



Shoshone County

EMPLOYEE BENEFITS GUIDE 2020



What Does Advanced Benefits Do For Me?

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

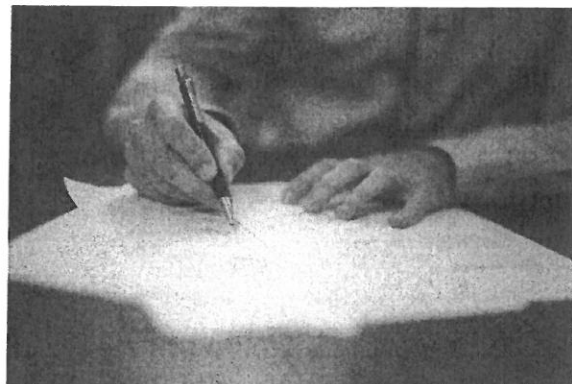
We are ready to serve you when the time is right. Here are some of the ways Advanced Benefits helps you:

Get Familiar With Insurance Lingo

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

Understand Your Benefits & Network

Ask our team to go deeper with your benefits knowledge and understanding of the network of medical services available to you.



Claims Review & Advocacy

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



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

Do you need benefits support?

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

OPEN ENROLLMENT OVERVIEW

Open Enrollment Dates

Tuesday 9/8/2020 through Friday 9/11/2020

The benefits you choose during open enrollment will be effective on 10/1/2020.

Who is Eligible?

You are eligible to enroll in the benefits described in this guide if you work 20 or more hours per week. Spouses and children are also eligible to enroll in some of the benefits as dependents of the employee.

Can I Make Changes Later?

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

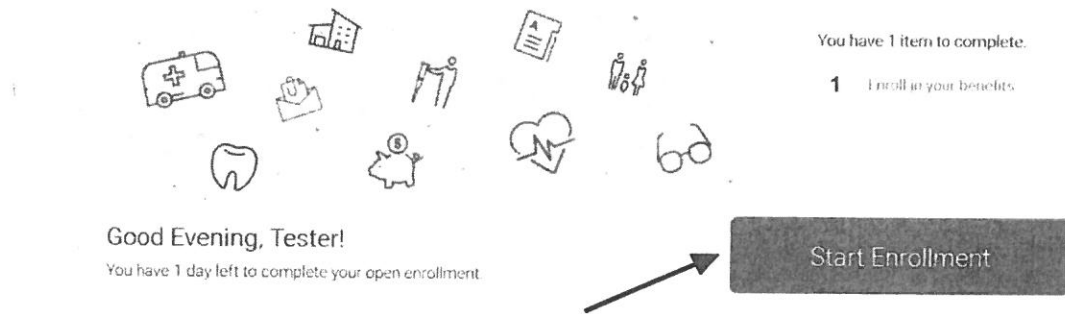
As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

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



HOW TO ENROLL

1. Go to the Benefits Exchange Northwest website: benXnw.com
2. Click on the **EMPLOYEE** button, then click the **BEN ENROLL** button.
3. Login using the credentials you used last time OR create your account if you're a first-time user
Company Identifier is: **SHOSHONECO**
After you've logged in you should see a welcome page with your name displayed.



4. **CLICK ON Start Enrollment TO BEGIN YOUR BENEFITS ENROLLMENT**
5. **Verify your contact information and any dependent's information is accurate before moving on to begin making your benefits elections.**

The screenshot shows a form titled "Who am I enrolling?" with three options: "Myself" (selected), "Tesla Demo (Spouse)", and "Tippy Demo (Child)". A "Quick Tip" states: "To enroll Dependents, check the box next to the name of each person you want to enroll." Below this is a section titled "Which plan do I want?" featuring a plan card for "2018 Regence Bronze Essential 5000" with a cost of "\$212.55 Cost per pay period" and an effective date of "09/01/18" for "Employee + Child(ren)". The card has "Compare" and "Details" buttons. To the right, a "Helpful Resources" section lists "2018 RE/SI Silver 3000 SBC" with an arrow pointing to it. Below the plan card is a "Select" button, and below the resources is another "Select" button. A text box at the bottom says "Click the Select button for each plan in which you wish to enroll."

Need Login Assistance?

Reach out to the BEN Enrollment Team at **1 (855) 492-2972**
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch



HOW TO ENROLL – continued

If you would like to waive a benefit, click on the **Don't want this benefit** button and select your reason for waiving.

Always be sure to click **Save & Continue** to save your choices and move to the next step.



Quick Tip: Click the **View Steps** button in the **Progress** box on the right side of the screen to jump to any section and view your progress.

The check mark next to the section title lets you know you've made your selection.

Progress: 5 of 13

[View steps](#) ▾

- ✓ 1. Personal Information
- ✓ 2. Dependent Information
- ✓ 3. Medical
- ✓ 4. Consumer Directed Health
- ✓ 5. Dental
- 6. Vision
- 7. Voluntary Life

6. Continue making your selections until all benefit sections have check marks next to them.

7. Your last step is to REVIEW your Enrollment Summary Page and digitally “Sign” to approve your choices.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

Signature required
You've elected all your benefits but we still require a signature before advancing to the next thing.

Sign to complete enrollment

Total Cost Per Pay Period
\$87.87*

Quick Tip: Scroll down the **Enrollment Summary** page to **REVIEW** your cost **PER PAY PERIOD**.

*Sample cost. Actual paycheck deductions will vary.

DENTAL

Delta Dental of Idaho	
Plan Features	PPO Network
Annual Deductible (Individual / Family)	\$0
Preventive & Diagnostic Services (Exams, x-rays, cleanings)	Insurance pays 70-100% of allowed amount
Basic Procedures (Extractions, root canals, fillings, etc.)	Insurance pays 70-100% of allowed amount
Major Procedures (Crowns, dentures, etc.)	Insurance pays 50% of allowed amount
Calendar Year Maximum Benefit	\$1,000 per Covered Member

Visit DeltaDentalid.com to find an In-Network Dental Provider near you.

VISION

Blue Cross of Idaho VSP (Vision Service Plan)	
Plan Features	In-Network Benefits
Routine Eye Exam	Covered in full up to allowed amount. <i>Once every 12 months.</i>
Frames & Lenses	20% discount plus a total allowance of up to \$150. <i>Once every 12 months.</i>
Elective Contact Lenses <i>In lieu of glasses</i>	Up to \$150 total allowance towards contact lenses and contact lens exam (fitting and evaluation) 15% off contact lens exam. <i>Once every 12 months.</i>
Laser Vision Correction	<i>Not Covered. Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</i>

*This plan uses the VSP Choice provider network. You will pay less if you use a provider in the plan's network.
All benefits illustrated are for VSP Participating Providers.*

To locate a Participating Provider in your area, please visit our Web site at www.bcidaho.com. You may also call our Customer Services Department at 208-331-7347 or 800-627-1188 for assistance in locating a Provider.

Questions about these benefits?

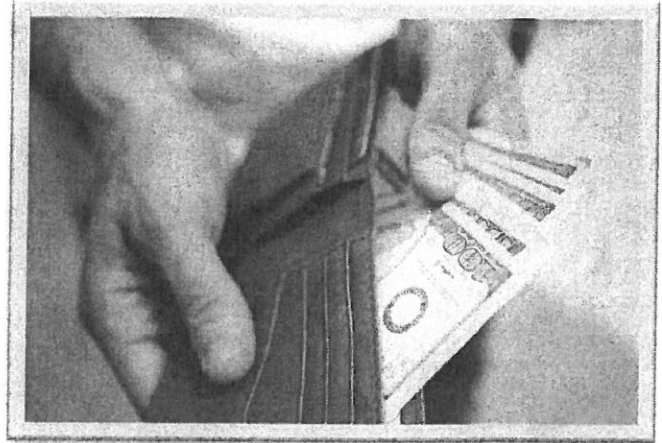
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TERMS TO REMEMBER

ANNUAL DEDUCTIBLE

The amount you must pay each year before the plan starts paying a portion of medical expenses.



COPAY

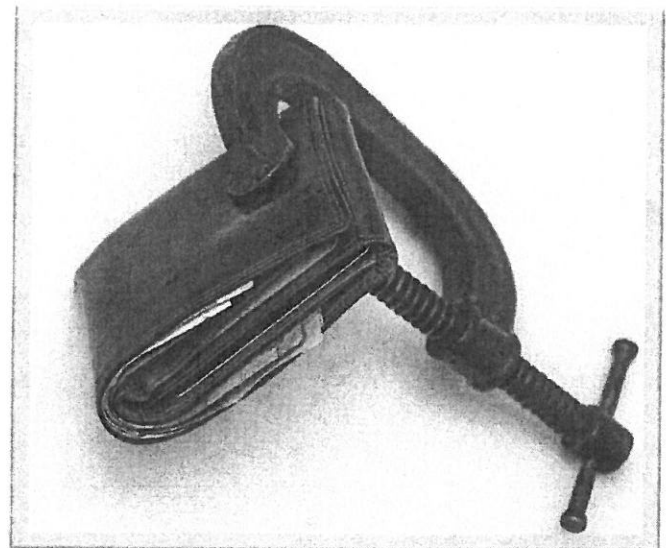
These expenses are your share of costs paid for covered health care services. Copays are a fixed dollar amount and are usually due at the time you receive care.

COINSURANCE

Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the insurance company reconciles the claim with the providers.

ANNUAL OUT-OF-POCKET MAXIMUM

This is the total amount you can pay for covered services each calendar year before the plan pays 100 percent of covered services for the rest of the calendar year.



MEDICAL – PREVENTIVE CARE

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by your employer, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

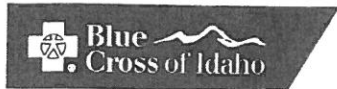
WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year. Reference the carrier website for a more detailed list.

“AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE”

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation Programs
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

MEDICAL & PHARMACY & LIFE BENEFIT



This Blue Cross of Idaho plan allows you the freedom to use providers that are both in- and out-of-network. However, you will receive the highest level of benefits when utilizing an in-network provider. Please refer to your Blue Cross SBC for further details and out of network benefits.

GEM Plan Preferred Blue PPO	
Services	In-Network
Deductible	\$750 Individual / \$1,500 Family
Coinsurance	You pay 30% after deductible.
Max Out-of-Pocket	\$2,250 per individual/ \$4,500 Family
Office Visit Copay	\$30 per visit <i>All other services subject to deductible/coinsurance.</i>
Preventative Care/Screening/ Immunizations	Plan pays 100% of covered services. Not subject to deductible.
Diagnostic Testing/Imaging	No charge up to \$400, then 30% coinsurance
Emergency Care	\$100 copay per visit, then 30% coinsurance
Inpatient Services	You pay 30% after deductible.
Outpatient Surgery	You pay 30% after deductible.
Spinal Manipulation – Chiropractic	You pay 30% after deductible. Covered up to 18 combined visits per year.
Prescription Drug Copays	Generic: You pay \$7 copay Preferred Brand Name: You pay \$30 copay Non-Preferred Brand Name: You pay \$50 copay Specialty: Refer to generic, and brand name above. Prescription Out of Pocket \$4,000 Individual/ \$8,000 Family

*Balance billing charges may apply to services received from Non-Participating Providers. Always check whether your provider is In-Network.

You may access a list of in-network providers at BCIdaho.com. Select the Preferred Provider PPO Network.

ReliaStar Life	
Plan Features	
Employee Benefit Amount	\$10,000
AD&D Benefit	Equal to your Term Life benefit amount if loss is due to accident or injury.

Questions about these benefits?

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HELPING PEOPLE HELP THEMSELVES

**Rocky
Mountain EAP**
Your Employee Assistance Program

Healthy living goes beyond eating a balanced diet and physical exercise. Emotional well-being, strong personal/working relationships, positive attitudes on life, family, and work is critical for a healthy lifestyle. There are times, we may not be able to cope with the stresses of everyday life, or we may feel unable to resolve all the decisions associated with personal, family issues, or career challenges. In such cases, it's a relief to have someone to turn to.

Rocky Mountain EAP (RMEAP) is that someone. RMEAP professional services are designed to help you and your dependent family members cope with a variety of personal, family, or career challenges. These services are provided in collaboration with your County and the GemPlan.

- Confidential, professional counseling for you and your dependent family members
- No out-of-pocket expenses
- Toll-free, 24-hour hot line
- Prompt, timely and convenient counseling, with a provider of your choice, in a location of your choosing, within the provider network
- Referral to the community services or programs, when and if necessary

REMEMBER: The decision to use RMEAP is voluntary and most importantly, confidential. To schedule an appointment, simply call 1-208-227-0152, or 1-866-260-9490.

Your County is offering this benefit at no out-of-pocket expense to employees and dependent family members. Coverage under this benefit is for 8 visits per incident per fiscal year.

— PROFESSIONAL SERVICES —

RMEAP therapists are caring and experienced individuals who hold a minimum, 5yr's post-masters in counseling. Each one is certified and licensed by your states appropriate agency. The scope of work that RMEAP provides covers a wide range of issues such as:

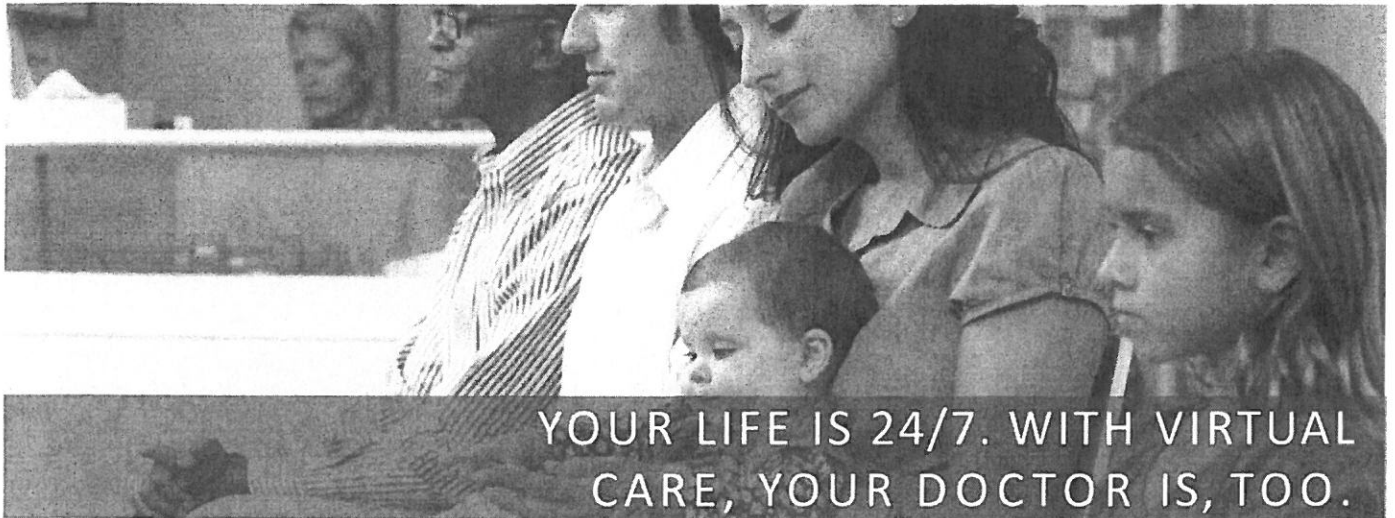
Abuse (Mental/Physical/Emotional)	Managing Stress
Marriage	Alcohol/Drug Abuse
Depression	Relationships
Family Related Issues	Work Related Issues
Grief	Anxiety

The Cornerstone of RMEAP is Confidentiality

All discussions (during your therapy sessions) between you and your EAP therapist are confidential. RMEAP therapists follow federal laws and regulation regarding confidentiality. Disclosure of any information to third parties is performed only with your written consent, except if you pose an imminent threat or harm to self or others; by court order; or in situations of abuse such as child or elder abuse.

CONFIDENTIAL ASSISTANCE WITH WORK/LIFE ISSUES IS ONLY A CALL AWAY

Please call 1-208-227-0152, Monday through Friday, during regular business hours, for an appointment. The 24hr hot line is available for crisis situations: 1-866-260-9490.



Avoid the wait! Activate your Blue Cross of Idaho MDLive account today at mdlive.com/bcidaho.



When you can't see your primary care provider, you can consult with a board-certified doctor by phone, secure video or the MDLIVE app anytime, from anywhere. If you are in Idaho, you will need to use video to meet with the doctor.



MDLIVE doctors are available 24/7/365. Average wait time for medical consultations is less than 10 minutes. Therapists and psychiatrists require an appointment, with an average wait time of three to four days.



Your family members are eligible for virtual care, too. Pediatricians are available 24/7.

Activate your account online or by phone.

mdlive.com/bcidaho

888-920-2975



Download the MDLIVE App

NON-EMERGENCY CONDITIONS WE TREAT:

- Acne
 - Allergies
 - Cold / Flu
 - Constipation
 - Cough
 - Diarrhea
 - Ear problems
 - Fever*
 - Headache
 - Insect bites
 - Nausea / Vomiting
 - Pink eye
 - Rash
 - Respiratory problems
 - Sore throats
 - Urinary problems / UTI*
 - Vaginitis
 - And more
- Behavioral Health**
- Addictions
 - Bipolar disorders
 - Child and adolescent issues
 - Depression
 - Eating disorders
 - Gay/Lesbian/Bisexual/Transgender issues
 - Grief and loss
 - Life changes
 - Men's issues
 - Panic disorders
 - Parenting issues
 - Postpartum depression
 - Relationship and marriage issues
 - Stress
 - Trauma and PTSD
 - Women's issues
 - And more

E-prescriptions can be sent to your preferred pharmacy

MDLIVE™ is an independent company that enables the virtual visit between the member and doctor on behalf of Blue Cross of Idaho.

MDLIVE®

Virtual Care. Anywhere

QUESTIONS? We're here to help.

Benefits & Coverage Questions | Claims Advocacy



Advanced Benefits
1299 W Riverstone Drive, Ste. 200, Coeur d'Alene, ID 83814
Ph: (208) 664-3482 | Email: Service@trustab.com | TrustAB.com
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Enrollment Administration

Provided by



Benefits Exchange Northwest
1015 Ironwood Drive, Suite 100, Coeur d'Alene, ID 83814
Ph: (855) 492-2972 | Email: Help@BenXNW.com | BenXNW.com
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CARRIER CONTACTS

Carrier Name	Service	Website	Phone Number
Blue Cross of Idaho	Medical/Pharmacy/Vision	bcidaho.com	(800) 274-4018
Delta Dental of Idaho	Dental	deltadentalid.com	(800) 356-7586
VSP (Vision Service Plan)	Vision Network	vsp.com	(800) 877-7195

Prepared by:



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