



Summary of Benefits

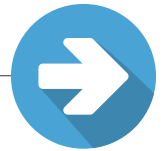


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Welcome to Idaho Power!

At Idaho Power, we strive to provide a total rewards package that is balanced, competitive and sustainable. Our goal is to attract and retain high-quality employees and motivate them to achieve performance goals that benefit our customers and shareholders.

What is “total rewards?” Total rewards is the combination of tangible offerings like compensation (base and incentive pay), health and retirement benefits, education aid and time off/leave benefits, along with less tangible but important components such as career and development opportunities, work-life balance, and the overall culture and experience of being an employee at Idaho Power.

This booklet provides you with summary information regarding many of the benefits included in our total rewards package. You are encouraged to review this information carefully as you consider employment with us. Since 1916 our skilled, dedicated and proud employees have continued to ensure our legacy of success every day.

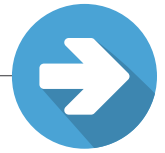
We work together,

We succeed together,

We stand together.

Stand with us.





Benefits Eligibility by Job Classification

Benefits	Regular Employees		Temporary/ Non-Regular Employees		Seasonal	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
401(k) Plan	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a	Yes ^a
Accidental Death & Dismemberment Insurance	Yes	Yes ^b	No	No	No	No
Dental Insurance	Yes	Yes ^b	Yes	Yes ^b	No	No
Employee Assistance Plan (EAP)	Yes	Yes ^b	Yes	Yes ^b	No	No
Flexible Spending Account	Yes	Yes ^b	Yes	Yes ^b	No	No
Flexible Time Off (FTO)	Yes	Yes	Yes	Yes	Yes	Yes
Floating Holidays	Yes	Yes ^b	Yes	No	No	No
Group Travel Accident Insurance	Yes	Yes ^b	No	No	No	No
Holidays	Yes	Yes ^b	Yes	No	No	No
Jury Duty	Yes	Yes ^b	Yes	No	No	No
Life Insurance Basic	Yes	Yes ^b	No	No	No	No
Life Insurance Child Supplemental	Yes	Yes ^b	No	No	No	No
Life Insurance Employee Supplemental	Yes	Yes ^b	No	No	No	No
Life Insurance Spouse Supplemental	Yes	Yes ^b	No	No	No	No
Long-Term Disability	Yes	No	No	No	No	No
Medical Insurance	Yes	Yes ^b	Yes	Yes ^b	No	No
Military Duty Leave	Yes	Yes	Yes	Yes	Yes	Yes
Military Duty Supplemental Pay	Yes	Yes	No	No	No	No
Pension Plan	Yes ^c	Yes ^c	Yes ^c	Yes ^c	Yes ^c	Yes ^c
Service Awards	Yes	Yes	No	No	No	No
Short-Term Disability	Yes	No	No	No	No	No
Tuition Reimbursement	Yes ^d	No	No	No	No	No
Vision Insurance	Yes	Yes ^b	Yes	Yes ^b	No	No
Workers' Compensation Basic Benefit	Yes	Yes	Yes	Yes	Yes	Yes
Workers' Compensation Salary Supplement	Yes	No	No	No	No	No

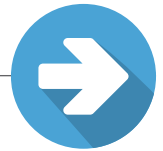
^a Must be 18 years of age, and subject to auto enrollment.

^b Must be scheduled and working an average of 24 hours per week.

^c Eligible after 12 months of cumulative service.

^d Eligible after 12 months of continuous service.

This table is only a guide. Eligibility for benefit plans is determined by plan provisions. Refer to plan documents for complete details on eligibility.



When Does Coverage Begin?

Coverage begins the first of the month following the date of hire.

Medical Plans

Regence BlueShield of Idaho

Key Features	Standard Option	Health Investment Option
Annual Deductible Employee only coverage Family coverage	\$500 \$500 per person	\$2,000 \$4,000 total
Annual Out-of-Pocket Maximum Employee only coverage Family coverage (aggregate maximum)	\$3,000 \$6,000 per family	\$4,000 \$8,000
Most other services including office visits and hospital stays	Company pays 80% after deductible	Company pays 80% after deductible
Preventive Care	Company pays 100% when Regence BlueShield network provider used	Company pays 100% when Regence BlueShield network provider used
Emergency Room	\$75 co-pay (waived if admitted to hospital) Company pays 80% after deductible	Company pays 80% after deductible
Prescription Medication Generic drugs Formulary drugs Nonformulary, nonspecialty drugs Specialty drugs Mail-order available Separate out-of-pocket maximum	Company pays 90%, Participant 10% Company pays 75%, Participant 25% Company pays 65%, Participant 35% Company pays 50%, Participant 50% Yes \$3,600 per person and \$7,200 per family maximum (once reached, company pays 100% the rest of the year)	The following applies to all drugs: prescriptions are subject to deductible; once met, company pays 80%, participant pays 20% Yes N/A (prescription expenses apply toward medical out-of-pocket maximum)
Flexible Spending Account	May enroll in FSA Health Care Account (\$2,550 annual maximum) and/or Dependent Care Account (\$5,000 annual maximum)	May enroll in Limited-Purpose FSA Health Care Account (\$2,550 annual maximum) and/or Dependent Care Account (\$5,000 annual maximum)
Health Savings Account with company contribution	No	Employee only medical: Employer contributions: \$1,000 a year (\$38.46 per pay period), Employee contributions: up to \$2,400 per year Family medical coverage: Employer contributions: \$2,000 a year (\$76.92 per pay period), Employee contributions: up to \$4,650 per year



Dental Plan

Delta Dental of Idaho

Dental Coverage	
Deductible	\$25 participant \$75 family
Annual Benefit Maximum Annual Carryover* Maximum Carryover	\$1,250 \$300 \$3,050
Preventive services, such as teeth cleaning and fluoride application	Company pays 100%; expenses not subject to deductible
Basic services, such as fillings, root canals and tooth extractions	Company pays 80%; expenses subject to deductible
Major services, such as crowns, bridges and replacement dentures	Company pays 50%; expenses subject to deductible
Orthodontia services started prior to age 19 (for dependent children only)	Company pays 50% up to lifetime maximum of \$1,250/person; not subject to deductible

* Subject to eligibility.



Vision Plan

Vision Service Plan

Vision Coverage	If you see a VSP doctor...	If you see a non-VSP doctor...
How It Works	You pay the co-pay (\$10 for exam; \$20 for materials) to the doctor and the plan pays the amounts listed below	You pay the bill in full and the plan reimburses you the amounts listed below
Exams (once every 12 months)	100% after copay	Up to \$45
Lenses Single vision Bifocal Trifocal Lenticular Tinted or photochromic	100% after copay 100% after copay 100% after copay 100% after copay 100% after copay	Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$5
Frames (once every 24 months)	\$120 frame allowance	Up to \$47
Contacts	Once every 12 months in place of eyeglass lenses and frames. Allowance applies to both exam (fitting and evaluation) and contact lenses	
Elective Medically necessary	100% after co-pay, up to \$120 100% after co-pay, up to \$210	100% after co-pay, up to \$105 100% after co-pay, up to \$210
VSP Discounts	20% off additional pairs of prescription glasses Average 30% savings on lens options Average 15% discount off laser vision surgery at selected facilities	N/A



Life Insurance Options

Idaho Power provides regular, full-time employees with basic life insurance in the amount of 1x annual salary at no cost to the employee. Employees also have the option of purchasing supplemental coverage in the amounts listed below.

Basic Life	1 X Annual Salary
Employee Supplemental Life	1, 2 or 3 X Annual Salary
Spouse Supplemental Life	\$10,000 to \$150,000 in \$10,000 increments
Child Supplemental Life	\$5,000, \$10,000 or \$15,000
Accidental Death & Dismemberment (AD&D)	\$25,000 to \$750,000 in \$25,000 increments



Flexible Spending Accounts

Employees with out-of-pocket health or dependent daycare expenses may wish to pay for those services with pre-tax dollars through our Flexible Spending Account program. Please note the annual maximums listed below.

Health Care Account	\$2,550 annual maximum
Dependent Care Account	\$5,000 annual maximum



Our Retirement Plans

Pension Plan	1.2% x Years of Credited Service x Final Average Pay
Employee Savings Plan 401(k)	First 2% matched at 100%; next 4% matched at 50%



Flexible Time Off

Employees at Idaho Power earn a generous amount of Flexible Time Off each pay period to use for vacations, sick time or other purposes.

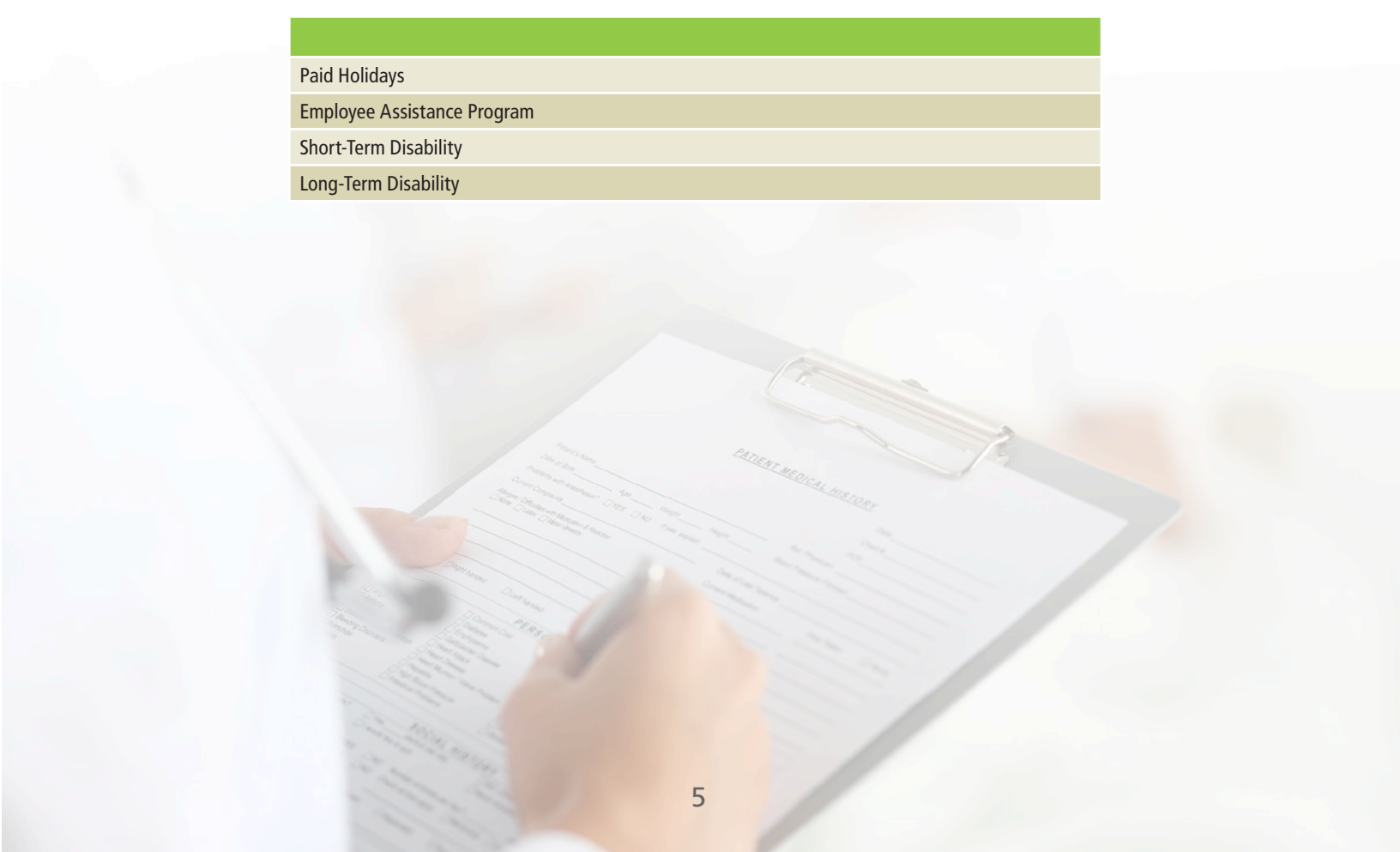
Length of Service	Biweekly Rate of Accrual Hours*	Time Earned in a 12-Month Period *
0 years to 5 years	4.62	15 days
5 years to 10 years	6.15	20 days
10 years to 15 years	6.92	22.5 days
15 years to 20 years	7.69	25 days
20 years to 25 years	8.46	27.5 days
25 years to 30 years	9.23	30 days
30+ years	9.85	32 days

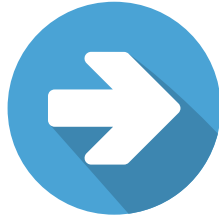
* Based on full-time employment.

Other Benefits

Idaho Power employees enjoy eleven paid holidays on top of their Flexible Time Off. In addition, many benefits that employees must pay for at other companies are covered by Idaho Power, such as Short-Term Disability and Long-Term Disability.

Paid Holidays
Employee Assistance Program
Short-Term Disability
Long-Term Disability





TOTAL REWARDS