

YOUR 2025–2026

GUIDE

benefits

SEPTEMBER 1, 2025 — AUGUST 31, 2026



Mountain Home School District #193

One Town One Team

Eligibility

You are eligible for benefits if you 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 or domestic partner.
- 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 is effective on the first of the month following your date of hire.**

If you fail to enroll on time, you will NOT have benefits coverage.

- **Open Enrollment:** Changes made during Open Enrollment are effective September 1, 2025—August 31, 2026.

To enroll online, go to

www.EmployeeNavigator.com

Company Identifier: mtnhomesd

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, RDP, or child
- You lose coverage under your spouse'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

We're pleased to offer you a choice of 3 medical plans. Below is a brief summary of some of our In-Network Benefits, please refer to plan documents in Employee Navigator for full benefit information and Value-Added Services.

Key Medical In-Network Benefits	St Luke's Health Plan 350	St Luke's Health Plan 1250	St Luke's Health Plan HSA 2000
	SLHP	SLHP	SLHP
Deductible (per calendar year)			
Individual / Family	\$350 / \$700	\$1,250 / \$2,500	\$2,000 / \$4,000
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Covered Services			
Office Visits (physician/specialist)	\$0 / \$30 copay	\$0 / \$45 copay	Deductible then: \$0 / \$25 copay
Chiropractic Visits	\$30 copay	\$45 copay	20% after ded
Virtual Visits	No charge	No charge	No charge after ded
Routine Preventive Care	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	No charge	No charge	No charge after ded
Complex Imaging	20% after ded	20% after ded	20% after ded
Ambulance	20% after ded	20% after ded	20% after ded
Emergency Room	\$100 copay after ded	\$100 copay after ded	\$75 copay after ded
Urgent Care Facility	\$30 copay	\$45 copay	\$25 copay after ded
Inpatient Hospital Stay	20% after ded	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded	20% after ded
Prescription Drugs (Tiers)			
Retail Pharmacy (30-day supply) Tier 1 Tier 2 Tier 3 Tier 4	\$0 \$10 25% 50% 20%	\$250 RX Ded Applies to Tiers 3-4 \$0 \$10 25% 50% 20%	Medical Ded, then: \$0 \$10 \$20 \$40 \$100
Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.			

HSA Annual Limits

2025 Annual Limits
Individual - \$4,300, Family - \$8,550
Over 55 - Additional \$1,000

2026 Annual Limits
Individual - \$4,400, Family - \$8,750
Over 55 - Additional \$1,000

Cost of Medical Benefits

Mountain Home School District generously contributes \$866.10 monthly towards your St Luke's Health Plan, plus the cost of employee coverage for dental and vision.

Employees can apply any credits reflected below on purchasing additional benefits such as dependent coverage or voluntary coverage.

Employees who exceed the \$866.10 monthly contribution will be responsible for the remainder of the premiums.

St Luke's Health Plan 350 Rates

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$804.09	\$866.10	(\$62.01)
Employee & Spouse	\$1,743.78	\$866.10	\$877.68
Employee & Child	\$1,226.05	\$866.10	\$359.95
Employee & Children	\$1,418.78	\$866.10	\$552.68
Family	\$2,010.37	\$866.10	\$1,144.27
Dual Employee Family	\$2,010.37	\$1,732.20	\$278.17

St Luke's Health Plan 1250 Rates

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$714.01	\$866.10	(\$152.09)
Employee & Spouse	\$1,546.29	\$866.10	\$680.19
Employee & Child	\$1,087.74	\$866.10	\$221.64
Employee & Children	\$1,258.43	\$866.10	\$392.33
Family	\$1,782.40	\$866.10	\$916.30
Dual Employee Family	\$1,782.40	\$1,732.20	\$50.20

St Luke's Health Plan HSA 2000 Rates

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$692.59	\$866.10	(\$173.51)
Employee & Spouse	\$1,499.33	\$866.10	\$633.23
Employee & Child	\$1,054.85	\$866.10	\$188.75
Employee & Children	\$1,220.31	\$866.10	\$354.21
Family	\$1,728.20	\$866.10	\$862.10
Dual Employee Family	\$1,728.20	\$1,732.20	(\$4.00)



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Dental

Employees must be enrolled in Medical coverage to enroll in Dental and Vision coverages

Key Dental Benefits	Delta Dental PPO		
	PPO	Premier	Non-Participating
Deductible (per calendar year) - Does not apply to Preventive Services			
Individual / Family	None	None	None
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)			
Per Individual	\$1,500	\$1,500	\$1,500
Covered Services			
Preventive Services	0-30%*	0-30%*	0-30%*
Basic Services	0-30%*	0-30%*	0-30%*
Major Services	50%	50%	50%

*See benefit booklet for benefits and limitations

Key Dental Benefits	Willamette Dental Blue Connect
Deductible (per calendar year) - Does not apply to Preventive Services	
Individual / Family	None
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)	
Per Individual	None
Covered Services	
Preventive Services	\$15 copay per visit
Basic Services	Copay varies*
Major Services	Copay varies*
Orthodontic Services	\$1,500 copay

*See benefit booklet for benefits and limitations

Cost of Dental Benefits

Delta Dental of Idaho Rates			
Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$41.01	\$41.01	\$0.00
Employee & Spouse	\$77.93	\$41.01	\$36.92
Employee & Child	\$77.93	\$41.01	\$36.92
Employee & Children	\$114.83	\$41.01	\$73.82
Family	\$114.83	\$41.01	\$73.82
Dual Employee Family	\$114.83	\$82.02	\$32.81

Willamette Dental Blue Connect Rates			
Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$66.02	\$41.01	\$25.01
Employee & Spouse	\$112.97	\$41.01	\$71.96
Employee & Child	\$112.97	\$41.01	\$71.96
Employee & Children	\$164.30	\$41.01	\$123.29
Family	\$164.30	\$41.01	\$123.29
Dual Employee Family	\$164.30	\$82.02	\$82.28

Vision

Employees must be enrolled in Medical coverage to enroll in Dental and Vision coverages

	Ameritas VSP Vision Benefits	
Key Vision Benefits	In-Network	Frequency
Exam	\$10	12 months
Materials Copay	\$25	12 months
Lenses		
Single Vision	No charge after materials copay	12 months
Bifocal		
Trifocal		
Frames	Covered up to \$130	12 months
Contact Lenses (in lieu of glasses)	Covered up to \$130	12 months

Ameritas VSP Vision Rates			
Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$6.92	\$6.92	\$0.00
Employee & Spouse	\$13.83	\$6.92	\$6.91
Employee & Child(ren)	\$14.82	\$6.92	\$7.90
Family	\$23.67	\$6.92	\$16.75
Dual Employee Family	\$23.67	\$13.84	\$9.83

Voluntary Life

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Anthem for yourself and your eligible family members.

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Benefit Option		Guaranteed Issue ¹
Employee	\$5,000 increments; to a maximum of \$300,000 or 5x your annual earnings, whichever is less	\$130,000
Spouse	\$5,000 increments; to a maximum of \$300,000	\$50,000
Child(ren)	\$2,000 increments to a maximum of \$10,000	\$10,000

USable Voluntary Life & AD&D Monthly Rates	
Age	Rate per \$1,000
24 & Under	\$0.072
25-29	\$0.069
30-34	\$0.078
35-39	\$0.106
40-44	\$0.155
45-49	\$0.240
50-54	\$0.381
55-59	\$0.598
60-64	\$0.839
65-69	\$1.358
70-74	\$2.694
75+	\$5.547
Dependent Child	\$ 0.224 per \$2,000 of benefit

Voluntary Long-Term Disability

	USAbLe Voluntary Long Term Disability
Monthly Benefit Begins	180 days of disability
Benefit Replacement Percentage	60% of monthly pre-disability earnings
Maximum Benefit	\$6,000 per month
Minimum Benefit	The greater of \$100 or 10% of the gross monthly benefit
Maximum Benefit Period	If you become disabled prior to age 61, the maximum benefit period will be social security normal retirement age.

USAbLe Voluntary Long Term Disability Monthly Rates	
Age	Rate per \$100
24 & Under	\$0.09
25-29	\$0.14
30-34	\$0.22
35-39	\$0.25
40-44	\$0.36
45-49	\$0.51
50-54	\$0.66
55-59	\$0.75
60-99	\$0.79

Employee Assistance Program (EAP)

Your Employee Assistance Program is provided to you by BPA Health.

Connect to Free & Confidential Resources with 4 visits per incident:

- Counseling (in person, video, phone or text)
- Legal advice or consultation
- Financial planning
- Online tools

To login, go to: www.bpahealth.com/eap-home

Employer Name: Mountain Home School District

Toll Free Number: 800-726-0003



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Voluntary Benefits - Colonial Life

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Colonial Life are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side..

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Cancer Insurance

Cancer insurance helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Life Insurance

Life insurance enables you to tailor your coverage for your individual needs and helps provide financial security for your family members.

Flexible Spending Accounts (FSA)

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by AmeriFlex. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Contact Information

Coverage	Carrier	Phone #	Website
Medical	St Luke's Health Plan	(833) 478-5853	www.stlukeshealthplan.org
Vision	Ameritas / VSP	(800) 776-9446	www.ameritas.com
Dental	Delta Dental of Idaho	(800) 356-7586	www.deltadentalid.com
	Willamette	(855) 433-6825	www.willamettedental.com
Voluntary Life	USable	(800) 794-5390	www.usable.com
Voluntary LTD			
HSA Administrator	Key Bank	(208) 452-3823	www.key.com
FSA Administrator	Ameriflex	(844) 423-4636	www.myAmeriFlex.com
Voluntary Benefits	Colonial Life	(800) 325-4368	www.coloniallife.com

Benefits Website

Our benefits website
www.EmployeeNavigator.com
Company Identifier: mtnhomesd
can be accessed anytime you want
additional information on our benefit
programs.

Questions?

If you have additional questions, you may
also contact:

Kelly Gilbert, HR Contact
Mountain Home School District
(208) 587-2580
gilbert_kl@mtnhomesd.org

Brook Pritchett, Consultant
HUB International
(208) 947-1432
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HUB International
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