

2023

# BENEFITS Guide



January 1 - December 31, 2023



**Welcome!** Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work a benefit eligible position and work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your domestic partner (DP) and/or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage will begin as specified in the plan overviews listed in this Benefit Guide.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 of each year.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, DP, or child
- You lose coverage under your spouse's/DP's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Medical Plan Comparison

Frontier Behavioral Health is proud to offer you the choice between two medical plans that give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **BlueCross BlueShield BlueCard PPO Network**. You can locate an in-network provider at [www.premiera.com/sharedadmin](http://www.premiera.com/sharedadmin).

This coverage will begin the first of the month following your date of hire. Coverage will end the last day of the month in which your employment ends.

Medical Benefits	FBH Standard Plan		FBH Alternate, High Deductible Plan	
	In-Network Provider BlueCard PPO Network	Out-of-Network Provider	In-Network Provider BlueCard PPO Network	Out-of-Network Provider
<b>General Plan Information</b>				
<b>Deductible - Individual / Family</b>	\$750 / \$2,250	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000
<b>Coinsurance</b>	20%	40%	20%	50%
<b>Annual Out-of-Pocket Maximum - Individual / Family</b>	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$6,000 / \$12,000
<b>Covered Services</b>				
<b>Office Visits</b>	\$30 for Primary Care \$45 for Specialist	Deductible, then 40%	\$30 for Primary Care \$45 for Specialist	Deductible, then 50%
<b>Routine Preventive Care</b>	No charge	Not covered	No charge	Not covered
<b>Diagnostic Testing (x-ray, bloodwork)</b>	No charge for the first \$500, then		No charge for the first \$500, then	
	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%
<b>Imaging (CT/PET scans, MRIs)</b>	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%
<b>Emergency Room</b>	\$150 + deductible, then 20%		\$250 + deductible, then 20%	
<b>Urgent Care Facility</b>	\$45	Deductible, then 40%	\$45	Deductible, then 50%
<b>Facility or Physician/Surgeon Fee</b>	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%
<b>Chiropractor</b> 20 visits per calendar year	\$45	Deductible, then 40%	\$45	Deductible, then 50%
<b>Acupuncture</b> 8 visits per calendar year	\$45	Deductible, then 40%	\$45	Deductible, then 50%
<b>Rehabilitation</b> 60 combined visits per calendar year	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 50%
<b>Prescription Drugs</b>				
<b>Rx Deductible</b>	\$100 for Brand name prescriptions	If you purchase your prescription drugs from a non-participating pharmacy, you will pay the full price of the prescription and then submit a claim for reimbursement. Reimbursement is according to the network price.	\$200 for Brand name prescriptions	If you purchase your prescription drugs from a non-participating pharmacy, you will pay the full price of the prescription and then submit a claim for reimbursement. Reimbursement is according to the network price.
<b>Retail Pharmacy (30-day supply)</b>				
Generic Drugs	\$15		\$15	
Formulary Brand Drugs	\$50		\$50	
Non-formulary Brand Drugs	\$75		\$75	
Specialty Drugs	\$75		\$75	
<b>Mail Order (90-day supply)</b>				
Generic Drugs	\$30		\$30	
Formulary Brand Drugs	\$100		\$100	
Non-formulary Brand Drugs	\$150		\$150	
Specialty Drugs	N/A	N/A		

# Vision Plan

If you are enrolled in the medical plan then you will receive a vision benefit. You can maximize your benefit by seeing providers who participate in the **BlueCross BlueShield BlueCard PPO Network**. You can locate an in-network provider at [www.premera.com/sharedadmin](http://www.premera.com/sharedadmin).

This coverage will begin the first of the month following your date of hire. Coverage will end the last day of the month in which your employment ends.

Vision Benefits	AMERIBEN	
	In-Network	Out-of-Network Reimbursement
<b>Exam</b> once every 12 months	\$45 copay	Not covered
<b>Hardware</b> Frames, lenses, or contacts	\$200 per year	Not covered



# Dental Plan

You have the option of enrolling in a dental plan through **Delta Dental**. You will likely experience the greatest out-of-pocket savings when you see a dentist in the **PPO Network**. You can locate an in-network provider at [www.deltadentalwa.com](http://www.deltadentalwa.com).

This coverage will begin the first of the month following your date of hire. Coverage will end the last day of the month in which your employment ends.

Dental Benefits	DELTA DENTAL OF WA	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year - waived for preventive)		
Individual		\$25
Family		\$75
<b>Benefit Maximum</b> (per calendar year; Basic and Major Services combined)		
Per individual		\$1,500
<b>Covered Services</b>		
Preventive Services Exam, cleaning, x-rays, sealants, fluoride	100%	80%
Basic Services Anesthesia, oral surgery, periodontics, endodontics	80%	70%
Major Services Crowns, dentures, inlays, onlays,	50%	40%
Orthodontia	Not covered	

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Cost of Benefits



Your contributions toward the cost of medical, vision, and dental are automatically deducted from your paycheck before taxes.

## MEDICAL & VISION COVERAGE

FBH STANDARD PLAN							
Cost per Pay Period							
Coverage Tier	80%-100% FTE	75% FTE	70% FTE	65% FTE	60% FTE	55% FTE	50% FTE
Employee Only	\$50.00	\$157.50	\$178.99	\$200.49	\$221.99	\$243.49	\$264.99
Employee & Spouse	\$539.31	\$646.81	\$668.30	\$689.80	\$711.30	\$732.80	\$754.30
Employee & Child	\$141.76	\$272.19	\$298.27	\$324.36	\$350.45	\$376.53	\$402.62
Employee & Children	\$290.86	\$458.56	\$492.10	\$525.65	\$559.19	\$592.73	\$626.27
Employee, Spouse, & Child	\$631.07	\$761.50	\$787.58	\$813.67	\$839.76	\$865.84	\$891.93
Employee, Spouse, & Children	\$757.22	\$919.19	\$951.58	\$983.97	\$1,016.37	\$1,048.76	\$1,081.16

FBH ALTERNATE, HIGH DEDUCTIBLE PLAN							
Cost per Pay Period							
Coverage Tier	80%-100% FTE	75% FTE	70% FTE	65% FTE	60% FTE	55% FTE	50% FTE
Employee Only	\$50.00	\$137.50	\$155.00	\$172.50	\$189.99	\$207.49	\$224.99
Employee & Spouse	\$457.76	\$545.26	\$562.76	\$580.26	\$597.75	\$615.25	\$632.75
Employee & Child	\$126.46	\$260.72	\$287.57	\$314.42	\$341.27	\$368.12	\$394.97
Employee & Children	\$243.11	\$378.88	\$406.04	\$433.19	\$460.34	\$487.50	\$514.65
Employee, Spouse, & Child	\$534.22	\$640.83	\$662.15	\$683.48	\$704.80	\$726.12	\$747.44
Employee, Spouse, & Children	\$639.35	\$772.24	\$798.82	\$825.40	\$851.98	\$878.55	\$905.13

## DENTAL COVERAGE

DENTAL PLAN							
Cost per Pay Period							
Coverage Tier	80%-100% FTE	75% FTE	70% FTE	65% FTE	60% FTE	55% FTE	50% FTE
Employee Only	\$4.44	\$9.62	\$10.65	\$11.69	\$12.72	\$13.76	\$14.79
Employee & Spouse	\$24.56	\$29.74	\$30.77	\$31.81	\$32.84	\$33.88	\$34.91
Employee & Child(ren)	\$14.12	\$21.72	\$23.24	\$24.76	\$26.28	\$27.80	\$29.32
Employee, Spouse, & Child(ren)	\$34.23	\$41.83	\$43.35	\$44.87	\$46.39	\$47.91	\$49.43