

Employee Benefits At-a-Glance



Effective 1/1/2021

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 \$3,000 Individual \$6,000 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 – \$30.40 Emp. & Spouse – \$430.80 Emp. & Child – \$193.80 Emp. & Children – \$193.80 Emp. & Family – \$683.10</p>	<p>Employee Monthly Contribution Emp. Only – \$62.40 Emp. & Spouse – \$498.80 Emp. & Child – \$239.80 Emp. & Children – \$239.80 Emp. & Family – \$773.10</p>	<p>Employee Monthly Contribution Emp. Only – \$21.49 Emp. & Spouse – \$305.41 Emp. & Child – \$137.17 Emp. & Children – \$137.17 Emp. & Family – \$483.85</p>

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** annual 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.

Employee Benefits At-a-Glance P1FCU

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DENTAL – Regence Blue Shield of Idaho

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
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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
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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 **\$100,000** 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.

PAID TIME OFF BENEFITS

P1FCU believes that staff should have opportunities to enjoy time away from work to help balance work and personal life. PTO is a time-off-with-pay program that gives staff the freedom to decide how to use personal time off. P1FCU believes this program offers more liberal time off with pay than traditional vacation, sick, and personal time packages. Flexible PTO can be used in several ways and is awarded based on employment classification and length of service. New employees accumulate time but will be front loaded PTO January 1.

RETIREMENT BENEFITS

401(k) Plan. Traditional and ROTH plans offered.

Company Match 5% after 90 days