

2021-2022



Mountain Home School District

Benefits Guide

Health - Financial - Work-Life

September 1, 2021 – August 31, 2022



WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. **If you enroll on time, coverage is effective on the first of the month following your date of hire.**

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective September 1, 2021 —August 31, 2022

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- You or your spouse and/ or dependent children have an involuntary loss of coverage under another group health plan

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Contact Information

Coverage	Carrier	Phone #	Website
Medical	Select Health	(801) 442-5000	www.selecthealth.org
Voluntary Dental	Delta Dental of Idaho	(800) 356-7586	www.deltadentalid.com
	Willamette	(855) 433-6825	www.willamettedental.com
Vision	LifeMap	(800) 794-5390	www.lifemapco.com
Voluntary Life			
Voluntary LTD			
HSA Administrator	Key Bank	(208) 452-3823	www.key.com
FSA Administrator	Ameriflex	(844) 423-4636	www.myAmeriFlex.com
Voluntary Benefits	Colonial Life	(800) 325-4368	www.coloniallife.com

Contacts	Title	Phone #	Email
Kelly Gilbert	HR Contact	(208) 587-2580	gilbert_kl@mtnhomesd.org
Pete Cavender	HUB Consultant	(208) 947-1408	pete.cavender@hubinternational.com
Brook Pritchett	HUB Consultant	(208) 947-1432	brook.pritchett@hubinternational.com
Paige Puccinelli	Hub Account Manager	(208) 947-1429	paige.puccinelli@hubinternational.com

Notes

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



Mountain Home School District

Medical Rates

SelectHealth PPO Signature Plus

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$582.50	\$582.50	\$0.00
Employee & Spouse	\$1,277.20	\$582.50	\$694.70
Employee & Child	\$894.50	\$582.50	\$312.00
Employee & Children	\$1,036.90	\$582.50	\$454.40
Family	\$1,474.20	\$582.50	\$891.70
Dual Employee Family	\$1,474.20	\$1,165.00	\$309.20

SelectHealth Health Savings Account Plan

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$503.60	\$503.60	\$0.00
Employee & Spouse	\$1,104.10	\$503.60	\$600.50
Employee & Child	\$773.30	\$503.60	\$269.70
Employee & Children	\$896.40	\$503.60	\$392.80
Family	\$1,274.50	\$503.60	\$770.90
Dual Employee Family	\$1,274.50	\$1,007.20	\$267.30

***If you enroll in the HSA plan, the District will contribute \$78.90 per month into your account.**

Mountain Home School District

Dental and Vision Rates

Delta Dental of Idaho Dental Rates

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$37.23	\$37.23	\$0.00
Employee & Spouse	\$70.74	\$37.23	\$33.51
Employee & Child	\$70.74	\$37.23	\$33.51
Employee & Children	\$104.24	\$37.23	\$67.01
Family	\$104.24	\$37.23	\$67.01
Dual Employee Family	\$104.24	\$74.46	\$29.78

Willamette Dental Rates

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$54.40	\$37.23	\$17.17
Employee & Spouse	\$93.10	\$37.23	\$55.87
Employee & Child	\$93.10	\$37.23	\$55.87
Employee & Children	\$135.39	\$37.23	\$98.16
Family	\$135.39	\$37.23	\$98.16
Dual Employee Family	\$135.39	\$74.46	\$60.93

LifeMap/VSP Vision Rates

Coverage Tier	Monthly Rate	Employer Contribution	Employee Contribution
Employee Only	\$6.92	\$6.92	\$0.00
Employee & Spouse	\$13.83	\$6.92	\$6.91
Employee & Child(ren)	\$14.82	\$6.92	\$7.90
Family	\$23.67	\$6.92	\$16.75
Dual Employee Family	\$23.67	\$13.84	\$9.83

Mountain Home School District

Voluntary Life & LTD Rates

LifeMap Voluntary Life Monthly Rates

See LifeMap Summary for Rates

LifeMap Voluntary Long Term Disability Rates

See LifeMap Summary for Rates



MEMBER PAYMENT SUMMARY	
IN-NETWORK	OUT-OF-NETWORK
When using In-Network Providers, you are responsible to pay the amounts in this column.	When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS		
Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	plan Year	
Maximum Annual Out-of-Network Payment - (per plan Year)	None	None
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET ^{5,6}	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	\$1,250	\$2,500
Out-of-Pocket Maximum	\$4,000	\$8,000
Family Coverage, 2 or more enrolled - per plan Year		
Deductible - per person/family	\$1250/\$2500	\$2500/\$5000
Out-of-Pocket Maximum - per person/family	\$4000/\$8000	\$8000/\$16000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	40% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per plan Year for all therapy types combined	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	\$30	40% after Deductible
Secondary Care Provider (SCP) ¹	\$45	40% after Deductible
Allergy Tests	See Office Visits Above	50% after Deductible
Allergy Treatment and Serum	20%	50% after Deductible
Major Surgery	20%	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA ^{2,3}	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	50% after Deductible
Secondary Care Provider (SCP) ¹	Covered 100%	50% after Deductible
Adult and Pediatric Immunizations	Covered 100%	50% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	50% after Deductible
Diagnostic Tests: Minor	Covered 100%	50% after Deductible
Other Preventive Services	Covered 100%	50% after Deductible
VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	\$45	40% after Deductible
OUTPATIENT SERVICES ⁴	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	20% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room - (<i>In-Network facility</i>)	\$100 after Deductible	See In-Network Benefit
Emergency Room - (<i>Out-of-Network facility</i>)	\$100 after Deductible	See In-Network Benefit
Urgent Care Facilities	\$45	40% after Deductible
Intermountain Connect Care [®]	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Chemotherapy, Radiation and Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100%	40% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$45 after Deductible	40% after Deductible



MEMBER PAYMENT SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity ⁴	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ⁴ <i>One device every 36 months per ear. Up to 45 language/speech therapy visits during the 12 months after the delivery of the covered device.</i>	See Professional, Inpatient or Outpatient	50% after Deductible
Infertility - <i>Select Services</i>	50% after Deductible	*50% after Deductible
Donor Fees for Covered Organ Transplants	20% after Deductible	50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible
OPTIONAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency ⁴		
Office Visits	\$30	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20%	40% after Deductible
Residential Treatment ²	20% after Deductible	40% after Deductible
Chiropractic	\$30	*50% after Deductible
Injectable Drugs and Specialty Medications ⁴	20% after Deductible	40% after Deductible
Bariatric Surgery (<i>Up to one surgery/lifetime</i>) ⁴	See Professional, Inpatient or Outpatient	50% after Deductible
PRESCRIPTION DRUGS		
Pharmacy Deductible - Per Person per plan Year		\$250
Prescription Drug List (formulary)		RxSelect [®]
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> ⁴		
Tier 1		\$10
Tier 2		25% after pharmacy Deductible
Tier 3		50% after pharmacy Deductible
Tier 4		20% after pharmacy Deductible
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90[®])-selected drugs</i> ⁴		
Tier 1		\$10
Tier 2		25% after pharmacy Deductible
Tier 3		50% after pharmacy Deductible
Generic Substitution Required		Generic required or must pay Copay plus cost difference between name brand and generic

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the Allowed Amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

* Not applied to Medical Out-of-Pocket Maximum.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.SM (domiciled in Utah).

ID-MPS 01/01/21

03/17/21

selecthealth.org



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IN-NETWORK	OUT-OF-NETWORK
When using In-Network Providers, you are responsible to pay the amounts in this column.	When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS		
Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	plan Year	
Maximum Annual Out-of-Network Payment - (per plan Year)	None	None
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET ^{5,6}	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	\$2,500	\$2,750
Out-of-Pocket Maximum	\$5,000	\$6,500
Family Coverage, 2 or more enrolled - per plan Year		
Deductible	\$5,000	\$5,500
Out-of-Pocket Maximum - per person/family	\$5000/\$10000	\$6500/\$13000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	40% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴	20% after Deductible	40% after Deductible
Up to 40 days per plan Year for all therapy types combined		
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	\$15 after Deductible	40% after Deductible
Secondary Care Provider (SCP) ¹	\$25 after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	50% after Deductible
Allergy Treatment and Serum	20% after Deductible	50% after Deductible
Major Surgery	20% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA ^{2,3}	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	50% after Deductible
Secondary Care Provider (SCP) ¹	Covered 100%	50% after Deductible
Adult and Pediatric Immunizations	Covered 100%	50% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	50% after Deductible
Diagnostic Tests: Minor	Covered 100%	50% after Deductible
Other Preventive Services	Covered 100%	50% after Deductible
VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	\$25 after Deductible	40% after Deductible
OUTPATIENT SERVICES ⁴	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	20% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room - (In-Network facility)	\$75 after Deductible	See In-Network Benefit
Emergency Room - (Out-of-Network facility)	\$75 after Deductible	See In-Network Benefit
Urgent Care Facilities	\$35 after Deductible	40% after Deductible
Intermountain Connect Care ^W	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Chemotherapy, Radiation and Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$25 after Deductible	40% after Deductible



SELECTHEALTH NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity ⁴	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ⁴ <i>One device every 36 months per ear. Up to 45 language/speech therapy visits during the 12 months after the delivery of the covered device.</i>	See Professional, Inpatient or Outpatient	50% after Deductible
Infertility - Select Services	50% after Deductible	50% after Deductible
Donor Fees for Covered Organ Transplants ⁴	20% after Deductible	50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible
OPTIONAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency ⁴ (<i>combined benefits</i>)		
Office Visits	\$15 after Deductible	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20% after Deductible	40% after Deductible
Residential Treatment ²	20% after Deductible	40% after Deductible
Chiropractic	20% after Deductible	40% after Deductible
Injectable Drugs and Specialty Medications ⁴	20% after Deductible	40% after Deductible
Bariatric Surgery (<i>Up to one surgery/lifetime</i>) ⁴	See Professional, Inpatient or Outpatient	40% after Deductible
PRESCRIPTION DRUGS		
Prescription Drug List (formulary)	RxSelect [®]	
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> ⁴		
Tier 1	\$7 after In-Network Deductible	
Tier 2	\$21 after In-Network Deductible	
Tier 3	\$42 after In-Network Deductible	
Tier 4	\$100 after In-Network Deductible	
Maintenance Drugs- <i>90 Day Supply (Mail-Order, Retail90[®])-selected drugs</i> ⁴		
Tier 1	\$7 after In-Network Deductible	
Tier 2	\$42 after In-Network Deductible	
Tier 3	\$126 after In-Network Deductible	
Deductible Waiver	Certain prescription drugs are not subject to the Deductible	
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the Allowed Amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc. SM (domiciled in Utah).



Preventive Care Services

Many of our plans cover preventive care 100%—that means no copay, coinsurance, or deductible.

For services to be covered as preventive, your doctor must submit claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copays, coinsurance, or deductibles may apply. Unless otherwise indicated, these services are generally covered once every 12 months. Additional limitations may apply.

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

NEED MORE INFORMATION?



WEB

selecthealth.org/wellness-resources



PHONE

800-538-5038

Adult Preventive Services (ages 18 and older)

Laboratory Tests

- > Complete Blood Count (CBC)
- > Prostate Cancer Screening (PSA)
- > Diabetes Screening
- > Cholesterol Screening
- > Gonorrhea Screening
- > Human Papillomavirus (HPV) Testing (once every 3 years in women ages 30 and older)
- > Chlamydia Screening
- > Human Immunodeficiency Virus (HIV) Screening
- > Syphilis Screening
- > Tuberculosis (TB) Testing
- > Lead Screening
- > BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria)
- > Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- > Hepatitis C Virus (HCV) Screening (ages 48 and older or high-risk individuals who meet criteria)

Procedures

- > Pap Test
- > Lung Cancer Screening (between ages 55 and 80)
- > Screening Mammogram
- > Colon Cancer Screening
- > Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75)
- > Bone Density/DEXA (once every two years in women ages 60 and older)
- > Permanent Sterilization Procedures (such as tubal ligations/vasectomies)

Examinations/Counseling

- > Physical Exam
- > Tobacco Use Counseling
- > Alcohol Misuse Screening and Counseling

- > Hearing Screening (ages 65 and older)
- > Glaucoma Screening
- > Sexually Transmitted Infections Counseling
- > Dietary Counseling (only for certain diet-related chronic diseases)
- > Adult Preventive Eye Exam

Immunizations

- > Influenza
- > Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- > Pneumococcal
- > Hepatitis A
- > Meningitis
- > Zoster (ages 60 and over)
- > Human Papillomavirus (HPV) (ages 9 to 26)

Contraception

Most contraceptives are covered as a preventive service under your pharmacy benefits.

- > Cervical Cap with Spermicide
- > Diaphragm with Spermicide
- > Emergency Contraception (Ella, Plan B)
- > Female Condom
- > Implantable Rod
- > IUDs
- > Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use)
- > Patch
- > Shot/Injection (Depo-Provera)
- > Spermicide
- > Sponge with Spermicide
- > Surgical Sterilization for Women (Tubal Ligation)
- > Surgical Sterilization Implant for Women
- > Vaginal Contraceptive Ring

Pediatric Preventive Services (younger than age 18)

Procedures/Counseling

- > Well-Child Visit (preventive when billed on the following schedule: birth; 2 to 4 days; 2 to 4 weeks; 2, 4, 6, 9, 12, 15, and 18 months; ages 2, 2 1/2; once a year from ages 3 to 18)
- > Primary Care Tobacco Use Intervention
- > Eye Exam
- > Developmental Testing
- > Newborn Hearing Screening (younger than age 1)
- > Hearing Screening (ages 10 and younger)
- > Application of Fluoride Varnish (younger than age 5)

Laboratory Tests

- > Newborn Metabolic Screening (younger than age 1)
- > Human Immunodeficiency Virus (HIV) Screening
- > PKU Screening (younger than age 1)
- > Thyroid (younger than age 1)
- > Sickle Cell Disease Screening (younger than age 1)

Immunizations

(As recommended by the CDC/ACIP)

- > Measles, Mumps, Rubella (MMR)
- > Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- > Haemophilus Influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- > Hepatitis B (HepB)
- > Polio (OPV, IPV, DtaP-Hep-LPV)
- > Influenza
- > Pneumococcal

- > Hepatitis A
- > Hepatitis B
- > Meningitis
- > Varicella (including MMVR)
- > Rotavirus
- > Human Papillomavirus (HPV) (ages 9 to 26)

Obstetrical Preventive Services

These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

Laboratory Tests

- > Iron Deficiency Anemia Screening
- > Diabetes Screening
- > Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation)
- > Rubella Screening
- > Rh(D) Incompatibility Screening
- > Hepatitis B Infection Screening (at first prenatal visit)
- > Gonorrhea Screening
- > Chlamydia Screening
- > Syphilis Screening

Breast-feeding Supplies and Support

- > Breast Pump, Electronic AC or DC (one per birth)
- > Lactation Class (one per birth at a SelectHealth-approved facility)

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

Say hello to FREE with PIVOT

If you're an Idaho member on a SelectHealth Advantage®, Individual, Large Employer, or Small Employer plan, your wellness options just got better. SelectHealth® and PIVOT Lifestyle + Fitness by Kristin Armstrong are offering you a membership opportunity at no cost!

JOINING PIVOT IS EASY!

Take your SelectHealth ID card and driver's license to the PIVOT location nearest you. All you need to do is sign the Terms and Conditions and the registration form. That's it! No added cost, no out-of-pocket payments, no online registration or uploading receipts. After you sign up, you'll receive a membership card valid for the duration of your current SelectHealth plan.

HERE'S WHAT YOU GET

FREE

- > 24/7 gym access
- > Group classes
- > Cycling
- > Functional Training
- > Yoga, heated and non-heated

ADDED SERVICES AVAILABLE TO SELECTHEALTH MEMBERS FOR AN ADDITIONAL COST

- > Personal training, health coaching, and more!

PIVOT LOCATIONS

Ten Mile Crossing

808 S. Vanguard Way
Meridian, ID 83642

Pioneer Crossing

1290 W. Myrtle St., Suite 150
Boise, ID 83702

MEMBERSHIP HOURS

Monday to Thursday 5:00 a.m. - 8:00 p.m.

Friday 5:00 a.m. - 4:00 p.m.

Saturday 7:30 a.m. to 1:00 p.m.

Sunday 7:30 a.m. to 1:00 p.m. (Pioneer)

Closed Sunday (Ten Mile)

24/7 Gym Access with Key FOB

*Program may not be available for self-funded plans. Membership is subject to the Terms and Conditions. Membership value may be considered income and subject to tax.



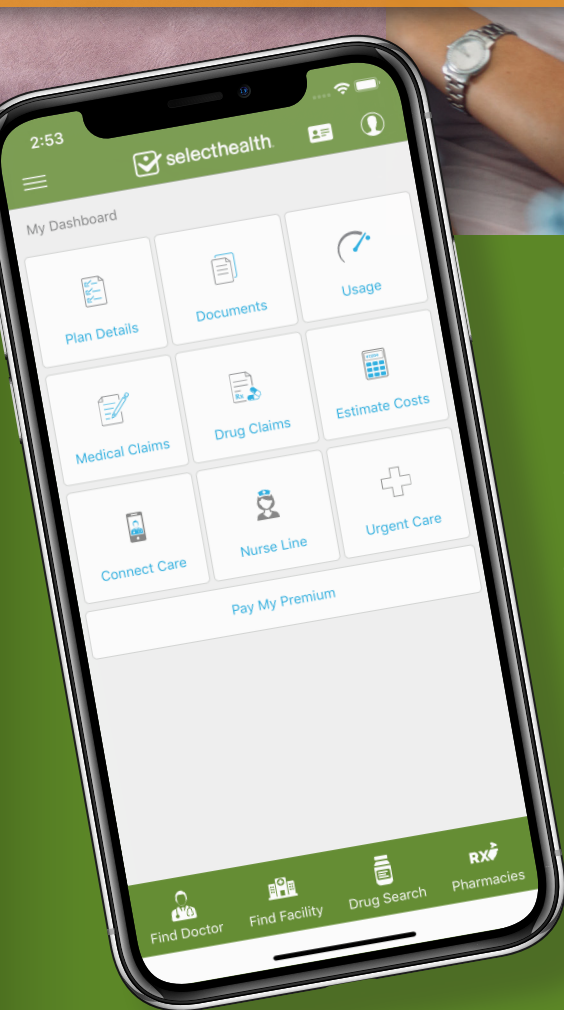
selecthealth



Questions? Email partner@pivotbyka.com



Your health plan. On demand.



Stay in the know with the SelectHealth mobile app.

The freshly updated SelectHealth® mobile app is your go-to resource for on-demand information about your health plan. Take advantage of features like:

- > A completely redesigned interface
- > New plan details and member profile pages
- > Medical cost estimates for specific services and procedures
- > Premium payments through the app (Individual plans only)
- > Claims information for medical, dental, and pharmacy
- > Helpful plan documents
- > Wellness tips and resources

Download the SelectHealth app.

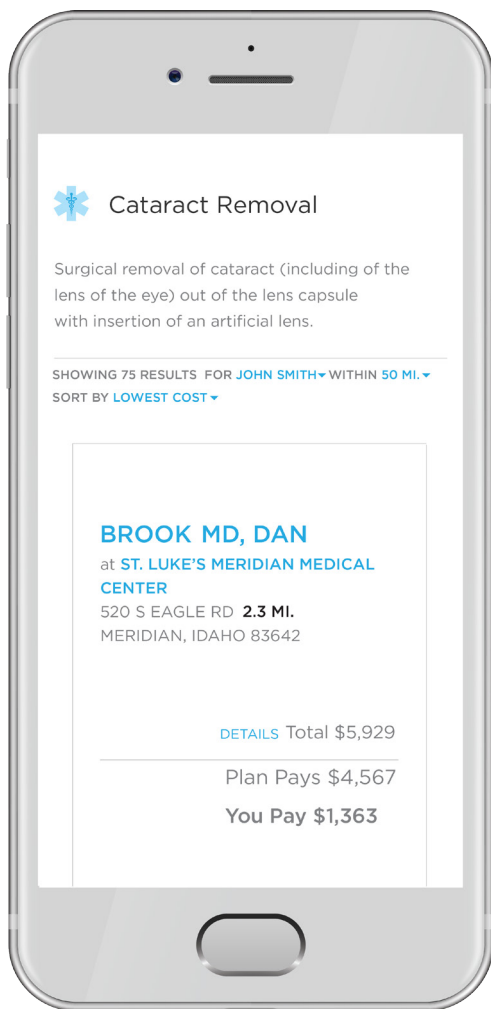


Carry less. Know more.



Online Tools

Our secure online member portal is your one-stop shop for information about your healthcare. The portal can be accessed from your mobile device or computer by visiting **selecthealth.org**.



MEDICAL COST ESTIMATOR

We can use your benefits to estimate the cost of many healthcare services. For example, we can estimate the cost of cataract removal, including charges for the facility, provider, and anesthesiologist. Bundling these numbers together, we'll estimate how much your plan will cover and what you will pay.

ID CARDS

Lost your ID card? No worries—you can view and print copies of your card on the SelectHealth member portal.

REQUEST A CALL

Use our call request feature to schedule a call back from our Member Services team at a set time that's convenient for you.

CHAT WITH US

No time for a phone call? Use our secure chat feature to talk with Member Services online. If you need to know whether your medication will be covered or how much a doctor's bill was, chat can help.

HEALTHCARE INFORMATION

View your benefits, claims, and deductible levels.



Many contracted providers and facilities receive secure messages and will even upload lab results, imaging reports, and other health information on your Intermountain Healthcare *My Health* account. To access information from your providers, click the blue *My Health* button in the right corner of your SelectHealth dashboard.



selecthealth.



Intermountain[®]
Connect Care

Convenient, high-quality care— whenever and wherever you need it.

A skilled clinician is just a swipe or click away. With Intermountain Connect Care[®], SelectHealth[®] members can use their smartphone, tablet, or computer to get basic healthcare. Just log in and speak face-to-face with an Intermountain caregiver through on-demand video.

MOBILE APP

With a smartphone or tablet, you can get access through the Connect Care mobile app. Use the app and start your visit in minutes.

WEB

If you'd rather use a larger screen, you can access Connect Care using a video-capable computer at your home or office.

YOUR VISIT

Most visits take less than ten minutes. Your clinician will review your history, answer questions, diagnose, treat, and even prescribe medication.

COVERAGE

Connect Care visits are just \$49 and may be covered by your insurance plan. For details, call Member Services at **800-538-5038** or visit us at **selecthealth.org**.

GET STARTED

Download the app on Android or iOS, or visit **intermountainconnectcare.org** to register for free.



COMPLIANCE OVERVIEW

Provided by:
HUB International Limited (West)



This Compliance Overview is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

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HSA Limits for 2019, 2020 and 2021

The following health savings account (HSA) limits apply for 2019, 2020 and 2021:

	2019	2020	2021
HDHP MINIMUM DEDUCTIBLE			
<i>Individual</i>	\$1,350	\$1,400	\$1,400
<i>Family</i>	\$2,700	\$2,800	\$2,800
HDHP OUT-OF-POCKET MAXIMUM			
<i>Individual</i>	\$6,750	\$6,900	\$7,000
<i>Family</i>	\$13,500	\$13,800	\$14,000
HSA MAXIMUM CONTRIBUTION			
<i>Individual</i>	\$3,500	\$3,550	\$3,600
<i>Family</i>	\$7,000	\$7,100	\$7,200
CATCH-UP CONTRIBUTIONS (age 55 and older)	\$1,000	\$1,000	\$1,000

LINKS AND RESOURCES

- [IRS Revenue Procedure 2020-32](#) – HSA limits for 2021
- [IRS Revenue Procedure 2019-25](#) – HSA limits for 2020
- [IRS Revenue Procedure 2018-30](#) – HSA limits for 2019



2020/2021 Health Savings Account (HSA) Overview

The KeyBank Health Savings Account gives you flexibility while helping you manage rising health care costs.

The KeyBank HSA is an interest-bearing account that gives you the ability to make tax-free withdrawals to pay for trips to the doctor, filling prescriptions, or other healthcare-related expenses. Simply make contributions to your KeyBank HSA through payroll deductions, direct deposit, deposits at any KeyBank branch, or by transferring funds from another account in Online Banking. When you need to make withdrawals for qualified medical expenses, just use your KeyBank HSA checks or debit card or make payments or transfers using Online Banking and Key Bill Pay.

Two simple ways to open your KeyBank HSA

- Online – The most convenient way to apply. Just go to key.com/hsa and choose “Apply Online.” The easy-to-follow instructions will guide you through the process.
- KeyBank branch – You can also open an HSA at any KeyBank branch. To find the branch nearest you, go to key.com/branch or call 1-888-KEY2YOU (539-2968). For customers using a TDD/TTY device (to provide service to our hearing impaired clients), please use 1-800-539-8336.

Contributions to your HSA

When you enroll in a High Deductible Health Plan (HDHP) and open an HSA with KeyBank, your employer may contribute to your HSA. Your contributions along with those of your employer (combined) may add up to the amount of—but cannot exceed—the below figures.

The benefits of a KeyBank HSA

- Your tax-advantaged dollars grow and earn interest while in the account, and that interest earned is also tax-advantaged.
- Your employer may opt to make contributions to your account.
- You can easily manage and track expenses with Key Bill Pay and monitor your account activity through Online Banking.
- If you leave your job, relocate, or become unemployed, your KeyBank HSA account stays active and goes with you. Your HSA remains active and you may continue to withdraw funds from your account. (To make further contributions, however, you will need to remain enrolled in an HDHP).
- Unlike Flexible Spending Accounts, the money accrued in your account remains in your account and carries over year after year.
- You control the funds in your HSA.

What are the maximum contributions?

Plan Year	Individual Coverage	Family Coverage	Over 55 Catch Up
2020	\$3,550	\$7,100	\$1,000
2021	\$3,600	\$7,200	\$1,000

Contributing to your KeyBank HSA

Method	Type of Contribution	
Branch	Current or prior year contribution	Prior year contributions must be made by tax filing deadline and require signed deposit form
Online	Current or prior year contribution	Once enrolled in Key's online banking, you can transfer funds to your Key HSA from another KeyBank deposit account or from another financial institution
ACH/Payroll	Current year	Speak to your employer about your options
IRA	Trustee-to-trustee transfer	One-time transfer allowed from existing IRA
HSA	Rollover/Trustee transfer	Allowed one rollover per year; no limits on trustee-to-trustee transfers



2020/2021 Health Savings Account (HSA) Overview

KeyBank's HSA

Key's HSA features a tiered interest bearing checking account with an optional Key Investment Services® (KIS) brokerage account. Account access is available via check, debit card, and Online Banking.

Checking Account	<ul style="list-style-type: none">• Interest-bearing• No minimum balance• Check/Debit Card access• Deposit by online banking or visiting a branch• Online banking/bill pay
Long-Term Investments Key Investment Services LLC Brokerage Account ¹	<ul style="list-style-type: none">• KIS brokerage account opened through local investment representative/call center• \$2500 minimum balance required in HSA checking account to make all investment purchases• \$1000 minimum balance needed to open KIS brokerage account (\$3500 total balance)• Transfer of funds must be initiated by accountholder (funds do not sweep automatically)• Transfers can be initiated by phone or through local investment representative
Debit Card	<ul style="list-style-type: none">• Optional Healthcare Spending Protection• Healthcare Spending Protection prevents accidental use at pizza shops, gas stations, etc. by restricting spending to merchants and services associated with qualified medical distributions.*• Additional cards available <p>*Based on Mastercard³ determination</p>
Statements	You will receive a monthly statement containing all bank account activity and a summary of your investment account activity, if applicable. Detailed investment account activity is sent in a separate statement.
Fees	Please refer to the disclosure you receive at account opening for details about fees and the many ways to waive them. The monthly \$3.00 paper statement fee is NOT waived unless you sign up for online statements.

Accessing your funds

Branch	With signed withdrawal form
ATM	Free at KeyBank ATM; foreign ATM fees may apply
Debit Card	Free of charge ⁴
Online Transfers	Free to both Key and non-Key financial institutions
Online Bill Pay	Free of charge
Check	Free of charge

You cannot pay for an expense that was incurred prior to the time your account was opened or your High Deductible Health Plan goes into effect, whichever is the later of the two. HSA funds can be used to pay for qualified medical expenses for yourself, spouse, and dependents whether or not they are covered under your health plan.²

Go to key.com/hsa
Call



¹ Investment products are offered through Key Investment Services LLC (KIS), member FINRA/SIPC. KIS is affiliated with KeyBank National Association (KeyBank). Investment products made available through KIS are:

NOT FDIC INSURED • NOT BANK GUARANTEED • MAY LOSE VALUE • NOT A DEPOSIT • NOT INSURED BY ANY FEDERAL OR STATE GOVERNMENT AGENCY

KIS and KeyBank are separate entities, and when you buy or sell securities you are doing business with KIS, and not KeyBank.

² IRS Publication 502* includes an alphabetized list of qualified medical expenses. (*Available from the IRS or their website <http://www.irs.gov/pub/irs-pdf/p502.pdf>)

³ Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.

⁴ Go to key.com/savings for more details about getting an HSA Debit Card.

KeyBank Health Savings Account FAQs

What is a Health Savings Account (HSA)?

An HSA is an individual, tax-advantaged savings account designed to help you pay for qualified medical expenses. Eligible contributions are tax deductible, and you can use your money to pay for those expenses for you, your spouse, and any qualified dependents. You can choose to invest your HSA money to pay for medical expenses in retirement, and that growth is also tax-free. HSA contributions can roll over year after year, and contributions do not expire.

Does the High Deductible Health Plan (HDHP) policy have to be in my name to open a Health Savings Account (HSA)?

No, the policy does not have to be in your name. As long as you have coverage under the HDHP policy, you can be eligible for an HSA (assuming you meet the other eligibility requirements for contributing to an HSA). You can still be eligible for an HSA even if the policy is in your spouse's name.

My spouse has a Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA) through their employer. Can I have an HSA?

You cannot have an HSA if your spouse's FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met.

Can I start an HSA for my child?

No, you cannot establish separate accounts for your dependent children, including children who can legally be claimed as a dependent on your tax return.

Do my HSA contributions have to be made in equal amounts each month?

No, you can contribute in a lump sum or in any amounts or frequency you wish.

Do my contributions provide any tax benefits?

Your personal contributions offer you an "above-the-line" deduction. An above-the-line deduction allows you to reduce your taxable income by the amount you contribute to your HSA. You do not have to itemize your deductions to benefit. Contributions can also be made to your HSA by others (e.g., relatives). However, you receive the benefit of the tax deduction.

Can I make contributions through payroll on a pre-tax basis?

Through payroll deduction you can make contributions to your HSA on a pre-tax basis (i.e., before income taxes and FICA taxes). Note that you cannot also take the above-the-line deduction on your personal income taxes.

I'm over 55 and would like to make catch-up contributions to my HSA, like I've done with my IRA. Is that possible?

Yes, individuals 55 and older who are covered by an HDHP can make additional catch-up contributions each year until they enroll in Medicare. The additional HSA catch-up contributions allowed are \$1,000 annually.

I turned 55 this year. Can I make the full catch-up contribution?

If you had HDHP coverage for the full year, you can make the full catch-up contribution regardless of when your 55th birthday falls during the year. If you did not have HDHP coverage for the full year, you must prorate your catch-up contribution for the number of full months you were eligible, i.e., had HDHP coverage.

Does tax filing status (joint vs. separate) affect my contribution?

Tax filing status does not affect your contribution.

How do I know what is included as qualified medical expenses?

Unfortunately, we cannot provide a definitive list of qualified medical expenses. A partial list is provided in IRS Pub 502 (available at [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf)). A determination of whether an expense is for medical care is based on all the relevant facts and circumstances. To be an expense for medical care, the expense must be primarily for the prevention or alleviation of a physical or mental defect or illness.

What happens if I don't use the money in the HSA for medical expenses?

If the money is used for anything other than qualified medical expenses, the expenditure will be taxed and, for individuals who are not disabled or over age 65, subject to a 20% tax penalty.

KeyBank Health Savings Account FAQs

Can I use the money in my HSA to pay for medical care for a family member?

Yes, you may withdraw funds to pay for the qualified medical expenses of yourself, your spouse or a dependent without tax penalty. This is one of the great advantages of HSAs.

Can I pay my health insurance premiums with an HSA?

You can only use your HSA to pay health insurance premiums if you are collecting Federal or State unemployment benefits, or you have COBRA continuation coverage through a former employer.

I have an HSA but no longer have HDHP coverage. Can I still use the money that is already in the HSA for medical expenses tax-free?

Once funds are deposited into the HSA, the account can be used to pay for qualified medical expenses tax-free, even if you no longer have HDHP coverage. However, you are no longer eligible to contribute to an HSA for months that you are not an eligible individual because you are not covered by an HDHP. Contribution maximums depend on when you either lost or newly gained HDHP coverage. Please check IRS Publication 969 for more information (available at [irs.gov/pub/irs-pdf/p969.pdf](https://www.irs.gov/pub/irs-pdf/p969.pdf)).

Do unused funds in a Health Savings Account roll over year after year?

Yes, the unused balance in a Health Savings Account automatically rolls over year after year. You won't lose your money if you don't spend it within the year.

What happens to the money in a Health Savings Account after I turn age 65?

You can continue to use your account tax-free for out-of-pocket health expenses. When you enroll in Medicare, you can use your account to pay Medicare premiums, deductibles, copays, and coinsurance under any part of Medicare. If you have retiree health benefits through your former employer, you can also use your account to pay for your share of retiree medical insurance premiums. The one expense you cannot use your account for is to purchase a Medicare supplemental insurance or "Medigap" policy. Once you turn age 65, you can also use your account to pay for things other than medical expenses.

If used for other expenses, the amount withdrawn will be taxable as income but will not be subject to any other penalties. Individuals under age 65 who use their accounts for non-medical expenses must pay income tax and a 20% penalty on the amount withdrawn.

Who will be the "bookkeeper" for my HSA?

It is your responsibility to keep track of your deposits and expenditures and retain all receipts.

Health Savings Account qualified expenses.*

Medical Expenses that are deductible and/or eligible for tax-free withdrawals from a health savings account

- Abdominal supports
- Abortion
- Acupuncture
- Alcoholism treatment
- Ambulance
- Anesthetist
- Artificial limbs
- Autoeette (*when used for relief of sickness/disability*)
- Bandages
- Birth control pills (*by prescription*)
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact lenses
- Contraceptive devices (*by prescription*)
- Convalescent home (*for medical treatment only*)
- Crutches
- Dental treatment
- Dental X-rays
- Dentures
- Dermatologist
- Diagnostic fees
- Diathermy
- Drug addiction therapy
- Drugs (*prescription*)
- Elastic hosiery (*prescription*)
- Eyeglasses
- Fees paid to health institute prescribed by a doctor
- Fluoridation unit
- Guide dog
- Gum treatment
- Gynecologist
- Healing services
- Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatments
- Lab tests
- Lead paint removal
- Lodging (*away from home for outpatient care*)
- Neurologist
- Nursing services
- Obstetrician
- Operating room costs
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Organ transplant (*including donor's expenses*)
- Orthopedist
- Osteopath
- Oxygen and oxygen equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal treatments
- Practical nurse for medical services
- Pregnancy test kit
- Prenatal care
- Prescription medicines
- Prosthesis
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium therapy
- Registered nurse
- Special school costs for the handicapped
- Speech therapy
- Spinal fluid test
- Splints
- Sterilization
- Surgeon
- Syringes
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Transportation expenses (*relative to health care*)
- Vaccines
- Vasectomy
- Vitamins (*if prescribed*)
- Wheelchair
- Wigs (*hair loss due to disease*)
- X-rays

Non-Deductible Expenses (not eligible for tax-free HSA withdrawals)

- Advance payment for services to be rendered next year
- Athletic club membership
- Bottled water
- Commuting expenses of a disabled person
- Cosmetic surgery and procedures
- Cosmetics, hygiene products, and similar items
- Diaper service
- Domestic help
- Exercise equipment
- Funeral, cremation or burial expenses
- Hair loss medication/hair transplants
- Health programs offered by resort hotels, health clubs, and gyms
- Illegal operations and treatments
- Illegally procured drugs
- Maternity clothes
- Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
- Scientology counseling
- Social activities
- Special foods or beverages
- Specially designed car for the handicapped other than an autoeette or special equipment
- Swimming pool
- Teeth whitening/bleaching
- Travel for general health improvement
- Veterinary fees
- Vitamins and nutritional supplements
- Weight loss programs (subject to change under new IRS guidelines)

Note: HSA funds may not be used, at least on a tax-free basis, to pay for health insurance premiums. There are four notable exceptions. HSA funds may be used to pay for:

1. A health plan during any period of continuation coverage required under any federal law (i.e., COBRA, etc.),
2. A qualified long-term care insurance contract,
3. A health plan during a period in which the individual is receiving unemployment compensation under any federal or state law, and
4. Medicare premiums (this is a relatively new recognized expense and a "great" reason to fund an HSA prior to retirement, so you can use tax-free dollars to pay Medicare premiums on Part A, Part B, Part C and Part D).

*This list provides examples of expenses that may qualify and is not meant to be comprehensive. The Internal Revenue Service maintains the official list of qualified medical expenses in Publication 502. For more detailed information, please visit key.com/hsa to view IRS Publication 502 entitled, "Medical and Dental Expenses" for the most up-to-date list of eligible expenses.





ameriflex

Flexible Spending Accounts

There's a reason why thousands of employers choose Ameriflex to help their employees save money on everyday health care expenses. We offer the utmost in convenience when it comes to implementing, administering, and supporting FSA programs, and with our industry-leading debit card platform, participants can access multiple accounts through a single card.

HOW IT WORKS

An FSA is set up as a tax-advantaged account, allowing employees to benefit from tax savings by setting aside pre-tax dollars for out-of-pocket health care expenses. Participants can experience a savings of up to 40 percent on thousands of eligible, everyday expenses, including co-pays, dental and vision expenses, prescription drugs, and more. Employers receive matching tax savings and can help their employees manage out-of-pocket health care expenses.

THE AMERIFLEX ADVANTAGE

For Employers:

- Dedicated Account Executive at no additional charge, regardless of group size
- Free real-time, divisional reporting capabilities and free online enrollment tool
- Electronic data transfer capabilities
- Ability to connect to your current HRIS system at no additional charge
- Support for multiple tax-advantaged accounts

For Employees:

- Free debit cards for members and qualified dependents
- Customizable member messaging options (including balance reminders)
- Email substantiation requests available
- Access to dedicated Member Services team via phone and live chat
- Online claims submission available 24/7 through member portal

Ameriflex is recognized for award-winning service and technology innovation. To learn more about our commitment to exceeding industry standards, visit myameriflex.com/awards.



Protect your plan against negative year end health FSA balances. Contact us to learn more.



Funding made easy with our Preferred Funding solution: convenient, automated, and NO upfront prefund required. Daily and weekly invoicing options available.

Add MyPlanConnect to offer the most competitive FSA around! MyPlanConnect allows employees to match their EOBs electronically to their Ameriflex FSA transactions. The result: fewer substantiation notices, happy employees, all while maintaining your plan's compliance.

Visit myameriflex.com to calculate your savings today!



FSA Quick Reference Guide



A PLAN THAT PUTS MORE MONEY IN YOUR POCKET

If you find yourself spending money out of pocket on medical expenses or dependent care expenses, participating in a Flexible Spending Account (FSA) can make these costs more affordable.

With an FSA, you elect to have a specified amount of money deducted from your paycheck (on a pre-tax basis) each pay period, meaning less of your hard-earned income is subject to tax. The example to the right demonstrates how you can increase your take-home pay with an FSA (if you were to elect a \$250 annual pre-tax deduction).

TYPES OF FLEXIBLE SAVINGS ACCOUNTS

HEALTH FSA

Health FSAs are one of the most popular benefit plans offered by employers because they provide employees with a practical way to pay for everyday, routine medical expenses such as copays, deductibles, and vision care. Another big advantage - employee contributions are available on the first day of the plan year.

The annual limits for health FSAs are currently set by the employer. However, the health care reform law currently imposes a \$2,650 cap on annual salary reduction contributions to health FSAs offered under cafeteria plans.

Please note: Effective January 1, 2011, no over-the-counter medicine or drug (with the exception of insulin) may be reimbursed by a health FSA without a legal prescription.

DEPENDENT CARE FSA

Similar to an FSA, a Dependent Care FSA (DCA) is an account that can be used by employees to pay for the daily care of an eligible child or adult dependent, so long as the dependent care service allows the employee and his or her spouse to be employed. Typical DCA expenses are those incurred to have a babysitter or day-care provider take care of an employee's child (under the age of 13) while the employee and spouse are at work, or to take care of a spouse or other adult dependent who lives with the employee and is incapable of self-care.

The annual contribution limit for Dependent Care FSAs is the smallest of the following amounts: (1) \$5,000 for married individuals filing a joint return or for unmarried individuals; (2) \$2,500 for married individuals filing separately; (3) the employee's earned income; or (4) the spouse's earned income, if the employee is married at the end of the taxable year. All limits are based on the employee's taxable calendar year.

Without this Plan

Gross Pay (annual)	\$ 30,000
Tax Deductions (@25%)	\$ 7,500
Total Take-Home Pay	\$ 22,500
• Unreimbursed Expenses	\$ 1,000
Total Take-Home Pay	\$ 21,500

With this Plan

Gross Pay (annual)	\$ 30,000
Tax Deductions (@25%)	\$ 7,250
Total Take-Home Pay	\$ 22,750
• Unreimbursed Expenses	\$ 1,000
Total Take-Home Pay	\$ 21,750

Result: \$250 increase in take-home pay

IMPORTANT QUESTIONS ANSWERED



WHAT HAPPENS TO UNUSED FUNDS AT THE END OF THE PLAN YEAR?

The IRS allows employers to select one of two choices to address any unused funds at the end of the plan year: A Grace Period or Rollover.

A Grace Period is a 2.5-month period following the end of a plan year during which remaining funds can be used to pay for eligible expenses. In other words, employees may be permitted to submit eligible expenses incurred during the grace period and be reimbursed from unused funds remaining at the end of the plan year. Employers can also allow a maximum rollover of up to \$500 for use in the following plan year. Please note that some employers may choose to opt out of both options. Log in to the MyAmeriflex Portal to determine whether or not a grace period or rollover is offered by your employer.

WHAT IF I WANT TO MAKE A CHANGE TO MY ELECTION?

A cafeteria plan must provide that employee elections are irrevocable and cannot be changed during the plan year. However, most employers allow employees to change their elections during the year if the employee experiences an event that falls under one of several exceptions allowed by the IRS (called “permitted change in elections events”). Specifically, an employer can design the cafeteria plan to permit an employee to change his or her election during the year if the employee experiences one of the permitted election change events. Please refer to your plan documents for any permitted election change events.

WILL ENROLLING FOR AN FSA IMPACT MY SOCIAL SECURITY BENEFITS?

Any reductions in your taxable income may also lead to a reduction in your Social Security benefits; however, for most employees, the reduction in Social Security benefits is insignificant when compared to the value of paying lower taxes.

DEPENDENT CARE TAX CREDIT VS. DEPENDENT CARE FSA

If you participate in a DCA, you cannot claim credits on your income tax return for the same expenses. Also, any amount reimbursed under this plan will reduce the amount of other dependent care expenses that you can claim for purposes of tax credits. Before you participate, you should evaluate whether the federal income tax credit will save you more money than the DCA. The relative tax advantages of each option, as well as the possible impact on your tax liability and your ability to take advantage of the Earned Income Tax Credit, may depend on the option you choose and your personal tax situation. If you are unsure about which option to choose, you should consult your tax or financial advisor.

HOW DO I FILE A CLAIM?

Filing a claim is a breeze with our MyAmeriflex Mobile App and/or MyAmeriflex Portal! After you register your account online at myameriflex.com, and you can request reimbursement, sign up for direct deposit, upload receipts, and pay a provider directly. Additional options such as email, mail, and fax are available.

For more information please visit myameriflex.com

MYAMERIFLEX CARD

The MyAmeriflex Card is a debit card that provides you with instant access to your FSA funds. When your card is swiped by an eligible merchant or provider, the system qualifies the expense to ensure that the expense and provider are eligible under your plan. It is important to remember that back-up documentation may be required to qualify an expense, so please be sure to save all of your receipts.

Visit the FSA Store at: FSAStore.com/AMQRG



Dependent Care FSA

SAVE MONEY ON DEPENDENT CARE EXPENSES WITH AN AMERIFLEX DEPENDENT CARE FSA

HOW IT WORKS

A Dependent Care FSA is an account that can be used to pay for the care of an eligible child, adult, or elder dependent (as defined by the IRS). Dependent Care FSAs help you save money by allowing you to set aside pre-tax dollars to pay for eligible dependent care expenses.

WHAT IS COVERED

You can use the funds in your Dependent Care FSA to pay for:

- Day care
- Before-school or after-school care
- In-home babysitting—that enables you to be gainfully employed—by someone who is not your dependent (for tax purposes)
- Care for a dependent adult/elder, enabling you to be gainfully employed
- Nanny services, nursery school, or preschool
- Summer day camps

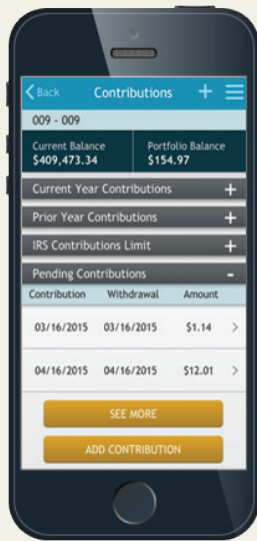
For a full list of eligible and in-eligible expenses, please visit myameriflex.com.

THE AMERIFLEX ADVANTAGE

- The MyAmeriflex Card automatically synchronizes all of your Ameriflex flexible benefit accounts, allowing you to access your funds with a single debit card
- If your provider doesn't accept debit cards, Ameriflex makes the manual claim process easy. Simply file one dependent care claim each year and Ameriflex will automatically reimburse you as more funds become available in your Dependent Care FSA.
- Submit claims and supporting documentation with our easy-to-use, online Claims Submission feature
- Dedicated Member Services team available via phone, email, and live chat

Ameriflex is recognized for award-winning service and technology innovation. To learn more about our commitment to exceeding industry standards, visit myameriflex.com/awards.





Introducing the MyAmeriflex Mobile App

GET STARTED. TAKE CONTROL OF YOUR ACCOUNTS RIGHT NOW.

The MyAmeriflex Mobile App is a valuable new feature of our flexible benefit offering that gives members immediate access to their flexible spending accounts on-the-go, anytime. Put the convenience of the MyAmeriflex Portal at your fingertips!

MEMBER: KEY FEATURES

- View balance information.
- View recent transactions.
- Submit claims for reimbursement! Simply take a photo of your EOB/receipt and upload directly from your phone or tablet.
- View email alerts.
- Complete substantiation requests.

Enjoy total security and peace of mind knowing that we are protecting your account data.

MyAmeriflex Mobile App available for FREE through the App Store and Google Play!

ADDITIONAL SELF-SERVICE FEATURES*:

- Ability to edit/update billing address
- Report lost/stolen card
- Order replacement card
- Ability to attach provider name to newly submitted claims
- Pay provider directly from app

* Please note these additional features subject to your HR department's preferences.

Ameriflex is recognized for award-winning service and technology innovation. To learn more about our commitment to exceeding industry standards, visit myameriflex.com/awards.



WE'RE HERE TO HELP.

If you have any questions or concerns, please feel free to contact the Ameriflex Member Services team via live chat at myameriflex.com or at 888.868.FLEX (3539).

Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

Mountain Home School District #193

Group Number: 3131

Contract Effective Date: 09/01/2021

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible No Deductible	NA	NA	NA
Family Deductible No Deductible	NA	NA	NA
Maximum Benefit Per eligible person per benefit year	\$1,250	\$1,250	\$1,250

Services	You pay the % below		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0-30%*	0-30%*	0-30%*
Basic Services Fillings, root canals, extractions, oral surgery	0-30%*	0-30%*	0-30%*
Major Services Crowns, implants, onlays, bridges, dentures Late enrollee waiting period is 12 months	50%	50%	50%

PARTICIPATING AND NON-PARTICIPATING DENTISTS

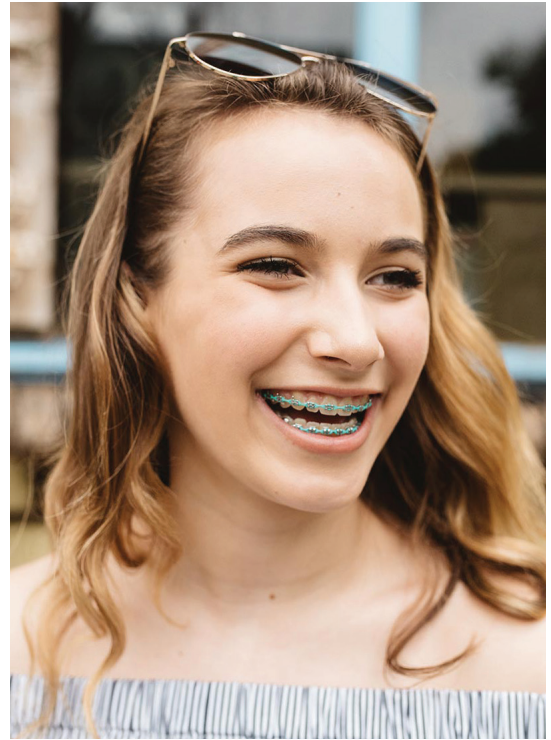
If the dentist is a network participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

* See back page for benefits and limitations

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

Provider List

Value-Added Orthodontic Discount Program

Delta Dental of Idaho members and their eligible dependents can receive a discounted fee on adult and child orthodontia treatment. Members simply call and schedule a visit with an orthodontist from the list below and present their Delta Dental of Idaho ID card at the time of their appointment. *This is a value-added service and is not insurance.*

Providers periodically change, so please visit go.deltadentalid.com/orthodontic-discount for the latest provider list.

Aberdeen

Shane Schvaneveldt, DDS
(208) 734-4600

Ammon

C. Jared Randall, DDS, MS
(208) 523-3380

Arco

C. Jared Randall, DDS, MS
(208) 527-3472

Blackfoot

C. Jared Randall, DDS, MS
(208) 785-3310
Michael Summers, DDS, MS
(208) 232-0464

Boise

Scott Alexander, DMD
(208) 331-5080
(208) 377-0252
Steven Gilman, DMD
(208) 375-5012
Jacob R. Jarvis, DMD, MS
(208) 383-0100
John Kalange, DDS
(208) 342-0212
(208) 342-0678
(two Boise locations)
Laura Lineberry, DDS, MS
(208) 658-9470
Marcus Lowry, DDS
(208) 377-0410
Jon Miler, DDS, MS
(208) 323-4800
Anthony D Mongillo, DMD
(208) 739-4275
John Slattery, DDS, MS
(208) 433-1122
Sam Smith, DMD, MS
(208) 321-7006
Brendon Swenson, DDS
(208) 649-5721

Terrell Tingey, DDS,
(208) 375-0631

Travis Tingey, DDS, MS
(208) 375-0631

Christopher Kelson, DMD
(208) 378-1300

Burley

Shane Schvaneveldt, DDS
(208) 734-4600

Caldwell

Brendon Swenson, DDS
(208) 649-5721

Eagle

Jacob R. Jarvis, DMD, MS
(208) 383-0100

Sam Smith, DMD, MS
(208) 321-7006

Emmett

Kelsey Peterson, DMD
(208) 365-6800

John Slattery, DDS, MS
(208) 433-1122

Fruitland

Jason R Howell, DMD, MS
(208) 452-4444

Idaho Falls

Dwight D. Baker, DDS
(208) 524-0644

Jordan Hillam, DDS
(208) 524-1800

Matthew J Elison DDS
(208)522-9600

Phillip David Lowder, DDS
(208) 524-1404

Ryan L Wood DDS
(208)522-9600

Bret E. Mooso, DDS, MS
(208) 522-4552

Jerome

Shane Schvaneveldt, DDS
(208) 734-4600

Lewiston

Brendon Swenson, DDS
(208) 746-0479

McCall

John Slattery, DDS, MS
(208) 433-1122

Meridian

Brandon Fowler, DDS
(208) 893-5440
(208) 895-8555
(208) 887-1053
(in three locations)

Michael L. Gold, DMD
(208) 376-2422

Greg Guymon, DDS
(208) 898-0000

Jason R. Howell, DMD, MS
(208) 893-5151

Jacob Jarvis, DMD, MS
(208) 585-9200

Marcus Lowry, DDS
(208) 855-5045

John Slattery, DDS, MS
(208) 433-1122

Terrell Tingey, DDS,
(208) 375-0631

Travis Tingey, DDS, MS
(208) 375-0631

Montpelier

Jeffrey W. Johnson, DDS
(208) 529-3500

Moscow

David L. Wilkinson, DDS
(208) 746-0479

Mountain Home

Steven Gilman, DMD
(208) 587-3010

Laura Lineberry, DDS, MS
(208) 587-4422

Nampa

Marcus Lowry, DDS
(208) 461-5459

Patrick Niland, DDS, MS
(208) 467-5259

John Slattery, DDS, MS
(208) 433-1122

Brendon Swenson, DDS
(208) 649-5721

Payette

Jason R. Howell, DMD, MS
(208) 893-5151

Pocatello

Rufus Van Dyke, DDS
(208) 237-3330

Michael Summers, DDS,
MS (208) 232-0464

Post Falls

Patrick Rickheim, DDS
(208) 777-1010

Rexburg

Jared Randall, DDS, MS
(208) 356-3012

Andrew W. Summers,
DDS (208) 356-3621

Matthew J Elison DDS
(208)356-3300

Ryan L Wood DDS
(208)356-3300

Rigby

Phillip David Lowder, DDS
(208) 745-7407

Rupert

Shane Schvaneveldt, DDS
(208) 734-4600

Salmon

Phillip David Lowder, DDS
(208) 524-1404

Shoshone

Shane Schvaneveldt, DDS
(208) 734-4600

Sugar City

Phillip David Lowder, DDS
(208) 745-7407

Terreton

C. Jared Randall, DDS, MS
(208) 663-4830

Twin Falls

Shane Schvaneveldt, DDS
(208) 734-4600

If your orthodontist is not currently a participating provider in the Discount Orthodontic Program, please have them contact Delta Dental of Idaho at (208) 489-3580 or customerservice@deltadentalid.com. Delta Dental of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 356-7586. 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-(800) 356-7586.

Keep your grin up.



Value 
Added
PROGRAM

Free & Discounted Services & Tools



Health *through* Oral Wellness® program (HOW®)

When it comes to dental care, one size does not fit all. That's why Delta Dental of Idaho launched the Health *through* Oral Wellness Program (or, HOW for short). HOW is a unique, patient centered program that adds additional benefits to your dental plan, based on your individual oral health needs. By having your dentist perform a simple risk assessment, you may have access to additional preventive and health-sustaining benefits. Learn more at go.deltadentalid.com/how



Z Sonic Discounted Electric Toothbrushes

Delta Dental of Idaho has partnered with Z Sonic to provide our members with electric toothbrushes at a discounted rate! These toothbrushes have an MSRP of \$200 but can be purchased directly through Z Sonic for less than \$65. Electric toothbrushes eliminate more plaque than manual brushing, reduce gingivitis by 11% (after 3 months), and have 2x the whitening power compared with manual toothbrushes. We're providing this toothbrush to our members at cost as part of our commitment to oral health. You can purchase a Z Sonic toothbrush at www.myzsonic.com/deltadental-id/



Orthodontic Discount Program

Delta Dental of Idaho members no longer have to 'brace' for the cost of orthodontic care. Delta Dental's 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. Find an orthodontic discount program dentist at go.deltadentalid.com/orthodontic-discount

Partners in lifelong dental care!

customerservice@deltadentalid.com | (800) 356-7586

Delta Dental of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 356-7586. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-(800) 356-7586.

These are value added services and is not insurance.



Open up and say awesome.

Value
Added
PROGRAM

Free & Discounted Services & Tools



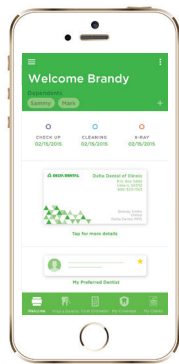
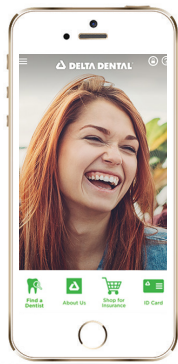
Amplifon Discount Hearing Program

Delta Dental of Idaho has partnered with Amplifon Hearing Health Care to provide our members with discounts on hearing services. The hearing program includes discounts on hearing aids and services, including testing, a hearing aid low price guarantee, 60-day trial period, access to the industry's top brands, and a nationwide provider network. Call 888-601-8593 and an Amplifon patient care advocate will assist you in finding a hearing healthcare provider near you.



Keep Your Grin Up

The Delta Dental of Idaho blog is a digital publication aimed at educating members about the importance of dental health. Subscribe today to get useful dental health tips delivered to your inbox each week. www.deltadentalidblog.com/



The Delta Dental Mobile App

Our free mobile app allows subscribers to search for dentists and access claims, coverage, and ID cards right from your mobile devices. We have a handy toothbrush timer to help you and your family keep up with a healthy brushing routine.



Partners in lifelong dental care!

customerservice@deltadentalid.com | (800) 356-7586

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These are value added services and is not insurance.

 **DELTA DENTAL**[®]

FREQUENTLY ASKED QUESTIONS

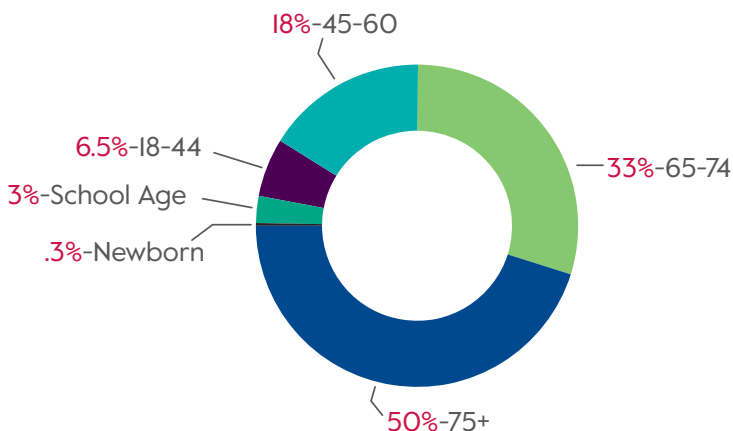


WHAT CAUSES HEARING LOSS?

- Excessive **noise exposure** is the leading cause of hearing loss in the United States in adults
- **Ototoxic drugs** can cause hearing loss, tinnitus or balance disorders. There are over 200 known medications including: NSAIDS, antibiotics, diuretics, some cardiac medicine, and more.
- **Aging** is also a cause of hearing loss. Over time, our ears change and the tiny hair cells that help us hear become damaged and cannot re-grow.
- Various **illnesses and diseases** can be associated with hearing loss. Some include Meningitis, Heart Disease, Diabetes, Ménière's disease and Alzheimer's, among others.
- **Other factors** can lead to a higher risk of hearing loss as well, such as obesity, birth defects, head injuries, family history, smoking, and more

HOW COMMON IS HEARING LOSS?

Hearing loss affects people of all ages. The graphic below shows percentages of hearing loss by age.



HOW CAN I PREVENT HEARING LOSS?

Simple tips to protect your hearing:

- **Wear hearing protection** and limit the time you're exposed to noise
- **Turn down the volume** – keep music and TV volume at 50% or less
- **Maintain a healthy lifestyle** to avoid conditions such as high blood pressure and diabetes which contribute to hearing loss
- **Avoid ototoxic medications** – talk to your healthcare professional when drugs are prescribed

WHEN SHOULD I GET MY HEARING CHECKED?

Hearing loss can come on gradually. You may not even notice it's happening. As a rule of thumb, if your hearing test reports your hearing is OK, stick to once every three to five years. You should test your hearing annually if you are 55 or older or are experiencing any of the following:

- **Consistent exposure** to loud noises
- **Difficulty understanding** in noisy environments or in groups
- **Hearing mumbling** or feeling as though people are not speaking clearly
- **Ringing** in your ears

DO I REALLY NEED HEARING AIDS?

My hearing isn't THAT bad...

Even mild hearing loss can negatively affect key areas of your life, including: mental health, physical health and income. Additionally, untreated hearing loss is usually more noticeable to other people than the actual hearing aids.

HEARING AID PROGRAM OVERVIEW

For more information, call or visit:
1-866-921-3974 or
www.amplifonusa.com/ddid

THE AMPLIFON HEARING HEALTH CARE PACKAGE

-  **Custom hearing solutions** - we find the solution that best fits your lifestyle and your budget from one of the top brands.
-  **Hearing aid low price guarantee*** - if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!
-  **Risk-free 60-day trial** - 100% money-back guarantee if not completely satisfied.
-  **Continuous Care** - 1-year free follow-up, 2 years of free batteries, and a 3-year warranty.**

DO HEARING AIDS REALLY WORK? WHICH BRAND IS BEST?

Hearing aids and the technology behind them have advanced considerably! They have bluetooth capabilities, automatic volume control, and can help reduce background noise to make sounds more clear. Did you know that **95% of people with hearing loss can be successfully treated with hearing aids?**

There is no one right brand, everyone is different. However, we do offer **discounts on the 10 top brands**. Each brand has a different level of technology for varying types of hearing loss. A hearing care professional can help you determine which option is right for you.

Types of Hearing Aids






Hearing Aid Brands



ARE HEARING AIDS AFFORDABLE?

Hearing aids are an investment, but don't let the price tag scare you away from getting the treatment you deserve. A few ways to find cost savings while purchasing hearing aids, including:

-  **The Amplifon Program** - With Amplifon, you have access to substantial savings on hearing devices and services
-  **Financing** - Amplifon offers interest free financing to those who qualify
-  **HSA, HRA, FSA** - You can use your pre-tax dollars from your health savings accounts to help pay for hearing aids

To learn more, call or visit:
www.amplifonusa.com/ddid
1-866-921-3974

Hearing aids cannot restore natural hearing. Your experience will depend on the severity of your hearing loss, accuracy of evaluation, proper fit and ability to adapt to amplification.

*Amplifon offers a price match on most hearing devices. Some exclusions apply. Not available where prohibited by law. Visit amplifonusa.com or call 1-866-921-3974 (TTY: 763-268-4264) for more details.

**Batteries - Maximum of 80 cells/ear per year. Warranty - Some exclusions apply. Limited to one-time claim for loss and damage. Manufacturer deductibles may apply.

Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Idaho and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs.



Dental Blue Connect Plan for Idaho School Benefit Trust

Benefit Highlight Sheet Mountain Home School District 193 Effective Date September 1, 2021	Dental Blue Connect Plan 1 for Idaho School Benefit Trust
	Contracting Providers*
	What You Pay
Individual Deductible	No Deductible
Annual Maximum	No Annual Maximum
General Office Visit	\$15 Copayment per visit
Diagnostic and Preventive Services	
Routine and Emergency Exams	No charge after applicable Office Visit Copayment
All X-rays	
Teeth Cleaning	
Fluoride Treatment	
Sealants	
Head and Neck Cancer Screening	
Oral Hygiene Instruction	
Periodontal Charting	
Periodontal Evaluation	
Restorative Dentistry	
Filings	\$15 Copayment per visit
Stainless Steel Crown	\$150 Copayment per visit
Porcelain-Metal Crown	
Prosthodontics	
Complete Upper or Lower Denture	\$200 Copayment per visit
Bridge (per Tooth)	\$150 Copayment per visit
Endodontics and Periodontics	
Root Canal Therapy — Anterior	\$50 Copayment per visit
Root Canal Therapy — Bicuspid	
Root Canal Therapy — Molar	
Osseous Surgery (per Quadrant)	\$75 Copayment per visit
Root Planing (per Quadrant)	\$25 Copayment per visit
Oral Surgery	
Routine Extraction (Single Tooth)	\$15 Copayment per visit
Surgical Extraction	\$75 Copayment per visit
Orthodontic Services	
Pre-Orthodontic Service (Fee credited toward the Comprehensive Orthodontic Service copayment if patient accepts treatment plan)	\$150 Copayment per visit
Comprehensive Orthodontic Service	\$1,500 Copayment per visit
Miscellaneous	
Local Anesthesia	No charge after applicable Office Visit Copayment
Dental Lab Fees	
Nitrous Oxide	\$20 Copayment per visit
Specialty Office Visit	\$30 Copayment per visit
Emergency Office Visit	\$15 Copayment per visit
Implants	No charge up to \$1,500
Out of Area Emergency Care Reimbursement up to \$250	

Supported by Willamette Dental Group – 1.855.4DENTAL (1-855-433-6825)

The information in this Highlight Sheet is for informational and comparison purposes only. It is not a complete summary or description of benefits Coverage is subject to the provisions of the corresponding Plan Documents and Summary Plan Description, which contains the detailed terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the Plan Document and Summary Plan Description issued for a more complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference or conflict between this Highlight Sheet and its corresponding Plan Documents and Summary Plan Description, the Plan Documents and Summary Plan Description will control. This Highlight Sheet is subject to annual update.



LifeMap Choice Vision Insurance

In partnership with VSP®

For Mountain Home School District #193

How the Plan Works

Schedule that annual eye exam and know you're doing good for your body, and with this coverage it won't hurt your wallet. And if you need glasses or contacts, you'll find hundreds of options at affordable prices. You can even choose from some of the latest designer frames.

- **Eligibility Requirement**
If you are a full-time active employee enrolled in the Employer-sponsored medical plan and working a minimum of 20 hours per week, you will be covered with these benefits.
- **Who pays for the coverage?**
Vision Insurance premium is paid by your employer. Eligible dependents are paid for by you, the employee, through payroll deduction.
- **Trusted network**
The VSP network provides world-class services from high-caliber doctors. You also pay little out of pocket when you see an in-network eye doctor.
 - **Network:** VSP Choice Network

Benefits Summary

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$10
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • 20% off amount over allowance • Every 12 months 	\$25 For frame and lenses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	
Elective Contacts (Instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months 	\$25
Additional Coverage	<ul style="list-style-type: none"> • Low vision testing 	
Extra Savings and Discounts	Additional Glasses and Sunglasses 20% off from any VSP doctor	
	Retinal Screening Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam	
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 	

LifeMapCo.com

1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.



Insurance for every step of life.

Coverage Outside the VSP Choice Network

Visit vsp.com for details if you plan to see an eye doctor outside the VSP network.

Exam	up to \$45	Lined Trifocal Lenses	up to \$65
Frames	up to \$70	Elective Contacts	up to \$105
Single Vision Lenses	up to \$30	Low Vision Test	up to \$125
Lined Bifocal Lenses	up to \$50		

Limitations & Exclusions

No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, including any direct complications or consequences that arise from them, as follows:

- Select lens options or coatings
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above the Allowed Amount.
- Expenses incurred prior to the Member's Effective Date under this Policy or after coverage under this Policy terminates.
- Medical or surgical treatment of the eyes.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a $\pm .50$ diopter power).
- Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available.
- Two pair of glasses in lieu of bifocals.

LifeMapCo.com

1 (800) 794-5390

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Voluntary Life Insurance

For Mountain Home School District #193

How the Plan Works

Life is full of many twists and turns. LifeMap Voluntary Life coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**
 If you are a full-time active employee working a minimum of 20 hours per week and enrolled in the employer sponsored medical plan, you will be eligible for these benefits.
- Who pays for the coverage?**
 Voluntary Life Insurance premiums are paid by you, the employee, through payroll deduction.
- Dependent Eligibility Requirement**
 Dependents must be a Legal Spouse, Domestic Partner, and or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- Guarantee Issue**
 Enroll within 31 days of your initial eligibility date and with no questions asked, you will be covered for up to \$130,000 in Life Insurance. With a few extra steps of completing our Evidence of Insurability requirements, you may be covered for up to \$300,000 or 5 times your annual earnings, whichever is less.
- Step-Up Guarantee:** If you enroll for at least \$25,000 when you are first eligible for coverage, you may increase your benefit amount during Annual Enrollment, up to \$130,000, in increments of \$5,000, on a guarantee issue basis.

Benefits Summary

Plan Benefits

Employee Life Insurance	\$5,000 increments to a maximum of \$300,000 or 5 times your annual earnings, whichever is less
Spouse Life Insurance	\$5,000 increments to a maximum of \$300,000
Child(ren) Life Insurance	\$2,000 increments to a maximum of \$10,000 (employee or spouse must elect coverage for themselves to elect Child(ren) coverage)

Guarantee Issue Amount

Employee	\$130,000
Spouse	\$50,000
Dependent Child(ren)	\$10,000

Plan Features

Accelerated Benefit	A covered employee or spouse who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Conversion	Voluntary Life may be converted to an individual policy, without proof of insurability, within 31 days of loss of eligibility.
Portability	Voluntary Life may be ported without proof of insurability within 31 days of loss of eligibility. If elected, portability coverage will end the earliest of when you reach age 65 or when this master policy terminates.
Waiver of Premium	Life coverage may be continued without payment of premium if a covered employee or spouse becomes totally disabled (proof of disability required). Coverage may be continued up to age 65.

Reduction Schedule

If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce to 65% at age 65, to 45% at age 70, to 30% at age 75, to 20% at age 80, to 15% at age 85, and to 10% at age 90. The benefit reduction schedule applies to both the Employee and Spouse or Domestic Partner, and the reduction is based on the Employee's age.

LifeMapCo.com
1 (800) 794-5390

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Monthly Rates

Uni-Tobacco per \$1,000 of Benefit	
Age	Employee & Spouse
24 and under	\$0.072
25-29	\$0.069
30-34	\$0.078
35-39	\$0.106
40-44	\$0.155
45-49	\$0.240
50-54	\$0.381
55-59	\$0.598
60-64	\$0.839
65-69	\$1.358
70-74	\$2.694
75 and over	\$5.547
Dependent Child	
\$0.224 per \$2,000 of benefit	

Limitations & Exclusions

- **Life:** Suicide, intentionally self-inflicted injury; or any attempts to injure oneself are excluded during the first two years of coverage.

Monthly Premium Calculation

To calculate your monthly payroll deduction, use the formula below:

$$\begin{array}{c}
 \boxed{} \div \boxed{1,000} \times \boxed{} \\
 \text{Desired} \qquad \qquad \qquad \text{Rate} \\
 \text{Benefit} \qquad \qquad \qquad \text{(from table left)} \\
 \\
 \text{Estimated Monthly} \\
 \text{Payroll Deduction: } \boxed{}
 \end{array}$$

LifeMapCo.com
1 (800) 794-5390



Voluntary Long Term Disability

For Mountain Home School District #193

How the Plan Works

Long Term Disability coverage is a big help in times of need. You get a monthly check if you can't do your regular job because of the illness or injury, whether it's work-related or not, though pre-existing conditions may be excluded.

- Eligibility Requirement**
 If you are a full-time active employee working a minimum of 20 hours per week, you are eligible for these benefits.
- Who pays for the coverage?**
 Voluntary Long Term Disability Insurance premium is paid by you, the employee, through payroll deduction.
- Collecting Your Benefit**
 Once you satisfy the plan's requirements for partial or total disability, you'll receive a benefit once a month for as long as your disability lasts or for your policy's maximum disability duration, whichever comes first.
- What is Total Disability?**
 You are considered totally disabled if you are unable to do the material duties of your own occupation and have at least a 20% loss of earnings.
- Guaranteed Acceptance**
 Enroll when this coverage is initially offered and you won't need to answer any health questions, although benefits may not be payable for pre-existing conditions.

Benefits Summary

Plan Benefits

Monthly Benefits Begin	Benefits begin after 180 days of disability. Waiting period may be served with total or partial disability or a combination of both.
Benefit Replacement Percentage	60% of your monthly pre-disability earnings
Maximum Benefit	\$6,000 per month
Minimum Benefit	The greater of \$100 or 10% of the gross monthly benefit
Maximum Benefit Period	If you become disabled, as defined by the policy prior to age 61, benefits are payable to normal retirement age as currently defined by Social Security.

Plan Features

Partial Disability	If you become disabled and can work part time (but not full-time), you may be eligible for partial disability benefits.
Alcoholism or Drug Abuse	The lifetime cumulative maximum period of payment for all disabilities due to alcoholism or drug abuse is 24 months.
Mental Illness	The lifetime cumulative maximum period of payment for all disabilities due to mental illness is 24 months.
Special Conditions	The lifetime cumulative maximum period of payment for all disabilities due to special conditions is unlimited.
Survivor Benefit	If you have been disabled for more than 180 days, upon confirmation of your death, we will pay your eligible survivor a lump sum benefit equal to three times your gross monthly benefit.
Vocational Rehabilitation	We have Vocational Rehabilitation Services available to assist you in returning to work to the extent of your ability.
Employee Assistance Program	You, your dependents and all household members have access to an Employee Assistance Program (EAP). The EAP provides services to help people privately resolve problems that may interfere with work, family and life.

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This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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Limitations & Exclusions

Benefits are not payable for losses due to, but not limited to:

- loss of professional license, occupational license, or certification
- participation in a felony
- intentionally self-inflicted injuries, attempted suicide
- being legally intoxicated
- participation in a war, riot
- active military duty
- engaging in any illegal or fraudulent activity
- elective surgery except when required for your appropriate care as a result of your injury or sickness
- traveling or flying on any aircraft operated by or under authority of military or any aircraft being used for experimental purposes

Pre-existing Condition Exclusion: Disabilities that begin within the first 12 months after your effective date will not be covered if you have received treatment for the disability within the 3 months prior to your effective date.

SAMPLE: Monthly Premium Calculation

Jane is 42 years old and makes \$4,000 a month:

\$4,000	x	\$0.36	÷	100
Monthly Earnings		Rate (40-44 age band)		
Estimated Monthly Payroll Deduction:			\$14.40	

Monthly Rates

Age	Rate Per \$100 of Covered Payroll
24 and under	\$0.09
25-29	\$0.14
30-34	\$0.22
35-39	\$0.25
40-44	\$0.36
45-49	\$0.51
50-54	\$0.66
55-59	\$0.75
60-99	\$0.79

Monthly Premium Calculation

To calculate your monthly payroll deduction, use the formula below:

	x		÷	100
Monthly Earnings		Rate (from table above)		
Estimated Monthly Payroll Deduction:				

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1 (800) 794-5390

Set and achieve your financial goals



KOFE can answer questions about:

- Personal finance
- Budgets
- Savings
- Debt
- Payment options
- Credit and credit reports



Knowledge of Financial Education

A product of  **CONSOLIDATED CREDIT™**
When debt is the problem, we are the solution.

Your employer works hard to provide you with the resources you need in the workplace. But personal financial worries can get in the way of your productivity.

In fact, one in three employees say that personal financial issues have been a distraction at work.¹ With more than three-quarters of employees feeling this strain, it's normal to want some assistance.

That's why we're providing access to this valuable program, which can help you set goals—and be successful in achieving them.

Our service solution

Colonial Life has partnered with Knowledge of Financial Education (KOFE), a corporate financial wellness program created by Consolidated Credit. Consolidated Credit is one of the largest non-profit credit counseling agencies with more than 20 years of expertise.

While some companies only provide financial education and others only offer counseling, you can have both. And it's available to you without increasing your budget. With this service, you'll get a variety of resources to help improve your financial situation:

- **Financial coaching** – Unlimited access to highly trained senior certified credit counselors by calling 866-932-4185
- **Online tools** – Access to 100+ videos, books, budgeting tools and more, all easily accessible at ColonialLife.com/KOFE
- **Webinars** – Educational sessions throughout the year on a variety of topics

Get the support you need to succeed

Taking advantage of KOFE's services can help you gain control of your financial difficulties. That means you can better focus on your career—and on building a safe financial future for yourself and your family.

Take steps today toward reaching financial success.
Visit ColonialLife.com/KOFE to learn more.

ColonialLife.com

¹ Center for Financial Services Innovation, Employee Financial Health: How Companies Can Invest in Workplace Wellness, 2017

Terms and availability of service are subject to change. No purchase necessary to receive coverage. This coverage may not be available in all states.

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Get discounts on health and wellness services



Attend a 1-to-1 counseling session with your Colonial Life benefits counselor to receive a complimentary WellCard.

Present WellCard at any participating doctor's office or pharmacy to start saving money.

WellCard could save you and your family money on:

- Doctor's office visits
- Prescription drugs
- Vision and hearing products and services
- Lab work, MRI and PET scans
- Vitamins and daily living products

Plus, gain access to the following:

- 24/7 doctor consultations by phone
- Medical bill help
- Cash rewards and entertainment benefits

Visit **WellCardSavings.com** for more information on each of the products and services.

WellCard is not insurance and is not intended to replace insurance. Discounts are only available at participating pharmacies and providers. Void where prohibited by law.

Services must be paid for at the time rendered to obtain discounts. Discount Medical Plan Organization is AccessOne Consumer Health, Inc. 84 Villa Rd Greenville, SC 29615 www.AccessOnedmpo.com

ColonialLife.com



Help protect yourself with powerful identity theft protection

How identity thieves get your data

- You disclose your personal information
- So you can enjoy the convenience of your digital lifestyle
- Your information is exposed via data breaches and on social and people search sites



Your data is out of your hands, but there's no need to panic.

You can reduce your risks with Identity Guard. If a thief does try to open an account in your name, we will alert you promptly—usually within minutes², so you can act to protect yourself. If you do become a victim, we will take the lead in helping resolve the problem—including covering you for up to \$1 million in losses due to identity theft.¹

¹Identity Theft Insurance is underwritten by American International Group, Inc. See full policy (available upon request) for details.

Monitor for threats using Watson® AI

Using IBM Watson Artificial Intelligence, we'll monitor and process billions of pieces of information to alert you to potential threats that could compromise your identity.

Alert you to use of your personal information

We'll alert you to critical events—such as an account being opened in your name—so you can act if it wasn't you. We'll also alert you should we find your information on the Dark Web.

Restore your identity

In the event of identity theft, you'll be assigned a dedicated Customer Care agent to assist you every step of the way until your issues are resolved.

You're covered for losses

You'll have insurance for up to \$1 million for losses you experience because of identity theft, including stolen funds.

You don't need to face down the threat of identity theft alone. Identity Guard has helped protect 47 million people over the past 23 years, and they can help protect you too.

23
years

of identity protection

47
million

individuals protected

Enrollment is easy! Please note that it may take up to 10 business days after the conclusion of your enrollment period for our system to process your enrollment, but coverage begins as soon as you sign up.

To receive alerts and the full complement of protection services, you must activate Identity Guard by providing additional information. To activate your service go to:

https://empbenefits.identityguard.com/eligibility/?group_code=cololife
Or watch for an email from Identity Guard and follow the instructions.

Please be sure to use "Colonial Life" as your group when contacting Identity Guard- not your place of employment.

Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

Online

ColonialLife.com

Log in and click on [Contact Us](#)

Telephone

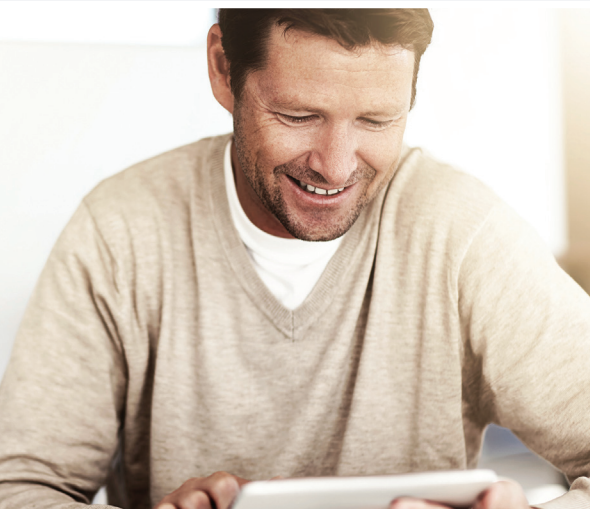
1-800-325-4368

Hearing-impaired customers

803-798-4040

If you do not have a TDD, call Voiance Telephone Interpretation Services.

844-495-6105



Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate by clicking on the **My Correspondence tab**.
- Update contact information or add family member profile information for use when filing online claims.
- Access service forms to make changes to your policy, such as a beneficiary change.
- Submit your claim using our eClaims system.
- Check the status of your claim and view claims correspondence.
- Access claim forms.

eClaims are quick and easy

With the eClaims feature on ColonialLife.com, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- From Colonial Life.com, file claims from any device. It's fast, easy and available 24/7.
- Select direct deposit to receive your benefit payment faster.
- Easily submit additional documents.

Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on [claim and service forms](#).
- You may fax your claim to 1-800-880-9325.
- Follow the instructions, tips and videos to complete and submit your claim.

Financial protection that fits your needs

With Colonial Life products:

- Coverage is available for your spouse and eligible dependent children (with most plans).
- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums (with most plans).
- You may receive benefits regardless of any insurance you may have with other companies (with most plans).



Everyone's benefit needs are different. That's why it's important to choose the benefits that are right for your personal situation. Complete this page and bring it to your personal, 1-to-1 benefits counseling session. At the session, you'll learn how these products fit into your overall benefits package and how they can help protect what you've worked so hard to build.

- Disability insurance** — Helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.
- Accident insurance** — Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.
- Life insurance** — Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.
- Cancer insurance** — Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.
- Critical illness insurance** — Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.
- Hospital confinement indemnity insurance** — Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.
- Dental insurance** — Provides the same benefit amounts with any dentist you choose and covers a variety of dental procedures, from routine cleanings to more advanced procedures such as crowns and root canals. Additional savings are available by visiting a network dentist.

Fill in the following information and bring with you to your Colonial Life benefits counseling session.

Name _____

Date _____

Department/Location _____

Phone _____

Email _____

These coverages may not be available in all states; product benefits vary by state. Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits counselor.

This Benefit Guide is a brief overview of your benefit package. Please refer to any contracts, policies or certificates of coverage for full benefits and any exclusions and limitations for each line of business.

