Employee Benefits







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Kootenai Health is committed and proud to offer you and your family with a choice of quality, comprehensive, and competitive benefits and programs, designed to help you THRIVE and provide meaningful choices to ensure good health and well-being.

Our benefit plan design reflects the diverse needs and demographics of our employees and allows employees to customize selections that best meet their individual and family needs. A distinctive feature is **Kootenai Health Choice Dollars**, which can be used towards the cost of some of your benefits.

In combination with your pay and wellness programs, your benefits are a valuable part of your total compensation package. Build It. Choose It. **MyChoice Benefit Plans** let you pick and personalize your benefits package.

Benefit eligible employees have \$10,100/year* or \$841.67/month in Kootenai Health Choice Dollars to spend on benefits that work best for YOU!

*Kootenai Health **Choice Dollars** for new hires are prorated based on your start date. If you decline your Medical Plan your **Choice Dollars** are reduced. Detailed information can be found through your **Employee Space**.

Questions?

Contact Human Resources at 208.625.4620 or at benefits@kh.org



The intent of this informational benefits guide is to provide you with key features and highlights of the employee benefits offered at Kootenai Health and is for reference purposes only. It does not include all of the terms, rules and coverage. For detailed information or benefit plan design, please review the Summary Plan Descriptions. For any discrepancy between the benefits guide and information in the legal documents/Summary Plan Description (SPD), the legal/documents SPD will prevail. It is recommended that you consult a tax advisor if you have any questions about how participation in any of these plans will affect your personal tax situation.

BENEFITS ENROLLMENT

Benefits enrollment is completed through **Employee Navigator**, available through your **Employee Space**.



New Hires

- Newly benefit eligible employees can enroll for benefits beginning their second week of employment.
- Your benefits will be effective on the first of the month after your 30-day waiting period.
- For example, if your start date is January 15, then your benefits begin on March 1.
- Elections must be submitted within 30 days from your first day of employment. In the event that your benefit effective date is prior to the end of this period, coverage will retroactively take effect as long as submissions were received by your enrollment deadline.
- After new hire elections, changes to your current benefit elections can only be made during the annual open enrollment period or in the event of a Qualifying Life Event (QLE).

Employment Status Change

If you transfer from PRN status to part-time or a full-time position mid-year and have satisfied your waiting period, you are eligible for benefits the first of the month following your transfer. Switching between benefit eligible status (e.g., full-time and part-time) does not qualify as a life event.

Note: Failure to submit benefit elections by your enrollment deadline will result in auto-enrollment under Medical Plan 2, Delta Dental and Vision employee only coverage.

Open Enrollment

The annual open enrollment period gives you the opportunity to re-evaluate your benefits needs and make changes. Completing this process ensures we have current documentation and information and encourages you to carefully review your options and any changes. Open enrollment is during the month of November and all changes are effective on January 1.

Reminder: If no changes are made to your benefits they will remain the same for 2023. The only exceptions are Flexible Spending Account (FSA), Limited Purpose Spending Account (LPFSA), Dependent Care FSA, and HSA must be re-elected during open enrollment.

Employee Eligibility Requirements

You are eligible for participation in Kootenai Health's Employee Benefits Programs when:

Your job status is a regular* full-time or part-time employee assigned a total FTE (full-time equivalent) of 0.5 or greater (40+ hours) per pay period.

*This means your **budgeted FTE** in the HR/Payroll system.

Full-Time Benefit Eligible Status

72+ hours per pay period (.90-1.0 FTE)

Part-Time Benefit Eligible Status

40+ hours per pay period (.50-.89 FTE)

Dependent Eligibility

If you are a benefit eligible employee, you may also choose to cover your dependents. Eligible dependents include:

- Legally married spouse* You will need to provide a marriage license. Domestic partner-ships are not eligible.
- Children Can be any dependent child, step child, or grandchild (under the age of 26) of which you have legal custody (documentation required) regardless of whether or not they are:
 - ✓ Married
 - ✓ Living with you
 - ✓ In school
 - ✓ Financially dependent on you
 - ✓ Eligible to enroll in their own plan

*All employees are required to enroll under an individual plan with Kootenai Health unless proof of other coverage with another organization is provided (e.g., a spouse who is also employed at Kootenai Health must be covered on his/her own plan).

Dependent Eligibility Verification

Be sure to submit applicable documentation (i.e., legal guardianship order, marriage license, birth certificate) to verify eligibility for medical insurance by your 30-day deadline. Eligible dependents will not be covered if documentation is not provided by the established deadline.

Making Changes to Your Benefits

Qualifying Life Events

When you experience a Qualifying Life Event (QLE), your enrollment must be completed within 30 days (60 days for birth, adoption, or gain of Medicaid) of the qualifying life event date and you will be required to provide additional documents to support your life event. Report any qualified changes to your Human Resources Department by applicable deadline. Failure to complete this process by your deadline will result in no changes to your current elections.

Some of the most common qualifying life events:

- Change in marital status (i.e., marriage, divorce, deceased spouse)
- ✓ Birth of a child or adoption
- ✓ Change in your spouse's employment status, resulting in a loss or gain of coverage
- ✓ Change in your own employment status
- ✓ Enrollment in Medicare or Medicaid

When Coverage Ends

Coverage will end on the last day of the month an employee terminates or changes to a non benefiteligible status (example: PRN). Flexible spending account and limited purpose FSA funds will end on your termination date or transfer date to non-eligible position.

COBRA

Certain status changes will cause an employee to become ineligible for benefits (i.e., termination of employment, change to an ineligible status, dependents that are being removed from the plan due to a divorce, or if a child is over the age of 26). Once we are notified of any of these status changes, you will receive a COBRA notification from our COBRA administrator.

MyChoice Benefit Plans



MEDICAL PLANS

Kootenai Health offers integrated, comprehensive coverage to best fit your individual

needs. Additionally, Kootenai Health offers its MyHealth employee wellness program to help employees achieve and maintain a healthy lifestyle.

Important Reminder Regarding Provider Access

As a benefit-eligible employee you have the opportunity to select from respected providers in the communities we serve. You will receive the most coverage using the in-network providers.

If you live within Kootenai County:

- All primary and specialty care must be provided by a Kootenai Care Network (KCN) provider
- Kootenai Health is your provider for in-patient or facility services
- Kootenai Health Rehabilitation Services is your provider for physical, speech, and occupational therapy

If you live outside of Kootenai County:

• All services must be provided by a KCN provider or a Blue Cross Blue Shield provider within your county.

If you are seeking care that is covered by the benefit plan, but is not available in-network, a **gap referral** request must be submitted to Blue Cross of Idaho for approval for benefits to apply.

The **Kootenai Clinic Appointment Center** can assist you with finding a provider for your specific needs. They can be contacted at (208) 625-6767.

Wellness Incentive

Medical Plan 1 \$720 annually Medical Plan 2 \$1,000 annually Medical Plan 3 \$720 annually (with HSA Plan)

Enrollment in any Kootenai Health medical plan results in eligibility to earn the wellness incentive. Employees who waive medical insurance are not eligible for the wellness incentive.

You must meet the requirements and be employed the last day of the quarter to receive a contribution.

Tip! Use your HRA/VEBA account or HSA account funds to offset the out-of-pocket deductible or pay for other qualified health care expenses.

Reminder: There is a surcharge \$100 pay per period for medical insurance for employees that use nicotine. Want to have a healthier lifestyle while saving money? MyHealth offers extensive resources to assist employees in their pursuit to become nicotine free. To discuss your options further, please contact MyHealth at 208-625-6464 or myhealth@kh.org. Make sure you make the proper selection when enrolling in your medical benefit.

Medical Service Blue Cross of Idaho	Medical Plan 1	Medical Plan 2	Medical Plan 3 - Health Savings Account (HSA)
Annual Deductible (in-network)	\$1,500 individual, \$3,000 per family (in-network)	\$2,400 individual, \$4,800 per family (in-network)	\$5,000 individual, \$10,000 per family (in-network)
Coinsurance (in-network)	You pay 20% of the allowed amount for covered services	You pay 30% of the allowed amount for covered services	You pay 100% of the allowed amount for covered services
Out of Pocket Maximum (in-network)	\$3,900 individual, \$7,800 per family	\$7,200 individual, \$14,400 per family	\$5,000 individual, \$10,000 per family
Preventive Care (in-network)	100% Covered	100% Covered	100% Covered
Emergency Room (in-network)	\$300 copay; you pay 20% after deductible	You pay 30% after deductible	Deductible/Coinsurance
	The first \$400 in covered charges annually are covered at 100%.	The first \$150 in covered charges annually are covered at 100%.	
Lab Services/X-Rays (in-network)	Additional charges over \$400 are covered at 80% after deductible.	Additional charges over \$150 are covered at 70% after deductible.	Deductible/Coinsurance
	Mammograms covered 100%.	Mammograms covered 100%.	
Chiropractic/Naturopathic	80% (12 visits annually)	70% (12 visits annually)	Deductible/Coinsurance (18 visits annually)
Copayments			
Residents in Kootenai County	Kootenai Care Network Provider Primary Care Provider: \$20 Urgent Care: \$30 Specialist: \$40	Kootenai Care Network Provider Primary Care Provider: \$40 Urgent Care: \$50 Specialist: \$80	Deductible/Coinsurance
Residents in four northern counties of Idaho (Bonner, Shoshone, Boundary or Benewah County)	Kootenai Care Network Provider or Local Provider Primary Care Provider: \$20 Urgent Care: \$30 Specialist: \$40	Kootenai Care Network Provider or Local Provider Primary Care Provider: \$40 Urgent Care: \$50 Specialist: \$80	Deductible/Coinsurance
Residents outside of the five northern counties of Idaho	Kootenai Care Network Provider or Local Provider Primary Care Provider: \$20 Urgent Care: \$30 Specialist: \$40	Kootenai Care Network Provider or Local Provider Primary Care Provider: \$40 Urgent Care: \$50 Specialist: \$80	Deductible/Coinsurance

ID Card: You will receive a card by mail from the vendor.

Medical Service Blue Cross of Idaho		Medical Pl	Medical Plan 1 & 2		
		Kootenai Health Retail Pharmacy	Outside Retail Pharmacy		
Residents in Kootenai	Generic Drugs	\$10 copay	\$20 copay		
County	Brand Name Deductible	\$500 Rx Deductible	\$750 Rx Deductible		
-	Preferred Brand	\$500 Rx Deductible, then \$30 copay	\$750 Rx Deductible, then \$60 copay	Deductible/Coinsurance	
	Non-Preferred Brand	\$500 Rx Deductible, then \$200 copay	\$750 Rx Deductible, then \$300 copay		
	Specialty*	\$500 Rx Deductible, then \$300 copay			
Residents outside of	Generic Drugs	\$10 copay			
Kootenai County	Brand Name Deductible	\$500 Rx Deductible			
,,	Preferred Brand	\$500 Rx Deductible, then \$30 copay		Deductible/Coinsurance	
	Non-Preferred Brand	\$500 Rx Deductible, then \$200 copay			
	Specialty*	\$500 Rx Deductible, then \$300 copay			

*Specialty must be filled through Kootenai Health Specialty Pharmacy, regardless of empoyee location or plan election.



DENTAL



DENTAL PLANS

Benefit eligible employees have the opportunity to choose from three dental insurance providers. You may purchase dental insurance for your dependents.

Delta Dental			۷
Provider Network	DELTA DENTAL PRO		Provider Ne
This option may those who would wide-range of de from and those w major services.	entists to choose		This opt those w Willame This is a those w or ortho
Annual Deductible	\$25 Individual/ \$75 Family		Deduct
Maximum Annual Benefit	\$1,200 per person, per calendar year		Maximu Annual
Maximum Benefit Rollover	\$2,500		Office V Copay
Preventive/ Diagnostic	Examinations, X-rays, teeth cleaning		Prevent Diagnos
	100% Covered Fillings, root canals,		Fillings
Basic Services	extractions, minor oral surgery.		Extracti (per too
	You pay 20% after the deductible is met.		Crowns (per too
	Crowns, onlays, bridges, dentures.		Root Ca
Major Services	You pay 50% after the deductible is met.		Orthodo Service
Implants	50% up to maximum		ID Card: Yo
Orthodontic Services	Coverage is for dependents under age 19 only. You pay 50% after the deductible is met.		the clinic t
	Lifetime maximum benefit is \$1,000.		

ID Card: You will receive a card by mail directly from the vendor.

Provider Network WILLAMETTE DENTAL PRO

This option may be best suited for those who would like to use only Willamette Dental Group offices. This is also a good choice for those who need major services or orthodontia.

Deductible	No Deductible
Maximum Annual Benefit	No Annual Maximum
Office Visit Copay	\$20 General \$30 Specialist
Preventive/ Diagnostic	Examinations, X-rays, teeth cleaning, flouride, sealants 100% Covered
Fillings (metal)	\$20 copay
Extractions (per tooth)	\$100 copay
Crowns/Bridge (per tooth)	\$150 copay
Root Canals	\$75 - \$225 copay
Orthodontic Services	\$2,000 toward treatment (6 month waiting period) (adult & children)

ID Card: You will not receive a card. Contact the clinic to schedule an appointment.

Northwest Dental

Provider Network NORTHWEST DENTAL PRO

This option may be best suited for those who want fixed copayments with more providers available to them. There are local in-network providers in the area.

Deductible	No Deductible	
Maximum Annual Benefit	\$2,500 per person	
Office Visit Copay	None	
Preventive/ Diagnostic	Examinations, X-rays, teeth cleaning, flouride, sealants 100% Covered	
Fillings	\$20 copay	
Extractions	\$100 copay	
Crowns/ Bridge	\$300 copay	
Root Canals	\$200 - \$300 copay	
Orthodontic Services	\$2,000 toward treatment (6 month waiting period) (adult & children)	

ID Card: You will not receive a card. Contact the clinic to schedule an appointment.



VISION

Vision Insurance

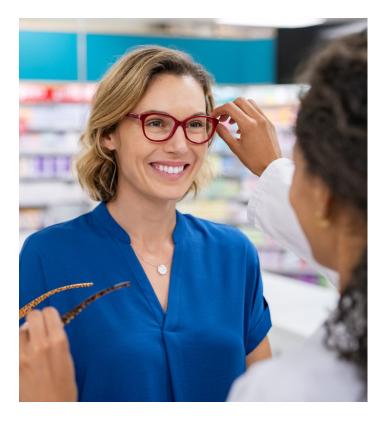
Provider Network

VSP CHOICE PROVIDERS

Vision coverage is provided by VSP regardless of the medical plan you choose. You may also elect to purchase vision only insurance (with pre-tax dollars) for your dependents. Please review the full plan descriptions before you enroll for benefits.

Eye Exam	\$0 copay / Covered 100%
Materials	\$25 copay
Lenses	Covered in full after copay
Frames or Contacts	\$130 Allowance
Frequency	1 eye exam every 12 months 1 pair of lenses or contacts every 12 months 1 frame every 24 months

ID Card: You will not receive a card. Contact the clinic to schedule an appointment.



Want To Save More? Savings With Pre-Tax Dollars

Health Savings Account (HSA)

Paired with lower monthly premiums, a HSA is a type of savings account you can use to pay for approved medical, prescription, dental and vision expenses. Contributions are tax-free, and it is your personal account to use now and in the future. The amount you set aside lowers your taxable income, so you pay less in federal income taxes. There is no limit on your rollover funds, which allows you to bank these tax free funds. This is only available with Medical Plan 3.

There are specific eligibility requirements to open and contribute to an HSA. The IRS requires that you are covered by an HSA-qualified health plan, do not have other health coverage (i.e., traditional [non-HSA] health plan, Medicare, Tri-Care, VA benefits or even a flexible spending account), are 18 years of age or older, and are not claimed as a dependent on another person's tax return. For additional details, visit healthequity.com.

Health Reimbursement Arrangement Account (HRA/VEBA)

A tax-advantaged plan with employer contributions that reimburses medical qualified expenses.

Flexible Spending Accounts – Health Care Flexible Account (FSA) and Dependent Care Flexible Spending Account (DCRA)

A Flexible Spending Account (FSA) lets you set aside pre-tax funds to pay certain medical, dental, and vision expenses. You can choose an account for health care or day care. When calculating your estimated expenses, remember that it is an annual election for a plan year that begins January 1 and should be used by December 31. You may roll over up to \$570 in unused FSA funds to the next year for the Health Care FSA only. You can enroll in FSAs even if you aren't enrolled in a Kootenai Health Medical Plan.

NOTE: The IRS does not allow you to have both a Health Care Flexible Spending Account and a Health Savings Account, meaning you cannot contribute to or receive reimbursements from these accounts at the same time.

Limited Purpose Flexible Spending Account (LPFSA)

A tax-advantaged benefit account for employees who also have a Health Savings Account. Used in conjunction with the HSA, the LPFSA allows you to contribute additional pre-tax dollars to use for dental and/or vision expenses while maximizing your pre-tax contribution to an HSA.

HOW TO SAVE WITH PRE-TAX DOLLARS

Account Type	Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DCRA)	Health Savings Account (HSA)	Limited Purpose Flexible Spending Account (LPFSA)	Health Reimbursement Account (HRA/VEBA)
Eligibility by Medical Plan Enrollment	Medical Plan 1 or 2	Medical Plan 1 or 2	Medical Plan 3 - HSA	Medical Plan 3 - HSA	Medical Plan 1 or 2
Plan Detail Highlights	The entire elected amount is available on the first day of the plan year, so you don't have to wait for your payroll contributions to accumu- late before using funds. Pre-tax contributions through payroll deduc- tion. You receive a debit card by mail for use, or you can submit for reim- bursement directly with the vendor.	Funds available every pay period through your payroll contribution. Pay for dependent day- care, preschool, before or after school programs, summer day camp or elderly daycare with tax- free dollars. Pre-tax contributions through payroll deduc- tion. Reduces your taxable income amount. Submit for reimburse- ment directly with the vendor.	Funds available every pay period through your payroll contribution. Pre-tax contributions through payroll deduction Triple tax savings: Tax-deductible contribu- tions, funds earn interest and investment earnings are tax-free, and tax-free distribution for IRS-quali- fied medical expenses. Eligible for any remaining Kootenai Health Choice Dollars deposit. Eligible for quarterly well- ness incentive deposit. You receive a debit card by mail for use, or you can submit for reimburse- ment directly with the vendor.	The entire elected amount is available on the first day of the plan year, so you don't have to wait for your payroll contributions to accumu- late before using funds. If you have planned future dental or vision expenses, limited-pur- pose FSAs make a lot of sense, especially when used in conjunction with an HSA. You receive a debit card by mail for use, or you can submit for reim- bursement directly with the vendor.	Automatic enrollment into plan based on well- ness participation and eligibility. No federal income tax or employment tax on employer contributions. Eligible for any remaining Kootenai Health Choice Dollars deposit. Eligible for quarterly well- ness incentive deposit. Multiple investment choices for account funds. Tax-free distributions for qualified medical, dental, and vision expenses. You receive a debit card by mail for use, or you can submit for reim- bursement directly with the vendor.
Can my funds be used for depen- dents?	Funds can be used for eligible dependents (legal spouse and/or children under age 26) regardless of enrollment under Kootenai Health insurance plan.	Funds can be used for a dependent child under age 13, a disabled spouse, or an older parent in eldercare regardless of enrollment under Kootenai Health insurance plan.	Funds can be used for eligible dependents (legal spouse and/or children under age 26) regardless of enrollment under Kootenai Health insurance plan.	Funds can be used for eligible dependents (legal spouse and/or children under age 26) regardless of enrollment under Kootenai Health insurance plan.	Funds can be used for eligible dependents (legal spouse and/or children under age 26) regardless of enrollment under Kootenai Health insurance plan.
What expenses are eligible for pay- ment or reimburse- ment?	Qualifying medical, dental and vision expenses. For a full list, please visit Health Equity's website. Funds are available for reimbursement of claims incurred in current benefit plan year only.	Dependent daycare, preschool, before or after school programs, sum- mer day camp or elderly daycare. The facility must have a tax identification number. Funds are available for reimbursement of claims incurred in current benefit plan year only.	Qualifying medical, dental and vision expenses. For a full list, please visit Health Equity's website. There is no time limit to reimburse yourself for qualified medical expenses that you pay out-of-pocket.	Qualifying dental and vision expenses. For a full list, please visit Health Equity's website. Funds are available for reimbursement of claims incurred in current benefit plan year only.	Qualifying medical, dental and vision expenses. For a full list, please visit PeakOne Administra- tion's website. There is no time limit to reimburse yourself for qualified medical expenses that you pay out-of-pocket.
Who may contribute to or fund the account?	Employee only through payroll deduction	Employee only through payroll deduction	Anyone may contribute to an HSA on behalf of an eligible HSA holder: employer, family member, or any other person. The sum of all contri- butions for a calendar year (from all sources) must not exceed the IRS contribution limits.	Employee only through payroll deduction	Employer only

Account Type	Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DCRA)	Health Savings Account (HSA)	Limited Purpose Flexible Spending Account (LPFSA)	Health Reimbursement Account (HRA/VEBA)
Eligibility by Medical Plan Enrollment	Medical Plan 1 or 2	Medical Plan 1 or 2	Medical Plan 3 - HSA	Medical Plan 3 - HSA	Medical Plan 1 or 2
Is there an annual contribu- tion limit? Subject to change based on IRS guidelines	\$2,850 ***	\$5,000 ***	\$3,850 employee only **** \$7,750 family **** Total above includes employer wellness contribution. Catch-up contribution: age 55+ by the end of tax year - \$1,000/year.	\$2,850 ***	
Can unused funds be rolled over from year to year? Rollover eligibility based on IRS guidelines.	Up to \$570 may be rolled over annually to the next benefit year; unused funds exceeding this amount will be forfeited following a 90 day run-out period	No; unused funds to be forfeited at the end of the calendar year following a 90 day run-out period	Yes; no "use it or lose it rule" This benefit allows you to grow your savings for the future or as retirement savings strategy	Up to \$570 may be rolled over annually to the next benefit year; unused funds exceeding this amount will be forfeited following a 90 day run-out period	Yes; no "use it or lose it rule" This benefit allows you to grow your savings for the future
Does my account reimburse non- medical expenses?	No	No	Yes, but taxed as income and 20% penalty (no penalty if distributed after death, disability, or age 65)	No	No
What happens to my funds with an employ- ment status change?	Funds remaining in your account are forfeited if you separate employ- ment or transfer to a benefit ineligible position. You have thirty days from separation/ transfer date to submit claims incurred prior to this date for reimbursement.	Funds remaining in your account are forfeited if you separate employ- ment or transfer to a benefit ineligible position. You have thirty days from separation/transfer date to submit claims incurred prior to this date for reimbursement.	Account is portable, so funds will remain available if you separate employment or transfer to a benefit ineligible position.	Funds remaining in your account are forfeited if you separate employ- ment or transfer to a benefit ineligible position. You have thirty days from separation/transfer date to submit claims incurred prior to this date for reimbursement.	Account is portable, so funds will remain available in your account if you separate employ- ment or transfer to a benefit ineligible position.
Plan Adminis- trator	Health Equity			Peak1 Administration	

* This comparison chart is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact tax advisors if you have questions about your personal tax situation.

** For purposes of this comparison chart, an HRA refers to a traditional HRA that is properly integrated with a group health plan. It does not include retiree-only HRAs, qualified small employer HRAs, individual coverage HRAs or excepted benefit HRAs.

*** Contribution limits are subject to change based on IRS guidelines.

**** Contribution limits listed above are not reflective of earned wellness incentives. Limit would be reduced with wellness deposits.

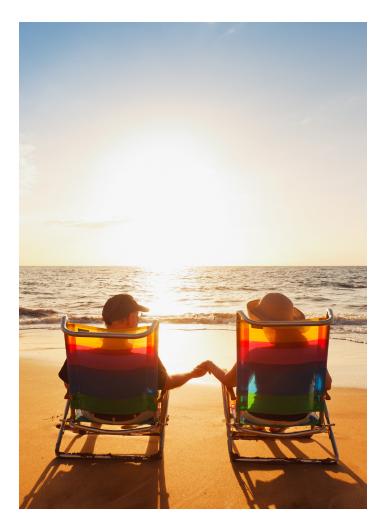
RETIREMENT PLANS

Employee Retirement Plans

As a regular full-time, part-time or PRN, this plan allows you to save money on a pre-tax and Roth after tax basis for your retirement. You may contribute up to a 75% of your eligible compensation taking into consideration the IRS annual allowable limits. After one month of eligibility you will be auto enrolled at 3%.

Kootenai Health will match your contributions for benefit-eligible employees based on years of service ranging from 3-6%. Kootenai deposits match dollars into your defined contribution retirement plan.

In addition to the match dollars, Kootenai Health will contribute a discretionary amount currently equal to 2% of your annual base salary for all hours worked annually following one year of employment in a benefit eligible postion. This plan has a six-year vesting schedule and you must be employed on the last day of the year to receive the 2%. Contributions are made annually, during the first quarter of the following year.



VOLUNTARY BENEFITS

Life Insurance Plans and Accidental Death and Dismemberment (AD&D)

Kootenai Health offers several supplemental insurance plans to provide you with even more options to address your personal priorities.

Life Insurance/AD&D

Kootenai Health provides this coverage for benefited employees and **pays the full cost** for you to have term life insurance. Your coverage is equal to 1x your annual salary, with a maximum of \$125,000. This plan also includes accidental death and dismemberment. You may opt to purchase additional life insurance for yourself, spouse or children through United Heritage.

Additional Life Insurance

Additional life insurance to benefited employees is offered through United Heritage.

Individual

This insurance is in addition to the basic life insurance you receive through Kootenai Health. Employees are guaranteed up to \$150,000 in additional insurance with no medical statement required when newly eligible. Premiums are paid by the employee and are based on age and amount requested.

Spouse

You may purchase up to \$100,000 in life insurance for your spouse. A personal health statement from your spouse will be required for amounts over \$25,000.

Child

You may purchase a \$10,000 life insurance policy for your child or children under 26 years of age.



INCOME PROTECTION

Disability Plans

Disability plans protect your income if you can't work due to an illness or injury.

Short Term Disability Protection (STD)

You may purchase coverage to provide up to 60% of your pre-disability income for up to 12 weeks while out of work for a qualifying short-term disability.

NOTE: Pre-existing conditions are not covered. EIB must be used prior to receiving Short Term Disability payments.

Long Term Disability (LTD)

Kootenai Health provides this coverage for benefited employees and **pays the full cost** of coverage. Disability is paid at 60% of your pre-disability income to a maximum of \$10,000/month following a 90-day elimination period.

NOTE: There is a one-year waiting period for pre-existing conditions.



ADDITIONAL VOLUNTARY BENEFITS

Critical Illness Protection

You may purchase insurance that provides a lump-sum benefit to assist you with paying costs associated with specified critical illnesses such as cancer, heart attack and stroke.

Accident Only Protection

You may purchase insurance that provides a cash benefit for over 80 types of accidental injuries and related services.

Lidentity

Identity Theft Insurance

Legal Shield coverage provides aid in case of identity theft and up-to-date credit reporting.

△ ▲ Met Life - Pre-Paid Legal

▲ Met Life Legal Plans offer legal aid relating to debt matters, civil lawsuits, wills and other legal issues.

Important: To initiate a life insurance, disability, critical illness or accident claim, you need to contact United Heritage or Human Resources. United Heritage will review your claim request before providing a decision.

EMPLOYEE BENEFIT DISCOUNTS

Kootenai Health also provides additional voluntary benefits that can be enrolled and/or accessed by reaching out directly to the vendors, some of which have the convenience of payroll deductions.

True Blue Medicare Advantage

If your spouse is age 65 or older or Medicare eligible, they may qualify for True Blue Medicare Advantage. For more information on this medical insurance plan, contact The Murray Group for more details.

IDeal - Idaho College Savings Program

IDeal - Idaho College Savings Program is a 529 Plan sponsored by the State of Idaho. The program helps families save today for tomorrow's higher education.

Home & Auto Insurance

Travelers Auto, Home & Toys insurance, and Liberty Mutual Auto & Home insurance programs are available as a voluntary benefit. As part of the programs you have access to value-added features and benefits, including special group discounts on auto and home insurance.

Pet Insurance

Because your pets are part of your family as well, you may purchase pet insurance through Nationwide. Pet insurance provides health care coverage for dogs, cats and exotic pets.

PEAK Health and Wellness Center Memberships

You receive a subisdy from MyHealth toward your PEAK membership. Visit any of the four Peak locations to enroll.

Vital Worklife Program

To address and help you work through life situations, Kootenai Health provides the Vital Worklife Program **at no cost to you**. The program connects you and your household members with experienced counselors to help with a variety of legal, financial and emotional concerns. The program is completely confidential, and no enrollment is required. Contact Human Resources for more information.

Disclosures/Compliance Notices

Available to you through open enrollment communication, HR SharePoint, employee benefits enrollment platform and upon request in Human Resources.

VENDOR CONTACT LIST					
Vendor	Benefit Administered	Phone Number	Website		
Blue Cross of Idaho (BCI)	Medical Plans	(800) 627-1188	bcidaho.com		
Delta Dental of Idaho	Dental	(800) 356-7586	deltadentalid.com		
Fidelity	Retirement	(800) 343-0860	netbenefits.com/kootenaihealth		
FMLA Source	FMLA	(877) 462-3652	fmlasource.com		
Health Equity (available 24 hr/day, 7 days/wk)	FSA, DCRA, HSA, LPFSA	(866) 346-5800	healthequity.com		
Ideal 529 College Savings	Idaho College Savings Program	(866) 433-2533	idsaves.org		
Kootenai Care Network	Network Provider	(208) 625-6611	kootenaicarenetwork.org		
Legal Shield	Identity Theft Insurance	(800) 654-7757	legalshield.com		
Liberty Mutual	Auto & Home Insurance	(509) 927-4655	libertymutual.com		
MetLife	Pre-Paid Legal	(800) 821-6400	legalplans.com		
The Murray Group	Benefits Broker/COBRA/True Blue Medicare Advantage	(208) 765-2620	murraygr.com		
MyHealth	Wellness Program	(208) 625-6464	Email: myhealth@kh.org		
Nationwide	Pet Insurance	(877) 738-7874	petinsurance.com		
Northwest Dental	Dental	(208) 618-6932	northwestdentalbenefits.com		
PEAK Fitness	Gym Membership	(208) 667-2582	thepeakid.com		
PeakOne Administration	HRA/VEBA	(866) 315-1777	peakoneadmin.com		
Travelers	Home/Auto/Toys Insurance	(888) 695-4640	travelers.com		
United Heritage	Life Insurance and Disability	(800) 830-1140	unitedheritage.com		
Vision Service Plan (VSP)	Vision	(800) 877-7195	vsp.com		
Vital Worklife	Employee Assistance Program	(952) 230-5117 or (800) 383-1908	vitalworklife.com username: kootenaiEAP password: member		
Willamette Dental	Dental	(855) 433-6825	willamettedental.com		

Eligibility and benefits are subject to current Kootenai Health policies. If you have questions, please contact Human Resources. **Employee Perks** contact information available on the Kloud.

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