



**City of McCall**

# EMPLOYEE BENEFIT GUIDE

## 2023-2024



# City of McCall

## FY24 Benefit Plan Cost Sheet

### HEALTH

Employee Enrollment	III-A Premium/mo	Employee per month	Employee Pay Period
Employee	834.00	0.00	<b>0</b>
EE + SP	1,829.00	224.00	<b>112.00</b>
Family	2,507.00	302.00	<b>151.00</b>
EE + Child	1,160.00	142.00	<b>71.00</b>
EE + Children	1,737.00	214.00	<b>107.00</b>

### VISION

Employee Enrollment	III-A Premium/mo	Employee per month	Employee Pay Period
Employee	8.00	0.00	<b>0</b>
EE + SP	17.00	8.00	<b>4.00</b>
Family	25.00	12.00	<b>6.00</b>
EE + Child	15.00	8.00	<b>4.00</b>
EE + Children	15.00	8.00	<b>4.00</b>

### DELTA DENTAL

Employee Enrollment	Dental Premium/mo	Employee per month	Employee Pay Period
Employee	34.42	0.00	<b>0</b>
EE + SP	67.85	34.00	<b>17.00</b>
Family	139.81	70.00	<b>35.00</b>
EE + Child	64.90	32.00	<b>16.00</b>
EE + Children	106.50	52.00	<b>26.00</b>

### WILLAMETTE DENTAL

Employee Enrollment	Dental Premium/mo	Employee per month	Employee Pay Period
Employee	49.00	0.00	<b>0</b>
EE + SP	99.00	48.00	<b>24.00</b>
Family	155.15	78.00	<b>39.00</b>
EE + Child	99.00	48.00	<b>24.00</b>
EE + Children	155.15	78.00	<b>39.00</b>

### HRA Standard Contribution

Medical	Annual	Monthly
Employee	\$ 455.00	37.92
EE + Dep.	\$ 670.00	55.83

### HRA OPT-OUT

*(employees opting out of health coverage for dependents)*

Employee Enrollment	Opt Out \$ Emp & Dep.	Opt Out \$ Dep. Only
Employee	102.50	N/A
EE + SP	212.50	110.00
Family	250.00	147.50
EE + Child	140.00	37.50
EE + Children	175.00	72.50

### FSA and HRA Administration Fee

( per pay period amount)

HRA/FSA Administration	<b>\$2.50</b>
------------------------	---------------

\$3050 annual max FSA

\$5000 annual max DC FSA



## **◆ PERSI BENEFITS AT A GLANCE: OVERVIEW OF YOUR RETIREMENT BENEFITS**

### **PERSI RETIREMENT PLAN**

You become a PERSI member when you go to work in an eligible position with a PERSI employer. When you earn 60 months of service credit, you will be vested to receive a lifetime benefit at retirement. The 60-month vesting period (5 months for elected and some appointed officials) does not need to be with the same PERSI employer. Unless you leave public employment altogether, changing jobs should not affect your PERSI membership.

### **BASE PLAN BENEFITS**

Enrollment in the PERSI Base Plan (your pension) is automatic. Both you and your employer make contributions to PERSI. Your contributions are credited to a personal account that earns interest. The money in your account belongs to you...it is always yours no matter what! Employer contributions are pooled into a trust to cover future benefits for all members. When you retire as a vested member, PERSI will pay you a benefit every month for as long as you live — and, if you select a retirement option with a survivor benefit, your Contingent Annuitant will receive a lifetime benefit after your death.

### **VALUE**

The actual value of your benefit generally far exceeds your contributions. Within the first 3 - 5 years of retirement, most members have already received a return greater than all the money they contributed while working. For example, if your contributions to PERSI during your career totaled \$60,000, and your monthly retirement benefit is \$1,500, you would receive your \$60,000 in approximately three years. Although you would have exhausted everything you contributed, PERSI would continue to pay you \$1,500 a month for the rest of your life, plus annual cost of living adjustments (COLAs) if approved by the Idaho Legislature. If your retirement were to last another 20 years, you would receive \$360,000 in benefits from the PERSI trust.

### **DISABILITY BENEFITS**

In addition to your retirement benefit, your Base Plan

contributions provide for disability coverage. Should you become totally and permanently disabled while an active vested member, you may be eligible for a disability benefit. Disability for retirement purposes is considered to be a total and permanent physical or mental impairment that prevents you from earning a livelihood. If you perform any work for compensation, you will not be considered to be disabled.

### **TIME LIMIT**

PERSI members applying for disability benefits have a limited period in which to file an application. The law (effective July 1, 2006) requires inactive members applying for PERSI disability benefits to file their claim within one year from the date of their last contribution to PERSI. Members go from active to inactive status when they are no longer eligible to accrue service or make contributions.

### **RETURN TO WORK**

Effective July 1, 2010, per Idaho Statute 59-1354A, PERSI members on disability may attempt to return to work under certain conditions. If they are unsuccessful, the member may be able to resume PERSI disability retirement if approved by the Board and if certain requirements are met and the Board approves.

### **SURVIVOR BENEFITS**

The PERSI Base Plan offers financial security for your beneficiaries after you die. Whether an active or inactive member, if you die after becoming vested and had named your spouse as your sole beneficiary, PERSI will offer your spouse the choice of a lump sum payment of your remaining contributions, plus interest, or a monthly allowance payable for life. The lump sum death benefit for vested members is two times your account balance, including interest.\* If you die before becoming vested, your beneficiary will receive your account balance plus any interest accrued.

\* This only applies to members with a date of last contribution (DLC) of 7/1/99 or later.

*continued...*

**If there is any discrepancy between this publication and the law, the provisions of the law will prevail.**



## ◆ PERSI BENEFITS AT A GLANCE: OVERVIEW OF YOUR RETIREMENT BENEFITS...continued

### PORTABILITY OF FUNDS

Your Base Plan contributions are always yours. If you leave a PERSI employer, keep your Base Plan money in PERSI, and later work for another PERSI-covered employer, you retain the service credit earned in your previous job. All service credit earned while working for a PERSI employer is automatically combined into a single account for you.

If you leave PERSI-covered employment, you may withdraw your Base Plan money, plus any interest earned — although tax penalties and withholdings may apply. You may also roll your money and interest over to an Individual Retirement Account (IRA) or other qualified retirement plan, including the PERSI Choice 401(k) Plan, if you have an account.

### COST-OF-LIVING ADJUSTMENTS

The Retirement Board considers a cost-of-living adjustments (COLAs) to Base Plan retiree benefit payments each year. The amount of the COLA is tied to the Consumer Price Index (CPI-U) and subject to the growth or decline in retirement fund assets. If a COLA is awarded, it becomes effective March 1<sup>st</sup>.

### CHOICE 401(k) PLAN

The Choice 401(k) Plan is an optional defined contribution (DC) retirement savings plan available to active members. Unlike the Base Plan, participation in the Choice 401(k) Plan is completely voluntary. It allows you to contribute a portion of your salary on a tax-deferred basis via payroll deductions. This means your contributions come out of your paycheck before taxes, thereby reducing the amount of taxes you pay during the year.

### LOANS

The Choice 401(k) Plan includes a loan provision where a member may take a loan for any reason as long as they have a balance of \$2,000 or more in their account, excluding any gain sharing amounts.

### INVESTMENT OPTIONS

The Choice 401(k) Plan has several investment options. One of the most popular is the PERSI Total

Return Fund (TRF), which mirrors PERSI's Base Plan investments. The TRF is the default investment fund. Your contributions are automatically invested in the TRF unless you elect otherwise. Unlike the Base Plan, you are responsible for managing your Choice 401(k) Plan funds. In most cases, you may change your deferral amounts and investments at any time.

### ROLLOVERS

Money from other qualified retirement plans, such as a 401(a), 457, pre-tax IRA, 403(a), or 403(b) plan, or another 401(k) account, can be rolled over to the Choice 401(k) Plan at PERSI. After-tax contributions cannot be rolled into the Choice Plan.



### FOR MORE INFORMATION

To learn more about PERSI, or for detailed information about your retirement options and benefits, visit the PERSI website at [www.persi.idaho.gov](http://www.persi.idaho.gov) or contact the PERSI Answer Center toll free at 1-800-451-8228 or at 208-334-3365 from the Treasure Valley area. Your human resources and/or payroll personnel will gladly assist you as well.

### VIDEOS AND FREE WORKSHOPS

A number of helpful videos can be found on the Education pages of the PERSI website. In addition, PERSI offers three educational workshops about retirement at no cost to members or employers. To schedule a workshop at your location, have your employer contact the PERSI Education team at (208) 287-9291.

### BROCHURES

Several brochures with more information about your benefits are available on the PERSI website.

### NEWSLETTERS

Active members receive a quarterly newsletter called *PERSpectives*, which is filled with benefit, investment, legislative, and financial information.

**If there is any discrepancy between this publication and the law, the provisions of the law will prevail.**

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions, limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.

**ASC PPO 90-A  
BENEFITS OUTLINE**

Visit our Website at [www.bcidaho.com](http://www.bcidaho.com) to locate a Contracting Provider

	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>The Participant is responsible to pay these amounts:</b>	
<b>Deductibles (per Benefit Period)</b>		
<b>Individual</b>	\$500	
<b>Family</b> <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i>	\$1,000	
<b>Out-of-Pocket Limits (per Benefit Period)</b> <i>(See Plan for services that do not apply to the limit) (Includes applicable Deductible, Cost Sharing and Copayments)</i>		
<b>Individual</b>	\$2,000	\$3,500
<b>Family</b> <i>(No Participant may contribute more than the Individual Out-of-Pocket Limit amount toward the Family Out-of-Pocket Limit)</i>	\$4,000	\$7,000
<b>Cost Sharing</b> <i>Unless specified otherwise below, the Participant pays the following Cost Sharing amount</i>	10% of Maximum Allowance after Deductible	30% of Maximum Allowance after Deductible
<b>Frequently used Covered Services - Some services may require Prior Authorization.</b>		
<b>Physician Office Visits</b> <i>(Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.)</i>	\$20 Copayment per visit	Deductible and Cost Sharing
<b>Pediatric Physician Office Visits</b> <i>(For Participants under the age of eighteen (18). Includes Urgent Care visits. Includes mononucleosis testing, strep A and B testing, development screening(s), ear wax removal, removal of foreign body from ear, urine pregnancy tests, influenza A or B test, rapid RSV test, and pulse oximetry.  All other additional services not listed above, such as laboratory, x-ray, and other Diagnostic Services are not included in the Pediatric Physician Office Visit Copayment.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing

<p><b>Preventive Care Covered Services</b>  <b>For specifically listed Covered Services</b>  <i>Annual adult physical examinations; routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings; Dental fluoride application for Participants age 5 and under; Bone Density; Chemistry Panels; Cholesterol Screening; Colorectal Cancer Screening; Complete Blood Count (CBC); Diabetes Screening; Pap Test; PSA Test; Rubella Screening; Screening EKG; Screening Mammogram; Thyroid Stimulating Hormone (TSH); Transmittable Diseases Screening (Chlamydia, Gonorrhea, Human Immunodeficiency Virus (HIV); Human papillomavirus (HPV), Syphilis, Tuberculosis (TB); Hepatitis B Virus Screening; Sexually Transmitted Infections assessment; HIV assessment; Screening and assessment for interpersonal and domestic violence; Urinalysis (UA); Abdominal Aortic Aneurysm Screening and Ultrasound; Unhealthy Alcohol and Drug Use Assessment; Breast Cancer (BRCA) Risk Assessment and Genetic Counseling and Testing for High Risk Family History of Breast or Ovarian Cancer; Newborn Metabolic Screening (PKU, Thyroxine, Sickle Cell); Health Risk Assessment for Depression; Newborn Hearing Test; Lipid Disorder Screening; Nicotine, Smoking and Tobacco-use Cessation Counseling Visit; Dietary Counseling and Physical Activity Behavioral Counseling; Behavioral Counseling for Participants who are overweight or obese; Preventive Lead Screening; Lung Cancer Screening for Participants age 50 and over, Hepatitis C Virus Infection Screening; Urinary Incontinence Screening; Urine Culture for Pregnant Women; Iron Deficiency Screening for Pregnant Women; Rh (D) Incompatibility Screening for Pregnant Women; Diabetes Screening for Pregnant Women; Perinatal Depression Counseling and Intervention; Behavioral Counseling for Healthy Weight and Weight Gain in Pregnancy.</i></p> <p><i>The specifically listed Preventive Care Services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.</i></p>	<p>No Charge  (Deductible does not apply)</p>	<p>Deductible and Cost Sharing</p>
<p><b>For services not specifically listed</b></p>	<p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p>
<p><b>Immunizations</b>  <i>Acellular Pertussis, Diphtheria, Haemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox), Hepatitis A, Meningococcal, Human papillomavirus (HPV), and Zoster.</i></p> <p><i>All Immunizations are limited to the extent <b>recommended</b> by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.</i></p> <p>Other immunizations not specifically listed may be covered at the discretion of BCI when Medically Necessary.</p>	<p>No Charge  (Deductible does not apply)</p>	<p>No Charge  (Deductible does not apply)</p>
<b>TELEHEALTH SERVICES</b>		
<p><b>Telehealth Virtual Care Services</b></p>	<p>Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services. Please see the appropriate section of the Benefits Outline for those terms.</p>	

COVERED SERVICES <i>Some services may require Prior Authorization.</i>	In-Network	Out-of-Network
	<i>The Participant is responsible to pay these amounts:</i>	
<b>Allergy Injections</b> <ul style="list-style-type: none"> <li>Administration Only</li> <li>Allergy Serum</li> </ul>	\$5 Copayment per visit if no other Office Visit Copayment is required for other Covered Services provided during the visit  \$20 Copayment	Deductible and Cost Sharing
<b>Ambulance Transportation Services</b> <ul style="list-style-type: none"> <li>Ground Ambulance Services</li> <li>Air Ambulance Services <i>(Payment for Out-of-Network Air Ambulance Services is based on the Qualifying Payment Amount. Out-of-Network Air Ambulance Services accumulate towards the In-Network Out-of-Pocket Limit.)</i></li> </ul>	Deductible and Cost Sharing  Deductible and Cost Sharing	Deductible and Cost Sharing  Deductible and In-Network Cost Sharing
<b>Breastfeeding Support and Supply Services</b> <i>(Includes rental and/or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Participant.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Cardiac Rehabilitation Therapy Services – Outpatient</b> <i>Up to a combined In-Network and Out-of-Network total of 36 visits per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Chiropractic Care Services</b> <i>Up to a combined In-Network and Out of-Network total of 18 visits per Participant, per Benefit Period. (Additional services, such as laboratory, x-ray and other Diagnostic Services are not included in the Office Visit.)</i>	\$20 Copayment	Deductible and Cost Sharing
<b>Colonoscopies and Sigmoidoscopies</b> <i>(Preventive and Diagnostic)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Dental Services Related to Accidental Injury</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Dermatological Skin Biopsies and Pathology</b> <i>(Preventive and Diagnostic)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Diabetes Self-Management Education Services</b>	\$20 Copayment	Deductible and Cost Sharing
<b>Diagnostic Services - Laboratory and X-ray</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Emergency Services – Facility Services</b> <i>(Copayment waived if admitted)            (Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i>	\$100 Copayment per hospital Outpatient emergency room visit, then Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
<b>Emergency Services – Professional Services</b> <i>(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i>	Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
<b>Hearing and Hearing Aid Exams</b>	\$20 Copayment per visit (Deductible does not apply)	Deductible and Cost Sharing

COVERED SERVICES <i>Some services may require Prior Authorization.</i>	In-Network	Out-of-Network
	<i>The Participant is responsible to pay these amounts:</i>	
<b>Home Health Skilled Nursing Care Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Home Intravenous Therapy</b>	Deductible and Cost Sharing	Deductible and 80% Cost Sharing
<b>Hospice Services</b>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Hospital Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Inpatient Rehabilitation or Habilitation Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Mammograms (Diagnostic)</b> <i>(See Preventive Care for Screening Mammography benefit.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Breast Ultrasounds</b>		
<b>Maternity Services and/or Involuntary Complications of Pregnancy</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Mental Health and Substance Use Disorder Inpatient Services</b> • <b>Inpatient Facility and Professional Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Mental Health and Substance Use Disorder Outpatient Services</b> • <b>Outpatient Psychotherapy Services</b>  • <b>Pediatric Outpatient Psychotherapy Services</b> <i>(For Participants under the age of eighteen (18).)</i> • <b>Facility and other Professional Services</b>	\$20 Copayment per visit  No Charge (Deductible does not apply)  Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Outpatient Applied Behavioral Analysis (ABA)</b>  • <b>Pediatric Outpatient Applied Behavioral Analysis (ABA)</b> <i>(For Participants under the age of eighteen (18).)</i>	\$20 Copayment per visit  No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Treatment for Autism Spectrum Disorder</b>	Covered the same as any other illness, depending on the services rendered. Please see the appropriate section of the Benefits Outline. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses.	
<b>Outpatient Habilitation Physical Therapy Services</b> <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Participant, per Benefit Period. (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i>	\$20 Copayment per visit	Deductible and Cost Sharing
<b>Outpatient Habilitation Therapy Services</b> • Outpatient Occupational Therapy • Outpatient Speech Therapy <i>Up to a combined In-Network and Out-of-Network total of 20 visits per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Outpatient Rehabilitation Physical Therapy Services</b> <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Participant, per Benefit Period. (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i>	\$20 Copayment per visit	Deductible and Cost Sharing



COVERED SERVICES <i>Some services may require Prior Authorization.</i>	In-Network	Out-of-Network
	<i>The Participant is responsible to pay these amounts:</i>	
<b>Outpatient Rehabilitation Therapy Services</b> <ul style="list-style-type: none"> <li>• Outpatient Occupational Therapy</li> <li>• Outpatient Speech Therapy</li> </ul> <i>Up to a combined In-Network and Out-of-Network total of 20 visits per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Palliative Care Services</b>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Post-Mastectomy/Lumpectomy Reconstructive Surgery</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Prescribed Contraceptive Services</b> <i>(Includes diaphragms, intrauterine devices (IUDs), implantables, injections, tubal ligation and vasectomy.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>PSA Tests and Pap Smears (Diagnostic)</b> <i>(See Preventive Care for Screening PSA Tests and Pap Smears benefits.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Skilled Nursing Facility</b> <i>Up to a combined In-Network and Out-of-Network total of 30 days per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Surgical/Medical (Professional Services)</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Therapy Services</b> <i>(Including Radiation, Chemotherapy, Renal Dialysis and Growth Hormone)</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Transplant Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Be aware that your actual costs for services provided by an Out-of-Network Provider may exceed this Plan's Out-of-Pocket Limit for Out-of-Network services. Except as provided by the No Surprises Act, Out-of-Network Providers can bill you for the difference between the amount charged by the Provider and the amount allowed by Blue Cross of Idaho, and that amount is not counted toward the Out-of-Network Out-of-Pocket Limit.</b>		

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions, limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.

# DENTAL OPTIONS

	Delta Dental of Idaho	Willamette Dental
Services	PPO/Premier Network	Willamette Facility
<b>Annual Deductible</b> <i>(Individual / Family)</i>	\$25/\$75	No Deductible
<b>Annual Maximum</b> <i>(Per Person)</i>	\$1,250	No Annual Maximum
<b>Preventive &amp; Diagnostic Services</b> <i>(Exams, x-rays, cleanings)</i>	You pay 0% <i>Not subject to deductible</i>	\$25 copay per visit
<b>Basic Services</b> <i>(Extractions, root canals, fillings, etc.)</i>	You pay 20% after deductible	See Fee Schedule
<b>Major Services</b> <i>(Crowns, dentures, etc.)</i>	You pay 50% after deductible	See Fee Schedule
<b>Implants</b>	Covered under Major	\$1,500 benefit maximum per plan year
<b>Orthodontia Treatment</b>	Not covered	\$2,400 Comprehensive Treatment copay

Visit [DeltaDentalId.com](http://DeltaDentalId.com) and [WillametteDental.com](http://WillametteDental.com)  
to find a Dental Provider near you.



For new members, look for your Delta Dental ID Card in the mail! Willamette does not issue ID cards, simply use your personal information when making an appointment.

*Enrollment Rules: Your enrollment in this benefit DOES NOT have to match medical.  
Example: you can be enrolled as employee + family on medical, and employee only on this benefit*

## Questions about these benefits?

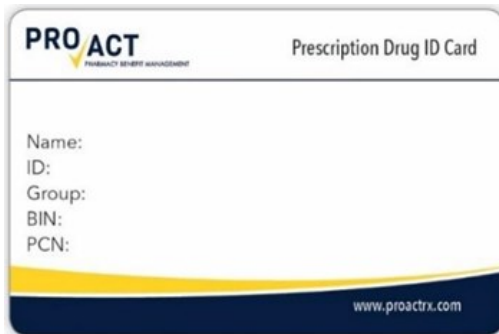
Reach out to Advanced Benefits at (208) 664-3482 or [Service@TrustAB.com](mailto:Service@TrustAB.com)  
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch



# ProAct Prescription Drug Benefits



Save \$\$\$ on your  
maintenance medications through  
mail order with ProAct!



ProAct Mail-Order Pharmacy: [ProActPharmacyServices.com](http://ProActPharmacyServices.com) (866) 287-9885  
Noble Specialty Pharmacy (Specialty Medications): (888) 843-2040

## III-A Pharmacy Benefit Copays:

### RETAIL PHARMACY: 30 DAY SUPPLY

Generic (Tier 1): Up to \$10

Brand Name (Tier 2): Up to \$25

Non-Preferred Drugs (Tier 3): Up to \$40

### MAIL ORDER PHARMACY: 90 DAY SUPPLY \*MOST COST SAVINGS

Generic (Tier 1): Up to \$20

Brand Name (Tier 2): Up to \$50

Non-Preferred Drugs (Tier 3): Up to \$80

### SPECIALITY PHARMACY: 30 DAY SUPPLY LIMIT

Contact the III-A Benefits Line to discuss the specialty med options and savings opportunity.

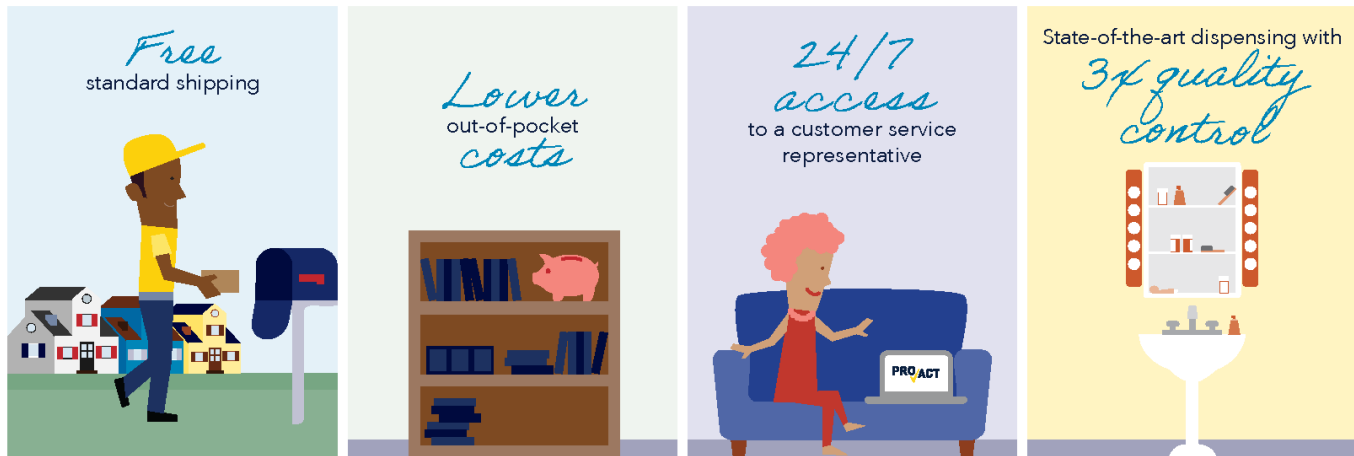
**DIABETIC MEMBERS:** Call the III-A Benefits Line to discuss cost-saving benefits that may be available to you.



**NEVER LEAVE THE PHARMACY WITHOUT YOUR PRESCRIBED MEDICATIONS. Call the III-A Benefits Line if something is incorrect.**

HERE'S WHAT YOU SHOULD KNOW ABOUT PROACT PHARMACY SERVICES'  
**MAIL ORDER PROGRAM**

ProAct Pharmacy Services will deliver maintenance prescriptions, up to a 90 day supply, directly to your door for the cost of your mail order pharmacy copay. You will need a new prescription from your doctor to begin using the mail service. Your doctor can e-scribe, call in, or fax your prescription to "ProAct Pharmacy Services". You may also mail a prescription along with a completed profile form. To get started, call a Customer Service Representative to set up your account.



■ **HOW DO I GET STARTED?**

To enroll in ProAct's mail order program, simply call **866-287-9885** to speak to a Customer Service Representative. They will assist you in setting up a patient profile including a payment method. You may set up automatic billing to a credit card of your choice.

■ **WHAT IF MY MEDICATION NEEDS TO BE REFRIGERATED?**

If your medication requires refrigeration, our team will call you to schedule the delivery at a time when you will be home. Your medication is packaged with special ice packs and ventilation that can last up to 48 hours. All refrigerated medication is delivered UPS Overnight to ensure the integrity of the medication.

■ **HOW LONG WILL IT TAKE FOR ME TO RECEIVE MY MEDICATION(S)?**

You can expect to receive your medication(s) within 7-10 days after we have received the order.

■ **WHAT IF I AM NOT HOME TO RECEIVE MY MEDICATION(S)?**

If your medication(s) are being sent USPS (non-refrigerated medication), they will be delivered to your mailbox just like normal mail.

If you are receiving a controlled substance, a signature will be required in order for the medication to be left at your home. You may provide us with an alternate address in which to ship the medication, where you know someone is present to sign for it.

If you are leaving your residence for an extended period of time, simply provide us with an alternate address or a one-time-use address in which to ship your medications.

■ **DO I NEED TO CALL EVERY 90 DAYS TO MAKE SURE MY PRESCRIPTION IS FILLED AND BEING MAILED?**

You have the option of utilizing our Automatic Refill Program. This will push maintenance prescription(s) with remaining refills into process 10 days before they are due to fill.

If you have a prescription that is enrolled on the program, but there are no refills remaining, the system will automatically send a refill renewal request to your doctor. We strongly encourage you to reach out to your doctor as well to inform them you are out of refills in order to avoid any possible interruptions.

You can also utilize our website, [www.proactrx.com](http://www.proactrx.com), or automated phone system to call in your prescription(s) up to 21 days in advance to ensure timely delivery of your medications.

Prescriptions for controlled substances are excluded from the auto refill program and doctor renewal requests.

**YOUR EXCLUSIVE PROVIDER OF MAIL ORDER PRESCRIPTIONS**

1226 US Highway 11, Gouverneur, New York 13642 | 866-287-9885 tel | 315-287-3330 fax | MailOrder@ProActPharmacyServices.com

**\*\*Medication Prior-Authorizations must be submitted to ProAct.\*\***



# Vision Benefit Summary

## Using your benefit is easy.

- Find an eyecare provider who's right for you. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- Review your benefit information. Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP and show them your Blue Cross of Idaho ID card.

That's it! There are no claim forms to complete when you see a VSP doctor.

## Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. You'll have access to great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

## Plan Information

VSP Doctor Network: VSP Choice

VSP is an independent company that administers vision benefits on behalf of Blue Cross of Idaho.

Benefit	Description	Copayment	
<b>Your Coverage with a VSP Choice Doctor</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Every 12 months</li> </ul>	\$10	
<b>Prescription Glasses</b>		\$25	
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for a wide selection of frames</li> <li>• 20% off amount over your allowance</li> <li>• Every 12 months</li> </ul>	Included in Prescription Glasses	
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Blu-tech and photochromic lenses</li> <li>• Polycarbonate lenses for dependent children</li> <li>• Every 12 months</li> </ul>	Included in Prescription Glasses	
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average 20-25% off other lens options</li> <li>• Every 12 months</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>• 15% off contact lens exam (fitting and evaluation)</li> <li>• Every 12 months</li> </ul>	\$0	
<b>Your benefit includes Eyeconic™, VSP's online eyewear store, and shipping is free. Visit <a href="http://vsp.com">vsp.com</a> for complete details.</b>			
<b>Extra Savings and Discounts</b>	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> <li>• 20% off additional complete pairs of glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.</li> </ul> <p>Laser Vision Correction</p> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		
<b>Your Coverage with Out-of-Network Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP doctor.			
Exam.....	up to \$45	Lined Trifocal Lenses.....	up to \$65
Frame.....	up to \$70	Progressive Lenses.....	up to \$50
Single Vision Lenses .....	up to \$30	Contacts.....	up to \$105
Lined Bifocal Lenses.....	up to \$50		
<b>VSP guarantees coverage from VSP doctors only.</b>			





## Mutual of Omaha Group Employer Paid Life /AD&D

### Plan Features

Employee Benefit Amount	\$25,000
AD&D Benefit	Equal to your Term Life benefit amount if loss is due to accident or injury.

## Mutual of Omaha Supplemental Life /AD&D

### Plan Features

Employee Benefit Amount	Employees can choose different amounts of coverage between the minimum and maximum benefit amount. See the carrier's plan documentation for more details.
Minimum Benefit Amount	Employee: \$10,000
Maximum Benefit Amount	\$500,000, in increments of \$10,000, but no more than 5 times annual salary.
AD&D Benefit	Equal to your Voluntary Life benefit amount if loss is due to accident or injury.
Spouse Benefit	\$5,000 up to the lesser of 100% of employee's benefit or \$250,000
Dependent Benefit	\$2,000 up to the lesser of 100% of employee's benefit or \$10,000
<b>Guarantee Issue Amounts</b>	
	<p><b>Employee:</b> 5 times annual salary, up to \$100,000</p> <p><b>Spouse:</b> 100% of employee's benefit, up to \$250,000</p> <p><b>Children:</b> 100% of employee's benefit, up to \$10,000</p> <p><i>If you choose to waive this benefit, please note that you may experience future limitations of how much life insurance you can buy.</i></p>

*Enrollment Rules: Your enrollment in this benefit DOES NOT have to match medical.  
Example: you can be enrolled as employee + family on medical, and employee only on this benefit*

### Questions about these benefits?

Reach out to Advanced Benefits at (208) 664-3482 or [Service@TrustAB.com](mailto:Service@TrustAB.com)  
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch



# FLEXIBLE SPENDING ACCOUNT

## Understanding the FSA:

- ▶ Use your FSA funds throughout the plan year to pay for eligible healthcare or dependent care expenses (the IRS determines which expenses are FSA eligible).
- ▶ Funds are withdrawn from your paycheck before taxes are withheld and deposited into your account.
- ▶ FSA elections are made once before the beginning of the FSA Plan Year. Changes to your elections cannot be made after the start of the Plan Year unless you experience an FSA qualifying event.
- ▶ Save your receipts and other supporting documentation related to your DCFSA expenses and claims as the IRS may request itemized receipts to verify the eligibility of your expenses.

### Health FSA

You may not contribute to a Health Savings Account (HSA) *and* to a Health FSA

Eligible expenses for you and eligible dependents include:

- Medical copays, coinsurance, deductibles, prescription drugs
- Dental copays, coinsurance, deductibles
- Vision copays, exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractic, acupuncture
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

You can contribute up to \$3,050 per tax year

At the end of the FSA Plan Year, you may rollover up to \$610 of unused funds into the new Plan Year. Additional unused funds are forfeited at the end of the Plan Year.

### Dependent Care FSA

Generally reimburses you after the eligible care service has been provided.

Eligible care expenses include:

- Care for your child who is under age 13 – Before and after school, babysitting and nanny expenses, daycare, nursery school, preschool, summer day camp
- Care for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home

You can contribute up to a maximum of:

- \$2,500 per tax year if you are married and file a separate tax return
- \$5,000 per tax year, per household if you are married and file a joint tax return, or if you file as single, or head of household.

Unused funds are forfeited at the end of the Plan Year.

## Questions about your Flexible Spending Account?

Reach out to **NueSynergy**

1 (855) 890-7239 or [customerservice@nuesynergy.com](mailto:customerservice@nuesynergy.com)



**NueSynergy**  
CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

# HEALTH REIMBURSEMENT ARRANGEMENT (HRA) PLAN

City of McCall offers a Health Reimbursement Arrangement (HRA) for medical, dental or vision expenses to help keep premiums lower and your out-of-pocket expenses manageable.

## Understanding the HRA Plan:

- ▶ Enrolling in the III-A Medical Plan auto-enrolls you in the HRA Plan.
  - ▶ When you enroll in the medical benefits, you will receive \$37.92 per month for yourself or \$55.83 per month for you and your dependents.
- ▶ The HRA is funded solely with employer dollars.
- ▶ Any used HRA balances will carry over into future plan years as long as you remain employed by the City of McCall.
- ▶ If you leave the City of McCall, your unused balance will be forfeited and you will no longer have access to those HRA funds.
  - ▶ Only expenses incurred prior to your termination date are eligible for reimbursement.
- ▶ You may be required to submit substantiation of your expense.
  - ▶ You should always ask for an itemized receipt when you receive care. NueSynergy will frequently ask you to submit documents that show information about your transaction.

**You may use your HRA funds for reimbursement on qualified health expenses that are not covered by your medical, dental and vision plans.**

Examples include:

- Doctor Copays
- Medical Deductible
- Prescriptions
- Dental (Fillings, Crowns, etc.)
- Vision (Glasses, Contacts, etc.)
- Braces/Orthodontia

	Waiver HRA Contribution	
	Emp & Dep.	Dep. Only
EE	102.50	N/A
EE & SP	212.50	110.00
EE, SP & 1	250.00	147.50
EE, SP & 2	250.00	147.50
EE, SP & 3	250.00	147.50
EE & 1	140.00	37.50
EE & 2	175.00	72.50
EE & 3	175.00	72.50

## Questions about your Flexible Spending Account?

Reach out to **NueSynergy**

1 (855) 890-7239 or [customerservice@nuesynergy.com](mailto:customerservice@nuesynergy.com)



**NueSynergy**  
CUSTOMER FOCUSED • TECHNOLOGY DRIVEN





# A voluntary benefit designed just for employees



Our popular My Pet Protection<sup>®</sup> plan features more choices and more flexibility.

- ✓ **All pets are welcome.** Only insurer with plans for dogs, cats, birds and exotic pets
- ✓ **Cash back** on eligible vet bills. Employees can choose a reimbursement level of 50% or 70%.\*
- ✓ Available **exclusively to employees**, not to the general public
- ✓ **Anytime enrollment.** Employees can protect the health of their pets anytime throughout the year
- ✓ **Use any vet, anywhere.** No networks, no pre-approvals

## Why choose Nationwide<sup>®</sup> pet insurance?

- ✓ **#1 provider** of pet insurance in America
- ✓ More than **1,000,000 pets** protected
- ✓ **Still going strong** for over 40 years, while more than 50 competitors have come and gone Offered by **more**
- ✓ **than half of Fortune 500** companies
- ✓ We're one of the **largest and most trusted** financial services companies in the world

Learn more at <http://www.petinsurance.com/trustab> • 855-874-4944



# Contact Information

**III-A lines are open 24/7/365 to serve you!**

**III-A Benefits Line:** (208) 938-8199

Translation services: (208) 938-8199

Benefits@iii-a.org

**III-A Medical Telehealth (call or text):**

Dustin Reno, NP (208) 203-0783

Velma Seabolt, NP (208) 271-4460

**III-A Benefits Line**

Scan QR Code and Add to Contacts



**Nicole Tuttle**

Benefits Manager

NicoleTuttle@iii-a.org



**Tami Testa**

Benefits Specialist

TamiTesta@iii-a.org



**Megan Smith**

Wellness Manager

MeganSmith@iii-a.org



**Scan QR Code & Sign Up for III-A Communications:**

Benefit changes, updates, wellness challenges, CE/training opportunities, events, drawings, etc.

**iii-a.org | PO Box 190477 | Boise, ID 83719 | F: (208) 575-6423**

# About III-A

## *Welcome to the III-A Family!*

III-A is a self-funded health trust that administers your health benefits. We care deeply about you and your health and are available 24/7.

### **Understanding your benefits:**

III-A members use the BCI PPO network for medical benefits and ProAct for prescriptions.

Your provider will need a copy of BOTH your BCI insurance card and your ProAct prescription card. Your ProAct card is what you will provide to your pharmacy. If you have questions about your prescription benefits, a prior authorization or denial, or the cost of a medication, please call the III-A Benefit Line.

### **List of benefit changes effective October 1, 2023:**

- Virtual Physical Therapy and Personal Training—Hinge Health & BCI
- Breast Ultrasounds - Covered 100%
- Dermatological Skin Biopsies & Pertaining Pathology - Covered 100%
- Hearing Testing and Exams - Diagnostic and Wellness Exams Covered at Member Copay
- Specialty Medication Program
- Acupuncture Benefit - Administered Internally Only
- Bariatric Surgery Program - Administered Internally Only
- Hearing Aid Frequency Every Three Years

If you have questions or concerns about your health benefits, a prior authorization, or a bill you receive from a provider, call the III-A Benefit Line at 208-938-8199. The III-A staff is available 24/7/365 to assist you.

Sincerely,  
*Your III-A Team*

### **Board of Trustees**

Dan Hammond,  
Chairman  
City of American Falls

Ruth Bailes,  
Vice-Chairman  
Minidoka Irrigation District

Danielle Painter,  
Secretary  
City of New Plymouth

Gilbert Hofmeister,  
Power Co. Highway Dist.

Chad Shepard,  
Nampa Police Department

Lori Yarbrough,  
City of Athol

Stuart Grimes,  
City of Fruitland

Suzanne McNeel,  
City of Blackfoot

Todd Thomas,  
City of Preston

Traci Malvich,  
City of McCall

Tyler Lewis,  
Eagle Fire Protection Dist.

Pat Riley,  
NLFD

Patty Parkinson,  
City of St. Anthony

# III-A Administered Benefits

## EMPLOYEE ASSISTANCE PROGRAM (EAP):

Members and families receive up to 10 free visits per incident/per year for counseling services with a III-A EAP Provider.

This is a household benefit (spouse and/or dependents up to age 26), whether or not covered by III-A.

- Go to <https://iii-a.org/mental-health-eap/> to access the in-network EAP Provider list.
- Choose a provider and schedule your appointment.
- Tell them you're using your III-A EAP benefit.

**\*\*No prior authorization is required.\*\***

## MEDICAL TELEHEALTH:

This is a no-cost program available 24/7/365.

Dustin Reno, Nurse Practitioner  
Phone: **(208) 203-0783**

Velma Seabolt, Nurse Practitioner  
Phone: **(208) 271-4460**

- Call or text provider and leave a message with your name, DOB, and agency. You will receive a call back within two hours.
- Do not call the other provider, you will receive a call back.

**\*\*Telehealth providers may refer members for a higher level of care.\*\***

## HEARING AIDS:

One-time purchase of hearing aid devices, up to \$3,000 every three calendar years.

Go to [iii-a.org](http://iii-a.org) for a III-A Claim Form to submit for reimbursement or payment to provider.

## HEARING PROTECTION DEVICES:

Protective hearing devices are covered for all members up to \$150 once every five calendar years.

Devices **MUST** be designed to reduce decibel levels and include an NRR rating or list decibel reduction (excludes air pods, Samsung earbuds, etc.).

Go to [iii-a.org](http://iii-a.org) for a III-A Claim Form to submit for reimbursement or payment to provider.

# III-A Administered Benefits

## MEDICATION INFUSION BENEFIT PROGRAM:

Members who receive infusion treatments for the listed medical conditions may receive reimbursement for each infusion and other allowed travel expenses if infusion treatment is at a III-A Preferred Infusion Facility.

Call the III-A Benefits Line to check eligibility. All medications may not be eligible.

Multiple Sclerosis (MS) • Crohn's • Lupus  
Rheumatoid Arthritis (RA) • Inflammatory Bowel Disease • Colitis • Psoriasis

## BEHAVIORAL HEALTH MANAGEMENT PROGRAM:

This program will reimburse eligible members for their deductible and coinsurance and other allowed travel expenses when inpatient treatment is at a III-A Preferred Behavioral Health Facility.

Call the III-A Benefits Line to locate a III-A Preferred Behavioral Health Facility; enter treatment and successfully complete the recommended length of stay.

Member **MUST COMPLETE** the Program per Shift Wellness to be eligible for reimbursement. Member is only eligible for one reimbursement per lifetime.

## ST. ALPHONSUS MATERNITY BENEFIT PROGRAM:

Members who choose to deliver their baby at a St. Alphonsus facility will receive reimbursement for their deductible and coinsurance in the amount of \$1,500.

Go to [iii-a.org](http://iii-a.org) for a III-A Claim Form to submit for reimbursement.

If III-A is secondary medical coverage, the member may still participate and receive reimbursement.

## BARIATRIC SURGERY PROGRAM:

The program will reimburse eligible members for the self-pay option (maximum \$15,000) for outpatient Gastric Sleeve (Sleeve Gastrectomy) after a \$2,000 member contribution. Surgery must be performed in United States.

Reimbursement will apply to the following:

- Consultation,
- Related Lab Work
- Surgery
- Facility Fees
- Anesthesia
- Medically Necessary IV Fluids
- Post-Surgery Follow-up

Meal kits are excluded.

### **Eligibility:**

- III-A enrollee or spouse over the age of 18.
- Nonsurgical methods have been unsuccessful in treating obesity.
- Must have a Body Mass Index (BMI) of 40 or higher, or at least 100 pounds over or twice the ideal weight for frame, age, height and sex specified in the 1983 Metropolitan Life Insurance table, or approval after a consultation with a III-A Nurse Practitioner.
- Three health coaching visits with III-A and/or completion of Wondr Health Program pre-op.

### **For Reimbursement:**

- Member must select and pay the self-pay cash price for surgery with the facility.
- Member will submit documentation of medical necessity and a paid receipt to III-A for reimbursement up to \$15,000 (\$2,000 member contribution, \$13,000 reimbursement from III-A).
- Upon III-A receiving necessary documentation, III-A will issue a reimbursement payment to the member for eligible expenses.

# III-A Administered Benefits

## ACUPUNCTURE:

52 Acupuncture visits (up to \$80 per visit).

Acupuncturist must be state licensed and not “certified”.

Find our Direct-Pay Acupuncture Network at [iii-a.org](http://iii-a.org).

*\*If you are currently seeing a licensed Acupuncturist or wish to see one who is not in III-A Network, call the Benefits Line.*

### III-A Network Acupuncturist

#### (Best Option)

III-A Direct-Pay Acupuncturists invoice III-A directly.

Member pays any amount over \$80.

### Out-of-Network Acupuncturist

Acupuncturist collects payment at the time of service.

Go to [iii-a.org](http://iii-a.org) and complete the III-A Claim Form.

## AIR AMBULANCE:

If you or your family member have a medically necessary air ambulance transport, the claim will be submitted and processed through Blue Cross of Idaho.

III-A will reimburse the member’s deductible and/or out of pocket for this claim upon receipt of the member’s Explanation of Benefits (EOB) for any remaining balance.

This is a household benefit (spouse and/or dependents up to age 26) whether or not covered by III-A.

### Dependents NOT enrolled in the III-A Plan:

Claim will process through dependent’s medical insurance, then submit EOB to III-A for reimbursement.

Go to [iii-a.org](http://iii-a.org) and complete the III-A Claim Form.

### Eligible dependents without any insurance coverage:

III-A will reimburse a maximum of \$2,000 of the medically necessary air ambulance claim.

Go to [iii-a.org](http://iii-a.org) and complete the III-A Claim Form.

## WIGS:

Reimburse up to \$300 per calendar year, based on medical necessity.

Go to [iii-a.org](http://iii-a.org) and complete the III-A Claim Form to submit for reimbursement.

# No-Cost Wellness Benefits

## WONDR HEALTH: DIGITAL WEIGHT LOSS PROGRAM

Wondr Health is a personalized weight loss program backed by science and taught by renowned experts. It is tailored specifically to the user. It is a fully digital program.

Upcoming program start dates:

- January 29, 2024
- August 26, 2024

Join the waitlist for the upcoming session:

<https://wondrhealth.com/iiiia>

## VIRTUAL PHYSICAL THERAPY & PERSONAL TRAINING

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal (back, muscle, and joint) health.

It is a virtual Physical Therapy Program for those that are experiencing chronic pain (12 weeks or more of pain).

Members and dependents 18+ enrolled in a III-A medical plan are eligible. No cost or benefit limit. No referral or diagnosis needed from a doctor.

Visit <https://www.hingehealth.com/for/iiiia> or call (855) 902-2777 to see if you qualify.

If you don't qualify for Hinge Health, a Blue Cross of Idaho Physical Therapist or Personal Trainer will contact you for a virtual training and coaching plan.

**\*\*Claims data may also trigger the BCI clinicians to reach out to members who may qualify for virtual sessions.\*\***

## TOBACCO CESSATION

Work with a certified tobacco cessation coach.

Blue Cross of Idaho Tobacco Cessation Coaching

Email BCI coaches directly at [wellbeingcoach@bcidaho.com](mailto:wellbeingcoach@bcidaho.com) or call 208-286-3807

**Quit Aids:** available at no cost with a prescription

## HEALTH COACHING

Work one-on-one with a certified health coach on goal setting and lifestyle changes.

Nutrition, physical activity and exercise, stress management, sleep, weight loss/maintenance, diabetes prevention, blood pressure, and/or cholesterol management, and tobacco cessation.

To enroll, call or email [MeganSmith@iii-a.org](mailto:MeganSmith@iii-a.org) and 208-860-1979.

# No-Cost Wellness Benefits

## ONSITE WELLNESS SCREENINGS, FLU SHOTS, AND SKIN CHECKS

Annually in Fall, III-A will bring a Nurse Practitioner and Dermatologist PA onsite for a no-cost annual wellness screening.

Any member or spouse covered under the III-A medical plan may participate and children age 10 and over may receive a flu vaccine.

Ask your HR/Clerk for your agency's date and time, and how to sign-up. You can also attend any other agency's wellness screening.

## MONTHLY WELLNESS WEDNESDAY WEBINARS

Every month III-A features a wellness webinar that is either brain or body wellness-focused.

**12pm PT/1pm MT via zoom. Go to [iii-a.org](http://iii-a.org) and visit the calendar to register.**

**10/18/23:** Boost Your Immunity  
**11/05/23:** Emotional Intelligence  
**12/20/23:** Mindfulness and Meditation  
**1/17/24:** Time vs. Task Management  
**2/21/24:** Unpacking Pain: Factors & How to Help  
**3/20/24:** Mental Health Mayday (anxiety/stress)  
**4/17/24:** Swappportunities and Food Hacks  
**5/15/24:** Suicide Prevention and Intervention  
**6/26/24:** Weighing in on Weight Management  
**7/17/24:** Ask the Expert! NP Q & A Panel  
**8/21/24:** Addiction and Recreational Drug Use  
**9/25/24:** Fueling the Mind  
**10/16/24:** Mental Health & Movement  
*\*Dates are subject to change.*

## QUARTERLY WELLNESS CHALLENGES

**February 2024** - 28 Days of Heart Health  
**May 2024** - MindFULLNESS Challenge  
**July 2024** - Hydration Challenge  
**October 2024** - WALKtober  
**Fall 2024** - Wellness Screenings

## DIABETES PREVENTION PROGRAM

If you qualify for this weight loss program, you'll also get the tools you need to be successful—all at no cost to you! A Fitbit activity tracker, health coaching, meal planning, and a wireless scale.

Visit the link to see if you qualify for a no-cost virtual or in-person Diabetes Prevention Program:

<http://solera4me.com/bcidaho>

Once enrolled, you'll have access to a full year of leading weight loss programs like WeightWatchers®.



# No-Cost Wellness Benefits

## FIRST RESPONDER AND FAMILY HELPLINE - 24/7/365

PTSI assistance, substance misuse, mental performance, etc.



208-244-7000

## GENERAL MEMBERSHIP HELPLINE - 24/7/365

Non-first responder members in crisis can call the III-A Benefits Line 208-938-8199.

## ON-SITE PEER SUPPORT TRAINING

Basic Peer Support and Advanced Crisis Management Training are available.

Members can attend an in-person Peer Support Training and receive ID POST credits and/or CE hours (meets NFPA Standard 1500).

## CRISIS RESPONSE AVAILABLE FOR CISM/CISD

If you have a critical incident that occurs please call the III-A Benefits Line and we will coordinate with mental health providers to accommodate your needs.

## MENTAL HEALTH TRAININGS (ONSITE AND VIRTUAL)

Can be requested by an agency at any time. Contact the Marketing & Education Manager to request a training or a list of available trainings.

KandiceDickinson@iii-a.org

# What is Hinge Health?

## How does the program work?

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal (back, muscle, and joint) health.

## How does Hinge Health help?

They assess your condition and match you to a care team to help personalize your treatment to you.

## Who is in my care team?

Depending on your treatment plan, your care team could include a physical therapist and a health coach. You will keep the same care team throughout your experience.

## What could be included in my treatment plan?

1. **Access to the Hinge Health app** with guided exercise therapy
2. **Virtual visits** with members of your care team
3. **Kit with a tablet and tools** to assist in guiding exercise therapy

## How much does the program cost?

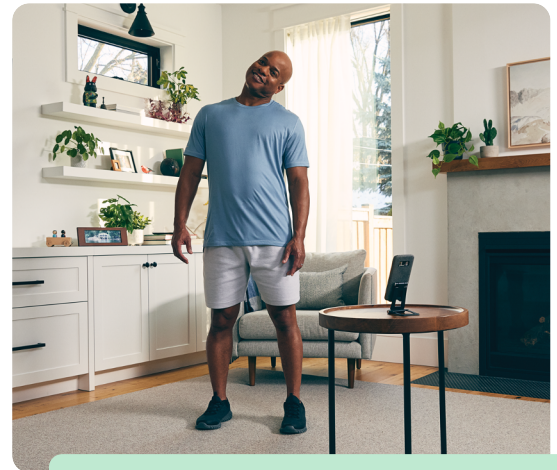
It's free for eligible members. This includes access to your care team, the Hinge Health app, and any materials that we send to assist in your care.

## Who is eligible?

Members and dependents 18+ enrolled in a III-A medical plan through Blue Cross of Idaho are eligible.

## How do I apply?

Take a short online questionnaire following the link below, telling us about your pain. No referral or diagnosis needed from a doctor.



### Exercise therapy made easy

Follow along in the app for simple, 10-minute exercise therapy sessions.



### Treatment from your care team

Get help overcoming pain, recovering from an injury, preparing for surgery, and more!



Scan the QR code to learn more or apply at [hinge.health/iiiA](https://hinge.health/iiiA) or call (855) 902-2777



Sign up for the waitlist today!



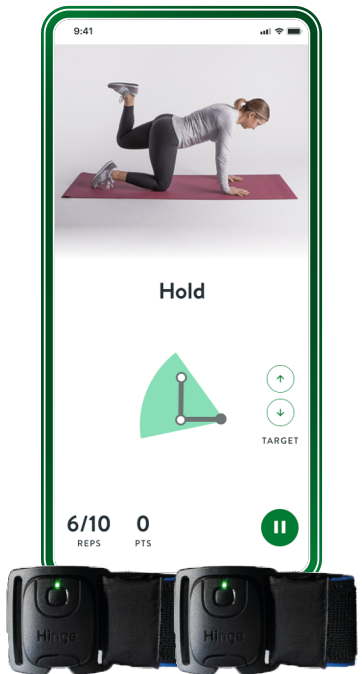
# Conquer back and joint pain without drugs or surgery

You and your eligible family members get access to Hinge Health’s programs for back, knee, neck, hip, shoulder, foot, ankle, pelvic floor, elbow, wrist and hand. **All at zero cost to you**, which can include:

- Technology for instant feedback in the app
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

On average, Hinge Health has helped over **300K** participants reduce their pain as much as **68%\***

Hinge Health will be available beginning **October 1, 2023**. Sign up for the waitlist today!



Scan the QR code to learn more or apply at [hinge.health/iii-a-oe](https://hinge.health/iii-a-oe) or call (855) 902-2777

Eligibility: Members and dependents 18+ enrolled in the Blue Cross of Idaho medical plan through III-A are eligible. \*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

# Options for every employee and every budget

Employees can choose 50% or 70% reimbursement on these vet bills and more.\*



Accidents, including poisonings and allergic reactions	✓
Injuries, including cuts, sprains and broken bones	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓
Serious/chronic illnesses, including cancer and diabetes	✓
Hereditary and congenital conditions	✓
Surgeries and hospitalization	✓
X-rays, MRIs and CT scans	✓
Prescription medications and therapeutic diets	✓

Plan features a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.\*

## Resources available to all pet insurance members



Unlimited, 24/7 access to a veterinary professional (\$110 value).



Easy online account management.



Fast, convenient electronic claim payments.



Multiple-pet discounts applied when enrolling more than one pet.†



Plans also available for birds, rabbits, reptiles and other exotic pets.

Learn more at <http://www.petinsurance.com/trustab> • 855-874-4944



Nationwide®

# Preventative Care Benefits

- Preventive care is when you see a doctor or have a screening when you do not have any signs of a medical problem.
- Covered preventative care services with an in-network providers will have no cost to you. Preventive care benefits for services from out-of-network providers are subject to your out-of-network benefit.

## Services for Adults (18+)

- Alcohol – unhealthy use screening
- Annual adult physical examinations
- Abdominal aortic aneurysm screening
- Behavioral counseling for participants who are overweight or obese
- Bone density
- Breast cancer (BRCA) risk assessment and genetic counseling and testing for high- risk family history of breast or ovarian cancer
- Chemistry panels
- Cholesterol screening
- Colorectal cancer screening
- Complete blood count (CBC)
- Diabetes screening
- Dietary counseling (limited to three visits per participant, per benefit period)
- Health risk assessment for depression
- Hepatitis B virus screening
- Hepatitis C virus infection screening
- HIV assessment
- Lung cancer screening for participants age 55 and older
- Pap test
- PSA test
- Screening and assessment for interpersonal and domestic violence
- Screening mammogram
- Skin cancer prevention counseling
- Smoking cessation counseling visit
- Sexually transmitted infections assessment
- Transmittable disease screening and counseling (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis, tuberculosis [TB])
- Thyroid-stimulating hormone (TSH)
- Urinalysis (UA)
- Urinary incontinence screening
- Well-woman visits for recommended age- appropriate preventive services

### Services for pregnant women or women who may become pregnant:

- Breastfeeding support, supplies and counseling
- Gestational diabetes screening
- Iron deficiency screening
- Perinatal depression counseling and intervention
- Preeclampsia screening
- Prescribed contraceptive coverage
- RhD incompatibility screening
- Urine culture

## Services for Children (17 and under)

- Anemia screening
- Dental fluoride application for participants age 5 and younger
- Lipid disorder screening
- Preventive lead screening
- Rubella screening
- Skin cancer prevention counseling
- Routine or scheduled well- baby and well-child examinations, including vision, hearing and developmental screenings
- Newborn screenings:
- Hearing test
- Metabolic screening (PKU, thyroxine, sickle cell)
- Screening EKG

### Immunizations:

- Acellular pertussis
- Diphtheria
- Hemophilus influenzae B
- Hepatitis B
- Influenza
- Measles
- Mumps
- Pneumococcal/pneumonia
- Poliomyelitis/polio
- Rotavirus
- Rubella
- Tetanus
- Varicella (chicken pox)
- Hepatitis A
- Meningococcal
- Human Papillomavirus (HPV)
- Zoster
- Coronavirus-19

**Note:** Your provider must bill these services as preventive/wellness services.  
For complete descriptions of your policy, please contact III-A staff.

# Additional Resources



## Life Insurance

**Benefit Amount:** \$20,000

**Accelerated Death Benefit:** 25%, 50%, or 75% of face value with remainder paid at time of death

**Portability:** If you retire, reduce your hours to less than fulltime, or leave your employer, you can take this coverage with you.

Life, Accidental Death & Dismemberment (AD&D) Insurance:

**Complete the OneAmerica Beneficiary Designation Form and give it to your employer. Keep this form updated.**

## Other:

**Free Online Will Preparation:** Create a will online including property, funeral and burial instructions, and guardianship for children.

**Legal Guidance:** Get a free 30-minute consultation and a 25% reduction in fees to talk with an attorney regarding: divorce, adoption, family law, wills, trusts and more.

**Financial Resources:** Financial experts can assist with a wide range of issues: retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy and more.

**Work-Life Solutions:** Referrals and resources for just about anything on your to-do list, such as: Finding child and elder care, hiring movers or home repair contractors, planning events, locating pet care, and more.

### Travel Assistance Program

**Call:** (855) 387-9727

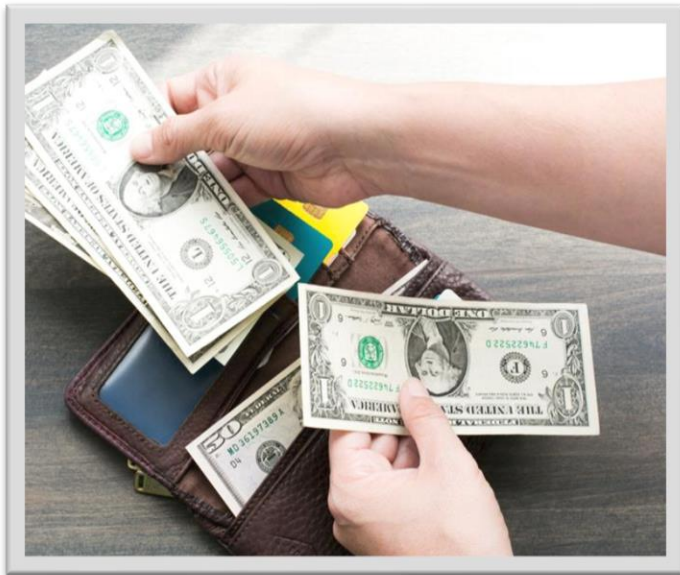
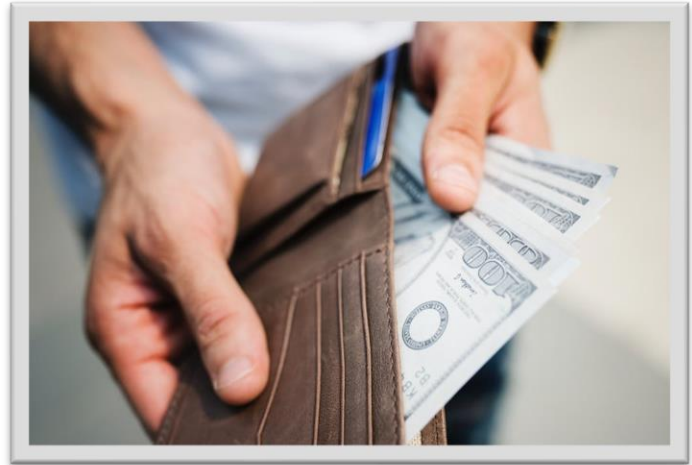
**Online:** [guidanceresources.com](http://guidanceresources.com)

# TERMS TO REMEMBER

---

## *ANNUAL DEDUCTIBLE*

How much money you pay before the insurance company starts to help pay for your in network, covered services.



## *COPAY*

How much money you pay to either see and have a conversation with a doctor or to fill a prescription.

## *COINSURANCE*

How much money you pay after you've met your deductible. This is usually a percentage that is split between you and the insurance company.

## *ANNUAL OUT-OF POCKET MAXIMUM*

How much money you pay before the insurance company pays for 100% of your in network, covered services and you are no longer responsible for any portion of the bills.



# QUESTIONS? We're here to help.

Benefits, Coverage & Enrollment Questions | Claims Advocacy



Advanced Benefits  
2448 N Merritt Creek Loop, Coeur d'Alene, ID 83814  
Ph: (208) 664-3482 | [TrustAB.com](http://TrustAB.com)  
Benefit, Coverage, & Claims: [Service@TrustAB.com](mailto:Service@TrustAB.com)  
M-F 8AM – 5PM (PST), closed 12PM-1PM for lunch



## CARRIER CONTACTS

Carrier Name	Service	Website	Phone Number
III-A Blue Cross of Idaho	Medical	<a href="http://bcidaho.com">bcidaho.com</a>	(800) 627-1188
Delta Dental of Idaho	Dental	<a href="http://deltadentalid.com">deltadentalid.com</a>	(208) 489-3580
Willamette Dental	Dental	<a href="http://Willamettedental.com">Willamettedental.com</a>	(877) 329-7965
III-A Blue Cross of Idaho	Vision	<a href="http://Vsp.com">Vsp.com</a>	(800) 877-7195
Mutual of Omaha	Life AD&D	<a href="http://mutualofomaha.com">mutualofomaha.com</a>	(800) 369-3809
NueSynergy	FSA / HRA	<a href="http://Nuesynergy.com">Nuesynergy.com</a>	(855) 890-7239

Prepared by:



*The information in the Benefits Guide is presented for illustrative purposes and is based on information provided by the employer and the insurance carriers. The text contained in this guide was taken from various plan descriptions and benefits summaries. In the case of discrepancy between this guide and the actual plan documents, information contained in the plan documents will prevail. This booklet and plan summaries do not constitute a contract of employment. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.*