



EMPLOYEE BENEFITS SUMMARY

Effective 01/01/2027 – 12/31/2027

MEDICAL INSURANCE: The City offers eligible employees the option of three medical insurance plans summarized below.

PLAN 1 - CLASSIC	PLAN 2 – HSA	PLAN 3 – BUY UP
Deductible \$2,000 Individual / \$4,000 Family Out-of-Pocket Maximum \$8,000 Individual / \$16,000 Family Coinsurance 70/30 Pharmacy Tier 1: \$10 Tier 2: \$20 Tier 3: \$30 Tier 4: \$50 Tier 5: 20% Tier 6: 30% Copay <u>Primary Care</u> \$10 Choice Doc/ \$30 Non-Choice Doc <u>Specialist</u> \$30 Choice Doc/ \$50 Non-Choice Doc <u>Emergency Room</u> \$100 Copay then 70% Coinsurance after deductible	Deductible \$4,000 Individual / \$8,000 Family Out-of-Pocket Maximum \$5,500 Individual / \$11,000 Family Coinsurance 70/30 Pharmacy Deductible and Coinsurance Applies No Copay Deductible and Coinsurance Applies	Deductible \$1,000 Individual / \$2,000 Family Out-of-Pocket Maximum \$5,500 Individual / \$11,000 Family Coinsurance 70/30 Pharmacy Tier 1: \$10 Tier 2: \$20 Tier 3: \$30 Tier 4: \$50 Tier 5: 20% Tier 6: 30% Copay <u>Primary Care</u> \$10 Choice Doc/ \$30 Non-Choice Doc <u>Specialist</u> \$30 Choice Doc/ \$50 Non-Choice Doc <u>Emergency Room</u> \$100 Copay then 70% Coinsurance after deductible

NOTE – HSA ONLY: The City of Sandpoint will contribute annually to the employee's HealthEquity account based on the employee's coverage tier. Employees enrolled in employee-only coverage will receive an annual City contribution of \$500. Employees enrolled in all other coverage tiers will receive an annual City contribution of \$2,000. Contributions will be made on a prorated, semimonthly basis.

MEDICAL INSURANCE COVERAGE LEVEL: The City contributes to all or a portion thereof for medical insurance premium costs for eligible employees, depending on the level of coverage chosen. Employee costs are summarized below.

COVERAGE LEVEL	PLAN 1 - CLASSIC		PLAN 2 – HSA		PLAN 3 – BUY UP	
	Monthly	Per Pay Period*	Monthly	Per Pay Period*	Monthly	Per Pay Period*
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$65.04	\$32.52
Employee & Spouse	\$284.24	\$142.12	\$238.16	\$119.08	\$424.20	\$212.10
Employee & 1 Child	\$96.32	\$48.16	\$80.70	\$40.35	\$186.74	\$93.37
Employee & 2+ Children	\$239.60	\$119.80	\$200.78	\$100.39	\$367.82	\$183.91
Employee, Spouse & Child(ren)	\$509.74	\$254.87	\$427.14	\$213.57	\$709.18	\$354.59

*NOTE – In months where 3 paychecks occur, premiums and employee HSA contributions will be deducted on the first and second paychecks of that month.

LIFE INSURANCE: The City contributes to 100% of life insurance premium costs for eligible employees. The policy benefit is equal to the employee's annual salary plus \$2,000 up to a maximum of \$100,000. The policy also includes \$1,000 coverage for spouse and \$1,000 coverage for dependent children up to age 26. Voluntary Life Insurance Premiums will be withheld in the second paycheck of the month.

DENTAL INSURANCE: The City contributes to 100% of dental insurance premium costs for eligible employees. Employees are responsible for full premium costs to insure dependents depending on the level of coverage chosen as summarized below.

COVERAGE LEVEL	MONTHLY	PER PAY PERIOD*
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$45.00	\$22.50
Employee & 1 Child	\$26.50	\$13.25
Employee & 2+ Children	\$55.50	\$27.75
Employee, Spouse & Child(ren)	\$98.00	\$49

*NOTE – In months where 3 paychecks occur, premiums will be deducted on the first and second paychecks of that month.

VISION INSURANCE: The City offers an optional vision insurance plan to eligible employees. Employees are responsible for premium costs to insure themselves and dependents as summarized below.

COVERAGE LEVEL	MONTHLY
Employee Only	\$11.54
Employee & Spouse	\$16.63
Employee & Child	\$16.63
Employee & Children	\$29.61
Employee, Spouse & Child(ren)	\$29.61

*NOTE – Vision insurance premiums will be deducted on the second paycheck of the month.

PAID HOLIDAYS: The City observes the following holidays:

New Year's Day	Memorial Day	Labor Day	Day after Thanksgiving
Human Rights Day	Juneteenth	Veterans Day	Christmas Day
Presidents' Day	Independence Day	Thanksgiving Day	

LIFE FLIGHT NETWORK: Annual membership fee of \$75 for medical transport service.

NOTE: Insurance coverage shall commence on the first day of the month following 30 days of employment, not to exceed 60 days.