



City of  
**McCall**  
IDAHO

# EMPLOYEE BENEFITS GUIDE 2021-2022



# INTRODUCTION

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As an employee of City of McCall, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important to your well-being and ultimately, achieving the goals of our organization.

For the 2021 plan year, City of McCall has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and City of McCall is offering an overall benefits package with many possible choices - one that can be shaped and molded by you, to fit your needs.

## DISCLAIMER

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*The information in this benefits guide is presented for illustrative purposes and is based on information provided by City of McCall and the insurance carriers. The information shared in this guide was taken from various plan descriptions and benefit summaries. In the case of a discrepancy between the guide and the actual Plan Documents the information contained in the Plan Documents will prevail. The open enrollment guide and plan summaries do not constitute a contract of employment or a guarantee of coverage.*

*Some benefits are only available when you are a new hire or during an approved enrollment change window by underwriting. It's important if you are thinking about opting out of a benefit that you are aware of any potential restrictions that may apply if you wish to enroll later. If you are unsure and need guidance, you can call Advanced Benefits for guidance.*

## WHAT'S NEW FOR 2021?



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*Throughout your open enrollment guide, keep your eyes out for the “New” symbol, to indicate there has been an update or a change to these benefits.*

- Guardian has replaced Unum benefits for Group Life & AD&D as well as Voluntary Life & AD&D. Rates have changed. We will grandfather the amounts from Unum over to Guardian, so you do not have to go through evidence of insurability unless you want more than you currently have.
- Willamette Dental – \$25 copay.
- Delta Dental – Network changes and out of pocket maximum increased.
- Pet Insurance

*\*The changes listed in this section are a brief summary of the primary benefit changes. See the carrier benefit books for additional details.*

**City of McCall**

**FY22 Benefit Plan Cost Sheet**

<b>City of McCall HRA</b>		
<b>Standard, Non-Opt Out Contribution</b>		
Employee Health	Annual amt	Monthly amt
EE	\$ 455.00	37.92
EE + Dependents	\$ 670.00	55.83

<b>HEALTH</b>			
Employee	III-A	EE portion	EE portion
Enrollment	Premium/mo	per month	Per Period
EE	703.00	0	<b>0</b>
EE & SP	1,540.00	208.00	<b>104.00</b>
Family	2,110.00	290.00	<b>145.00</b>
EE + Child	977.00	132.00	<b>66.00</b>
EE + Children	1,463.00	198.00	<b>99.00</b>

<b>OPT-OUT AMOUNTS / MONTH</b>		
<i>(employees opting out of health coverage for self or dependents)</i>		
Employee	Opt Out \$ for	Opt Out \$ for
Enrollment	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

<b>DENTAL</b>			
Employee	Dental	EE portion	EE portion
Enrollment	Premium/mo	per month	Per Period
EE	46.75	0	<b>0</b>
EE & SP	94.00	36.00	<b>18.00</b>
Family	147.95	81.00	<b>40.50</b>
EE + Child	94.00	36.00	<b>18.00</b>
EE + Children	147.95	70.00	<b>35.00</b>

<b>FSA and HRA Fees</b>	
<i>(fees listed below are per pay period amounts)</i>	
HRA/FSA Administration	<b>\$ 2.50</b>

<b>VISION</b>			
Employee	III-A	EE portion	EE portion
Enrollment	Premium/mo	per month	Per Period
EE	7.00	0	<b>0</b>
EE & SP	15.00	7.00	<b>3.50</b>
Family	22.00	11.00	<b>5.50</b>
EE + Child	13.00	6.20	<b>3.10</b>
EE + Children	13.00	6.20	<b>3.10</b>

\* FSA Maximum contribution limit is \$2750/year

\* FSA/DCA Maximum is \$5000/year

# III-A Contact Information

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

**iii-a.org**

PO Box 190477  
Boise, ID 83719

Fax: (208) 575-6423

## III-A Staff

III-A staff is available 24/7, including all holidays, to assist our members, answer benefit questions and help with any issues that arise. If you have a question that is not an immediate benefit issue, please contact the appropriate staff member below:

### Executive Director

**Amy Manning**

(208) 317-2814

amymanning@iii-a.org

- Annual reports
- New agency rate proposal

### Operations Manager

**Susan Lasuen**

(208) 869-3572

susanlasuen@iii-a.org

- COBRA administration
- III-A internal claims payments

### Benefits Manager

**Lisa Fritz**

(208) 850-0545

lisafritz@iii-a.org

- Member benefits
- Prior authorizations
- Prescription drug issues

### Wellness Manager & Data Analyst

**Megan Smith**

(208) 860-1979

megansmith@iii-a.org

- Health coaching
- Onsite wellness clinics & programs

### Benefits Specialist

**Nicole Tuttle**

(208) 371-9377

nicoletuttle@iii-a.org

- Member benefits
- Enrollment and change forms
- EAP program

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Facebook!  
@IIATrust**

## III-A Medical Telehealth

Dustin Reno, NP: 208-203-0783 or Velma Seabolt, NP: 208-271-4460



Shared Strength · Trusted Care

Dear Member,

We are excited to have you as part of the III-A family! The III-A team is dedicated to helping you with your benefits and wellness. Please do not hesitate to reach out to us at any time.

Members of the III-A enjoy several enhanced benefits. Each year, the Trustees review new benefit options and, after careful consideration, choose which enhancements are added to the plans.

**List of the new 2021-22 benefits that will be effective October 1, 2021:**

- Orthotic Devices
- Therapeutic Shoes for Diabetics
- Orthognathic (Jaw) Surgery
- Cranial Molding Helmets
- Nutritional Formula
- Wondr Health Program

**Additionally, III-A has added several new programs, contact III-A Staff for more information:**

- Employee Assistance Program (EAP)
- Behavioral Health Management Program
- Medication Infusion Benefit Program
- St. Alphonsus Maternity Benefit Program

**Acupuncture Benefit Change:**

- 52 Acupuncture visits per year, up to \$80 per visit. If you need additional visits, contact III-A staff.

Sincerely,

Amy, Lisa, Susan, Megan, and Nicole

**Board of Trustees**

Rick Watkins, Chairman  
City of Fruitland

Lori Yarbrough  
City of Athol

Kyla Gardner  
City of New Meadows

Dan Hammond, Vice-Chairman  
City of American Falls

Suzanne McNeel  
City of Blackfoot

Danielle Painter  
City of New Plymouth

Ruth Bailes, Secretary  
Minidoka Irrigation District

Tyler Lewis  
Eagle Fire

Pat Riley  
Northern Lakes Fire

Lisa Enourato  
City of Ketchum

Gilbert Hofmeister  
Power County Highway

Traci Malvich  
City of McCall

Patty Parkinson  
City of St. Anthony

III-A Administered Benefits	Contact III-A staff with questions: (208) 938-8199
<p><b>EMPLOYEE ASSISTANCE PROGRAM (EAP):</b></p> <p>Members receive up to 10 free visits per incident/per year for counseling services with a III-A contracted provider.</p> <p>This benefit is available to all household members.</p>	<p>EAP Provider list located on the iii-a.org website. Choose from this list of EAP providers, schedule your appointment and GO.</p> <p><i>No prior authorization is required prior to scheduling your appointment!</i></p>
<p><b>MEDICAL TELEHEALTH:</b></p> <p>This is a no-cost Telehealth program for all III-A members.</p> <p>Dustin Reno, NP – Pocatello Wellness Clinic Phone: (208) 203-0783</p> <p><u>OR</u></p> <p>Velma Seabolt, NP – Wellness Associates, Boise Phone: (208) 271-4460</p> <p><b>Hours of Operation: 24 hours a day, 7 days a week</b></p>	<p>Call either provider, leave a message if you receive the answering service and you will receive a call back within two hours.</p> <p><b>If you leave a message, do <u>not</u> call the other provider, you <u>will</u> receive a call back.</b></p>
<p><b>HEARING-AIDS:</b></p> <p>100% coverage for all members covered under the III-A medical plan up to \$3,000 every other calendar year.</p> <p>Members do <b><u>not</u></b> need to meet their deductible and/or coinsurance prior to using this benefit.</p>	<p>Reimbursement to the member upon submission of a detailed paid receipt and an internal claim form.</p> <p>Payment to the Hearing-Aid provider upon submission of an invoice and an internal claim form.</p> <p>Visit iii-a.org and complete the “Internal Claim Form”. Submit the form, along with an invoice or EOB, via fax: (208) 575-6423, scan and email to: claims@iii-a.org or mail to PO Box 190477 Boise, ID 83719.</p>
<p><b>HEARING PROTECTION DEVICES:</b></p> <p>Protective hearing devices are covered for all members up to \$150 once every five calendar years.</p>	<p>Only devices which are designed to protect hearing will be considered for coverage.</p> <p>Reimbursement to the member upon submission of a detailed paid receipt and an internal claim form.</p> <p>Visit iii-a.org and complete the “Internal Claim Form”. Submit the form, along with an invoice or EOB, via fax: (208) 575-6423, scan and email to: claims@iii-a.org or mail to PO Box 190477 Boise, ID 83719.</p>





III-A Administered Benefits	Contact III-A staff with questions: (208) 938-8199		
<p><b>ACUPUNCTURE:</b></p> <p>52 Acupuncture visits (up to \$80 per visit), per calendar year for each member covered under a III-A medical plan.</p> <p>Acupuncturist must be state licensed, and not “certified”.</p> <p>Please refer to our current Direct-Pay Acupuncture list on our website: <a href="http://iii-a.org">iii-a.org</a> &gt; Member Benefits &gt; Acupuncture Direct-Pay Acupuncturists</p> <p><i>*If you are currently seeing a licensed Acupuncturist or wish to see one who is not listed on our website, please notify the III-A staff.</i></p>	<p><b><u>III-A Direct-Pay Acupuncturist</u></b></p> <p><b><u>(Best Option)</u></b></p> <p>III-A Direct-Pay Acupuncturists invoice III-A directly. There is no upfront payment required, member pays any amount over \$80.</p>	<p><b><u>BCI In-Network Acupuncturist</u></b></p> <p>Acupuncturist submits claim and bills member for any amount over \$80 per visit.</p> <p>(Use the “Provider Search” tool at <a href="http://bcidaho.com">bcidaho.com</a> to locate an in-Network Acupuncturist)</p>	<p><b><u>BCI Out-of-Network Acupuncturist</u></b></p> <p>Acupuncturist collects payment at the time of service. Members will need to submit a claim form to Blue Cross for reimbursement.</p> <p>(Use the “Provider Search” tool at <a href="http://bcidaho.com">bcidaho.com</a> to locate an in-Network Acupuncturist)</p>
<p><b>AIR AMBULANCE:</b></p> <p>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.</p> <p>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.</p>	<p><b><u>Dependents NOT enrolled in the III-A Plan:</u></b></p> <p>Claim will process through dependent’s medical insurance, then submit EOB to III-A for reimbursement.</p> <p>Visit <a href="http://iii-a.org">iii-a.org</a> and complete the “Internal Claim Form”. Submit the form, along with an invoice or EOB, via fax: (208) 575-6423, scan and email to: <a href="mailto:claims@iii-a.org">claims@iii-a.org</a> or mail to PO Box 190477 Boise, ID 83719.</p>		<p><b><u>Eligible dependents without any insurance coverage:</u></b></p> <p>III-A will reimburse a maximum of \$2,000 of the medically necessary air ambulance claim.</p> <p>Visit <a href="http://iii-a.org">iii-a.org</a> and complete the “Internal Claim Form”. Submit the form, along with an invoice or EOB, via fax: (208) 575-6423, scan and email to: <a href="mailto:claims@iii-a.org">claims@iii-a.org</a> or mail to PO Box 190477 Boise, ID 83719.</p>
<p><b>HEALTH COACHING:</b></p> <p>Personalized health coaching is available to all members covered on a III-A medical plan. 1-on-1 coaching is available over the phone, or via email.</p> <p>Areas of focus include: Nutrition, Physical activity &amp; exercise, Stress management, Sleep, Weight loss/maintenance, Diabetes prevention, Blood pressure and/or cholesterol management, and Tobacco cessation.</p>	<p>This is a <b>free</b> benefit for all III-A Members.</p> <p>Contact III-A Wellness Manager, Megan Smith at <a href="mailto:megansmith@iii-a.org">megansmith@iii-a.org</a> or 208-860-1979 to get enrolled or learn more information on this program.</p>		



<b>III-A Administered Benefits</b>	<b>Contact III-A staff with questions: (208) 938-8199</b>
<p><b>MEDICATION INFUSION BENEFIT PROGRAM:</b></p> <p>Members who receive infusion treatments for the following medical conditions may receive reimbursement for each infusion and other allowed travel expenses if infusion treatment is at a III-A Preferred Infusion Facility.</p> <ul style="list-style-type: none"> <li>• Multiple Sclerosis (MS)</li> <li>• Crohn's</li> <li>• Lupus</li> <li>• Psoriasis</li> <li>• Rheumatoid Arthritis (RA)</li> <li>• Inflammatory Bowel Disease</li> <li>• Colitis</li> </ul>	<p>Contact III-A staff for a Preferred Infusion Facility list.</p>
<p><b>ST. ALPHONSUS MATERNITY BENEFIT PROGRAM:</b></p> <p>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.</p> <p>If III-A is secondary medical insurance, the member may still participate and receive reimbursement.</p>	<p>Visit <a href="http://iii-a.org">iii-a.org</a> and complete the "Internal Claim Form". Submit the form, along with an invoice or EOB, via fax: (208) 575-6423, scan and email to: <a href="mailto:claims@iii-a.org">claims@iii-a.org</a> or mail to PO Box 190477 Boise, ID 83719</p>
<p><b>BEHAVIORAL HEALTH MANAGEMENT PROGRAM:</b></p> <p>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.</p>	<p>Contact III-A staff to locate a III-A Preferred Behavioral Health Facility; enter treatment and successfully complete the recommended length of stay.</p>
<p><b>WIGS:</b></p> <p>100% coverage for all members covered under the III-A medical plan up to \$300 per calendar year, based on medical necessity.</p>	<p>Reimbursement to the member upon submission of a detailed receipt showing payment and an internal claim form.</p> <p>Payment to the wig provider upon submission of an invoice and an internal claim form.</p> <p>Visit <a href="http://iii-a.org">iii-a.org</a> and complete the "Internal Claim Form". Submit the form, along with an invoice or EOB, via fax: (208) 575-6423, scan and email to: <a href="mailto:claims@iii-a.org">claims@iii-a.org</a> or mail to PO Box 190477 Boise, ID 83719.</p>





# Medical



Preferred Blue®PPO



An Independent Licensee of the Blue Cross and Blue Shield Association

Summary of Benefits III-A Trust Standard Plan 90-A Effective Date: October 1, 2021	Preferred Blue Large	
	In-Network	Out-of-Network
Benefit Period* Deductible (Individual/Family)	\$500 / \$1,000	
Cost Sharing	You pay 10% of the allowed amount	You pay 30% of the allowed amount
Individual Out-of-Pocket Limit (See Plan for services that do not apply to the limit.) (Includes applicable Deductible, Cost Sharing and Copayments)	\$2,000	\$3,500
Family Out-of-Pocket Limit (See Plan for services that do not apply to the limit.) (Includes applicable Deductible, Cost Sharing and Copayments)	\$4,000	\$7,000
Copayment (Applies to In-Network only. Other services rendered during an Office Visit will be subject to Deductible and Cost Sharing.)	You pay a \$20 Copayment	Not applicable
COVERED SERVICES By choosing a Noncontracting Provider you may be responsible for the difference between what Blue Cross allows and what the Noncontracting Provider charges. This is called balance-billing. Some services may require Prior Authorization.	In-Network	Out-of-Network
	What you pay	
Acupuncture (Only for a licensed acupuncturist) (Limited to 52 visits combined In- and Out-of-Network per member, per Benefit Period)	No charge up to \$80 of the allowed amount per day	No charge up to \$80 of the billed charge per day
Advanced Imaging Services (Outpatient services only) (Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computed Tomography Scan (CT Scan), Positron Emission Tomography (PET), Nuclear Cardiology)	Deductible and Cost Sharing	Deductible and Cost Sharing
Allergy Injections <ul style="list-style-type: none"> <li>Administration Only</li> <li>Allergy Serum</li> </ul>	\$5 Copayment (if this is the only service provided during the visit)  \$20 Copayment	
Ambulance Transportation Services	Deductible and Cost Sharing	
Breastfeeding Support and Supply Services (Limited to one (1) breast pump purchase per Benefit Period, per Participant)	No charge	
Cardiac Rehabilitation Therapy Services – Outpatient (Limited to 36 visits combined per Participant, per Benefit Period)	Deductible and Cost Sharing	
Chiropractic Care Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit. (Limited to 18 visits combined per Participant, per Benefit Period)	Copayment	
Colonoscopies and Sigmoidoscopies (Preventive and Diagnostic)	No charge	
Dental Services Related to Accidental Injury	Deductible and Cost Sharing	

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. 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. This comparison is subject to annual update and may not reflect the information contained in the corresponding Plan.

COVERED SERVICES <i>By choosing a Noncontracting Provider you may be responsible for the difference between what Blue Cross allows and what the Noncontracting Provider charges. This is called balance-billing. Some services may require Prior Authorization</i>	In-Network	Out-of-Network
	What you pay	
<b>Diabetes Self-Management Education Services</b> (Only for accredited Providers approved by BCI.)	Copayment	Deductible and Cost Sharing
<b>Diagnostic Services</b>	Deductible and Cost Sharing	
<b>Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances</b>		
<b>Emergency Services – Facility Services</b> (Copayment waived if admitted) (Additional services, such as laboratory, x-ray, and other Diagnostic Services are subject to applicable Deductible, Cost Sharing and/or Copayment.) (BCI will provide In-Network benefits for treatment of Emergency Medical Conditions. Participant may be balance-billed for these services.)	\$100 Copayment for hospital Outpatient emergency room visit, then Deductible and Cost Sharing	\$100 Copayment for hospital Outpatient emergency room visit, then Deductible and Cost Sharing
<b>Emergency Services – Professional Services</b> (BCI will provide In-Network benefits for treatment of Emergency Medical Conditions. Participant may be balance-billed for these services.)	Deductible and Cost sharing	Deductible and Cost Sharing
<b>Hearing and Hearing Aid Exams</b>	Copayment	
<b>Home Health Skilled Nursing</b>	Deductible and Cost Sharing	
<b>Home Intravenous Therapy</b>		80% Cost Sharing after Deductible
<b>Hospice Services</b>	No charge	Deductible and Cost Sharing
<b>Hospital Services</b> (Inpatient and Outpatient services at a licensed general hospital or ambulatory surgical facility.)	Deductible and Cost Sharing	
<b>Mammograms</b> (Preventive and Diagnostic)	No charge	
<b>Maternity Services and/or Involuntary Complications of Pregnancy</b>	Deductible and Cost Sharing	
<b>Morbid Obesity</b> (Includes the surgical treatment of morbid obesity, complications resulting from the surgical treatment of morbid obesity or for reversals or revisions of surgery for morbid obesity when required to correct an immediately life-threatening condition. <i>Lifetime maximum benefit of \$20,000 combined per Participant.</i> )	Deductible and Cost Sharing	
<b>Outpatient Habilitation Physical Therapy Services</b> (Limited to 30 visits combined per Participant, per Benefit Period.)	Copayment	
<b>Outpatient Habilitation Therapy Services</b> (Includes speech and occupational therapies. Limited to 20 visits combined per Participant, per Benefit Period.)	Deductible and Cost Sharing	
<b>Outpatient Rehabilitation Physical Therapy Services</b> (Limited to 30 visits combined per Participant, per Benefit Period.)	Copayment	
<b>Outpatient Rehabilitation Therapy Services</b> (Includes speech and occupational therapies. Limited to 20 visits combined per Participant, per Benefit Period.)	Deductible and Cost Sharing	
<b>Palliative Care Services</b>	No charge	
<b>Physician Office Visit</b> (Other services rendered during a Physician Office Visit will be subject to Deductible and Cost Sharing.)	Copayment	Deductible and Cost Sharing
<b>Post-Mastectomy/Lumpectomy Reconstructive Surgery</b>	Deductible and Cost Sharing	
<b>Pediatric Physician Office Visit</b> (For Participants under the age of eighteen (18).)		
<b>Prescribed Contraceptive Services</b> (Includes diaphragms, intrauterine devices (IUDs), implantables, injections, tubal ligation and vasectomy.)	No charge	
<b>PSA Tests and Pap Smears</b>		

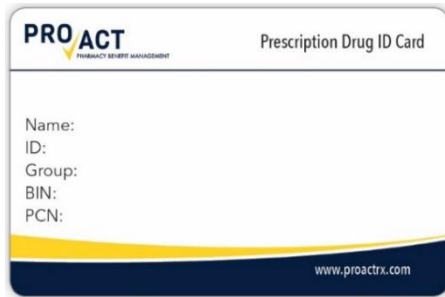
This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding Plan, which contains all the terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer 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. This comparison is subject to annual update and may not reflect the information contained in the corresponding Plan.

<b>COVERED SERVICES</b> <i>By choosing a Noncontracting Provider you may be responsible for the difference between what Blue Cross allows and what the Noncontracting Provider charges. This is called balance-billing. Some services may require Prior Authorization</i>		<b>In-Network</b>	<b>Out-of-Network</b>
		<b>What you pay</b>	
<b>Psychiatric Services – Inpatient (Facility and Professional Services)</b>		Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Psychiatric Services – Outpatient</b>	<b>Psychotherapy Services</b>	Copayment	
	<b>Pediatric Outpatient Psychotherapy Services</b> (For Participants under the age of eighteen (18).)	No charge	
	<b>Facility and other Professional Services</b>	Deductible and Cost Sharing	
<b>Outpatient Applied Behavioral Analysis</b> (as part of an approved treatment plan)		Copayment	
<ul style="list-style-type: none"> <li><b>Pediatric Outpatient Applied Behavioral Analysis</b> (For Participants under the age of eighteen (18).)</li> </ul>		No charge	
<b>Rehabilitation or Habilitation Services</b>		Deductible and Cost Sharing	
<b>Skilled Nursing Facility</b> (Limited to 30 days combined per Participant, per Benefit Period.)			
<b>Sleep Study Services</b>			
<b>Surgical/Medical</b> (Professional Services)			
<b>Telehealth Virtual Care Services</b>		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 – see appropriate Covered Services section.	
<b>Therapy Services</b> (Including chemotherapy, growth hormone therapy, radiation and renal dialysis.)		Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Transplant Services</b>			
<b>Preventive Care Benefits</b> (See Plan for specifically listed preventive care services.)		No charge for services specifically listed  For services not specifically listed Deductible and Cost Sharing	
<b>Immunizations</b> (See Plan for specifically listed immunizations.)		No charge for listed immunizations	
<b>Treatment for Autism Spectrum Disorder</b> (Services identified as part of the approved treatment plan)		Covered the same as any other illness, depending on the services rendered, see appropriate Covered Services section. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses.	

\*The specified period of time during which charges for Covered Services must be incurred in order to accumulate toward annual benefit limits, Deductible amounts and Out-of-Pocket Limits.

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. 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. This comparison is subject to annual update and may not reflect the information contained in the corresponding Plan.

## III-A PROACT PRESCRIPTION DRUG BENEFIT



- Any medication Prior-Authorizations must be submitted to ProAct, NOT Blue Cross. Please provide your ProAct ID card to your doctor office.
- ProAct 24/7 Customer Service: [ProActRx.com](http://ProActRx.com) (877-635-9545)
- ProAct Mail-Order Pharmacy: [ProActPharmacyServices.com](http://ProActPharmacyServices.com) (866-287-9885)

### Your III-A Pharmacy Benefit Copays:

**Retail Pharmacy:** Per 30-day Supply  
Generic Drugs (Tier 1): Copay up to \$10  
Brand Name Drugs (Tier 2): Copay up to \$25  
Non-Preferred Drugs (Tier 3): Copay up to \$40

**Mail Order Pharmacy:** Per 90-day Supply  
Generic Drugs (Tier 1): Copay up to \$20  
Brand Name Drugs (Tier 2): Copay up to \$50  
Non-Preferred Drugs (Tier 3): Copay up to \$80

(Mail-order requires you to set up a payment profile. Your provider will need to submit a new/separate prescription on your behalf. Please let Proact know if you want your medications to be auto shipped, or by request as needed.)

**NEVER LEAVE THE PHARMACY WITHOUT YOUR PRESCRIBED MEDICATIONS**  
If you encounter any issues, please contact the III-A staff at 208-938-8199

### DIABETIC MEMBERS

**DexCom G6 Continuous Glucose Monitor Program** - Members may purchase this CGM at their local retail pharmacy counter, or by Mail order with a prescription from their provider. No prior authorization is required.

**Retail:** Present your prescription & ProAct Card to the PHARMACY COUNTER.

**Copays:** Transmitter - \$25 / Reader - \$25 / Sensors - \$25 for a 30-day supply (3 sensors per month)

**Mail-Order:** Members receive 90-day supply for price of 60-day supply

**NEW: The Omnipod Dash product is now available through ProAct at a Tier 3 Copay (\$40)**

**\$0 COPAY:** For diabetic supplies (including needles, syringes, and Contour Test-strips) if purchased within 90-days of an insulin fill.





# Vision



## VISION CARE BENEFITS – C-10

### For Covered Providers and Services

#### Copayment

Participant pays \$10 per eye exam and/or \$25 per Frame and Lenses or Medically Necessary Contact Lenses.

### Service Frequency Limitations

**Elective**—includes basic eye exam and an allowance of \$150 in place of benefits for Prescribed Lenses and Frames

Participant may receive one (1) eye exam and/or one (1) pair of Lenses or one (1) pair of Medically Necessary Contact Lenses (in lieu of eyeglasses) and/or one (1) Frame every twelve (12) months.

### Payment for Services Rendered

#### Participating Provider

Plan pays 100% of Maximum Allowance after Copayment

#### Nonparticipating Provider

##### Professional Fees

Eye Exam \$45

##### Materials—lenses per pair

Single Vision \$30

Bifocals, up to \$50

Trifocals, up to \$65

Frame, up to \$70

##### Contact Lenses— per pair

(evaluation, materials, and fittings only) \$105

**Medically Necessary, up to** \$210

\*The VCSV Participating Provider is responsible for verifying benefits with VSP prior to rendering services. A Participant must provide the VCSV Participating Provider sufficient information to verify eligibility. Failure of the Participant to provide sufficient information may delay services and may affect benefit payment under the Plan.

**This information is for comparison purposes only and not a completed 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. 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. This comparison is subject to annual update and may not reflect the information contained in the corresponding Plan.**



# Mental Health Resource Directory

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*If this is an Emergency, please call 911.*

## III-A Employee Assistance Program (EAP)

EAP is a voluntary program that offers **free** counseling and confidential sessions for III-A members and their families.

- **Members, spouse, and dependents are eligible to receive 10 counseling sessions\*, per incident, per calendar year at no cost!** \*After 10 sessions a copay applies under your medical plan.
- Talk one-on-one with an experienced, licensed counselor face-to-face, online, by video, or by phone.
- **First Responders:** We have a separate Network of certified First Responder Providers.

### Simple, CONFIDENTIAL Process:

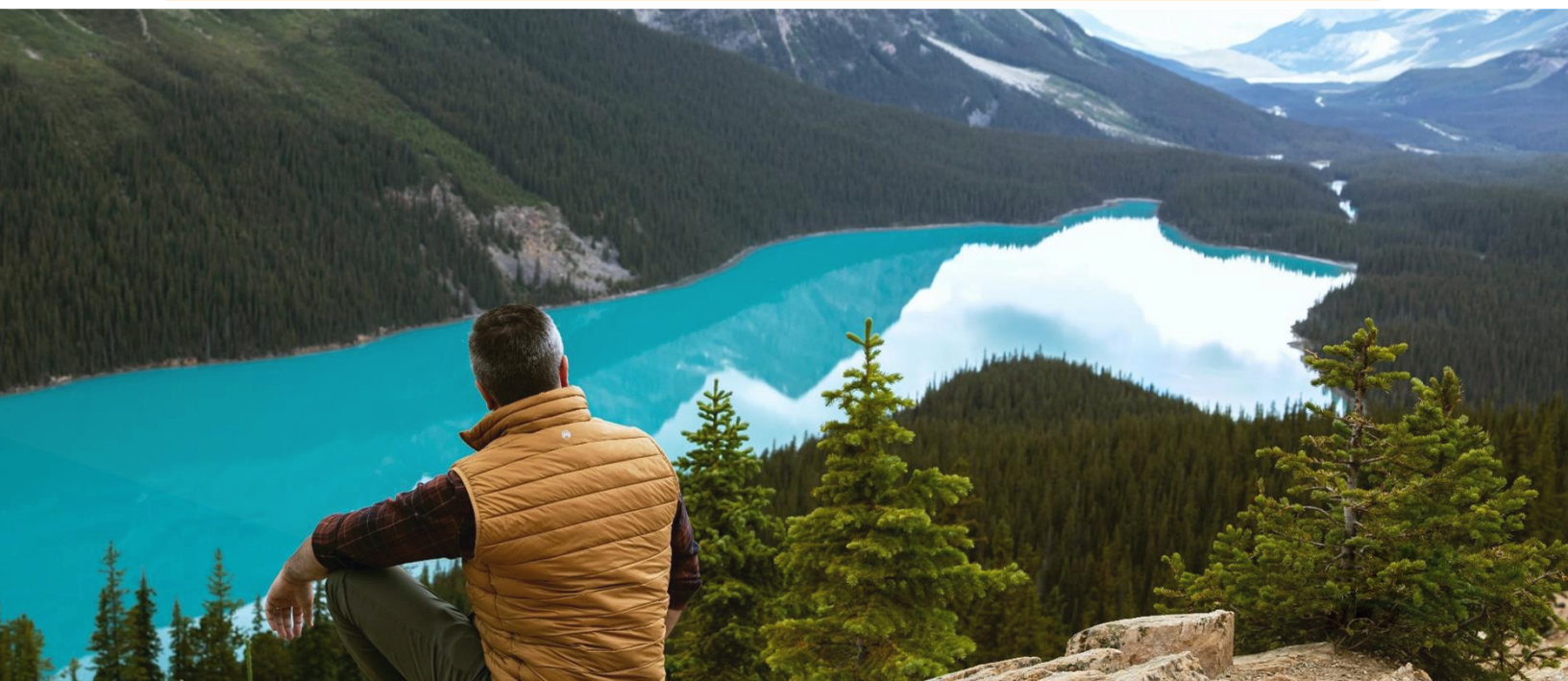
- **Choose a provider from the III-A EAP Provider Directory:** [iii-a.org](http://iii-a.org) > III-A Member Benefits > Mental Health > EAP Provider Directory\*
- **Schedule your first appointment**
- **No prior authorization is required**
- **It's OK to ask for help!**

### Questions? Contact III-A staff: 208-938-8199

*\*If you are currently seeing a Provider or wish to see a Provider who is not listed on the III-A EAP Provider Directory, contact III-A staff.*

## IF YOU, OR SOMEONE YOU KNOW ARE IN A CRISIS

- **Call or text Idaho Suicide Prevention Hotline at 208-398-4357**
- **Call National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text HELLO to 741741**





## Additional Resources, Support & Information

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**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

### Contact Your GuidanceResources® Program:

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

**TDD:** (800) 697-0353

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

**App:** GuidanceResources® Now

**Web ID:** ONEAMERICA3

## Life Insurance

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

**IMPORTANT: Fill out and submit your OneAmerica Beneficiary Designation form to your Employer. This form is available at [jii-a.org](http://jii-a.org) \*\*\*Keep this form updated\*\*\***

**Eligibility:** Active fulltime Employees and Elected Officials

**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 Benefit Reduction:** 50% at age 75

Please visit the OneAmerica website for more details: [oneamerica.com](http://oneamerica.com)



## What Does Advanced Benefits Do For Me?

The Advanced Benefits team is here to assist you with benefits *education*, provide you with *options*, give *advice* and point you in the *right direction* to being your best, healthiest self.

We are ready to serve you when the time is right. Here are some of the ways Advanced Benefits helps you:

### Get Familiar With Insurance Lingo

Benefits are complicated, right? We can provide education and help you understand your deductible, coinsurance, how certain services are covered and accumulate towards your out-of-pocket maximum, and more.

### Benefits Direction

Ask our team to go deeper with your benefits knowledge and understanding of the network of medical services available to you. We can also help you navigate coverage for services that you need throughout the year.



### Claims Review & Advocacy

- Work with our compassionate and experienced staff on your claims and health care bills to review and understand your explanation of benefits.
- Concerned that a claim or bill has not been covered the way you thought it would be or just unsure how that all works from the provider to the insurance company? Our team can review it.
- Be sure to request assistance within a reasonable time-frame following your service so we can help to get you results sooner.



When you need a little extra information or guidance, the Advanced Benefits team is here to help.

## Do you need benefits support?

Reach out to Advanced Benefits at **(208) 296-6377** or [support@trustab.com](mailto:support@trustab.com)  
Monday through Friday 8AM – 5PM (MT), closed 12PM-1PM for lunch

# OPEN ENROLLMENT OVERVIEW

## Open Enrollment Dates

**Thursday 8/26/21 through Wednesday 9/1/21**

The benefits you choose during open enrollment will be effective on 10/1/2021.



## Who is Eligible?

You are eligible to enroll in the benefits described in this guide if you work 30 or more hours per week. Spouses and children are also eligible to enroll in some of the benefits as dependents of the employee.

## Can I Make Changes Later?

Eligible employees may enroll or make changes to their benefits elections during the Annual Open Enrollment period.

As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event.” These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- A change in the place of residence of the employee, resulting in the current insurance company not being available
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid





You have two plan options for dental coverage—Delta Dental and Willamette Dental. While both offer great coverage, they work very differently. With Delta Dental you will have a large number of providers to choose from when seeking services. You can now see either a PPO or a Premier dentist and the benefits pay out the same.

Benefits	PPO	Premier
<b>Deductible</b>		
Individual	\$25	\$25
Family	\$75	\$75
Services applied to	Basic and Major	Basic and Major
<b>Annual Maximum</b>		
Individual	\$1,250	\$1,250
<b>Diagnostic &amp; Preventive</b>		
Exams	Covered at 100%	Covered at 100%
Cleanings	Covered at 100%	Covered at 100%
Fluoride Treatment	Covered at 100%	Covered at 100%
X-Rays	Covered at 100%	Covered at 100%
Sealants	Covered at 100%	Covered at 100%
<b>Basic Restorative Services</b>		
Fillings	20%	20%
Endodontics (Root Canal)	20%	20%
Periodontics (Gum Disease)	20%	20%
Simple Extractions	20%	20%
<b>Major Services</b>		
Crowns, Inlays, Outlays	50%	50%
Bridges and Dentures	50%	50%
Implants	Max lifetime benefit of \$1,200	
<b>Orthodontics</b>		
Orthodontia Services	Discount program available	
<b>Dependent Eligibility</b>		
Dependents Eligible through Age	26	

*\*Balance billing charges may apply. Always check whether your provider is a Delta Dental contracted provider. You will pay less if you use a provider in the plan's network. If you choose to waive this benefit, please note that you may experience a waiting period to be eligible for major services.*

Visit [DeltaDentalid.com](http://DeltaDentalid.com) to find an In-Network Dental Provider near you.

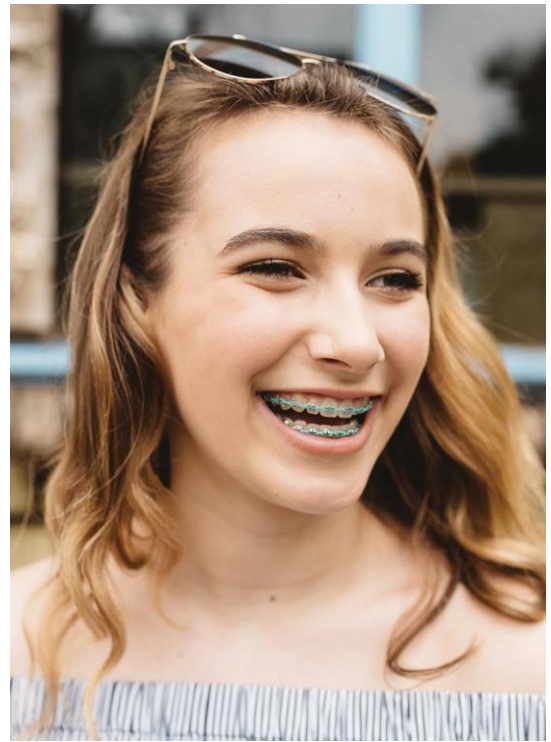
## Questions about these benefits?

Reach out to Advanced Benefits at (208) 296-6377 or [support@trustab.com](mailto:support@trustab.com)  
Monday through Friday 8AM – 5PM (MT), closed 12PM-1PM for lunch



# Value-Added Orthodontic Discount Program

Delta Dental of Idaho members no longer have to 'brace' for the cost of orthodontic care. Delta Dental's value-added Orthodontic Discount Program provides Idaho members and their eligible dependents a discounted fee for adult and child orthodontia if they obtain care from a Delta Dental of Idaho Discount Program orthodontist.



Number of Treatment Months	Fee Schedule Based on Length of Treatment
12 to 17 months	\$4,050
18 to 24 months	\$4,450
25+ months	\$4,850

## Who is Eligible?

All members and their eligible dependents enrolled in a Delta Dental of Idaho dental plan that does not include an orthodontic benefit are eligible for Delta Dental's value-added Orthodontic Discount Program.

## How Does the Discount Program Work?

Delta Dental members will experience substantial savings because Idaho orthodontists in the Orthodontic Discount Program agree to discounted fees. Members simply call and schedule a visit with a Delta Dental of Idaho Discount Program orthodontist and present their Delta Dental of Idaho ID card at the time of their appointment. The discount amount is based on the length of treatment. Members will know their total out-of-pocket costs prior to the beginning of treatment, so there will be no surprises! See the fee schedule above for details.

## Is There a Cost for this Orthodontic Program?

No. Delta Dental of Idaho's Orthodontic Discount Program is a value-added service and is not insurance.

Please see the back of this flyer for a list of orthodontists in the Discount Program.

For more information, please call (208) 489-3580 or email: [CustomerService@deltadentalid.com](mailto:CustomerService@deltadentalid.com)





The Willamette Dental plan requires that you use one of their specific offices. Office locations can be found by visiting [www.willamettedental.com](http://www.willamettedental.com).

Benefit Coverage	In Network Only
Deductible	No Deductible
Office Visit	\$25 Copay per visit
<b>Annual Maximum</b>	
Individual	No Annual Maximum
<b>Diagnostic &amp; Preventive</b>	
Exams	Covered with Office Visit Copay
Cleanings	Covered with Office Visit Copay
Fluoride Treatment	Covered with Office Visit Copay
X-Rays	Covered with Office Visit Copay
Sealants	Covered with Office Visit Copay
<b>Basic Restorative Services</b>	
Fillings	Covered with Office Visit Copay
Endodontics (Root Canal)	\$85-\$140 Copay
Periodontics (Gum Disease)	\$60 Copay
Simple Extractions	Covered with Office Visit Copay
<b>Major Services</b>	
Crowns, Inlays, Outlays	\$200 Copay
Bridges (per tooth) and Dentures (Upper or Lower)	Bridge \$200 /Denture \$400 Copay
Implants	Max benefit of \$1,500 per year
<b>Orthodontics</b>	
Pre-Orthodontia Treatment	\$150 Copay
Comprehensive Ortho	\$2,400 Copay
Lifetime Maximum	No Limit
Age Limitation	N/A

**There are no locations in McCall. There are two locations in the Boise area:**

Boise: 8950 West Emerald St., Suite 108, Boise, ID 83704

Meridian: 1075 S Wells St., Meridian, ID 83642

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

## Questions about these benefits?

Reach out to Advanced Benefits at (208) 296-6377 or [support@trustab.com](mailto:support@trustab.com)

Monday through Friday 8AM – 5PM (MT), closed 12PM-1PM for lunch







To protect your family’s security, The City of McCall provides you with group term life and accidental death & dismemberment (AD&D) insurance equal to \$25,000. If something were to happen to you, The City of McCall wants to help ensure that your loved ones are taken care of.

## Benefits

Basic Life	\$25,000
AD&D	\$25,000
Employee Guarantee Issue	\$25,000
Class 1	All Active Full-Time Employees

## Accelerated Benefit

Percentage	75%
Life Expectancy Less Than	12 months

## Age Reduction

Age 65	35%
Age 70	60%
Age 75	75%
Age 80	85%

## Conversion Privilege

If you are no longer employed by The City of McCall, the conversion privilege gives you the right, under certain conditions, to continue life insurance protection under a non-term permanent insurance policy. Guardian requires a medical examination or other evidence of insurability when the application is made, and the first premium is paid within 31 days of termination of insurance coverage.

## Accelerated Death Benefit

If an Insured Employee becomes disabled, due to a terminal illness, they may be eligible to receive a portion of their death benefit prior to death.

## Accidental Death & Dismemberment

If you or your insured die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an airbag, an amount will be paid in addition to the AD&D benefit.

### Questions about these benefits?

Reach out to Advanced Benefits at (208) 296-6377 or [support@trustab.com](mailto:support@trustab.com)  
Monday through Friday 8AM – 5PM (MT), closed 12PM-1PM for lunch





You have the option of electing more coverage through voluntary deductions as per table below. All employee’s who were enrolled in Unum benefits previously have been grandfathered and no evidence of insurability is required. If you want to elect more, please note that you will need to go through underwriting and fill out an evidence of insurability form if the amount is over the guaranteed issue.

<b>Benefits</b>		
<b>Benefit Amount: Employee</b>		
Maximum		\$10,000 - \$250,000
Increments		\$10,000
Minimum		\$10,000
<b>Benefit Amount: Spouse</b>		
Maximum		\$10,000 - \$250,000 not to exceed Employee's amount
Increments		\$5,000
Minimum		\$5,000
<b>Benefit Amount: Child</b>		
14 days to age 26		\$1,000 - \$10,000 not to exceed Employee's amount
Increments		\$1,000
Guarantee Issue Limits		\$10,000
<b>Guarantee Issue Limits</b>		
Age up to 65		Employee: \$100,000 / Spouse: \$25,000
Age 65-70		Employee: \$50,000 / Spouse: \$10,000
Age 70+		Employee: \$10,000 / Spouse: \$0
<b>Portability &amp; Conversion</b>		
Portability		Yes
Conversion		Yes
<b>Age Reduction</b>		
	65	35%
	70	60%
	75	75%
	80	85%

Visit: [www.guardianlife.com](http://www.guardianlife.com)

## Questions about these benefits?

Reach out to Advanced Benefits at (208) 296-6377 or [support@trustab.com](mailto:support@trustab.com)  
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# FSA & HRA ACCOUNT DETAILS



A flexible spending arrangement or account (FSA) is a popular benefit that allows employees to pay for healthcare and dependent care expenses with pre-tax dollars. FSAs are funded through voluntary salary deductions. By participating in an FSA, you can reduce your federal and state income tax, Social Security and Medicare tax withholdings.

## **Online Participant Portal Login**

To view your account online, you will login via the Employee Portal or go to:  
[www.nuesynergy.com](http://www.nuesynergy.com)

## **First-Time Users:**

Click on “Need an Account” to be directed to the Registration page – You will create a Username and Password.

**Employee ID:** Input the Last Six (6) Digits of your Social Security Number (SSN)

**Registration ID:** Input your Sixteen (16) Digit IntegraFlex Debit Card Number

**Note:** You will not be able to create your account until after you have received your IntegraFlex Debit Card in the mail.

## **FSA Reminders!**

- You must complete a new election form each year you are interested in continuing your participation.
- You cannot change your election during the year unless you have a “Qualified Family Status Change”, such as marriage, divorce, birth, etc.
- If you have \$500 or less left in your account at the end of the plan year, funds can be rolled over into the upcoming year’s account. Anything beyond \$500 must be forfeited. Be sure to calculate your contributions carefully.

## **HRA**

- The City of McCall will continue to contribute to an HRA account.
- Funds can be rolled over each year with no maximum.
- For a complete list of eligible items, please visit [www.nuesynergy.com](http://www.nuesynergy.com).

## **Health Care FSA**

- You may set aside up to \$2,750 annually.
- You may use funds for reimbursement on qualified health expenses that are not covered by your medical, dental or vision plans.

Examples include:

- Doctor Copays
- Medical Deductible
- Prescriptions
- Dental Crowns
- Braces
- Glasses
- You can receive reimbursement for eligible expenses on you and your dependents.

## **Dependent Care FSA**

- You may set aside up to \$5,000 annually.
- Funds are used to pay for care of a dependent child or adult.
- Unlike the medical FSA, funds for dependent care are only available once they are deposited.

## **Questions about these benefits?**

Reach out to Advanced Benefits at (208) 296-6377 or [support@trustab.com](mailto:support@trustab.com)  
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# Miscellaneous Benefits

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In addition to the benefits listed on the previous pages, the following are examples of miscellaneous benefits, subject to change in the sole discretion of the City Council, that may be available to employees for participation in accordance with the terms of their respective policy or agreement:

1. Deferred compensation plans handled by payroll deduction.
2. Season golf pass for benefit eligible employees.
3. Library card for employees living outside city limits.
4. Allowance for uniforms, tools, equipment, etc.
5. Voluntary supplemental insurance programs.
6. Training and higher education reimbursement or tuition refund.
7. Voluntary cash incentive programs related to employee wellness, vaccination, etc.
8. Free annual wellness screening on-site by III-A contracted nurse practitioner (up to \$1000.00 value).

*Questions about these benefits?*

*Reach out to Human Resources Staff as these benefits are administered internally.*

# QUESTIONS? We're here to help.

Benefits & Coverage Questions | Claims Advocacy



Advanced Benefits  
405 W Myrtle Street, Ste. 200, Boise, ID 83702  
Ph: (208) 296-6377 | Email: [support@trustab.com](mailto:support@trustab.com) | TrustAB.com  
M-F 8AM – 5PM (MT), closed 12PM-1PM for lunch



Enrollment Assistance Provided by



Benefit Enrollment Navigators – A Division of Advanced Benefits  
Ph: (208) 664-3482 | Email: [enrollment@trustab.com](mailto:enrollment@trustab.com) | 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
Guardian Life	Life AD&D	<a href="http://Guardian.com">Guardian.com</a>	(888) 482-7342

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.*