritas	VSP Plan	EyeMed Plan	Vision Perfect
Provider Network	VSP Choice + Affiliates	EyeMed Access	In-Network Only
Vision Exam Benefits			
Deductible	\$10	\$10	\$25 copay
Annual Eye Exam	100%	100%	See Lenses & Frames
Benefits Frequency	Once every 12 months	Once every 12 months	Once every calendar year
Lenses & Frame			
Deductible	\$25	\$25	Shared with Eye Exam
Single Lenses	100%	100%	\$200 maximum allowance for eye exam, lenses, and frames combined Covered once every calendar year
Bifocal Lenses	100%	100%	
Trifocal Lenses	100%	100%	
Lenticular Lenses	100%	20% discount	
Frame	\$130 allowance	\$130 allowance	
Benefits Frequency	Once every 24 months	Once every 24 months	
Contact Lenses (In lieu of Lenses & Frame)			
Fit & Follow-up Exam	Up to \$60 cost	Up to \$55 cost	\$200 maximum allowance for fitting, exams, and contacts Covered once every calendar year
Elective Contacts	\$130 allowance	\$130 allowance	
Benefits Frequency	Once every 12 months	Once every 12 months	



To find an in-network vision provider, go to www.Ameritas.com. Select your vision plan; additional instructions will be provided during your search.

Flexible Spending Accounts (FSA) – HealthEquity

Boundary Community Hospital offers you a Health Care FSA through HealthEquity. A Health Care FSA is a tax-free account for those who want to set aside funds for anticipated health care expenses within their benefit plan year. Benefits-eligible employees do not have to be enrolled in any benefits to be eligible to participate in the Flexible Spending Account contribution.

How Health Care FSAs Work

- Calculate the amount you'll need to pay for your medical care, prescription cost, dental care, and vision care for the benefits plan year; your FSA plan has a "use it" or "lose it" rule, so try to be conservative with the amount you elect to set aside.
- You may select an annual amount, and your election will be contributed through payroll deduction pre-tax for each pay period. Your elected amount during your eligibility or open enrollment period cannot be changed within the plan year unless you have an IRS-approved family status change.
- Your Health Care FSA fund is available immediately from your benefit effective date.

IRS Maximum FSA Contribution

The IRS sets a maximum contribution for the FSA plan. The maximum will cover eligible expenses incurred within your plan year from January 1st through December 31st of 2024. The maximum contribution for the 2024 plan year is below:

- **FSA Maximum Contribution Per Household:** IRS Indexed Limit
- **Carryover Maximum Per Household:** IRS Indexed Limit

FSA Forfeiture – "Use It" or "Lose It" Rule

Assess your annual election amount accordingly and elect an amount within your budget. If you have a left-over balance in your Health Care FSA at the end of the plan year, up to the IRS' carryover plan year limit, unused funds will carry over to the following benefits plan year. Any unused funds of more than the IRS' carryover plan year limit will be forfeited.

Health Care FSA with HealthEquity

HealthEquity administers Boundary's Health Care Flexible Spending Account (HCFSA). If you would like to sign up for the HCFSA, please contact HR. Once you are signed up for this account, you can also create your online account at [healthequity.com](https://www.healthequity.com). You may also download the HealthEquity mobile app from the Apple Store or Google Play or by scanning the QR code.



**See how much
you can save**

[HealthEquity.com/
Learn/FSA](https://www.healthequity.com/Learn/FSA)

You can also find eligible expenses by visiting <https://www.healthequity.com/fsa-qme>.

Employee Assistance Program – BPA Health

Boundary Community Hospital highly values you as part of their team and prioritizes ensuring your well-being is considered within and outside the workplace. Boundary provides you and your family access to an Employee Assistance Program (EAP) with BPA Health through Blue Cross of Idaho to support this initiative.

With BPA Health, you and your family members have 3 in-person or video counseling visits per issue per year. Your EAP services include legal advice or consultation, financial planning and advice, and online tools for everything life throws at you.

To access your EAP services and resources, visit www.bpahealth.com/eap-home. Below is your login information:

Employer Name: Boundary Community Hospital

Or call 800.726.0003

Your inquiries to BP Health are 100% confidential, and for extra support, you can call anytime.

Basic Life & AD&D – Symetra

All eligible employees are automatically enrolled in the benefits. Tackle.io pays 100% of premiums.

Symetra	Benefits (Includes Life & AD&D)	Guarantee Issue Amount
Benefits Increments	\$5,000	\$5,000
Benefits Maximum	\$5,000	\$5,000
Benefits Reduction	Begins at age 70	

Supplemental Life & AD&D – Symetra

You can also purchase additional life insurance for you and your family. You pay 100% of the cost.

Symetra	Benefits (Life Only)	Guarantee Issue Amount*
Employee <i>Benefit reduces at age 70</i>	\$10,000 benefits increment \$10,000 minimum up to \$250,000	\$50,000
Spouse	\$5,000 benefits increment 50% of employee's amount up to \$125,000	\$30,000
Child (14 days to 19 years old)	Flat amount: \$2,000	\$2,000

***Guarantee Issue Amount:** This is the maximum amount for newly hired or eligible employees who are offered benefits for the first time without having to provide evidence of insurability (EOI) or a health questionnaire. For EOI or health questionnaire forms, please contact HR.

Travel Assistance – Symetra Support

A travel assistance program can assist you and your family prepare for travel, and when you are faced with an emergency. This program is available when traveling 100 miles or more away from home. The travel assistance program is available to you through Symetra Support.

Travel assistance program services available are:

- Pre-trip information – visa and passport requirements, inoculation and immunization requirements, cultural information, embassy and consulate referrals, foreign exchange rates, and travel advisories.
- Emergency message relay to and from friends, relatives, and business associates.
- 24/7 assistance with emergency travel arrangements, including a change of airline, hotel and car rental reservations, once a trip has started,
- Help locating lost or stolen luggage, documents, and personal possessions.
- Assistance with telephone interpretation in all major languages, or referral to an interpretation or translation service for written documents.

These are just some of the services available with your Travel Assistance Program. For more information about these services, call Symetra Support for assistance.

Beneficiary Companion Program – Symetra Support

The beneficiary companion program provides a helping hand after a loss. This program can offer relief and guidance to help with paperwork notifications and other time-consuming details. Guidance services include Dedicated Beneficiary Assistance 24/7, who can answer any questions, guidance on obtaining certificates, and managing notification to the Social Security Administration, credit reporting agencies, credit companies/financial institutions, third-party vendors, and government agencies. The Beneficiary Assistance coordinators also protect your loved ones' identity and lend a hand if their identity is stolen. Please see the Beneficiary Companion flyer for a complete list of services offered.

Identity Theft Protection Program – Symetra Support

The ID Theft Protection Program provides you with information to protect yourself and coaching to help you confirm and resolve identity theft. You can call your Identity Theft program 24 hours a day and 7 days a week. They can help you obtain a copy of your credit report, place a fraud alert on your records, and walk you through the documents to help you determine if fraud has occurred. They can even help with lost wallet assistance or emergency cases while traveling. Call them now for your ID Theft Protection Kit for tips on how to avoid ID theft.

Please contact On Call International for your Travel Assistance Program, Beneficiary Companion Program, and Identity Theft Program

From U.S. and Canada: (978) 651-9223

Anywhere else (collect or direct): (833) 808-0253

Voluntary Worksite Benefits - Aflac



Boundary also offers you voluntary benefits through AFLAC. You can enroll in the Accident, Hospital, and Critical Illness with Cancer benefits. If you enroll in the plan, you can also enroll your dependents. The voluntary disability benefits are only available to you. You pay 100% of the cost to enroll in these programs.

Accident Plan

If enrolled in the Accident plan, members are directly paid cash benefits to help with out-of-pocket expenses related to a covered accident. This plan can help cover the costs of treating a covered accidental injury. Flat benefits are paid for doctor visits due to an injury, emergency dental work, hospital admission, follow-up treatments, and more. Employees and dependents are eligible to enroll. Review the Aflac plan summary for more details on coverage and costs.

Hospital Plan

The Aflac Hospital Indemnity plan provides cash benefits to you to help cover some of the medical and nonmedical costs associated with a covered hospital stay due to a sickness or accidental injury. Flat benefit amounts are paid for hospital admissions, confinements, intensive care, and even for receiving a health screening. This benefit is available to employees and their dependents. Review the Aflac plan summary for more details on coverage and costs.

Critical Illness

Enrolled members diagnosed with a covered critical illness are paid lump-sum cash amounts to help with out-of-pocket medical and living expenses. Covered illnesses include heart attack, stroke, major organ transplant, kidney failure, sudden cardiac arrest, non-invasive cancer, and more. Spouses can elect 100% of the employee benefit amount, and children are covered at 50% for no extra cost! Costs for coverage are based on age, tobacco user status, and benefit volume. Review the Aflac plan summary for more details on coverage and costs.

Disability Insurance

Disability coverage pays you some of your wages while you cannot work due to an unforeseen illness or injury. Aflac's Disability plan helps protect employees from loss of income while they recover from a disabling condition. Costs for coverage are based on your age and income. Review the Aflac plan summary for more details on coverage and costs.



2024 Costs for Coverage

Boundary Community Hospital pays a substantial portion of the premiums for employees and dependents on the medical and dental plans. Your per payroll pre-tax contribution is based on 24 payroll cycles.

Enrollment Tier	Total Monthly Premiums	Boundary Monthly Contributions	Employee Monthly Contributions	Employee Per Payroll Cost
QHDHP with HSA Medical Plan – Blue Cross of ID				
Employee	\$699.56	\$699.56	\$0.00	\$0.00
Employee & Spouse/DP*	\$1,513.62	\$743.88	\$769.74	\$384.87
Employee & Child	\$1,023.99	\$743.88	\$280.11	\$140.06
Employee & Children	\$1,212.52	\$743.88	\$468.64	\$234.32
Employee & Family	\$1,810.37	\$743.88	\$1,066.49	\$533.25
PPO Medical Plan – Blue Cross of ID				
Employee	\$786.42	\$690.65	\$95.77	\$47.89
Employee & Spouse/DP*	\$1,702.01	\$742.08	\$959.33	\$479.97
Employee & Child	\$1,151.33	\$742.08	\$409.25	\$204.63
Employee & Children	\$1,363.35	\$742.08	\$621.27	\$310.64
Employee & Family	\$2,035.78	\$742.08	\$1,293.70	\$646.85
Base Dental Plan – Ameritas				
Employee	\$27.00	\$27.00	\$0.00	\$0.00
Employee & Spouse/DP*	\$53.00	\$33.76	\$19.24	\$9.62
Employee & Child	\$67.16	\$47.92	\$19.24	\$9.62
Employee & Children	\$67.16	\$32.40	\$34.76	\$17.38
Employee & Family	\$93.16	\$58.40	\$34.76	\$17.38
Buy Up Dental Plan - Ameritas				
Employee	\$34.60	\$27.00	\$7.60	\$3.80
Employee & Spouse/DP*	\$66.48	\$33.76	\$32.72	\$16.36
Employee & Child	\$89.08	\$47.92	\$41.16	\$20.58
Employee & Children	\$89.08	\$32.40	\$56.68	\$28.34
Employee & Family**	\$120.96	\$58.40	\$62.56	\$31.28

***DP = Domestic Partner.** For domestic partners that do not qualify as dependents under Section 152 of the Internal Revenue Code, the premium associated with domestic partner coverage will be paid by the employee with after-tax dollars and the fair market value of any employer contributions made on behalf of your domestic partner will be imputed as income to the employee. Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.

****Family = Spouse or Domestic Partner & Child(ren)**

2024 Costs for Voluntary Coverage

Employees pay 100% of the cost for the voluntary benefits offered through Boundary Community Hospital.

Enrollment Tier	Total Monthly Cost	Boundary Cost	Employee Per Payroll Cost
Voluntary Vision (Pre-tax Deduction) - Ameritas - Triple Option (Same cost for VSP, EyeMed, or Vision Perfect)			
Employee	\$8.12	\$0.00	\$4.06
Employee & Spouse/DP*	\$15.88	\$0.00	\$7.94
Employee & 1 Child	\$14.72	\$0.00	\$7.36
Employee & Children	\$14.72	\$0.00	\$7.36
Employee & Family*	\$22.44	\$0.00	\$11.22
Voluntary Accident (Pre-Tax Deduction) - Aflac			
Employee	\$16.90	\$0.00	\$8.45
Employee & Spouse/DP*	\$27.60	\$0.00	\$13.80
Employee & 1 Child	\$35.77	\$0.00	\$17.89
Employee & Children	\$35.77	\$0.00	\$17.89
Employee & Family*	\$46.47	\$0.00	\$23.24
Voluntary Hospital Insurance (Pre-tax Deduction) - Aflac			
Employee	\$22.44	\$0.00	\$11.22
Employee & Spouse/DP*	\$42.82	\$0.00	\$21.41
Employee & 1 Child	\$34.54	\$0.00	\$17.27
Employee & Children	\$34.54	\$0.00	\$17.27
Employee & Family*	\$54.92	\$0.00	\$27.46
Voluntary Disability (Post-tax Deduction) – Aflac			
Age 18 – 49	\$47.13	\$0.00	\$23.57
Age 50 - 64	\$50.16	\$0.00	\$25.08
Age 65 - 74	\$60.61	\$0.00	\$30.31
Voluntary Cancer/Critical Illness - Aflac			
Rates vary based on age, smoker status, and benefit volume.			

***DP = Domestic Partner.** For domestic partners that do not qualify as dependents under Section 152 of the Internal Revenue Code, the premium associated with domestic partner coverage will be paid by the employee with after-tax dollars and the fair market value of any employer contributions made on behalf of your domestic partner will be imputed as income to the employee. Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.

****Family** = Spouse or Domestic Partner & Child(ren)

Benefit Resource Center

Have Questions? Need Help?

With the collaboration of our broker service team, USI, we provide you access to an advocate specialist through USI's Benefit Resource Team. They are there to help you with questions regarding your benefits and coverage and assist you with complex claims issues and a bill you receive from your provider's office. The Specialists in the Benefit Resource Center are available Monday through Friday, 8:00 am to 5:00 pm, Pacific Time, at **866-468-7272** or via e-mail at brcwest@usi.com. If you need assistance outside of regular business hours, please leave a message, and one of the Benefits Specialists will promptly return your call or e-mail by the end of the following business day.

Carrier Customer Service

COVERAGE	CARRIER	CONTACTS
Medical & Prescription Group # 10034887	BC of Idaho	Customer Service: (800) 627-1187 Website: members.bcidaho.com
Dental Plan Group # 010-57573	Ameritas	Customer Service: (800) 487-5553 Website: www.ameritas.com
Voluntary Vision – VSP Group # 010-57573	Ameritas	Customer Service: (800) 877-7195 Website: www.vsp.com
Voluntary Vision - EyeMed Group # 010-57573	Ameritas	Customer Service: (866) 289-0614 Website: www.eyemedvisioncare.com
Voluntary Vision – Vision Perfect Group # 010-57573	Ameritas	Customer Service: (800) 487-5553 Website: www.ameritas.com
Flexible Spending Accounts Health Savings Account	HealthEquity	FSA Support: (877) 924-3967 HSA Support: (866) 346-5800 Website: www.healthequity.com
Employee Assistance Program #10034887	BPA Health	Customer Service: (800) 726-0003 Website: www.bpahealth.com/eap-home ID: Boundary Community Hospital
Life & AD&D Plan Group # 01-003298-00	Symetra	Customer Service: (877) 377-6773 Website: www.symetra.com
Voluntary Worksite Plans	Aflac	Customer Service: (800) 443-3036 Website: www.aflacgroupinsurance.com

USI Benefit Mobile App

Access your benefit plan policy details and contact information while on the go. Follow the instructions below to download our free mobile benefits contact card.

In addition to each of our carrier's contact information, you will find

- Group ID Numbers
- Important plan documents
- Links to carrier mobile apps
- Share abilities so your dependents can download the card too!

Download **MyBenefits2Go** from the Apple Store or Google Play, then enter code **F51139** to access your Boundary Community Hospital Employee Benefits Program.



This brochure summarizes the benefit plans that are available to Boundary Community Hospital eligible employees and their dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.