



BENEFITS @ SIF

MORE THAN JUST
A PAYCHECK

MEDICAL INSURANCE

- SIF offers 3 medical plan options with comprehensive coverages & different levels of out-of-pocket expenses and premium contribution rates.
- See attached for details.

VISION BENEFITS

- Each medical plan includes Vision Benefits administered through Vision Service Plan (VSP). Adult plan members, using a VSP provider (including Walmart & Costco), will only pay a \$20 copay for an eye exam and receive a frame allowance up to \$130.
- Pediatric vision is covered at 100% in-network with Otis & Piper frame selection.

DENTAL INSURANCE

- All preventative dental services are covered at 100%. Diagnostic and basic dental services are covered at 80% with in-network providers. Plan year benefit of \$1,500. One year waiting period for child orthodontia services.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Provides access to confidential, short-term counseling to help you and your family members handle concerns before they become major issues. The program includes up to five visits per person per plan year with no copayment required.

FLEXIBLE SPENDING ACCOUNTS

- Health Care Flexible Spending Accounts (HCFSA) and/or Day Care Flexible Spending Accounts (DCFSA) allow you to use pre-tax dollars to pay for expenses not covered by health insurance (i.e. copayments, deductibles, prescriptions) and/or dependent care expenses.

HEALTH SAVINGS ACCOUNT

- An HSA, or Health Savings Account, is a unique tax-advantaged account that can be used to pay for current or future healthcare expenses, when combined with a qualified High-Deductible Health Plan (HDHP). An annual Employer contribution is included.

BASIC LIFE INSURANCE & ACCIDENTAL DEATH & DISMEMBERMENT

- Life insurance, equal to 1x your annual salary, as well as a \$10,000 spouse and \$5,000 child benefit, is provided by SIF at no cost to you. AD&D provides a percentage of annual salary for certain serious physical losses, including loss of life, due to a covered accident.

SHORT & LONG TERM DISABILITY

- Included in the Basic Life policy at no cost. When you are unable to work because of an illness (including pregnancy) or injury, you may be eligible for disability benefits which can provide a source of continuing income and continued access to group insurance coverages for a period of time.

VOLUNTARY TERM LIFE INSURANCE

- You may purchase additional term life insurance up to 3x their annual salary, as well as additional spouse and dependent coverage.

PROFESSIONAL DEVELOPMENT

- SIF will cover up to \$2000 in a calendar year for job/industry-related certifications and licenses, as well as \$2,000 towards college/university coursework.

This is only an overview of the benefits offered by SIF. Detailed benefits, plan coverage, eligibility, premiums, and more, will be covered during your new hire orientation. Additionally, benefit information can be located at <https://ogi.idaho.gov>

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MEDICAL PLAN OVERVIEW / COMPARISON

COVERAGES	PPO		TRADITIONAL		HIGH DEDUCTIBLE HEALTH PLAN (HDPD)
Deductible	In-Network \$350 person \$950 family		\$500 person \$1,400 family		\$2,000 person \$4,000 family Employees enrolled in the HDHP are eligible to enroll in HSA with employer contributions.
	Out-of-Network \$600 person \$1,700 family*				
Out of Pocket Limit	In-Network \$3,250 person \$6,750 family		\$4,350 person \$8,700 family Prescription drugs \$2,000 person \$4,000 family		\$5,000 person \$10,000 family
	Out-of-Network \$6,500 person \$13,500 family*				
	Prescription drugs \$2,000 person \$4,000 family				
Preventative Services	Covered		Covered		Covered
Primary Care	PPO Network ChoiceDocs Network MD Live Telehealth Out-of-Network	\$20 co-pay \$0 co-pay \$10 co-pay 40% co-insurance	30% co-insurance		30% co-insurance
Specialist	PPO Network ChoiceDocs Network Out-of-Network	\$40 co-pay \$20 co-pay 40% co-insurance			
Pharmacy Co-Pays	Generic Preferred Brand Non-preferred Brand Specialty	\$10 \$30 \$60 \$100	Generic Preferred Brand Non-preferred Brand Specialty	\$10 \$30 \$60 \$100	Preventative drugs on the HDPD list - No cost All other pharmacy subject to the deductible before any benefits paid - then 30% co-insurance
Urgent Care	In-Network	\$20 co-pay primary care \$40 co-pay specialist	30% co-insurance		30% co-insurance
	Out-of-Network	40% co-insurance			

*Separate deductible

DENTAL PLAN OVERVIEW / COMPARISON

DENTAL PLAN OVERVIEW / COMPARISON

Services	PPO Deductible	PPO Network Co-Ins.	Out-of-Network Co-Ins.	Plan Year Benefit Limit
Preventative & Diagnostic	None	0%	30%	\$1,500
Basic	\$50 (one-time/benefit plan year)	20%	50%	
Major		50%	50%	
Orthodontist (Up to age 19 if treatment started at age 17)		50%	50%	\$1,000 (Lifetime)

FY2023 SEMI-MONTHLY MEDICAL & DENTAL RATES

For the plan year that runs July 1, 2023 - June 30, 2024

FULL-TIME EMPLOYEE (30-40 hours per week)

- Employer Medical: \$511.11
- Employer Dental: \$9.72

	Employee only	Employee & Spouse	Employee & Child	Employee & Children	Employee, Spouse & Child	Employee, Spouse & Children
PPO	\$32.50	\$98.80	\$56.00	\$88.51	\$121.09	\$162.24
Traditional	\$42.50	\$131.75	\$72.82	\$117.90	\$161.76	\$217.15
High Deductible	\$ 0.00	\$23.97	\$8.27	\$20.25	\$32.03	\$46.91
Dental	\$5.50	18.90	\$18.34	\$36.51	\$31.34	\$53.41

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