



# Steele Memorial Medical Center

2025  
Benefit Summary

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## Copayments / Office Visit Charges (applicable to both PPO and HDHP plans)

There is no copay with Steele Memorial Medical Center's PacificSource Health plans. All office visit charges will apply toward your deductible. As a benefit to our employees, Steele Memorial Medical Center will waive the office visit charge for employee and family members covered under PacificSource medical plans for office visits to the specified in-network providers at the Primary Care Clinic and Specialty Clinic. **Please reach out to HR for the most up-to-date list of providers.**

Office visit charges will not be waived for Emergency Department visits. Please note that the employee will be responsible for all office visit charges to healthcare facilities and providers outside of Steele Memorial Medical Center or those Steele Memorial Medical Center providers who are not listed on the provider list obtained separately from HR.

*There will be no write off of PacificSource denied claims.*

*There will be no write off for Specialty Clinic Providers who we do not bill for such as, Cardiology, Audiology, and Plastic Surgery (this is not an all-inclusive list).*

Provider / Place of Visit	Type	Employee Write Off Criteria
Rural Health Clinic	Office visit	Immediate after insurance paid
Specialty Clinic – Providers we bill for	Office visit	Immediate after insurance paid
Specialty Clinic – Providers we bill for	Procedure / Surgery	After deductible and insurance paid
Hospital / RHC / Specialty Clinic	Outpatient Services	After deductible and insurance paid
Emergency Department	Emergency	None

## Coinsurance (applicable to both PPO and HDHP plans)

Coinsurance directly applies to out-of-pocket maximum amount(s). For example, after you have met your deductible on the plan, you are responsible for 20% of any additional health costs up to your out-of-pocket maximum. Once you have met your out-of-pocket maximum, your claims will be paid at 100%

AS AN ADDITIONAL BENEFIT: to employees and dependents covered under Steele Memorial Medical Centers' PacificSource Health Insurance plans, the 20% coinsurance will be written off upon the following conditions:

- Participant deductible has been met.
- All Insurances have been billed and final payment is received.
- Waiver of coinsurance is for services at Steele Memorial Medical Center ONLY

For questions regarding your medical bill(s), contact Terri Williams, Financial Counselor, ext **5609**

## Benefits Overview

**Steele Memorial Medical Center** is proud to offer a comprehensive benefits package to eligible employees who work a minimum of 20 hours per week. Benefits will be effective the first of the month following date of hire. The complete benefit package is briefly summarized in this booklet.

### Benefit Plans Offered

- Medical (only available for full-time employees, 30+ hours per week)
- Dental – Voluntary
- Vision – Voluntary
- Flexible Spending Account (FSA) – Voluntary
- Child Care Deduction Account – Voluntary
- Life and AD&D – Employer Paid
- Life and AD&D – Voluntary
- Critical Illness – Voluntary
- Long-Term Disability – Employer Paid
- Accident – Voluntary
- Retirement Plan and Profit Share Plan
- Discounted Gym Membership
- Well Steps Program

### Eligibility

You and your dependents are eligible for Steele Memorial Medical Center's benefits on the first of the month following your date of hire.

Eligible dependents are your legally-wedded spouse, domestic partners, children under age 26, and disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

### Retirement Plan

**457 / Roth** – Employee voluntary contributions (available on the first of the month following your date of hire)

**Profit Sharing Plan** – 3% employer match (available after 1 year of employment)

### Paid Time Off (PTO)

Accrual rate is based on years of service and is credited for worked hours only. The following rates are based on a 40-hour work week.

0 – < 5 years = 22 days per year

5 – < 10 years = 27 days per year

10+ years – 32 days per year

### Extended Illness Bank

Employees accrue extended illness bank (EIB) hours based on worked hours only. The following rates are based on a 40-hour work week.

9 days per year

## Medical Benefits

Administered by PacificSource Health Plans

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Steele Memorial Medical Center.

Steele Memorial Medical Center offers you a choice of a PPO or HDHP medical plan.

With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

With the HDHP, you may realize cost savings with a tax-free account you can use to pay for current and future medical expenses.

	PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$500 individual \$1,000 family	\$500 individual \$1,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
<b>Annual Out-of-Pocket Maximum</b> (includes deductible)	\$3,000 individual \$6,500 family	\$7,000 individual \$14,500 family	\$5,000 individual \$10,000 family	\$20,000 individual \$40,000 family
<b>Coinsurance</b>	80%	50%	100%	100%
<b>DOCTOR'S OFFICE</b>				
<b>Office Visits</b> (unless seen by a SMMC-approved provider)	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Wellness Care</b> (routine exams, x-rays / tests, immunizations, well baby care and mammograms)	Covered at 100%	Subject to deductible and coinsurance	Covered at 100%	Subject to deductible and coinsurance
<b>PRESCRIPTION DRUGS</b> (All maintenance Rx are covered at 100% (both plans) – see <a href="http://www.pacificsource.com">www.pacificsource.com</a> for list of covered Rx)				
<b>Retail – Generic Drug</b> (90 day supply with multiple copays)	\$10 copay	90% coinsurance, deductible does not apply	Subject to deductible	Subject to deductible, then 90% coinsurance
<b>Retail – Formulary Drug</b> (90 day supply with multiple copays)	\$30 copay	90% coinsurance, deductible does not apply	Subject to deductible	Subject to deductible, then 90% coinsurance
<b>Retail – Non-Formulary Drug</b> (90 day supply)	50% coinsurance	90% coinsurance, deductible does not apply	Subject to deductible	Subject to deductible, then 90% coinsurance
<b>Mail Order—Generic Drug</b> (90 day supply with one copay)	\$10 copay	90% coinsurance, deductible does not apply	Subject to deductible	Subject to deductible, then 90% coinsurance
<b>Mail Order – Formulary Drug</b> (90 day supply with multiple copays)	\$30 copay	90% coinsurance, deductible does not apply	Subject to deductible	Subject to deductible, then 90% coinsurance
<b>Mail Order – Non-Formulary Drug</b> (90 day supply)	50% coinsurance	90% coinsurance deductible does not apply	Subject to deductible	Subject to deductible, then 90% coinsurance

	PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>HOSPITAL SERVICES</b>				
<b>Emergency Room</b>	\$100 copay, then subject to deductible and coinsurance – copay waived if admitted.	\$100 copay, then subject to deductible and coinsurance – copay waived if admitted.	Subject to deductible	Subject to deductible
<b>Inpatient</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Outpatient Surgery</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Ambulance Service</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>MENTAL HEALTH SERVICES</b>				
<b>Inpatient Services</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Outpatient Services</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>SUBSTANCE ABUSE SERVICES</b>				
<b>Inpatient Services</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Outpatient Services</b> (unless seen by a SMMC-approved provider)	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>OTHER SERVICES</b>				
<b>Maternity Services</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>All Other Maternity Hospital / Physician Services</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Muscle Manipulation Services</b> 15 visits – annual maximum benefit	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Physical, Occupational and Speech Therapy Services</b> 30 visits – annual maximum benefit	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
<b>Other Services</b> (Artificial limbs and other prosthetic devices; blood and blood components; leg, arm and neck braces; surgical dressings; casts and splints)	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible

## Which plan is right for you? Do the math.

### 2025 Medical Plan Decision Worksheet

**Step 1:** Review 2024 expenses by checking your Explanation of Benefits (EOB) forms.

**Step 2:** Estimate 2025 in-network expenses under both plans below.

- Think about health issues, life events and your dependents.
- Add up expenses and create subtotals.

**Step 3:** Compare options to find your best overall value.

#### KEEP THESE HANDY

- EOBs
- Payroll Contribution Rate Sheet
- Benefit and Cost Summary

Compare Annual Costs... In-Network <sup>1</sup>	PPO You pay...	HDHP You pay...
<b>Annual Payroll Contributions<sup>2</sup></b>		
■ Base Rate	\$ _____	\$ _____
■ Wellness Credit	- \$ _____	- \$ _____
<b>A. Annual payroll contributions subtotal</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Out-of-Pocket Costs</b>		
Preventive care	\$0	\$0
Deductible <sup>3</sup>	\$500 per person = \$ _____ \$1,000 family max <sup>4</sup>	<input type="checkbox"/> Single: \$5,000 <input type="checkbox"/> Family: \$10,000
Office visits other than preventive	Subject to deductible	Subject to deductible
Other care (e.g., lab, hospital, office services)	\$ _____ 50% coinsurance after deductible	\$ _____ 0% coinsurance after deductible
Prescription drugs	\$ _____ Copay; no deductible	\$ _____ Coinsurance after deductible
<b>B. Total Out-of-Pocket Costs</b>	<b>\$ _____</b>	<b>\$ _____</b>
In-network out-of-pocket maximum: your costs for deductible, coinsurance and prescription drug costs will not be more than	Per Person = \$3,000 Family = \$6,500	Single = \$5,000 Family = \$10,000
<b>Total Annual Cost (A + B)</b>	<b>\$ _____</b>	<b>\$ _____</b>

1. Receiving services from in-network providers is the lowest cost option. If you visit out-of-network providers you will be subject to a higher deductible, coinsurance, out-of-pocket maximum and the possibility of balance billing.
2. Remember, if you see a clinic provider, the costs of the office visit go towards your deductible and are written off as a benefit on both plans.
3. Keep in mind there are a few expenses for which you do not need to meet a deductible before the plans begin to pay a benefit (e.g., in-network preventive care, prescription drugs under the PPO plan). So depending on the plan and the kinds of expenses you have during the year, you may not need to record the deductible in your out-of-pocket costs.
4. With the PPO plan, at least two individuals must meet their per person deductible (\$500) before the family deductible is met.

**Important Note:** This worksheet is intended only as a guide to estimate your potential costs under the medical plans. Your actual costs will depend on the care you receive, the providers you choose, and the claims administrator's determination of your benefits at that time. Do not rely on this worksheet alone in choosing a medical plan.

## Voluntary Dental Benefits

Administered by Delta Dental of Idaho

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Steele Memorial Medical Center's dental benefit plan.

- Children under the age of 19 can receive fluoride treatments two times in any twelve (12) consecutive month period
- Children under the age of 19 can have sealants applied once per posterior tooth (molar) every two (2) years
- Patients who have been previously treated for periodontal disease can go in for periodontal maintenance cleaning four (4) times per year
- For major and orthodontic services (where applicable), the late enrollee waiting period is twelve (12) months

	PPO	Premier
<b>Annual Deductible</b>	\$25 individual / \$75 family	\$25 individual / \$75 family
<b>Annual Benefit Maximum</b>	\$1,250	\$1,250
<b>Annual Benefit Rollover</b>	\$3,050	\$3,050
<b>Preventive Dental Services</b> (cleanings, exams, x-rays)	100%	100%
<b>Basic Dental Services</b> (fillings, root canal therapy, oral surgery)	80%	80%
<b>Major Dental Services</b> (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%	50%
<b>Implants</b>	50%	50%
<b>Orthodontia Services</b>	Not covered – See Delta's Value-Added Discount Program	Not covered – See Delta's Value-Added Discount Program

Annual Benefit Rollover **only** accumulates when you visit an in-network provider (PPO or Premier); no rollover accrues if you see a OON provider (no rollover is lost, but no additional accumulates)

## Voluntary Vision Benefits

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP doctor:

	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
<b>Eye Exam</b> – once every 12 months	\$10 copay	\$10 copay, then up to \$45 covered
<b>Lenses</b> – once every 12 months	\$25 copay	\$25 copay
Single Vision Lenses	Covered in Full	Up to \$30 covered
Lined Bifocal Lenses	Covered in Full	Up to \$50 covered
Lined Trifocal Lenses	Covered in Full	Up to \$65 covered
<b>Frames</b> – once every 12 months	\$130 Allowance for a wide selection of frames; \$150 Allowance for featured brand frames; 20% savings on the amount over your allowance; \$70 Walmart / Sam's Club / Costco frame allowance	Up to \$70 covered
<b>Contact Lenses</b> – once every 12 months if you elect contacts instead of lenses / frames	\$130 allowance for contacts. Contact lens exam (fitting and evaluation) – Up to \$60 copay.	Up to \$105 covered
<b>Frequency</b> (Exam / Lenses / Frames)	12 / 12 / 12 months	

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.

## Life Insurance and Accidental Death & Dismemberment Insurance

Insured by Mutual of Omaha

### Employer Paid Life and AD&D Insurance

Steele Memorial Medical Center provides \$50,000 of Term Life and \$50,000 of AD&D coverage to all eligible employees. There is no cost to you for this coverage. Your beneficiaries will receive a lump-sum, less any age reductions, while covered by Mutual of Omaha. See Human Resources for more information.

### Voluntary Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while covered by Mutual of Omaha voluntary coverage. Coverage amounts are in \$10,000 increments not to exceed \$500,000. Coverage for spouse and children also available. See Human Resources for more information.

### Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident while covered by Mutual of Omaha voluntary coverage. Coverage amounts are in \$10,000 increments not to exceed \$500,000. Coverage for spouse and children also available. See Human Resources for more information.

## Long-Term Disability – Employer Paid

Insured by Mutual of Omaha

Long-Term Disability coverage provides income when you have been disabled for 90 days or more. Your benefit is 60% of your monthly earnings, up to \$10,000 per month. This amount may be reduced by other deductible sources of income or disability earnings.

## Accident Insurance – Voluntary

Insured by Mutual of Omaha

Accident insurance can pay a benefit directly to you if you suffer a covered injury and need treatment. It can offset the high cost of copays, deductibles and other expenses your medical insurance doesn't cover. This plan also covers on-the-job accidents. See Human Resources for more details.

## Critical Illness – Voluntary

Insured by Mutual of Omaha

Critical illness insurance can pay a lump sum benefit directly to you if you are diagnosed with a serious condition—such as a heart attack or stroke. You can choose a benefit amount from \$5,000 to \$40,000 in increments of \$5,000. See Human Resources for more details.

## Flexible Spending Accounts (FSAs)

Administered by Peak One Administration

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA (that's where the savings comes in). Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	\$3,200
Dependent Care Spending Limit	\$5,000

**Peak One Administration** is the administrator of two individual Flexible Spending Accounts – one for healthcare expenses and one for dependent childcare expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

### Here's How an FSA Works

1. You decide the annual amount you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Peak One Debit Card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
5. You may carry over up to \$610 of unused health care FSA dollars to the next plan year, allowing you to enjoy tax savings without risk. The minimum amount you can have in your FSA is \$100.

## Retirement Plan

### How to Enroll for an Online Account with John Hancock

1. Go to [www.jhpensions.com](http://www.jhpensions.com) and click on Register
2. Enter your Contract Number, Last Name, SSN and DOB. Click continue.
  - » Contract Numbers: 457 / Roth Plan – 128719; Profit Share – 128716
  - » Note: Must register for a separate login under each Contract Number
3. Create your username and password. Enter your email address. Click continue.
4. Choose your challenge questions and answers to help verify your identity should you forget your password. Click continue.
5. Confirm your information and you're registered.

### 457 Deferred Compensation Plan Highlights

- **Participation Eligibility**
  - » Minimum age – none
  - » Minimum months of service – 0
- **Plan Entry Date**
  - » First of the month following your date of hire coincident with or following submission of enrollment form
- **Employee Contributions**
  - » Pretax elective deferrals up to 100% of pay, subject to deferral limits described below
- **Deferral Limitations**
  - » Calendar Year 2025 – \$19,500
- **Catch-up Deferral Limits for Participants age 50+**
  - » Calendar Year 2025 – \$6,500
- **Employer Contributions**
  - » None
- **Vesting**
  - » 100% immediate
- **Distributions Allowed**
  - » Hardship or termination of employment – no 10% penalty will apply

### Profit Sharing Plan Highlights

- **Participation Eligibility**
  - » Minimum age – 21
  - » Minimum months of service – 12 and 1,000 hours of services
- **Plan Entry Date**
  - » First of the month coincident with or following satisfaction of requirements
- **Employee Contributions**
  - » None currently – only prior years' after-tax contributions
- **Employer Contributions**
  - » Discretionary each year – Beginning January 1, 2006, the intent is to match 100% of employee deferrals under the 457 plan up to 3% of pay.
- **Vesting**
  - » 20% per year (100% after 5 years of service)
- **Allocation of Forfeitures**
  - » Allocated among remaining participants based on compensation
- **Distributions Allowed**
  - » Hardship or termination of employment – may be subject to 10% penalty if prior to age 59½

## What is an HSA and how does it work?

<b>What is an HSA?</b>	<p>An HSA (Health Savings Account) is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during retirement). An HSA has triple tax benefits:</p> <ol style="list-style-type: none"><li>1. The money goes in tax-free.</li><li>2. The money grows tax-free.</li><li>3. Your withdrawals for qualified medical expenses – including any earnings – are tax-free.</li></ol>
<b>Who's eligible?</b>	<p>You're eligible to open an HSA if:</p> <ul style="list-style-type: none"><li>■ You enroll in a high-deductible health plan, such as the HDHP.</li><li>■ Your only coverage is a high-deductible health plan, and you have not signed up for Medicare coverage.</li></ul> <p>If you're covered under your spouse's plan and that plan is not a high-deductible plan or your spouse contributes to a Healthcare FSA, then you are not eligible to contribute to an HSA.</p>
<b>Your account</b>	<p>When you enroll in the HDHP for the first time, you are eligible to open an account at your local bank to deposit contributions.</p>
<b>You can contribute to your account</b>	<p>You decide how much you want to contribute <b>up to</b>:</p> <ul style="list-style-type: none"><li>■ \$4,300 if enrolled in employee only medical coverage.</li><li>■ \$8,550 if enrolled in family coverage (family includes one or more covered dependents).</li><li>■ \$1,000 additional if you are age 55 or older.</li></ul> <p>You are not required to make HSA contributions, though it is a good idea to add to your account for the tax savings and to help pay for medical expenses. You can contribute by making tax deductible deposits directly into your HSA account.</p>
<b>Pay healthcare expenses</b>	<p>Each time you have a qualified expense, you decide whether to:</p> <ol style="list-style-type: none"><li>1. Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (such as medical expenses during retirement).</li></ol> <p style="text-align: center;"><b>or</b></p> <ol style="list-style-type: none"><li>2. Pay for certain expenses using a Healthcare FSA and let your HSA grow. You can use the FSA to pay for dental and vision expenses. Then, after you meet your HDHP deductible, you can use the FSA to pay for eligible medical expenses.</li></ol> <p style="text-align: center;"><b>or if you need to</b></p> <ol style="list-style-type: none"><li>3. Use your HSA to pay for eligible medical expenses, such as your annual deductible and coinsurance. Your HSA can also help pay for vision care, dental care and prescription drugs. (For a complete list of eligible expenses, visit <a href="http://www.irs.gov">www.irs.gov</a>.)</li></ol> <p>By pairing an HSA with the HDHP, you can potentially reduce your out-of-pocket costs of your annual deductible by up to 40%.</p>
<b>Roll over your balance, or take it with you if you leave Steele Memorial Medical Center</b>	<p>Money you don't spend rolls over from year to year. So if you change jobs, switch to another medical plan or even retire, your HSA and the money in it is still yours to keep. You can choose to save it to pay for eligible healthcare expenses tax-free in retirement.</p>

## Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, Chelsea in Human Resources at **208.756.5613**.

Benefit	Administrator	Phone	Website	Group ID
Medical	PacificSource Health Plans	800.688.5008	<a href="http://www.pacificsource.com">www.pacificsource.com</a>	G0019067
Voluntary Dental	Delta Dental of Idaho	800.356.7586	<a href="http://www.deltadentalid.com">www.deltadentalid.com</a>	3649
Voluntary Vision	VSP	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>	30094298
Voluntary Life and AD&D Insurance	Mutual of Omaha	800.655.5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	G000B95Y
Voluntary Accident and Critical Illness	Mutual of Omaha	800.655.5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	G000B95Y
Long-Term Disability	Mutual of Omaha	800.665.5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	G000B95Y
FSA	Peak One Administration	866.315.1777	<a href="http://www.mypeak1.com">www.mypeak1.com</a>	N/A
457 and Profit Sharing Plans	Rudd & Co. via John Hancock	208.529.9276	<a href="http://www.jhancockpensions.com">www.jhancockpensions.com</a>	457 (128719) Profit Share (128716)



# WellSteps

## WellSteps worksite wellness program helps employees adopt and maintain healthy behaviors.

“Employee Wellness” represents all aspects of well being including physical health, financial health, mental health, and social connections to name a few. In other words, it’s taking care of yourself so you can do your best work when it’s needed most.

- ✓ **Improve Employee Health**
- ✓ **Lower Health Risks**
- ✓ **Reduce healthcare costs**

### Report your daily tasks and earn value off your healthcare costs

#### Challenges

Participating in weekly challenges are as simple as:

- Washing your hands
- Getting 7 hours of sleep
- Eating your vegetables
- Drinking Water
- Spend 10 minutes a day organizing
- Practicing a stress-reducing technique
- And many more!

#### Behavior Change Campaigns

Campaigns support you to make small changes in your life to improve your health

**Completing a campaign is easy and will make you feel better. When you participate, you could even win a prize!**

- Each week complete simple tasks such as: Watching a brief video, using a cutting board to chop veggies, take the stairs instead of the elevator
- Report your task completion each week to receive credit

*This program is designed to help address all aspects including financial, emotional, physical, and nutritional wellness. It is important to me as your CEO, that our employees are happy in the workplace and at home, that they feel good, have a good quality of life and don't routinely fall ill; we should all want that for ourselves and others. I encourage you to participate in the program, ask questions, share ideas, and motivate your teammates. - Preston Becker, CEO*

## EMPLOYEE REWARDS

#### BRONZE



Total Points Required  
1020 Points

Prizes Available

**\$20 off of 2025 insurance premium per month**



#### SILVER



Total Points Required  
1700 Points

Prizes Available

**\$40 off of 2025 insurance premium per month**



#### GOLD



Total Points Required  
2040 Points

Prizes Available

**The value of a single employee 2025 monthly premium (up to \$90 value per month)**

## Employee Contributions for Benefits

Benefit Plan	Monthly	Per Paycheck Amount – 24 Pay Periods Per Year
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### Medical / Rx PPO Plan

Employee	\$88.89	\$44.45
Employee + Spouse	\$466.96	\$233.48
Employee + 1 Child	\$280.60	\$140.30
Employee + Children	\$447.68	\$223.84
Family	\$657.59	\$328.80

### Medical / Rx HDHP

Employee	\$70.63	\$35.32
Employee + Spouse	\$393.45	\$196.72
Employee + 1 Child	\$215.52	\$107.76
Employee + Children	\$374.79	\$187.39
Family	\$559.81	\$279.90

**\*Please refer to the WellSteps worksite wellness program flyer for additional information on ways to earn a medical premium discount!**

Benefit Plan	Monthly	Per Paycheck Amount – 24 Pay Periods Per Year
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### Dental Rates

Employee	\$44.76	\$22.38
Employee + Spouse	\$76.68	\$38.34
Employee + 1 Child	\$79.06	\$39.53
Employee + Children	\$79.06	\$39.53
Family	\$130.38	\$65.19

### Vision Rates

Employee	\$11.51	\$5.76
Employee + 1	\$18.42	\$9.21
Employee + Children	\$18.80	\$9.40
Family	\$30.32	\$15.16

Voluntary Life Insurance	Varies	Varies
Voluntary AD&D Insurance	Varies	Varies
Accident / Critical Illness	Varies	Varies

## Legal Notices

### Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your state for more information on eligibility.**

<b>ALABAMA – Medicaid</b>
<a href="http://myalhipp.com">http://myalhipp.com</a> 855.692.5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program <a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
<a href="http://myarhipp.com">http://myarhipp.com</a> 855.MyARHIPP (855.692.7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> 916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Medicaid and CHIP</b>
Health First Colorado (Colorado’s Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> Customer Service: 800.359.1991   State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 855.692.6442
<b>FLORIDA – Medicaid</b>
<a href="http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> 877.357.3268
<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> 678.564.1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> 678.564.1162, Press 2

<b>INDIANA – Medicaid</b>
Health Insurance Premium Payment Program Family and Social Services Administration <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>   800.403.0864 All other Medicaid <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid">https://hhs.iowa.gov/programs/welcome-iowa-medicaid</a> 800.338.8366 Hawki: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki</a> 800.257.8563 HIPP: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a> 888.346.9562
<b>KANSAS – Medicaid</b>
<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> 800.792.4884   HIPP Phone: 800.967.4660
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> 855.459.6328   <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   877.524.4718 Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>
<b>LOUISIANA – Medicaid</b>
<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.la.gov/lahipp">www.la.gov/lahipp</a> 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> 800.442.6003   TTY: Maine relay 711 Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/of/applications-forms">https://www.maine.gov/dhhs/of/applications-forms</a> 800.977.6740   TTY: Maine relay 711

<b>MASSACHUSETTS – Medicaid and CHIP</b>
<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> 800.862.4840   TTY: 711   Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>
<a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> 800.657.3672
<b>MISSOURI – Medicaid</b>
<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005
<b>MONTANA – Medicaid</b>
<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084   Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>
<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178
<b>NEVADA – Medicaid</b>
<a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> 603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 15218   Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 800.356.1561 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710 (TTY: 711)   Premium Assistance: 609.631.2392
<b>NEW YORK – Medicaid</b>
<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid and CHIP</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> 800.699.9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
<a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> 800.692.7462 CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</a> CHIP Phone: 800.986.KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> 888.549.0820

<b>SOUTH DAKOTA – Medicaid</b>
<a href="http://dss.sd.gov">http://dss.sd.gov</a> 888.828.0059
<b>TEXAS – Medicaid</b>
<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a> 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Utah's Premium Partnership for Health Insurance (UPP) <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>   Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   888.222.2542 Adult Expansion: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a> 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> 800.562.3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
<b>WISCONSIN – Medicaid and CHIP</b>
<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> 800.362.3002
<b>WYOMING – Medicaid</b>
<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 800.251.1269

**To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:**

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2025)

#### PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email [ebesa.opr@dol.gov](mailto:ebesa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## Important Notice from Steele Memorial Medical Center About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Steele Memorial Medical Center and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Steele Memorial Medical Center has determined that the prescription drug coverage offered by PacificSource Health Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Steele Memorial Medical Center coverage will not be affected. However, your Medicare Part D coverage would pay secondary to your primary group coverage with Steele Memorial Medical Center.

If you do decide to join a Medicare drug plan and drop your current Steele Memorial Medical Center coverage, be aware that you and your dependents will be able to get this coverage back.

### WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Steele Memorial Medical Center and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Steele Memorial Medical Center changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

<b>Date:</b>	January 1, 2025
<b>Name of Entity/Sender:</b>	Steele Memorial Medical Center
<b>Contact–Position/Office:</b>	Ben Sessions - HR Director
<b>Address:</b>	203 South Daisy Street Salmon, ID 83467
<b>Phone Number</b>	208.756.5665

**CMS Form 10182-CC  
2011**

**Updated April 1,**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Marketplace Notice

### Health Insurance Marketplace Coverage Options and Your Health Coverage

#### PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

#### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you’ve had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at **800.318.2596**. TTY users can call **855.889.4325**.

### **What about Alternatives to Marketplace Health Insurance Coverage?**

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

### **How Can I Get More Information?**

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>3. Employer name</b> Steele Memorial Medical Center		<b>4. Employer Identification Number (EIN)</b> 82-6001208	
<b>5. Employer address</b> 203 S. Daisy Street		<b>6. Employer phone number</b> 208.756.5600	
<b>7. City</b> Salmon	<b>8. State</b> ID	<b>9. ZIP code</b> 83467	
<b>10. Who can we contact about employee health coverage at this job?</b> Ben Sessions			
<b>11. Phone number (if different from above)</b>		<b>12. Email address</b> ben.sessions@steelemed.org	

Here is some basic information about health coverage offered by this employer:

■ As your employer, we offer a health plan to:

- All employees. Eligible employees are:  
Employees working 30 or more hours a week.

- Some employees. Eligible employees are:

■ With respect to dependents:

- We do offer coverage. Eligible dependents are:

Your legal spouse or domestic partner; your, your spouse's or your domestic partner's dependent children under age 26 regardless of the child's place of residence, marital status or financial dependence on you; your, your spouse's or your domestic partners unmarried child of any age who is medically certified as incapable of self-sustaining employment by reason of intellectual disability or physical disability.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



Notes

*This benefit summary prepared by*



**Gallagher**

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