Employee Benefits At-a-Glance

P1FCU

Effective 1/1/2026

MEDICAL — Regence Blue Shield of Idaho

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

**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

Individual Deductible $25
Family Deductible $75
Individual Benefit Max $1,500

Child Orthodontia 50%
up to $1,500 lifetime maximum

Preventative 100%
Basic 80%
Major 50%

Employee Monthly Contribution
Emp. Only — $2.10
Emp. & Spouse — $29.10
Emp. & Child — $18.90
Emp. & Children — $18.90
Emp. & Family — $45.90

DENTAL BUY-UP — Delta Dental

Individual Deductible $0
Family Deductible $0
Individual Benefit Max $2,000

Orthodontic Services - Includes Adult Orthodontia 50%
up to $2,000 lifetime maximum

Preventative 100%
Basic 90%
Major 50%

Employee Monthly Contribution
Emp. Only — $14.23
Emp. & Spouse — $52.59
Emp. & Child — $38.31
Emp. & Children — $38.31
Emp. & Family — $77.57

VISION — Regence Blue Shield of Idaho

$0 Exam Copay (Calendar Year)
$0 Material Copay (Calendar Year)

Standard Lenses Covered 100%
Frames $250 Allowance for VSP Doctors (Calendar year)
$135 Allowance for VSP approved retailer

Contacts Instead of Frames
$250 Allowance ($60 lens fitting copay)

Employee Monthly Contribution
Rates included in Medical premium

**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

401(K) AND DEFINED BENEFIT

401(k) – P1FCU will match up to **5%** of the employees' contributions after 90 days of employment. If you do not make an enrollment election, employees will be automatically enrolled at **3%.**

Cash Balance Defined Benefit Plan - In addition to the 401(k) plan and company match the credit union also offers the Cash Balance Defined Benefit Plan (similar to a pension) the Cash Balance Defined Benefit plan will be calculated by P1FCU funding **5%** of your total annual compensation into the plan for the plan year which is a 12 month period from 10/1 through 9/30.