

Group Name: KOOTENAI COUNTY EMPLOYEE BENEFIT HEALTH PLAN
Group Number: 10017208
Effective Date: 1/1/2024
Next Renewal Date: 1/1/2025
Benefit Administration: Calendar Year
Account Executive: MISTY DEBARBRIE
Opportunity: 0065a000011ZR0AAO

Contract Issuance: Idaho
Enrollment (Employees / Members): 751 / 1721
Medical Funding: ASC
Pharmacy Funding: ASC
Status: Not Grandfathered
Sales Specialist / LGC: BRYCE CLEMENSON

MEDICAL		Medical Plan 1				
Core Contract	Classic					
Deductible	\$600					
Deductible Family	\$1,200					
Out-of-Pocket Maximum	\$3,000					
Out-of-Pocket Maximum Family	\$6,000					
Coinsurance % - In Network	80%					
Coinsurance % - Out of Network	60%					
Category 1 Network	Preferred					
Category 2 Network	N/A					
Office Visit Copay	See Below					
Prefix	K2C					
BlueCard Delivery (suitcase logo)	PPO (PPO)					
PHARMACY						
Deductible	\$0					
Out-of-Pocket Maximum	Shared w/Medical					
Drug List	6-Tier					
Pharmacy Network	Participating / Broad					
Optimum Value Medication List	N/A					
Specialty Select	Applies					
Coupon Accumulator Adjustment Program	Applies					
Coupon Copay Maximization Program	N/A					
FlexAccess Program	N/A					
Provider Administered Specialty Drugs	N/A					
Drug Exclusions with Alternatives	Applies					
Tier 1	\$20					
Tier 2	\$20					
Tier 3	\$40					
Tier 4	\$60					
Tier 5	\$60					
Tier 6	\$60					
Member Pay the Difference	MAC A					
MEDICAL OPTIONAL BENEFITS						
Acupuncture	Not Covered					
Expanded Office Services	N/A					
Vendor Telehealth	\$0					
MEDICAL PLAN DETAIL - Illustrates in Network (Category 1) level coinsurance						
Ambulance Services	80%					
Ambulatory Surgical Center	90%					
Durable Medical Equipment	80%					
Emergency Room - Copay	\$250					
Emergency Room - Deductible Waived	N/A					
Home Health - Visits Per Year	Unlimited					
Hospice - Respite Days Per Lifetime	14					
Hospital Inpatient Services	80%					
Maternity	80%					
Mental Health / Substance Use Disorder, Inpatient	80%					
Mental Health / Substance Use Disorder, Outpatient Therapy	See Below					
Mental Health / Substance Use Disorder, Outpatient Non-Therapy	80%					
Neurodevelopmental Therapy - Visits Per Year	28					
Nutritional Counseling - Per Year	3					
Orthotics	80%					
Palliative Care - Visits Per Year	30					
Preventive Services / Immunizations	100%					
Prosthesis	80%					
Radiology & Lab - Outpatient	80%					
Radiology & Lab - Outpatient Upright	N/A					
Rehabilitation - Inpatient Days Per Year	Unlimited					
Rehabilitation - Outpatient Visits Per Year	See Below					
Skilled Nursing Facility - Days Per Year	60					
Spinal Manipulations - Per Year	12					
TMJ (Medical) Limit	Unlimited					
Transplants	80%					
Virtual Care Telehealth & Virtual Care Store and Forward	See Below					
VARIATIONS FROM CORE MEDICAL/PHARMACY CONTRACT FOR SELECTED PLANS						

Diabetes Education: \$40 copay per outpatient visit, copay applies in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 60% coinsurance out of network
 Medical Plan 1

Diabetes Nutritional Counseling: » \$40 copay per outpatient visit, copay applies in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 60% coinsurance out of network
 Medical Plan 1

Hearing Aids: not a covered benefit
 Medical Plan 1

Mental Health/Substance Use Disorder, Outpatient Therapy: \$25 copay, copay applies in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 60% coinsurance out of network
 Medical Plan 1

Office Visits: \$25 / \$40 copay Primary / Specialist in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 60% coinsurance out of network
 Medical Plan 1

Pharmacy Covered Prescription Medications: diabetic supplies (syringes/needles only) \$0 copay
 Medical Plan 1

Pharmacy Mail-Order (Tier 1): mail copay \$50
 Medical Plan 1

Pharmacy Mail-Order (Tier 2): mail copay \$50
 Medical Plan 1

Pharmacy Mail-Order (Tier 3): mail copay \$100
 Medical Plan 1

Pharmacy Mail-Order (Tier 4): mail copay \$150
 Medical Plan 1

Pharmacy Program Definitions: 1X copay for 90-day retail
 Medical Plan 1

VARIATIONS FROM CORE MEDICAL/PHARMACY CONTRACT FOR SELECTED PLANS

Preventive Services/Immunizations: not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 80% coinsurance out of network
Medical Plan 1

Preventive Services/Immunizations Outside of ACA: not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 80% coinsurance out of network
Medical Plan 1

Rehabilitation, Outpatient: » up to 10 visits per member per calendar year for each of the following outpatient therapy services: Occupational Therapy and Speech Therapy; up to 20 visits per calendar year for Physical Therapy
Medical Plan 1

Spinal Manipulation: subject to deductible in and out of network, 80% coinsurance in network, 60% coinsurance out of network
Medical Plan 1

Transplant Travel Standard Option: Transportation and lodging expenses are covered, subject to in network deductible, 100% coinsurance, accrues to the in network out-of-pocket maximum, limited to 30 days per transplant. Travel benefit is for patient and one companion (two companions if patient is a minor).
Medical Plan 1

Virtual Care Telehealth & Virtual Care Store and Forward: \$0 copay in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 60% coinsurance out of network
Medical Plan 1

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Dental Funding: N/A
Stop-loss Carrier: RBS ID

PROGRAMS AND SERVICES

Programs embedded in plan(s): Case Management, Regence Empower Core, Utilization Management

Optional programs selected: Enhanced medication support; Infusion Drug Site of Care (Funded by Shared Savings); Intelligence Driven Payment Solutions; Prioritized Payment Reviews; Supplemental Kidney Dialysis Program 150%;

Supplemental Out of Network Shared Savings; Telehealth - MDLIVE

Optional services selected: none

STOP LOSS	Stop Loss Plan 1				
Individual Stop-loss Attachment Point	\$200,000				
Aggregating Individual Attachment Point	\$100,000				
Individual Contract Basis	Paid in 12				
Individual Benefits Included	M,Rx				
Aggregate Margin	125%				
Aggregate Contract Basis	Paid in 12				
Aggregate Benefits Included	M,Rx				
Other					

DENTAL

Core Contract					
Deductible					
Family Members to Meet Deductible					
Annual Benefit Maximum					
Maximum Reward Amount					
Annual Reward Amount					
Preventive & Diagnostic Services					
Basic Services					
Major Services					
Network					
Non-Network Provider Allowed Amount					
Orthodontia Maximum					
Orthodontia Age Limit					
Orthodontia Waiting Period					
TMJ (Temporomandibular Joint)					

VARIATIONS FROM CORE DENTAL CONTRACT FOR SELECTED PLANS

SIGNATURE

The administration and benefits listed on these pages represent the plans to be administered. Regence reserves the right to change vendors that provide "Programs and Services" which are embedded in

Group Authorized Signature: _____

Official Title: _____

Signature Date: _____