



EMPLOYEE BENEFITS  
**ENROLLMENT GUIDE**

PLAN YEAR JANUARY 2026 - DECEMBER 2026

## Medical Benefit Summary

Insured by: Pacific Source

| Medical Benefit Description                           | Traditional \$2,000   | Traditional \$3,500   |
|---|---|---|
|   | <b>In-Network Coverage</b>  | <b>In-Network Coverage</b>  |
| <b>Deductible</b><br>(Calendar year)                  | \$2,000 Individual<br>\$4,000 Family                                      | \$3,500 Individual<br>\$7,000 Family                                      |
| <b>Coinsurance</b>                                    | 80/20%  | 70/30%  |
| <b>Out-of-Pocket Maximum</b><br>(includes deductible) | \$4,500 Individual<br>\$9,000 Family                                      | \$5,750 Individual<br>\$11,500 Family                                     |
| <b>Adult &amp; Child Preventive Care</b>              | Covered 100%; Deductible Waived   |   |
| <b>Office Visit</b>                                   | <i>PCP: \$25 Co-pay</i><br><i>Specialist: \$50 Co-pay</i>                 | <i>PCP: \$25 Co-pay</i><br><i>Specialist: \$50 Co-pay</i>                 |
| <b>Urgent Care</b>                                    | \$25 Co-pay   | \$25 Co-pay   |
| <b>Emergency Room</b>                                 | <i>Facility: \$100 Co-pay</i><br><i>Physician: Deductible+Coinsurance</i> | <i>Facility: \$100 Co-pay</i><br><i>Physician: Deductible+Coinsurance</i> |
| <b>Telehealth</b>                                     | \$25 Co-pay   | \$25 Co-pay   |
| Prescription Benefit Description                      |   |   |
| <b>Generic</b>  | \$10 Co-pay   | \$10 Co-pay   |
| <b>Preferred Brand</b>                                | \$50 Co-pay   | \$35 Co-pay   |
| <b>Non-preferred Brand</b>                            | \$100 Co-pay  | \$75 Co-pay   |
| <b>Specialty</b>                                      | Less of: \$200 of 20%   | Less of: \$200 of 20%   |
| <b>Mail Order (90-day supply)</b>                     | 3x Retail Co-pay  | 3x Retail Co-pay  |

## Medical Premiums

Employee Cost per Month

|                              | Traditional \$2,000 | Traditional \$3,500 |
|------------------------------|---------------------|---------------------|
| <b>Employee Only</b>         | \$334.53            | \$305.65            |
| <b>Employee + Spouse</b>     | \$1,221.79          | \$1,161.12          |
| <b>Employee + Child(ren)</b> | \$1,141.11          | \$1,083.35          |
| <b>Employee + Family</b>     | \$2,028.47          | \$1,938.92          |

## Medical Benefit Summary

Insured by: Pacific Source

| Medical Benefit Description                           | HDHP \$5,000                          | HDHP \$8,500                          |
|---|---------------------------------------|---------------------------------------|
|   | <b>In-Network Coverage</b>            | <b>In-Network Coverage</b>            |
| <b>Deductible</b><br>(Calendar year)                  | \$5,000 Individual<br>\$10,000 Family | \$8,500 Individual<br>\$17,000 Family |
| <b>Coinsurance</b>                                    | 80/20%                                | 100/0%                                |
| <b>Out-of-Pocket Maximum</b><br>(includes deductible) | \$6,900 Individual<br>\$13,800 Family | \$8,500 Individual<br>\$17,000 Family |
| <b>Adult &amp; Child Preventive Care</b>              | Covered 100%; Deductible Waived       |                                       |
| <b>Office Visit</b>                                   | Deductible + Coinsurance              | Deductible + Coinsurance              |
| <b>Urgent Care</b>                                    |                                       |                                       |
| <b>Emergency Room</b>                                 |                                       |                                       |
| <b>Virtual Visits (MD Live)</b>                       | Deductible + Coinsurance              | Deductible + Coinsurance              |
| <b>Prescription Benefit Description</b>               |                                       |                                       |
| <b>Generic</b>  | Deductible + Coinsurance              | Deductible + Coinsurance              |
| <b>Preferred Brand</b>                                |                                       |                                       |
| <b>Non-preferred Brand</b>                            |                                       |                                       |
| <b>Specialty</b>                                      |                                       |                                       |
| <b>Mail Order (90-day supply)</b>                     |                                       |                                       |

## Medical Premiums

Employee Cost per Month

|                              | HDHP \$5,000 | HDHP \$8,500 |
|------------------------------|--------------|--------------|
| <b>Employee Only</b>         | \$165.31     | \$100.00     |
| <b>Employee + Spouse</b>     | \$866.43     | \$729.29     |
| <b>Employee + Child(ren)</b> | \$802.70     | \$672.09     |
| <b>Employee + Family</b>     | \$1,503.90   | \$1,301.46   |

# Pre-Tax Vehicle

## Health Savings Account (HSA) Administered by Medcom

HSA accounts are designed to help save money on healthcare related expenses

- » Tax-free contributions into the HSA
- » Tax-free withdrawals for qualified expenses
- » Tax-deferred growth

### Who is eligible for an HSA?

- » An HSA owner must be enrolled in an HSA-eligible High-Deductible Health Plan (HDHP).

### You are NOT eligible if you

- » You are enrolled in Medicare, Medicaid or Tricare.
- » A tax dependent on someone else's tax return.
- » Have received VA benefits in the last 3 months.
- » You are enrolled in a non-qualified medical plan.

| Contribution Limits           | 2026    |
|-------------------------------|---------|
| Employee Only                 | \$4,400 |
| Employee + 1 or more          | \$8,750 |
| Age 55+ Catch-Up Contribution | \$1,000 |

## Qualified Expenses for HSAs\*



### Medical

- » Doctor's Visits
- » Hospital Services
- » Prescriptions



### Personal Health

- » Over the Counter Pain Relievers
- » Feminine Hygiene Products



### Dental

- » Teeth Cleaning
- » Dental Reconstruction
- » Orthodontia



### Alternative Care

- » Chiropractic Visits
  - » Acupuncture
  - » Massage
- \*may require a letter of medically necessary



### Vision

- » Eye Exams
- » Prescription Glasses/Contacts
- » Lasik Surgery

## What are the advantages of having a High Deductible Health Plan with an HSA?

- » Each year you can fund the HSA account pre-tax up to the maximum allowed.
- » Withdrawals from the fund are tax-free if used for qualified medical purposes.
- » Money remaining in the HSA account at the end of the year rolls over to the following year so you can build your health savings account for future medical needs.
- » HSAs are owned by the individual and are portable.
- » Beginning at age 65, HSA participants may withdraw unused HSA funds as regular income without incurring tax penalties.

## Teladoc

### On-demand access to doctors via phone, video or mobile app.

If you are enrolled in the medical plan, you have access to board-certified doctors 24 hours a day, 7 days a week. Here's how to get started and what you need to know.

#### 1. Set up your Teladoc® account

There are three convenient ways to get started. When asked to enter the name of your employer or insurance carrier, please enter PacificSource.

**Online:** Log in or register with In Touch for Members through [PacificSource.com](https://PacificSource.com). You'll find the Teladoc Remote link under Tools. This will provide a direct link for you to set up your Teladoc account.

**Mobile app:** Visit [Teladoc.com/mobile](https://Teladoc.com/mobile) to download the app, then click "Activate account."

**By phone:** Teladoc can help you register your account over the phone. Call toll-free (855) 201-7488.

#### 2. Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

#### 3. Request a consult

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web, or mobile app.

#### Talk to a Doctor Anytime!

Web  
[Teladoc.com](https://Teladoc.com)

Phone  
(855) 201-7488

Mobile App  
[Teladoc.com/mobile](https://Teladoc.com/mobile)



### InTouch

Get personalized answers to many common questions at InTouch, our secure member site.

Once your coverage begins, log in to InTouch to:

- » Track your deductible or out-of-pocket max
- » Print or View your ID card
- » Look up claims
- » Track preauthorizations
- » Find out what is covered
- » Estimate healthcare costs
- » Access Teladoc and CVS



[PacSrc.co/  
account](https://PacSrc.co/account)

### Create Your InTouch Account & Download the App!

Scan the QR code with your smart phone's camera to create your account. Scroll down the page for links to download the MyPacificSource App from your devices App store.

*First create your InTouch account, then download the App & log in*

### myPacificSource App

Got a smartphone or tablet?  
Download our free app to:

- » View your member ID any time
- » Call our 24-hour NurseLine
- » Find a doctor or hospital
- » Check your deductible status
- » And more

Visit your device's app store to download, then sign in to the app using your InTouch user name and password.

## Voluntary Dental Benefit Summary

Insured by: Principal

| Dental Benefit Description  |                         | In-Network/Out-of-Network Coverage  |
|---|-------------------------|---|
| <b>Deductible</b><br>(calendar year)                              |                         | \$50 Individual<br>\$150 Family   |
| <b>Maximum Annual Benefit</b><br>(per covered person)             |                         | \$1,500   |
| <b>Preventive</b><br>(routine exams, cleanings, x-rays)           |                         | 100%; Deductible Waived   |
| <b>Basic</b><br>(fillings, endodontics, periodontics, root canal) |                         | 80% Coinsurance   |
| <b>Major</b><br>(bridges, dentures, crowns)                       |                         | 50% Coinsurance   |
| <b>Orthodontia</b>  | <b>Coinsurance</b>      | 50% Coinsurance   |
|   | <b>Lifetime Maximum</b> | \$1,000   |
|   | <b>Age Limitation</b>   | Up to Age 19  |
| <b>Waiting Periods</b>  |                         | <i>Current Employees/New Hires: None</i><br><i>Late Entrant: 12 Months (excludes Preventive Services)</i> |

*Dependent children covered to age 26.*

## Voluntary Dental Premiums

|                              | Employee Pays Per Month |
|------------------------------|-------------------------|
| <b>Employee Only</b>         | \$37.97                 |
| <b>Employee + Spouse</b>     | \$75.59                 |
| <b>Employee + Child(ren)</b> | \$100.87                |
| <b>Employee + Family</b>     | \$146.03                |



## Voluntary Vision Benefit Summary

Insured by: Principal  
Vision Provider Network: VSP Choice

| Vision Benefit Description             |                                | In-Network Coverage                          | Frequency of Service |
|--|--------------------------------|--|----------------------|
| Eye Exam                               |                                | \$10 Co-pay                                  | 12 Months            |
| Materials                              |                                | \$25 Co-pay                                  | ---                  |
| Lenses                                 | Single                         | Covered in full after Material Co-pay        | 12 Months            |
|  | Bifocal                        |  |                      |
|  | Trifocal                       |  |                      |
|  | Lenticular                     |  |                      |
| Frames                                 |                                | \$150 Allowance<br>+ 20% off Balance         | 12 Months            |
| Contact Lenses<br>(in lieu of glasses) | Medically Necessary            | \$25 Co-pay                                  | 12 Months            |
|  | Elective                       | \$150 Allowance                              |                      |
|  | Contact Fitting/<br>Evaluation | Covered in Full w/ Maximum Co-pay<br>of \$60 | 12 Months            |

## Voluntary Vision Premiums

|                       | Employee Pays Per Month |
|-----------------------|-------------------------|
| Employee Only         | \$7.39                  |
| Employee + Spouse     | \$14.99                 |
| Employee + Child(ren) | \$15.58                 |
| Employee + Family     | \$24.82                 |



# Life and AD&D

## Employer Paid Group Life and AD&D Benefit Summary

Insured by: Principal

| Benefits            | Coverage                              |
|---------------------|---------------------------------------|
| Life Benefit Amount | \$15,000                              |
| AD&D Benefit Amount | \$15,000                              |
| Age Reduction       | Age 65: 35%<br>Age 70: 50%            |
| Additional Features | Accelerated Death Benefit, Conversion |

*Butte Auto funds this Life and AD&D benefit at 100%.*

## Voluntary Life and AD&D Benefit Summary

Insured by: Principal

| Benefits            | Employee  | Spouse  | Child(ren)   |
|---------------------|---|---|--|
| Benefit Max         | \$10,000 to \$500,000   | \$5,000 to \$150,000;<br>Cannot Exceed 50% of<br>Employee Life Amount | Live Birth to 14 Days:<br>\$1,000<br>14 Days to Age 26:<br>\$2,000,<br>\$4,000,<br>\$5,000,<br>or \$10,000 |
| AD&D Benefit Amount | Matches Life Benefit  |   |  |
| Increments          | \$10,000  | \$5,000   | See above  |
| Guarantee Issue     | Under age 70: \$150,000<br>Age 70 and over: \$10,000                  | Under age 70: \$30,000<br>Age 70 and over: \$10,000                   | \$10,000   |
| Age Reduction       | Age 65: 35%<br>Age 70: 50%  |   | Age 26   |
| Additional Features | Accelerated Death Benefit, Conversion, Waiver of Premium, Portability |   |  |

## Beneficiaries

Life insurance isn't a fun thing to think about; but when people depend on you for financial support, it is about protecting them in case something happens to you. Your designated beneficiary would receive a financial benefit upon your death. **It is important that you update your beneficiaries each year.** You can update your beneficiaries in the Employee Navigator online enrollment platform.



## Online and Mobile Tools From Principal

### Principal App & Online Access

Got a smartphone, computer, or tablet? Download the Principal app or access our website to:

- » View or print your member ID card
- » View and manage claims
- » 24 month history explanation of benefits history
- » Access benefit summaries and benefit booklets
- » Find discounts, services, and more.

Visit your device's app store to download, then sign in to the app using your Principal user name and password.

Find us online at  
<https://www.principal.com>

### Creating Your Account

1. Open the Principal App or go to [www.Principal.com](http://www.Principal.com) and select log-in
2. Select Create an Account
3. Enter your personal information such as ID number and Date of birth
4. Provide an email address and create both your username and password
5. You'll receive an email within a few minutes to confirm your account.

After confirmation you can access your account information anytime, 24/7, with your username and password.

## Employee Assistance Program (EAP)

### Administered by: ComPsych

Employees and their families can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions for 3 counseling sessions per year.

#### Additional services include:

- » Legal/financial services: provides resources for legal, financial and identity theft issues.
- » Work-life web services: Access to webinars, live talks and articles such as child and elder care, education, parenting, and more.

**Help is just a click or call away—24/7**

**Call:** 844-869-2365







**Or visit:** [www.GuidanceResources.com](http://www.GuidanceResources.com)







# CONTACT INFORMATION

|   |   |  |
|---|---|--|
|    | <p><b>Medical</b></p>   | <p><b>Pacific Source</b><br/>           (800) 688-5008<br/> <a href="http://www.PacificSource.com">www.PacificSource.com</a></p>   |
|    | <p><b>Teledoc<br/>(Virtual Visits)</b></p>  | <p><b>Teladoc</b><br/>           (855) 201-7488<br/> <a href="http://www.teladoc.com">www.teladoc.com</a></p>  |
|    | <p><b>Health Savings<br/>Account</b></p>  | <p><b>Medcom</b><br/>           (800) 523-7542<br/> <a href="http://www.medcom.comwealthcareportal.com">www.medcom.comwealthcareportal.com</a></p>   |
|   | <p><b>Employee<br/>Assistance Program</b></p>   | <p><b>ComPsych</b><br/>           (844) 216-8709<br/> <a href="http://www.guidanceresources.com">www.guidanceresources.com</a></p>   |
|  | <p><b>Voluntary Dental<br/>Voluntary Vision<br/>Group Life<br/>Voluntary Life</b></p> | <p><b>Principal</b><br/>           (800) 986-3343<br/> <a href="http://www.Principal.com">www.Principal.com</a></p>  |
|  | <p><b>Benefits Consultant</b></p>   | <p><b>Marsh McLennan Agency</b><br/>           Matt Hardy<br/> <i>Sales Executive</i></p> <p>Kim Pickart<br/> <i>Senior Client Manager</i><br/>           (406) 457-4559<br/> <a href="mailto:Kim.Pickart@MarshMMA.com">Kim.Pickart@MarshMMA.com</a></p> |