

Employee Benefits *at-a-glance*

2020-2021 Plan Year



MEDICAL

Regence BlueShield of Idaho

Regence PPO

Deductible:

\$300 Individual / \$600 Family

After Deductible, plan pays 80% / Member pays 20%

Out of Pocket Maximum:

\$5,000 Per Person / \$10,000 Family

(Includes Deductible & Coinsurance)

Preventive Care:

Covered 100%

Physician Office Visit:

\$25 Copay

Diagnostic Lab and Imaging:

Deductible + Coinsurance

Prescription Benefits:

Generic: You pay 25% up to \$40

Formulary Brand: You pay 25% up to \$40

Non Formulary Brand: You pay 50% up to \$80

Out of Pocket Maximum for Rx:

\$3,000 Per Individual

Preventive Rx and Women's Contraceptives: Covered 100%

VISION

Peak1 Administrators VSP Network

Eye Exam: \$10 Copay

Prescription Lenses: \$25 Copay

Frames: \$150 Allowance

Contact Lenses (instead of Frames) \$150 Allowance

Services Allowed Every 12 Months from Date of Last Service

Find VSP Providers: www.vsp.com

REGENCE DENTAL

Regence Expressions

Deductible: \$25 Ind. / \$75 Family

Annual Benefit Maximum:

\$1,000

Diagnostic / Preventive:

100%

Basic Services:

80%

Major Services:

50%

No Orthodontia Coverage

WILLAMETTE DENTAL

Willamette Dental Clinic Only

\$15 Office Visit Copay

No Annual Maximum

Diagnostic / Preventive / Fillings:

Covered 100% after \$15 Copay

Crowns / Bridges:

\$200 Copay (per tooth)

Complete Orthodontia:

\$2,000 Copay

Nitrous Oxide: \$20 Copay

Implant Surgery: \$1,500 Benefit Maximum

BASIC LIFE

United Heritage Life Insurance

Employer-Paid Life Insurance

Employee Life with Accidental Death & Dismemberment

1 times Annual Base Salary

to a maximum of \$150,000

Public Safety Officers: Additional Occupational Death Benefit:

Equal to 100% of principal sum up to \$50,000

Employees must sign up for Supplemental Life during their initial eligibility period in order to qualify for the Guaranteed Issue amounts.

Employees may purchase additional Life:

Employee: Up to \$300,000 (not to exceed 3x annual salary)

Employee Guarantee Issue: \$100,000

Spouse: Up to \$100,000 (not to exceed 50% of employee)

Spouse Guarantee Issue: \$25,000

Children: Up to \$10,000

Employee Assistance Program (EAP)

Reliant Behavioral Health (RBH)

Employees and Family Members can access Free face-to-face counseling sessions for personal or work-related issues like:

Divorce * Parenting * Relationship Issues * Anxiety, Work Stress

8 Confidential Sessions

Check providers and make appointments over the phone or online.

1-866-750-1327

www.myRBH.com

Access Code: CITY OF MOSCOW

HRA VEBA & FSA

HRA VEBA

Employer Contributes funds for employees to use towards medical, dental, vision expenses.

Funds roll over each year.

FSA (Flexible Spending Account)

\$2,700 Limit Healthcare FSA / \$5,000 Dep Care FSA

Employees may contribute pre-tax dollars annually for medical, dental or vision or dependent care expenses.

HRA (Health Reimbursement Arrangement)

Once OOPM of \$3,500 Individual / \$7,000 Family has been met, the City will reimburse member for medical claims applied to the Out of Pocket Maximum.

United Heritage Voluntary Plans

Voluntary Long Term Disability

Replaces 60% of Salary if you become Disabled

Voluntary Critical Illness

Lump Sum Benefits paid for Major Illnesses

Plus \$25 Wellness Screening Benefit

Voluntary Accident

Lump Sum Benefits paid for Accidental Injury

*See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications.

Access Full Benefit Summaries on the Employee Benefits Website: Login at: www.employeenavigator.com

Contact The Murray Group if you have questions regarding your benefits. (208) 765-2620