

**POWDR**

ADVENTURE LIFESTYLE CO.

A Guide to Your

# Employee Benefits

September 1, 2024 to August 31, 2025

Seasonal 3+ Years



REVIEW YOUR OPTIONS



CHOOSE YOUR PLANS



ENROLL ONLINE

# POWDR

## 2024-2025 Contacts

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### Medical & Pharmacy

Regence BlueCross BlueShield  
(888) 367-2119  
[www.regence.com](http://www.regence.com)

### Prescription Savings (Specialty Only Medications)

GBS Rx Advantage powdered by SmithRx  
(844) 454-5201  
[GBSRxAdvantage@gbsbenefits.com](mailto:GBSRxAdvantage@gbsbenefits.com)

### Dental

Delta Dental  
(800) 521-2651  
[deltadentalins.com](http://deltadentalins.com)

### Vision

VSP  
(800) 877-7195  
[vsp.com](http://vsp.com)

### Health Savings Account (HSA)

HealthEquity  
(866) 346-5800  
[healthequity.com](http://healthequity.com)

### HealthJoy Mobile App & Telemedicine

HealthJoy  
(888) 731-3327  
[healthjoy.com](http://healthjoy.com)

### Employee Assistance & Mental Health Program (EAP)

HealthJoy EAP  
(888) 731-3327  
[healthjoy.com/eap](http://healthjoy.com/eap)  
Company name: POWDR

### 401(K)

Northwest Plan Service  
Member Portal -  
[yourplanaccess.net/nwps](http://yourplanaccess.net/nwps)

Tracie Yapple, Plan Consultant  
(425) 357-3113  
[tyapple@nwpsbenefits.com](mailto:tyapple@nwpsbenefits.com)

R | W Investment Management  
Mike Fitzgerald, Investment Advisor  
(208) 333-1433  
[mike@investrw.com](mailto:mike@investrw.com)

### POWDR

Alyssa Zybell  
Director of Payroll and Benefits  
(435) 655-1361  
[azybell@powdr.com](mailto:azybell@powdr.com)

Toni Piva  
Benefit & Payroll Administrator  
(435) 658-5500  
[tpiva@powdr.com](mailto:tpiva@powdr.com)

### POWDR Employee Hotline - Monitored by Lighthouse Services

Website: [www.lighthouse-services.com/powdr](http://www.lighthouse-services.com/powdr)  
Anonymous Reporting App (keyword: powdr)  
English speaking USA & Canada: (833) 717-0812  
Spanish speaking USA & Canada: (800) 216-1288  
Email: [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com)  
(include company name)  
Fax: (215) 689-3885 (include company name)

### Benefits & Claim Support

GBS Benefits  
Kelly Smith, Account Manager  
[Kelly.smith@gbsbenefits.com](mailto:Kelly.smith@gbsbenefits.com)

Leslie Barlow  
[Leslie.barlow@gbsbenefits.com](mailto:Leslie.barlow@gbsbenefits.com)

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year unless you have a qualifying major life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible, and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset.

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# Online Benefits Enrollment

## Employee Navigator

Please follow the steps below to elect or waive coverage for the current plan year.

### Information Needed When Adding Dependents

- › Name
- › Social Security Number(s)
- › Dates of Birth
- › Home Address (if separate from yours)

### Step 1: Getting Started

- › In your web browser type <https://gbsbenefits.employeenavigator.com> in the address bar.
- › Username - If you have misplaced your credentials, reach out to Human Resources.
- › Reset Password - Employees can reset passwords on the login screen.
- › Click “New User Registration” (first-time user)
- › Create Your Account:
  - › First Name
  - › Last Name
  - › Company Identifier “POWDR”
  - › Last 4 Digits of SSN
  - › Birth Date
- › On the home screen (once logged in) look for “Start Enrollment”.

### Step 2: Verify Your Personal and Dependent Information

- › Personal Information - Validate that all information is accurate.
- › Dependent Information:
  - › To update information, click “Edit”, upon completion click “Save”.
  - › Select “Add Dependent” if you currently do not see them listed.
- › Once all your dependents have been added/updated, click “Save & Continue”.
- › Please note: If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

### Step 3: Making Your Open Enrollment Elections

- › Complete all benefits through each step of the enrollment process (enroll or waive).
- › Click “Save & Continue” at the end of each benefit screen.

### Step 4: Confirm Your Elections

- › Upon completion, please verify everything in the “Enrollment Summary Screen”.
- › Click “Click To Sign” to complete your open enrollment elections.

**\*All plan documents and compliance notices can be found on Employee Navigator.**



# Benefits & Eligibility Information

## Who Is Eligible?

**Seasonal 3+ Years** - Employees who are returning for their 3<sup>rd</sup> season as a full-time seasonal employee may be eligible for group insurance benefits to include medical, prescription, dental, and vision plans. An employee must have completed at least 700 hours within a November 1<sup>st</sup> to October 31<sup>st</sup> time frame to have that time period count as a qualifying season (this works out to be roughly 30 hours/week for 23 weeks each season - our normal season runs 26 weeks). Once an employee has completed two consecutive “qualifying seasons” they are allowed to enroll after their next November period on the first of the month after they are hired back.

Ski & Ride School (SRS) instructors will receive a benefit credit of 1.5 hours for each 1 hour period worked. If an SRS instructor meets 466 hours from a November 1<sup>st</sup> to October 31<sup>st</sup> time frame; this will count as meeting the 700 hour requirement for the benefits. All other rules apply as state above. The average of 30 hours per week must be maintained over a 4 week period. If an employee falls below the 30 hour requirement, they will be out on a probationary period for the next 4 weeks. If they still do not meet the 30 hours per week average, then they will have the opportunity to go onto COBRA insurance. Employees will have the opportunity to continue their insurance through COBRA if they go on leave, or if they are terminated from the company. COBRA benefits may be extended from 18-36 months depending on the individual's situation.

You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include:

- › Your legal spouse or domestic partner
- › Your natural, adopted, or step-child(ren) up to age 26
- › Any dependent child who is incapable of self-support because of a physical or mental disability (carrier approval required)

## When Do I Enroll?

You can enroll for coverage within 30 days of becoming eligible for benefits, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event. Please contact Human Resources as quickly as possible to make sure you don't miss this window of opportunity.

## Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualifying life event. Qualified life events include, but are not limited to:

- › Change in your legal marital status
- › Birth, adoption, placement for adoption, or permanent legal guardianship of a child
- › A dependent no longer meets the eligibility requirements
- › You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)
- › Employee or dependents change in employment status resulting in loss or gain of eligibility for employer-sponsored benefits
- › A court or administrative order

**It is your responsibility to notify Human Resources within 30 days after a qualified life event.** Any benefit changes must be directly related to the qualified life event.

## When Coverage Ends

For most benefits, coverage will end on the last day of the month which:

- › Your regular work schedule is reduced to fewer than the required working hours per week
- › Your employment with POWDR ends

Your dependent(s) coverage ends:

- › When your coverage ends, or
- › The date the dependent is no longer eligible



# Mental Health Program and EAP

HealthJoy

## What is HealthJoy?

HealthJoy Employee Assistance Program (EAP) is a **no-cost confidential** resource that is available to you and your family **24 hours a day, 365 days a year**. This benefit is staffed by licensed counselors who can provide support, guidance, and referrals to local resources. **You get up to 3 sessions per incident!**

## Who is Eligible?

POWDR is excited to offer an Employee Assistance and Mental Health Program to **all employees free of charge!**

POWDR understands how work and personal challenges can affect your health and well-being. At some point in our lives, we can all use some help.

## HealthJoy EAP provides:

- › **Confidential, professional referrals** for a wide variety of concerns, such as:
- › **Family and Relationships-** helps you build and maintain healthy relationships.
  - › Communication Skills, Conflict Resolution, Balancing Work and Family, Restoring Intimacy, Divorce or Separation

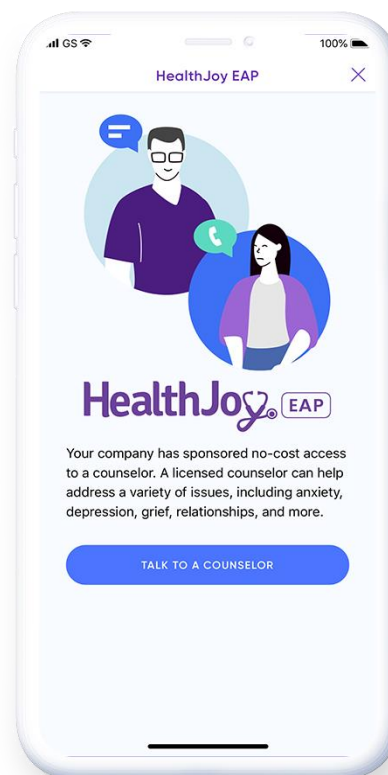
- › **Stress-** Everyday issues add up. When SupportLinc EAP is part of the equation, life is easier to manage.
  - › Depression, Anxiety, Grief and Loss Managing Change, Work-related Pressures
- › **Work-Life Balance-** Balancing multiple demands with support from EAP.
  - › Expert Referrals to Child Care and Elder Care Services, Legal and Financial Consultation, Identity Theft Recovery Assistance, Referrals for Pet Care, Home Repair, Travel, and more
- › **Substance Abuse-** Get confidential and professional assistance when you need it most.
  - › Comprehensive Assessment, Identity Treatment Options, Navigate Benefits, Facilitate Return to Work, Support for Continued Sobriety

## HealthJoy EAP

Phone: (888) 731-3EAP (3327)

Website: [eap.healthjoy.com](http://eap.healthjoy.com)

Access HealthJoy EAP through their mobile app (if applicable), online at [eap.healthjoy.com](http://eap.healthjoy.com), or call (888) 731-3EAP (3327). Company Name: "POWDR"





# Mobile App with Telemedicine

HealthJoy

## Who is Eligible?

All eligible employees enrolled in one of the Regence BlueCross BlueShield medical plans.

HealthJoy is the first stop for all your healthcare needs. They make healthcare and employee benefits simple, quick, and painless. Their easy-to-use mobile app uses modern technologies to deliver a seamless experience. They'll save you time, money, and a ton of aggravation.

Don't try to navigate your healthcare alone, their experts are here to help. HealthJoy believes that healthcare is best delivered through a conversation so that's why you'll have access to online doctors, healthcare concierges, billing specialists, and more!

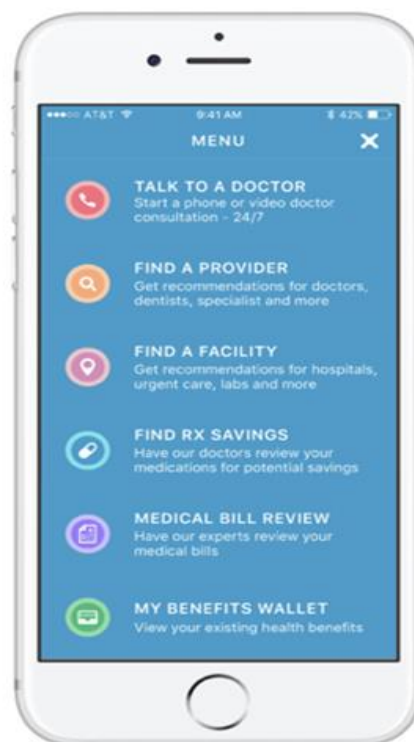
**HealthJoy is always available - 24 / 7 / 365 and it's FREE to you and your family!**

## Mobile App Features

- › **Benefits Wallet**
  - › View your existing health benefits and access all your benefit ID cards in a single location
- › **Online Doctor Consultations**
  - › Consult with an online medical provider- 24/7/365 free of charge
- › **Healthcare Concierge**
  - › Joy, the artificial intelligence-powered virtual assistant, will guide you through the app and services
- › **Rx Savings Review**
  - › Compare Rx options and savings opportunities
- › **HSA/FSA Support**
  - › Integration with your HSA/FSA plan administrators

- › **Medical Bill Review**
  - › Concierge team works with you to verify billing codes, checks for errors, and negotiates when needed
- › **Appointment Booking**
  - › Assistance with scheduling appointments and proactive follow up
- › **Provider Recommendations**
  - › Will help direct you to top-ranked providers and facilities participating in your network

**Download the HealthJoy Mobile App now!**







# Medical-Regence BCBS

## Medical Plan Options

POWDR offers you the choice between two different medical plan designs administered by Regence BlueCross BlueShield (BCBS).

The first is a Traditional PPO plan. The next plan option is a Qualified High Deductible Health Plans (HDHP) that is compatible with a Health Savings Account (HSA).

## Provider Networks

Both plans offer the same participating provider network.

Utah - The participating network is called **Preferred Value Care**. This network covers 42 participating hospitals and over 14,000 participating physicians/providers including the Mountain Star, Steward, and University of Utah hospital systems. Click [here](#) to search for a participating Preferred Value Care provider.

Outside of Utah / National - The participating network is called **BlueCard PPO**. This network provides coverage across the country and around the world. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global Core program. Click [here](#) to search for a participating BlueCard PPO provider.

Remember that you will find the greatest savings when you use a Regence BlueCross BlueShield network preferred provider for your medical needs.

## Preventive Care

Remember to take advantage of preventive care benefits when enrolled in one of the Regence BCBS medical plans. In-network preventive care is **covered 100%** with no copays, coinsurance, or deductibles. This allows you to receive age-appropriate preventive care screenings. Click [here](#) for additional information.

The Regence mobile app gives you easy and secure access to all your health information.

Log in now to:

- › View your personalized dashboard
- › See your deductibles and out-of-pocket max
- › Find in-network doctors, hospitals, and urgent care
- › Use Live Chat to send secure messages to Customer Service or tap to call
- › View your ID card
- › View your claims and detailed EOB statements
- › And more!

[Download the Regence Mobile App now!](#)



## Amazon Pharmacy with

When you use Amazon Pharmacy with the MedsYourWay discount, you'll receive easy home delivery of covered maintenance, preventive prescriptions, and over-the-counter medications, including:

- › Free 5-day shipping; 2-day for Amazon Prime members
- › Up to 90-day fills at a time
- › Discreet packaging
- › Online medication management
- › 24/7/365 access to a pharmacist

The MedsYourWay discount card is not insurance. However, when you use it to buy medications covered by your benefits plan, those costs will automatically count toward your annual deductible and out-of-pocket maximum. Click [here](#) for additional information.





# Patient Assistance Program

## GBS Rx Advantage

### POWDR Pharmacy Savings Opportunities for Specialty Medications

GBS Rx Advantage has partnered with your employer to address the increasing costs of specialty medications. The GBS Rx Advantage team works directly with you or your loved ones to find alternative funding options to reduce or eliminate your out-of-pocket costs.

If you are taking medications that qualify for the GBS Rx Advantage Patient Assistance Program (PAP) you will receive communication from a dedicated GBS team member that will help you navigate the entire process, doing much of the heavy lifting. It is important that you engage with the GBS Rx Advantage team and provide them with the information they request.

#### Notification

When your prescription is submitted to your pharmacy, the pharmacy will be notified to contact GBS Rx Advantage for a potential override. GBS will provide a two-month override once your information has been received.

#### Outreach

GBS Rx Advantage reach out to inform you of the program. After explaining, we will send an authorization form via DocuSign. The authorization form must be completed in order for GBS Rx Advantage to act on your behalf for the sole purpose of prescription drug advocacy.

#### Intake

GBS Rx Advantage will conduct a pre-screening to determine if you will qualify for the PAP. If you do not qualify, you will be enrolled in our Canadian mail-order program.

#### Submission

If you qualify for the program, GBS Rx Advantage will proceed with submitting the application to the PAP. We may request additional information as requested by the PAP from you, or your health care provider. This may include financial information as most PAPs are income-based.

#### Follow-Up

The application is submitted to the PAP once all information and documents have been provided. Approval can take up to 4-8 weeks. GBS Rx Advantage will contact the PAP to check on approval status. For certain programs, you may need to call in to the program directly to inquire about approval status.

#### Outcome

If approved, you will need to stay in contact with the PAP to place orders for your medication. If denied, GBS Rx Advantage will look through the denial and submit an appeal if possible. If not, you will be enrolled in our Canadian mail-order program.

Click [here](#) for a list of common specialty medications.

For more information regarding this program, please call GBS Rx Advantage at 801-819-7853 or email [GBSRxAdvantage.com](mailto:GBSRxAdvantage.com).



# Volunteer Canadian Prescription Savings Program

GBS Rx Advantage

## POWDR Pharmacy Savings Opportunities for Brand-Only Medications

### What is Volunteer Prescription Savings Program?

The Volunteer Savings Program allows the employer and members to save between 30% to 50% off brand-name medications through mail-order shipping from Canadian pharmacy partners through GBS Rx Advantage. While this program is not mandatory, every effort is being made to help reduce prescription costs.

### Is there a copay for prescriptions filled through your company?

There are **no copays** charged to participants. The high program savings allows the employer to offer the program at no charge to members.

### How do I enroll in the Volunteer Prescription Savings Program?

You will receive an email from HR introducing the program which will include information from GBS Rx Advantage. You may also receive an email from GBS Rx Advantage with an intake form to be completed.

### What medications are included in the program?

Brand-name oral medications as well as a few select brand-injectables, brand-antidiabetic meds and brand-inhalers. Controlled substances are not eligible for this program. If you are on the High Deductible Health Plan (HDHP), restrictions may apply.

### Common Medications

This is not an all-inclusive list. Please inquire about other brand-name medications with GBS Rx Advantage by calling 844-454-5201 or emailing [GBSRxAdvantage@gbsbenefits.com](mailto:GBSRxAdvantage@gbsbenefits.com)

- > Anoro Ellipta
- > Biktarvy
- > Bydureon
- > Eliquis
- > Entresto
- > Incruse Ellipta
- > Januvia
- > Jardiance 10mg
- > Latuda
- > Lialda
- > Serevent Diskus
- > Spiriva
- > Tradjenta
- > Trintellix
- > Triumeq
- > Trulicity
- > Victoza
- > Xarelto
- > Xigduo
- > Xiidra

Click [here](#) for additional information (refer to page 2).





# Medical

## Regence \$1,000 Traditional Plan

(Utah - Preferred ValueCare Network | Outside of Utah - BlueCard PPO Network)

Plan Features	In-network You Pay	Out-of-network You Pay
<b>Deductible</b> (9/1/24 - 8/31/25)	\$1,000 / person \$2,000 / family	\$2,000 / person \$4,000 / family
<b>Out-of-Pocket Maximum</b> (9/1/24 - 8/31/25)	\$3,500 / person \$7,000 / family	\$7,000 / person \$14,000 / family
<b>Preventive Care</b>	Covered 100%	40% AD
<b>Office Visits - Primary Care</b>	\$25	40% AD
<b>Office Visits - Specialist</b>	\$45	40% AD
<b>Urgent Care</b>	Covered the same as if you visit a health care provider's office or clinic (Primary Care or Specialist Visit) or if you have a test (Radiology and Laboratory or Complex Imaging)	
<b>Emergency Room</b>	\$150 copay per visit, then deductible and 20% coinsurance	
<b>Hospital Services</b>	20% AD	40% AD
<b>Prescriptions</b>	Retail up to 30-day supply	
Tier 1	\$10	
Tier 2	\$30	
Tier 3	\$60	
	Retail 90-day supply or Amazon MedsYourWay	
Tier 1	\$30	
Tier 2	\$90	
Tier 3	\$180	
<b>Specialty Medications</b>	SmithRx	
Specialty Tier 4	\$30	
Specialty Tier 5	\$60	

AD = After Deductible

[Download the Full Plan Summary](#) 

Looking for a provider in Utah?  
Check out the Provider Search tool [Here >](#)

Looking for a provider outside of Utah?  
Check out the Provider Search tool [Here >](#)



# Medical

## Regence \$2,500 HDHP HSA Plan

(Utah - Preferred ValueCare Network | Outside of Utah - BlueCard PPO Network)

Plan Features	In-network You Pay	Out-of-network You Pay
<b>Deductible</b> (9/1/24 - 8/31/25)	\$2,500 / person \$5,000 / 2 + enrollees	\$5,000 / person \$10,000 / 2 + enrollees
<b>Out-of-Pocket Maximum</b> *not to exceed \$6,850 per person (9/1/24 - 8/31/25)	\$5,000 / person *\$10,000 / 2 + enrollees	\$10,000 / person \$20,000 / 2 + enrollees
<b>Preventive Care</b>	Covered 100%	40% AD
<b>Office Visits - Primary Care</b>	Covered 20% AD	40% AD
<b>Office Visits - Specialist</b>	Covered 20% AD	40% AD
<b>Urgent Care</b>	Covered 20% AD	40% AD
<b>Emergency Room</b>	Covered 20% AD	
<b>Hospital Services</b>	Covered 20% AD	40% AD
<b>Prescriptions</b>	Retail up to 30-day supply	
Tier 1	Covered 20% AD	
Tier 2	Covered 20% AD	
Tier 3	Covered 20% AD	
	Retail 90-day supply or Amazon MedsYourWay	
Tier 1	Covered 20% AD	
Tier 2	Covered 20% AD	
Tier 3	Covered 20% AD	
<b>Specialty Medications</b>	SmithRx	
Specialty Tier 4	20% AD	
Specialty Tier 5	20% AD	

AD = After Deductible

[Download the Full Plan Summary](#) 

Looking for a provider in Utah?  
Check out the Provider Search tool [Here >](#)

Looking for a provider outside of Utah?  
Check out the Provider Search tool [Here >](#)



# Side-By-Side Comparison

Plan Details	Regence \$1,000 Traditional Plan	Regence \$2,500 HDHP HSA Plan
Out-of-Network Coverage	Yes	Yes
HSA Compatible	No	Yes
<b>Deductible</b> Plan Year	\$1,000 / person \$2,000 / family	\$2,500 / person \$5,000 / 2 + enrollees
<b>Out-of-Pocket Max</b> Plan Year	\$3,500 / person \$7,000 / family	\$5,000 / person \$10,000 / 2 + enrollees *Not to exceed \$6,850 per person
Preventive Care	Covered 100%	Covered 100%
Primary Care OV	\$25	20% AD
Specialist OV	\$45	20% AD
Inpatient Hospital	20% AD	20% AD
Outpatient Hospital	20% AD	20% AD
Emergency Room	\$150	20% AD
<b>Pharmacy (30-day)</b> Tier 1 Tier 2 Tier 3	\$10 \$30 \$60	20% AD 20% AD 20% AD
<b>Specialty Medications</b> Specialty Tier 4 Specialty Tier 5	\$30 \$60	20% AD 20% AD
<b>Per-Pay-Period Premiums</b> Employee Only Employee + One Family	\$80.64 \$168.76 \$236.62	\$47.94 \$112.47 \$157.70

AD = After Deductible



# Health Savings Account (HSA)

HealthEquity

A Health Savings Account (HSA) paired with one of the Regence Qualified High Deductible Health Plans (QHDHP), will help you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for healthcare expenses in a tax-advantaged account.

## Who Is Eligible?

You must be enrolled in one of the Regence High Deductible Health Plans (HDHP) and meet the following requirements:

- › Have no other health insurance coverage except what's permitted by the IRS
- › Not be enrolled in Medicare
- › Not be claimed as a dependent on someone else's tax return

## What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse, and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

## About Health Savings Accounts

A Health Savings Account (HSA) is a triple tax-advantaged savings account that you own and control. HSAs are like retirement accounts in that they roll over year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

## How Much Can I Contribute To A Health Savings Account (HSA)?

Each year the IRS establishes the maximum contribution limits. The chart below represents the IRS limits for 2024 and 2025. These limits are for the total funds contributed, including company contributions, your contributions, and any other contributions. As the account owner, it is up to you to ensure you do not exceed these IRS contribution limits annually. Please remember that you can change your HSA allocation at any time during the plan year.

## Will POWDR Contribute Money To My Health Savings Account?

**YES!** POWDR will contribute up to the amounts listed below.



Watch Now: What is an HSA?

	POWDR Contributions		IRS Annual Contribution Limits	
	Quarterly	Yearly	2024	2025
Employee Only	\$250.00	Up to \$1,000	\$4,150	\$4,300
Employee + One	\$375.00	Up to \$1,500	\$8,300	\$8,550
Family	\$500.00	Up to \$2,000	\$8,300	\$8,550

At age 55, an additional \$1,000 contribution is allowed.

To access your HSA or ask questions, visit [www.healthequity.com](https://www.healthequity.com), call (866) 346-5800, or download the HealthEquity mobile app.



# Dental

## Delta Dental Low Plan (No Orthodontia) (PPO and Premier Networks)

Plan Features	PPO Network	Premier Network	Out-of-network
<b>Deductible</b> (9/1/24 - 8/31/25) (waived for Diagnostic & Preventive)	\$25 / person \$75/ family	\$50 / person \$150 / family	\$50 / person \$150 / family
<b>Annual Maximum Benefit</b> (9/1/24 - 8/31/25)	\$1,500 per person each plan year		
<b>Diagnostic &amp; Preventive Services</b> (Exams 2x per plan year, cleanings, x-rays and sealants)	Covered 100%	Covered 100%	Covered 100%
<b>*Basic Services</b> (Fillings and denture repair/reline/rebase/adjustments)	90% AD	80% AD	80% AD
<b>*Endodontics</b> (root canals)	90% AD	80% AD	50% AD
<b>*Periodontics</b> (gum treatment)	90% AD	80% AD	50% AD
<b>*Oral Surgery</b>	90% AD	80% AD	50% AD
<b>*Major Services</b> (Crowns, inlays, onlays, and cast restorations)	50% AD	50% AD	50% AD
<b>*Prosthodontics</b> (Bridges, dentures and implants)	50% AD	50% AD	50% AD
<b>Orthodontic Benefits</b>	Not Covered		

AD = After Deductible

\*Amount paid by Delta Dental until the Annual Maximum has been exhausted

**PPO Network** - Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. You will also pay less out-of-pocket as you will have a lower deductible and coinsurance.

**Premier Network** - If you can't find a PPO dentist, Premier dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

[Download the Full Plan Summary](#) 

Looking for a provider?  
Check out the Delta Dental Provider Search [Here >](#)

Delta Dental does not send out physical ID cards. Please click [here](#) for instructions on how to download a copy or click [here](#) for instructions on how to set up your account online.





# Dental

## Delta Dental High Plan (With Orthodontia) (PPO and Premier Networks)

Plan Features	PPO Network	Premier Network	Out-of-network
<b>Deductible</b> (9/1/24 - 8/31/25) (waived for Diagnostic & Preventive)	\$25 / person \$75/ family	\$50 / person \$150 / family	\$50 / person \$150 / family
<b>Annual Maximum Benefit</b> (9/1/24 - 8/31/25)	\$1,500 per person each plan year		
<b>Diagnostic &amp; Preventive Services</b> (Exams 2x per plan year, cleanings, x-rays and sealants)	Covered 100%	Covered 100%	Covered 100%
<b>*Basic Services</b> (Fillings and denture repair/reline/rebase/adjustments)	90% AD	80% AD	80% AD
<b>*Endodontics</b> (root canals)	90% AD	80% AD	50% AD
<b>*Periodontics</b> (gum treatment)	90% AD	80% AD	50% AD
<b>*Oral Surgery</b>	90% AD	80% AD	50% AD
<b>*Major Services</b> (Crowns, inlays, onlays, and cast restorations)	50% AD	50% AD	50% AD
<b>*Prosthodontics</b> (Bridges, dentures and implants)	50% AD	50% AD	50% AD
<b>Orthodontic Maximums</b>	\$1,000 lifetime maximum per person		
<b>**Orthodontic Benefits</b> (Adults and dependent children)	50%	50%	50%

AD = After Deductible

\*Amount paid by Delta Dental until the Annual Maximum has been exhausted

\*\*6-Month Waiting Period for Orthodontic Benefits

**PPO Network** - Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. You will also pay less out-of-pocket as you will have a lower deductible and coinsurance.

**Premier Network** - If you can't find a PPO dentist, Premier dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

[Download the Full Plan Summary](#) 

Looking for a provider?  
Check out the Delta Dental Provider Search [Here >](#)

Delta Dental does not send out physical ID cards. Please click [here](#) for instructions on how to download a copy or click [here](#) for instructions on how to set up your account online.



# Vision

## VSP Signature Plan

Plan Features	In-Network Co-Pay	Out-of-Network Plan Reimbursement
<b>Eye Exam</b> (once every 12 months)	\$10	Up to \$50
<b>Frames</b> (once every 24 months)	\$130 allowance, plus 20% off balance over \$130	Up to \$70
<b>Lenses</b> (once every 12 months) (Glass or Plastic)		
Single Vision	\$10	Up to \$50
Lined Bifocal	\$10	Up to \$75
Lined Trifocal	\$10	Up to \$100
<b>Lens Enhancements</b>		
Standard progressive lenses	\$0	\$40
Premium progressive lenses	\$80 - \$90	\$45
Custom progressive lenses	\$120 - \$160	\$45
<b>Contact Lenses</b> - (in lieu of glasses) (once every 12 months)		
Elective	\$130 allowance	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>VSP Laser VisionCare Program</b>	<ul style="list-style-type: none"><li>• Average 15% off or 5% off promotional offer.</li><li>• Discounts <b>only</b> available from VSP contracted facilities.</li><li>• Members who've had laser surgery can use frame benefit for non-prescription sunglasses.</li></ul>	
Discounts on LASIK, Custom LASIK, and PRK, plus patient education		

### Additional Pairs of Glasses

30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses purchased on the same day with the same provider who performed the exam. Or 20% off from any VSP provider within 12 months of the member's last WellVision Exam.

Download the Full Plan Summary [↓](#)

Looking for a provider?  
Check out the VSP Provider Search [Here >](#)



# Cost of Coverage

September 1, 2024 - August 31, 2025

## Medical - Regence \$1,000 Traditional PPO

Status	Employee Cost Per Pay Period	POWDR Cost Per Month
Employee	\$80.64	\$510.47
Employee + One	\$168.76	\$1,068.26
Family	\$236.62	\$1,497.79

## Medical - Regence \$2,500 HDHP with HSA

Status	Employee Cost Per Pay Period	POWDR Cost Per Month
Employee	\$47.94	\$525.60
Employee + One	\$112.47	\$1,073.56
Family	\$157.70	\$1,505.22

## Health Savings Account (HSA) - HealthEquity

Status	POWDR Contribution Per Quarter	POWDR Contribution Per Year
Employee	\$250.00	Up to \$1,000.00
Employee + One	\$375.00	Up to \$1,500.00
Family	\$500.00	Up to \$2,000.00

## Dental - Delta Dental Low Plan (No Orthodontia)

Status	Employee Cost Per Pay Period	POWDR Cost Per Month
Employee	\$4.42	\$28.75
Employee + One	\$9.85	\$64.06
Family	\$14.91	\$96.91

## Dental - Delta Dental High Plan (With Orthodontia)

Status	Employee Cost Per Pay Period	POWDR Cost Per Month
Employee	\$4.93	\$32.03
Employee + One	\$10.86	\$70.63
Family	\$16.43	\$106.76

## Vision - VSP

Status	Employee Cost Per Pay Period	POWDR Cost Per Month
Employee	\$3.28	\$0
Employee + One	\$5.32	\$0
Family	\$9.46	\$0



## Notes



**This guide was created for the employees of POWDR by GBS Benefits.**