

SEPTEMBER 1, 2022 - AUGUST 31, 2023



Your Life, your Benefits

Eligibility

You are eligible for benefits if you work 30 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 legally married 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 month following your first paycheck. If you fail to enroll on time, you will **NOT** have benefits coverage.
- **Open Enrollment** is August 1, 2022 - August 31, 2022. All paperwork is due to Shannon by September 1, 2022. Changes made during Open Enrollment are effective October 1, 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 the maximum age limit
- Death of a spouse
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Shannon Harris 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.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross of Idaho	(800) 627-1187	www.bcidaho.com
Health Savings Account (HSA)	Key Bank	(208) 733-3121	www.key.com/hsa
Dental	Blue Cross of Idaho PPO Dental / Dental Blue Connect (Willamette)	(800) 627-1187	www.bcidaho.com
Vision	LifeMap Vision (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	American Fidelity	(800) 662-1113	www.americanfidelity.com
Life/AD&D and Disability	LifeMap Assurance	(800) 794-5390	www.lifemapco.com
Life/AD&D Conversion/Portability	LifeMap Assurance	(888) 777-9368 Option 2	lifemapport_convert@lifemapco.com
Employee Assistance Program (EAP)	BPA Health	(800) 726-0003	www.bpahealth.com
Voluntary Ancillary Benefits	American Fidelity	(800) 662-1113	www.americanfidelity.com
	Colonial Life & Accident, Troy Gifford	(208) 860-8294	troy.gifford@coloniallifesales.com
Identity Theft Protection	LifeLock	(866) 917-2555	https://members.excelsiorenroll.com/shoshonesd

Questions?

If you have additional questions, you may also contact:

Shannon Harris
(208) 886-2381 Ext 311
shannon.harris@shoshonesd.org

Rhonda Bartholomew
(208) 737-6413
rhonda.bartholomew@hubinternational.com

Silvia Rosales
(208) 737-6472
silvia.rosales@hubinternational.com



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.

RATES

2022-2023

September 1, 2022 - August 31, 2023



In case of dual coverage, contributions toward the cost of dependent's medical, dental and vision coverage are automatically deducted from your paycheck before taxes. Shoshone School District will still cover the employee's premium.

MEDICAL COVERAGE

Coverage Tier	Monthly Medical Rates					
	Blue Cross of Idaho HSA PPO			Blue Cross of Idaho Preferred PPO		
	Rate	Employer Paid	Employee Paid	Rate	Employer Paid	Employee Paid
Employee Only	\$447.02	\$447.02	\$0	\$582.42	\$582.42	\$0
Employee + Spouse	\$964.07	\$964.07	\$0	\$1259.37	\$1259.37	\$0
Employee + Child	\$679.67	\$679.67	\$0	\$887.02	\$887.02	\$0
Employee + Children	\$787.42	\$787.42	\$0	\$1028.12	\$1028.12	\$0
Family	\$1115.07	\$1115.07	\$0	\$1456.87	\$1456.87	\$0

DENTAL COVERAGE

Coverage Tier	Monthly Dental Rates					
	Blue Cross of Idaho Preferred Blue Dental			Blue Cross of Idaho Dental Blue Connect (Willamette)		
	Rate	Employer Paid	Employee Paid	Rate	Employer Paid	Employee Paid
Employee Only	\$35.10	\$35.10	\$0	\$59.44	\$59.44	\$0
Employee + Spouse	\$66.90	\$66.90	\$0	\$118.88	\$118.88	\$0
Employee + Child	\$68.30	\$68.30	\$0	\$109.98	\$109.98	\$0
Employee + Children	\$129.15	\$129.15	\$0	\$133.78	\$133.78	\$0
Family	\$144.85	\$144.85	\$0	\$208.05	\$208.05	\$0

VISION COVERAGE

Coverage Tier	Monthly Vision Rates		
	LifeMap Choice Vision (VSP)		
	Rate	Employer Paid	Employee Paid
Employee Only	\$9.06	\$9.06	\$0
Employee + Spouse	\$18.17	\$18.17	\$0
Employee + Child	\$19.42	\$19.42	\$0
Employee + Children	\$19.42	\$19.42	\$0
Family	\$31.05	\$31.05	\$0

Medical

We are proud to offer you a choice of medical plans. Following is a high-level overview of the coverage available.

Key Medical Benefits	Blue Cross of Idaho HSA		Blue Cross of Idaho PPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$500 / \$1,000	\$500 / \$1,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$5,800 / \$11,600	\$5,800 / \$11,600	\$2,000 / \$4,000	\$3,500 / \$7,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)				
Employee only	\$200 monthly		N/A	
Covered Services				
Office Visits (physician/specialist)	30%*	50%*	\$20 / \$40 copay	40%*
Telemedicine	30%*	50%*	No charge	40%*
Routine Preventive Care	No charge	50%*	No charge	40%*
Outpatient Diagnostics (lab, X-ray, complex imaging)	30%*	50%*	No charge up to \$100 then 20%*	40%*
Chiropractic	30%* ²	50%* ²	20%* ²	40%* ²
Ambulance	30%*	50%*	20%*	40%*
Emergency Room	\$100 copay, 30%*	\$100 copay, 50%*	\$100 copay, 20%*	\$100 copay, 40%*
Urgent Care Facility	30%*	50%*	\$40 copay	40%*
Inpatient Hospital Stay	30%*	50%*	20%*	40%*
Outpatient Surgery	30%*	50%*	20%*	40%*
Supplemental Accident	No Benefit		\$300 Upfront Benefit Per Participant Per Benefit Period	
Prescription Drugs			(Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / Tier 6)	
Rx Out-of-Pocket Maximum (Individual / Family)	Combined with Medical		\$3,000 / \$6,000	
Retail Pharmacy (30-day supply)	30%* ³	30%* ^{1,3}	\$10 / \$20; \$30 / \$50; 20% / 30%	\$10 / \$20; \$30 / \$50; 20% / 30% ¹
Mail Order (90-day supply)	30%* ³	30%* ^{1,3}	\$20 / \$40; \$60 / \$100; 40% / 60%	\$20 / \$40; \$60 / \$100; 40% / 60% ¹

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. 2. Up to 18 visits 3. No charge for preventive

Health Savings Account (HSA)

Contact Shannon Harris at shannon.harris@shoshonesd.org or see page 24 for more information.

Dental

We are proud to offer you a choice of dental plans. Following is a high-level overview of the coverage available.

Key Dental Benefits	Blue Cross of Idaho Preferred Blue Dental		Blue Cross of Idaho Dental Blue Connect Willamette
	In-Network	Out-of-Network ¹	Willamette
Deductible (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	None
Benefit Maximum (per calendar year; preventive, basic, and major Services combined)			
Per Individual	\$1,750	\$1,750	None
Covered Services			
Preventive Services	No charge	20%	\$15 copay
Basic Services	20%	30%	See Benefit Plan
Major Services	50%	60%	See Benefit Plan
Orthodontia	\$1,000 (Child Only)		See Benefit Plan (Adult / Child(ren))

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan through LifeMap Vision (VSP).

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$0	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)	\$25	Up to \$30
Single Vision		Up to \$50
Lined Bifocal		Up to \$65
Lined Trifocal		
Frames (once every 12 months)	\$150	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$150	Up to \$105

Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through American Fidelity. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2022, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA RULES

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$570 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. **Unused funds over \$570 will NOT be returned to you or carried over to the following year.**

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through January 31, 2023, and must file claims by April 1, 2023.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D

This benefit is provided through LifeMap Assurance.

Benefit Amount	
Employee	\$20,000 Employer Paid Paid
Spouse	\$2,500 Employee Paid
Child(ren)	\$2,500 Employee Paid

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability

Provided at **NO COST** to you through LifeMap Assurance.

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through BPA Health.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 4 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Highlights of your preventive care benefits

Applies to non-grandfathered individual and group plans

You pay nothing – no coinsurance, copayment or deductible – for covered preventive care services when you visit in-network providers. Preventive care benefits for services from out-of-network providers are subject to your out-of-network benefit.

The listed preventive care services may be adjusted to agree with federal government changes, updates and revisions.

Updates for 2020: Added skin cancer prevention counseling for adults and children. Replaced the term “alcohol misuse assessment” with “alcohol-unhealthy use screening.” Added anemia screening for children.

Services for adults (18 years and older)	Services for adults (continued)	Services for children (17 years and younger)
<ul style="list-style-type: none"> Alcohol – unhealthy use screening Annual adult physical examinations Aortic aneurysm ultrasound Behavioral counseling for participants who are overweight or obese Bone density Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer Chemistry panels Cholesterol screening Colorectal cancer screening Complete blood count (CBC) Diabetes screening Dietary counseling (limited to three visits per participant, per benefit period) Health risk assessment for depression Hepatitis B virus screening Hepatitis C virus infection screening HIV assessment Lung cancer screening for participants age 55 and older Pap test 	<ul style="list-style-type: none"> PSA test Screening and assessment for interpersonal and domestic violence Screening mammogram Skin cancer prevention counseling Smoking cessation counseling visit Sexually transmitted infections assessment Transmittable diseases screening (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis, tuberculosis [TB]) Thyroid-stimulating hormone (TSH) Urinalysis (UA) Urinary incontinence screening Well-woman visits for recommended age-appropriate preventive services 	<ul style="list-style-type: none"> Anemia screening Dental fluoride application for participants age 5 and younger Lipid disorder screening Preventive lead screening Rubella screening Skin cancer prevention counseling Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings Newborn screenings: <ul style="list-style-type: none"> Hearing test Metabolic screening (PKU, thyroxine, sickle cell) Screening EKG
	Services for pregnant women or women who may become pregnant <ul style="list-style-type: none"> Breastfeeding support, supplies and counseling Gestational diabetes screening Iron deficiency screening Preeclampsia screening Prescribed contraceptive coverage* RhD incompatibility screening Urine culture 	<p>Please note: Not all children require all the services identified above. Your provider should give you information about your child’s growth, development and general health, and answer any questions you may have.</p>

*For groups that offer prescribed contraceptive coverage: Blue Cross of Idaho pays 100 percent of the cost of women’s preventive prescription drugs and devices as specifically listed on the BCI Formulary on the Blue Cross of Idaho website, bcidaho.com; deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one time, as applicable to the specific contraceptive drug or supply. Prescribed contraceptive services include diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.

Immunization
Acellular pertussis
Diphtheria
Haemophilus influenzae B
Hepatitis B
Influenza
Measles
Mumps
Pneumococcal (pneumonia)
Poliomyelitis (polio) Rotavirus
Rubella
Tetanus
Varicella (chicken pox)
Hepatitis A
Meningococcal
Human Papillomavirus (HPV)
Zoster
Other immunizations not specifically listed may be covered at the discretion of Blue Cross of Idaho when medically necessary.

Please note: Your provider must bill these services as preventive/wellness services.

The descriptions above are general in nature, to allow for an overall view of Blue Cross of Idaho's preventive care coverage. For complete descriptions of your policy and policy changes, please read your policy and policy amendment language.

HSA PREVENTIVE DRUG LIST

You Make the Choices, We Make it Easy

If your Benefit Summary indicates specific coverage for preventive drugs, the Preventive Drug List provides the drugs you can obtain under this benefit. Plans that have specific preventive drug benefits are generally:

- High Deductible Health Plans (HDHPs) or Health Savings Account (HSA) plans
- Employer plans that have purchased an HDHP/HSA plan **OR**
- Employer plans that have purchased a preventive drug enhancement

Blue Cross of Idaho covers the drugs on this list at the preventive drug cost-sharing amount found in your plan documents, and you do not need to have met your deductible when you get these prescriptions filled at an in-network pharmacy.

FOR OUR MEMBERS:

- Visit an in-network pharmacy to receive this benefit.
- Present your Blue Cross of Idaho member ID card to ensure you receive the complete benefit.
- You or your doctor may be asked to provide supporting documentation that the drug you are taking is being used for prevention.

FOR OUR HEALTHCARE PROVIDERS:

- Please prescribe preventive drugs from this list and allow generic substitutions when medically appropriate.

NOTE: A drug's appearance on this list does not guarantee coverage. Not all drugs listed are covered by all prescription drug plans. Certain drug plans may cover additional drugs at a preventive benefit that are not listed below. Check your benefit materials for the specific drugs covered and the cost-share information for your prescription-drug benefit program. This list may not include all prescription drugs intended for preventive purposes. This list is periodically reviewed by clinical experts. Medications may be added or removed from this list based on clinical review of the medication's intended purpose and its availability.

HOW TO USE THIS LIST:

Generic drugs are listed in lower case letters, example: atenolol. Generic medications contain the same active ingredients as their corresponding brand-name counterparts; though they may look different in shape and color, they have been FDA-approved under the same strict standards.

Brand-name drugs are listed in CAPITAL letters, example: NOVOLOG. When brand-name drugs lose their patents and become available generically, only the generic equivalent will be eligible under this preventive benefit.

ANTIDEPRESSANTS		
citalopram tablets	fluoxetine capsules	sertraline tablets
escitalopram tablets	paroxetine immediate-release tablets	venlafaxine immediate-release tablets
ASTHMA		
ADVAIR HFA	fluticasone propionate-salmeterol inh	SPIRIVA
ASMANEX	ipratropium soln	SPIRIVA RESPIMAT
ASMANEX HFA	ipratropium-albuterol soln	SYMBICORT
budesonide susp	levalbuterol	terbutaline
COMBIVENT RESPIMAT	montelukast	theophylline
cromolyn sodium soln	PULMICORT INH	theophylline ER
FLOVENT DISKUS	QVAR REDHALER	zafirlukast
FLOVENT HFA	SEREVENT	
BLOOD PRESSURE-LOWERING MEDICATIONS		
ACE Inhibitors & Diuretic Combinations		
benazepril	fosinopril	olmesartan medoxomil
benazepril-HCTZ	fosinopril-HCTZ	olmesartan medoxomil-HCTZ
captopril	lisinopril	quinapril
captopril-HCTZ	lisinopril-HCTZ	quinapril-HCTZ
enalapril	moexipril	ramipril
enalapril-HCTZ	moexipril-HCTZ	trandolapril
Angiotensin Receptor & Diuretic Combinations		
candesartan	irbesartan-HCTZ	telmisartan-HCTZ
candesartan-HCTZ	losartan	valsartan
eprosartan	losartan-HCTZ	valsartan-HCTZ
irbesartan	telmisartan	
Beta Blockers & Diuretic Combinations		
acebutolol	labetalol	propranolol SR
atenolol	metoprolol succinate ER	propranolol-HCTZ
atenolol-chlorthalidone	metoprolol tartrate	sotalol
betaxolol	metoprolol-HCTZ	sotalol AF

THIS LIST IS SUBJECT TO CHANGE.

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.

bisoprolol	nadolol	timolol
bisoprolol-HCTZ	pindolol	
carvedilol	propranolol	
Calcium Channel Blockers		
afeditab CR	diltiazem SR	nifedipine osmotic
amlodipine	felodipine SR	verapamil
diltiazem	isradipine	verapamil CR
diltiazem CD	nicardipine	verapamil SR
diltiazem ER	nifedipine	
diltiazem LA	nifedipine ER	
Diuretics (water pills)		
amiloride	eplerenone	spironolactone
amiloride-HCTZ	furosemide	spironolactone-HCTZ
bumetanide	hydrochlorothiazide (HCTZ)	torsemide
chlorthalidone	indapamide	triamterene-HCTZ
chlorothiazide	metolazone	
Other Blood Pressure-Lowering Medications & Combinations		
amlodipine-atorvastatin	clonidine	methyldopa
amlodipine-benazepril	clonidine patches	minoxidil
amlodipine-valsartan	guanfacine	telmisartan-amlodipine
amlodipine-valsartan-HCTZ	hydralazine	trandolapril-verapamil
BLOOD THINNING AGENTS		
anagrelide	clopidogrel	warfarin
cilostazol	pentoxifylline	
CHOLESTEROL-LOWERING MEDICATIONS		
Statin/HMG CoA Reductase Inhibitors & Combinations		
atorvastatin	lovastatin	rosuvastatin
fluvastatin	pravastatin	simvastatin
Other Cholesterol-Lowering Medications		
cholestyramine	ezetimibe	fenofibrate
cholestyramine light	ezetimibe-simvastatin	fenofibrate, micronized
colestipol	fenofibric acid	gemfibrozil
DIABETES		
acarbose	LANTUS	pioglitazone-metformin
FIASP	LEVEMIR	repaglinide
glimepiride	metformin	RYBELSUS (ST, QL)
glipizide	metformin ER	SYMLINPEN
glipizide extended release	nateglinide	TRESIBA
glipizide-metformin	NOVOLIN (Not including Novolin Relion Products carried at Walmart Pharmacies)	TOUJEO
glyburide	NOVOLOG	IRULICITY (ST, QL)
glyburide, micronized	OZEMPIC (ST, QL)	VICTOZA (ST, QL)
glyburide-metformin	pioglitazone	
HUMULIN-R 500	pioglitazone-glimepiride	
Diabetic Supplies		
BD Lancets	insulin syringes	ONETOUCH Lancets
insulin pen needles	NOVOFINE Lancets	ONETOUCH test strips (QL)
OSTEOPOROSIS		
alendronate (QL)	ibandronate (QL)	risedronate (QL)
WOMENS HEALTH		
Breast Cancer Prevention		
raloxifene (AL)	tamoxifen (AL)	
Birth Control		
All generic oral contraceptives	Medroxyprogesterone acetate (IM) (QL)	Xulane (generic Ortho-Evra)
DIAPHRAGMS (QL)	etonogestrel/ethinyl estradiol ring (QL)	
Birth Control (Emergency Contraception)		
All generic emergency contraceptives	ELLA	
Thyroid		
levothyroxine tablets		
VACCINES		
FLU	PNEUMONIA	SHINGLES (AL)

THIS LIST IS SUBJECT TO CHANGE.

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.



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Insurance | Employee Benefits | Wellness

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TAKE YOUR HEALTHCARE INTO YOUR OWN HANDS.

The Blue Cross of Idaho member app gives you access to the tools and information you need to get the right care for you. With the app, you can:

FIND CARE

Use the search tool to find doctors, hospitals and urgent care, plus where to get services. Filter your results to find in-network care.

ACCESS YOUR ID CARD

Show, send or fax your in-app member ID card to a clinic, hospital or pharmacy when you get care.

GET TELEHEALTH

Find resources to help you connect with a provider from your phone.

KEEP TRACK OF YOUR AND YOUR FAMILY'S CARE

Find out how close you are to your deductible, what you might owe at your next doctor's visit and what services are covered for everyone on your plan.

PRICE PRESCRIPTION DRUGS

Look up prices for prescriptions from the app and find a pharmacy near you.

GET THE APP:

- **Option 1:** Find it in the App Store and Google Play Store
 - o Search for the Blue Cross of Idaho member app in the App Store and in the Google Play Store
 - o Select the app named **Blue Cross of Idaho** (new)
 - o Select **Get** in the App Store or **Install** in the Google Play store to download the app
 - **Option 2:** Scan the QR code to get the app on your iPhone or Android device
- You can also visit bcidaho.com/memberapp to learn more.





Give your employees more options when they and their covered dependents need care.

Blue Cross of Idaho's telehealth provider MDLIVE lets members access non-emergency care 24/7. This means your employees could miss fewer workdays when they or their covered family members need care. They may also be less likely to use more costly services for non-emergency issues.

MDLIVE at a glance

- Has the nation's largest virtual care network
- Made up of state-licensed, board-certified physicians averaging 15 years of practice experience
- Certified by the National Committee for Quality Assurance (NCQA) and follows Utilization Review Accreditation Commission (URAC) guidelines for quality care

MDLIVE at a glance

- **The nation's largest** virtual care network
- **More than 25 million** members
- **State-licensed, board-certified** physicians averaging 15 years of practice experience
- **NCQA certified/accredited** and follows URAC guidelines for quality care

Once registered, your employees can access a board-certified provider for a virtual consult to diagnose non-emergency medical issues. **They can connect over the phone or through secure video on their computer, tablet or the MDLIVE mobile app.** These providers can even send a prescription straight to the patient's pharmacy.

Medical conditions MDLIVE treats:

- | | | |
|----------------|-------------------|------------------------|
| • Allergies | • Fever | • Respiratory problems |
| • Cold/flu | • Headache | • Sore throats |
| • Constipation | • Insect bites | • Urinary problems/UTI |
| • Cough | • Nausea/vomiting | • Vaginitis |
| • Diarrhea | • Pink eye | • And more |
| • Ear problems | • Rash | |

Behavioral health conditions MDLIVE treats:

Your employees can also get virtual behavioral healthcare. These secure and confidential virtual consultations with licensed behavioral therapists can take place in the privacy of the employee's home.

- Addictions
- Bipolar disorder
- Child and adolescent issues
- Depression
- Eating disorders
- 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

How your employees can get virtual care through MDLIVE:

Create an account. Registration takes fewer than 10 minutes on average.

- Visit ***MDLIVE.com/bcidaho***
- Download the MDLIVE mobile app to a phone or tablet from the Apple App Store or Google Play Store.
- Chat online with Sophie, the MDLIVE personal health assistant, by texting "bcidaho" to MDLIVE (635483).
- Call 888-920-2975 (TTY: 800-770-5531) for help.

Connect with a provider.

- **By phone:** 888-920-2975 (TTY: 800-770-5531)
- **Online:** ***MDLIVE.com/bcidaho***
 - o Sign in to set up a secure videoconferencing session with a provider.
- **MDLIVE mobile app**
 - o Log in to connect with a provider.








Across the country and around the world...we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you – across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global® Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at www.BCBS.com. 
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android,* iPhone, iPad and iPod Touch.** (Rates from your wireless provider may apply.) 
- Call BlueCard Access® at 1.800.810.BLUE (2583). 

Take charge of your health, wherever you are.

In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



Traditional/
Indemnity
Benefits



PPO
Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

In an emergency, go directly to the nearest hospital.



Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

Inpatient claim: Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: this number is different from the Service Center phone numbers listed above.*

Professional claim: You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at www.bcbsglobalcore.com.

To learn more about the programs described here, call your BCBS company.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

*Android is a trademark of Google Inc.

**Apple, the Apple logo, iPod, iPod Touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.

TheBlueCard®
Now, Home Is Where The Card Is®

Summary of Benefits Shoshone School District #312 Effective date: September 1, 2022		Preferred Blue [®] Dental PPO Plan for Statewide Schools Option 1	
Individual/Family Deductible (Deductible applies to In-Network basic, major services, and all Out-of-network services.)		\$50/\$150	
Individual Benefit Period Maximum		\$1,750	
Orthodontia Lifetime Maximum for Eligible Dependent Children		\$1,000	
In/Out-of-Network	In-Network	Out-of-Network	
	By choosing an in-network provider you pay only coinsurance amounts for allowed charges.	By choosing an Out-of-Network provider you pay your deductible, coinsurance, and are responsible for the difference between what Blue Cross allows and what the Out-of-Network provider charges.*	
Preventive Services			
Oral Examinations One examination every six months.		You pay nothing of the allowed amount	By choosing an Out-of-Network provider you pay 20% of the allowed amount*
Fluoride One application per benefit period for enrolled eligible dependent children.			
Sealants: Limited to permanent posterior unrestored dentition of eligible dependent children under age 16 and limited to one time per tooth in any three consecutive benefit periods.			
X-rays, Bitewings Once per benefit period.			
X-rays, Complete Mouth Series or Panoramic x-ray One time in any five consecutive benefit periods.			
Prophylaxis (Cleaning) Once every six months. (Regardless of type)			
Basic Services			
Fillings Restorations involving multiple surfaces will be combined and paid according to the number of surfaces treated; same tooth surface restoration is covered once in two benefit periods.		You pay 20% of the allowed amount	By choosing an Out-of-Network provider you pay 30% of the allowed amount*
Extractions			
Root Canal Therapy			
Periodontal Maintenance Once every six months. (Regardless of type)			
Scaling and Root planing Once per quadrant of the mouth every three benefit periods.			
Occlusal Guard One appliance every two benefit periods.			
Osseous Surgery Once per area of the mouth every three years.			
Space Maintainers For enrolled eligible dependent children under age 16.			
Major Services Preauthorization required on all major services			
Bridges, Inlays, Onlays, Crowns, Veneers, and Full or Partial Dentures Five year replacement.		You pay 50% of the allowed amount	By choosing an Out-of-Network provider you pay 60% of the allowed amount*
Dental Implants Including the implant body, implant abutment and implant crown – benefits may be available up to the Maximum Allowance of a standard complete or partial denture, or bridge. Implant body and abutment-limited to once per tooth per lifetime. Implant crown –five year replacement.			
Orthodontia			
Orthodontia For enrolled eligible dependent children.		You pay 50% of the allowed amount*	

*By choosing an Out-of-Network provider you pay your coinsurance, deductible, and any difference between what Blue Cross of Idaho allows and what the Out-of-Network provider charges.

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Plan apply to this program.

Dental Blue Connect Plan for Statewide Schools (Willamette)

Summary of Benefits Shoshone School District #312 - September 1, 2022		Dental Blue Connect Plan 1
		Contracting Providers*
Individual Deductible		No Deductible
Annual Maximum		No Annual Maximum
General Office Visit		You pay a \$15 copayment per visit
Diagnostic and Preventive Services		
Routine and Emergency Exams		Covered with Office Visit Copay
All X-rays		Covered with Office Visit Copay
Teeth Cleaning		Covered with Office Visit Copay
Fluoride Treatment		Covered with Office Visit Copay
Sealants		Covered with Office Visit Copay
Head and Neck Cancer Screening		Covered with Office Visit Copay
Oral Hygiene Instruction		Covered with Office Visit Copay
Periodontal Charting		Covered with Office Visit Copay
Periodontal Evaluation		Covered with Office Visit Copay
Restorative Dentistry		
Filings		You pay \$15 Copay
Stainless Steel Crown		
Porcelain-Metal Crown		You pay a \$150 Copay
Prosthodontics		
Complete Upper or Lower Denture		You pay a \$200 Copay
Bridge (per Tooth)		You pay a \$150 Copay
Endodontics and Periodontics		
Root Canal Therapy — Anterior		You pay a \$50 Copay
Root Canal Therapy — Bicuspid		You pay a \$50 Copay
Root Canal Therapy — Molar		You pay a \$50 Copay
Osseous Surgery (per Quadrant)		You pay a \$75 Copay
Root Planing (per Quadrant)		You pay a \$25 Copay
Oral Surgery		
Routine Extraction (Single Tooth)		You pay a \$15 Copay
Surgical Extraction		You pay a \$75 Copay
Orthodontic Services		
Pre-Orthodontic Service (Fee credited toward the Comprehensive Orthodontic Service copayment if patient accepts treatment plan)		You pay a \$150 Copay
Comprehensive Orthodontic Service		You pay a \$1,500 Copay
Miscellaneous		
Local Anesthesia		Covered with the Office Visit Copay
Dental Lab Fees		Covered with the Office Visit Copay
Nitrous Oxide		You pay a \$20 Copay
Specialty Office Visit		You pay a \$30 Copay per visit
Out of Area Emergency Care Reimbursement		You pay charges in excess of \$250

*You pay billed charges if you choose a Noncontracting or Nonparticipating Provider. You will receive a ten dollar (\$10.00) Noncontracting Provider Reimbursement only.

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Policy apply to this program.

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



LifeMap Choice Vision Benefits

In partnership with VSP®.

For **Shoshone School District #312**

Using your LifeMap vision benefit is easy.

- **Plan Information**
VSP Choice Network
- **Your choice**
You can see any provider you choose, but you'll save even more with a VSP Choice Network participating provider. Visit vsp.com or call **1(800) 877-7195** to find a VSP doctor.
- **Schedule a visit** for your WellVision Exam®. And be sure to let them know you have VSP coverage to ensure you get the best deal.

There are no claims forms to fill out and no ID cards needed.

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.

Oodles of options

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. Please note: This policy is designed to cover visual needs, rather than cosmetic materials. If you select a non-covered service or supply, only the charges for covered services are included.

Benefit	Description	Copay
Your Vision Coverage with LifeMap		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$0
Prescription Glasses		
Frame	<ul style="list-style-type: none"> • \$150 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"> • \$150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months 	
Additional Coverage	<ul style="list-style-type: none"> • Low vision testing 	
Extra Savings and Discounts	Glasses and Sunglasses <ul style="list-style-type: none"> • 20% off from any VSP doctor within 12 months of your last WellVision Exam 	
	Retinal Screening <ul style="list-style-type: none"> • 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 	
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	Contacts.....up to \$105
Single Vision Lenses.....	up to \$30	Low Vision Test..... up to \$125
Lined Bifocal Lenses...	up to \$50	



Limitations & Exclusions

The following items are excluded under this plan:

- Two pairs of glasses instead of bifocals
- Replacement of lenses, frames or contacts
- Medical or surgical treatment
- Orthoptics, vision training or supplemental testing

Items not covered under the contact lens coverage:

- Insurance policies or service agreements
- Artistically painted or non-prescription lenses
- Additional office visits for contact lens pathology
- Contact lens modification, polishing or cleaning

For a complete list of benefit restrictions, please refer to your certificate.

How to find a VSP Provider

1. Go to VSP.com
2. Under the Members tab, click Find a VSP Doctor in the navigation menu
3. Click on Search as a Guest
4. Enter your city and state
5. Enter your street address and ZIP code to find a doctor closer to your home
6. Under Select Your Doctor network, choose your VSP Network from the drop-down menu
7. Click on Search

LifeMapCo.com
1 (800) 794-5390



Basic Life and AD&D Insurance

For Shoshone School District #312

How the Plan Works

Life is full of many twists and turns. LifeMap Basic Life and AD&D 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 32.5 hours per week, you will be covered with these benefits.
- **Who pays for the coverage?**
Life and AD&D Insurance premiums are paid for by your employer for the employee premium. Dependent Life premiums are paid for by the employee.
- **Dependent Eligibility Requirement** Dependents must be a Legal spouse and or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- **Guarantee Issue**
With no questions asked, you will be covered for up to \$20,000 in Basic Life and AD&D Insurance.

Benefits Summary

Plan Benefits

Employee Life Insurance	\$20,000
Employee AD&D Insurance	\$20,000
Dependent Life Insurance	Spouse \$2,500 Child(ren): \$2,500

Guarantee Issue Amount

Employee	\$20,000
Spouse	\$2,500
Dependent Child(ren)	\$2,500

Plan Features

Accelerated Benefit	A covered employee 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	Option of converting to an individual life policy, without proof of insurability, for up to amount of group coverage within 31 days of termination.
Portability	You may elect to port your Voluntary Life insurance to continue your coverage under the group policy. 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 continued without payment of premium if insured becomes totally and permanently disabled (proof of disability required).

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 and to 50% at age 70.

Accidental Death & Dismemberment

If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.

AD&D Benefits Included

- | | |
|---|------------------------------|
| • Adaptive Home/Vehicle and Rehab Benefit | • Coma |
| • Air Bag and Seat Belt | • Day Care |
| • Spouse and Child Education | • Exposure and Disappearance |
| | • Felonious Assault |

LifeMapCo.com
1 (800) 794-5390

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Additional Benefits

- **Beneficiary Assistance Program**
The BAP can help you and other household members cope with a serious illness or loss.
- **Travel Assistance**
When traveling 100 or more miles away from home, or outside of your home country, you can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world.
- **Repatriation**
If death occurs more than 100 miles from your primary residence, a benefit may be payable to prepare and ship your body to the place of burial or cremation.
- **Seat Belt**
If you die in an automobile accident and were wearing your seat belt, your beneficiary(ies) will collect an amount equal to the AD&D benefit to a maximum of \$10,000 in addition to the Basic Life and Basic AD&D benefits described above.

Limitations & Exclusions

- **AD&D** benefits are not payable for death or dismemberment caused by or as result of:
 - suicide or such attempts;
 - participation in a riot;
 - war or act of war;
 - military service for any country;
 - committing or attempting to commit an assault or felony;
 - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
 - heart attack or stroke;
 - bodily infirmity or disease from bacterial or viral infections not the result of an injury; or
 - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician.
 - travel, flight in or descent from any aircraft, including balloons and gliders, except as a fare-paying passenger on a regularly scheduled flight;
 - the insured Employee's intoxication

LifeMapCo.com
1 (800) 794-5390

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Long Term Disability Insurance

For **Shoshone School District #312**

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 on a regular basis, you will be covered with these benefits.
- Who pays for the coverage?**
 Long Term Disability Insurance premiums are paid for by your employer.
- 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 any occupation by which you are or become reasonably suited by education, training, or experience.
- 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.

LifeMapCo.com
1 (800) 794-5390

Benefits Summary

Plan Benefits

Monthly Benefits Begin	Benefits begin after 90 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	\$5,000 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 60, 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 per occurrence maximum period of payment for all disabilities due to alcoholism or drug abuse is 24 months.
Mental Illness	The per occurrence 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 monthly benefit.
Vocational Rehabilitation	We have Vocational Rehabilitation Services available to assist you in returning to work to the extent of your ability.
Child/Family Care Expense Benefit	If you are receiving monthly payments under the policy; and you are participating in a vocational rehabilitation plan, you will be eligible for an additional Child Care Expense Benefit. We will pay a Benefit of \$250 per Child not to exceed a maximum of \$1,000 per month, for 12 months.
Employee Assistance Program	You, your dependents and all household members have access to an Employee Assistance Program (EAP). The

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Plan Features (Continued)

EAP provides services to help people privately resolve problems that may interfere with work, family and life.

Limitations & Exclusions

Benefits are not payable for losses resulting from:

- 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 the 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.

LifeMapCo.com
1 (800) 794-5390

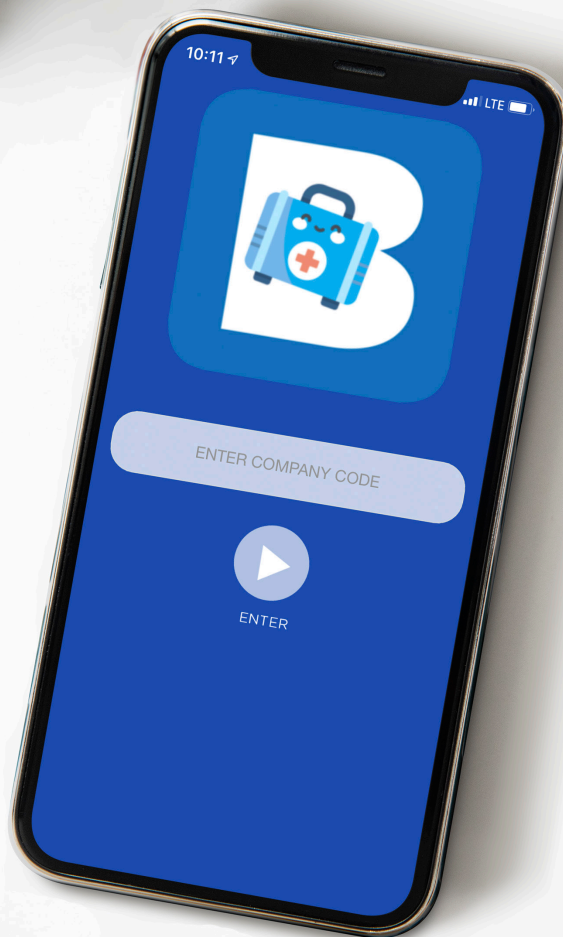
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ACCESS YOUR
BENEFITS
ANYTIME,
ANYWHERE
—WITH

**Benefit
Spot**

POWERED BY HUB INTERNATIONAL



BIG NEWS... **WE'VE GONE MOBILE!**

To help you access your benefits and HR information—even when you're away from work and need it most—we've launched Benefit Spot!

DOWNLOADING THE APP IS EASY! SIMPLY:



Search "Benefit Spot" on the Apple App Store or Google Play or scan this QR code.



Download the app to your smartphone or other mobile device.



Whenever you launch the app, **enter company code: shoshonesd** to access our plan information.

NOTE: The company code is case sensitive.



That's it—you're ready to go!

WITH BENEFIT SPOT, YOU'LL BE ABLE TO:

- Call HR directly
- Access your Benefits Guide and basic plan information
- Look up carrier contact information
- Estimate costs for common health care procedures using our cost comparison tools
- And more!



Key Bank HSA Enrollment

To enroll in Key Bank's HSA program please use these instructions to enroll online:

Once you click the link – follow the prompts. You will click **Apply Now**. There will be account options, click on **HSA Tab** and follow those steps.

[SHOSHONE SCHOOL DISTRICT - GET STARTED!](#)

When asked for Group Code – you must use **251806** in order to avoid fees.

If for any reason the link does not work you can go to Key.com

And click on:

- Personal
- Savings
- Savings Account Comparison
- (Scroll down to Health Savins Account (HSA)
- And Open now—follow prompts

And again – you must use the Group Code from above to avoid fees.

Thank you!
Shannon Harris

Employee Assistance Program (EAP)



LIFE HAPPENS Your EAP has resources when it does

Connect to Free and Confidential Resources

- **Counseling** visits with a qualified provider, *in person or via video*
- **Legal** advice or consultation
- **Financial** planning and advice
- Online tools for everything life throws at you

Improve Your Life

- Strengthen troubled relationships
- Increase job satisfaction
- Decrease stress
- Have better overall health

Achieve More

- Experience personal fulfillment
- Find success at work
- Strengthen your community

Life affects everyone. These services are there for you AND your eligible family members!

It's **free** - All of these resources are provided at no cost to you by your employer

AND it's **confidential** – nothing is reported to your employer that will identify you or your family

To Login at www.bpahealth.com/eap-home, enter:
Employer Name: Shoshone School District
Toll Free Number: 800-726-0003

Plan Design: up to **4** sessions per incident per plan year

How to Access: it's Easy and Private

Start at our mobile friendly website:

www.bpahealth.com/eap-home

- Search for local providers with which to schedule an appointment
- Login to see details of your plan and to access the online resources

Before attending a counseling appointment, or if you want to talk to a lawyer or financial advisor:

Call 800-726-0003

Our support center will set everything up for you

Things really tough?

Extra support is there 24/7 in a time of urgent need. Call **any time** if you or someone you know is in harm's way.

BPA Health

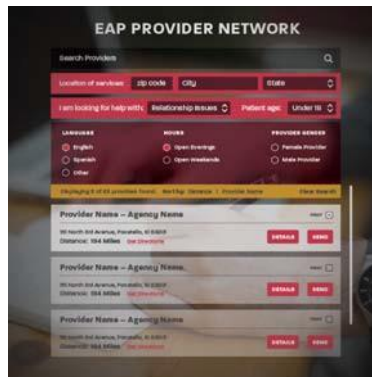
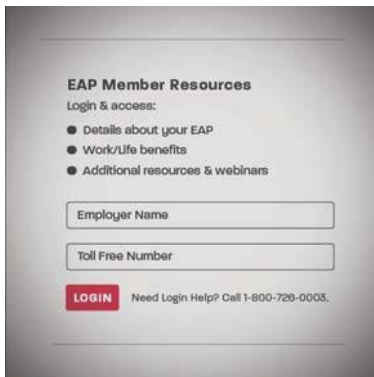
(800) 726-0003
8050 W. Rifleman Street #100
Boise, ID 83704 USA
bpahealth.com

BPAHealth.com

Easy to access & mobile friendly.

The BPA Health Website is available to you when and where you need it. On the site, you have access to useful information and resources:

- **Review your benefits**
- **Search providers nearyou**
- **Access your work-liferesources**



Login is fast.

Go to **BPAHealth.com** and enter the following information:

Login: **Shoshone School District**
Password: **8007260003**

Finding a provider is easy.

Using the smart search options, look for a provider by location, service that meets your need, gender, hours of operation and more.

Resources are convenient.

View or download work-life resources including webinars, forms, informational documents, and educational materials.

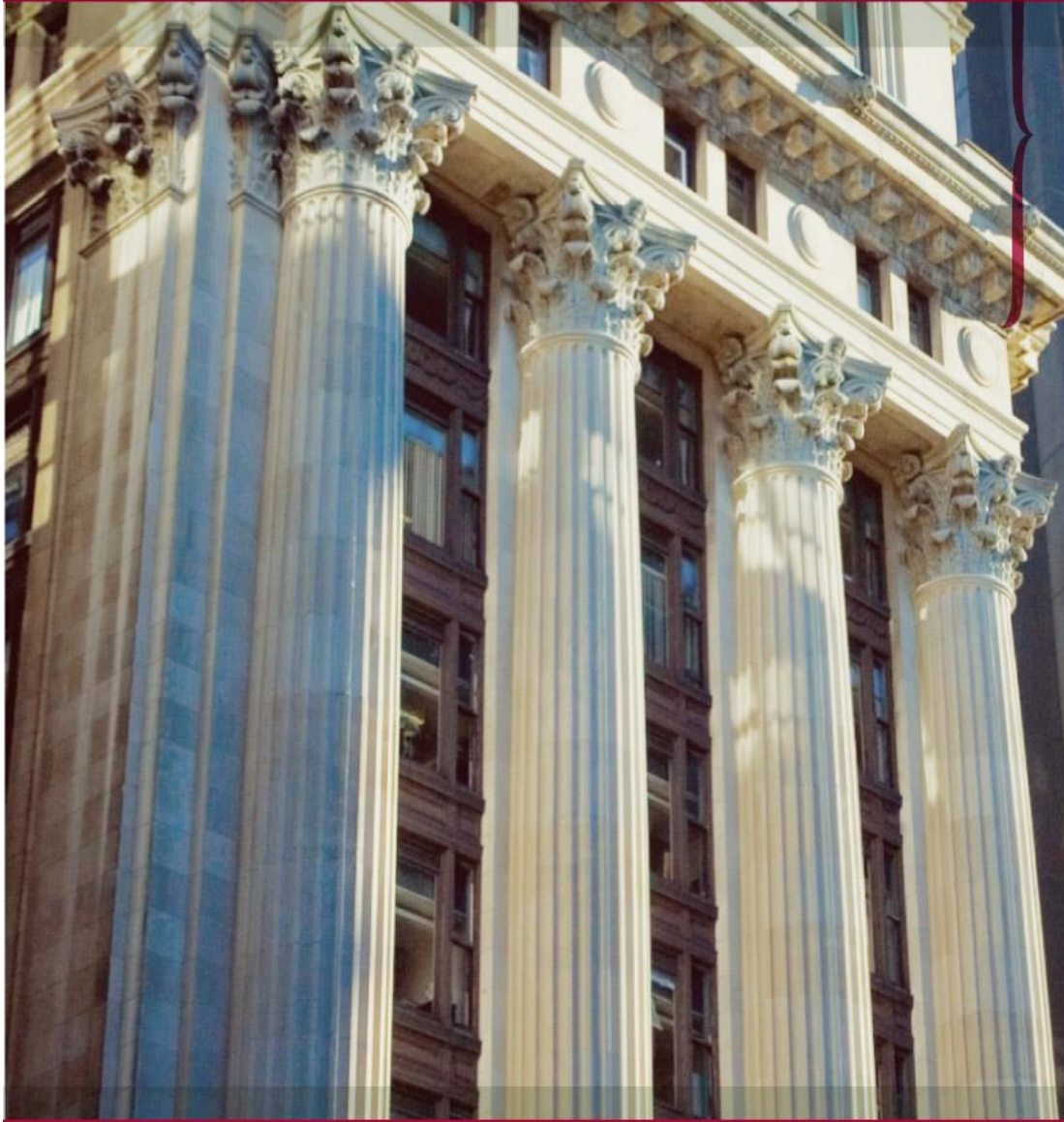
BPA Health is a Boise, Idaho company that connects people to make lives better, organizations more effective and communities stronger. BPA Health professionals help individuals successfully address work and personal problems that impact their job performance, health and overall wellbeing.

Connect. Improve. Achieve.



Employee Assistance Program

LEGAL AND FINANCIAL



LEGAL ASSIST

Free half-hour consultation with an attorney on most legal issues. In most cases, discounted rates are available if further legal representation is required.

FINANCIAL ASSIST

Free telephonic consultation with a financial professional on common topics such as

- Avoiding, responding to, and correcting identity theft
- Budgeting
- Buying a home
- Managing credit
- Saving for special purchases or life events (car, holidays, college, wedding)

LEGAL/FINANCIAL CENTER

Easy access to vital legal and financial information, downloadable and customizable legal forms, and online resources to free credit monitoring and personal finance management tools.

When a legal issue, financial matter, or an instance of identity fraud disrupts your life, it can create substantial stress for you and your family. To help minimize the impact, your employee support program will assist you with managing the many complexities of these events. Through professional consultation, these programs can save you time, while providing valuable information and peace of mind.

TOLL-FREE: 800-726-0003

WEBSITE: www.bpahealth.com/eap-home

USERNAME: Shoshone School District

PASSWORD: 8007260003



Employee Assistance Program (EAP)

Secure Video Counseling



Video Counseling – a new way to use your EAP Sessions!

What is it?

As of January 1, 2019, BPA Health will be offering you the option to see your EAP counseling professional either in person, or via secure video.

Why Use Secure Video?

- **Ease** – use on your smartphone or laptop with a camera
- **Convenience** – keep appointments while traveling, or fit them in during the day, without having to travel to an office; or use both in-person and video as needed based on your schedule
- **Access** – to providers in your home State regardless of where you live

Are there tips for successfully using video sessions?

Make sure to find a quiet space that is private; wear headphones or earbuds; reduce distractions; and close out other programs or apps.

How to access secure video counseling – Easy as 1, 2, 3!

#1 – Video Counseling:
As of January 1, 2019

Please note that our website will be updated as of this date to reflect video counseling as an option.

#2 - Visit and Choose:
bpahealth.com/eap-home

Search for video counselors

#3 - Call BPA Health:
Call 1-800-726-0003 to
request an authorization
prior to seeing a Provider

Note:

All approved Providers use HIPAA compliant systems to protect your privacy

Questions?

Log in to the website, or call us, as listed above.

“...the video counseling modality is just as powerful as in-person counseling...”

Edward R Jones, Ph.D.

BPA Health

380 Parkcenter Blvd., #300
Boise, ID 83706 USA

Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.



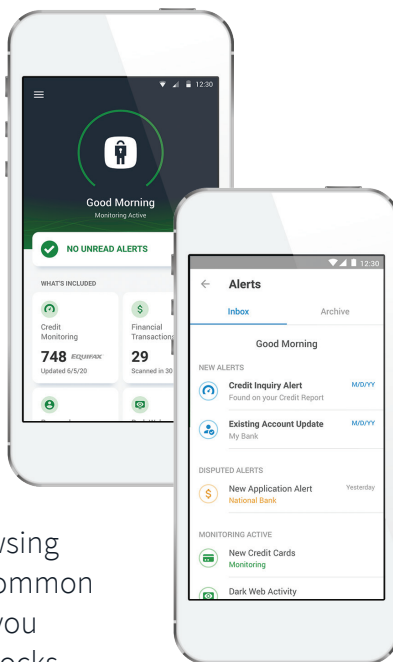
Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes.
Features may differ depending on plan.



Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]



Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

ENROLL TODAY

Take advantage of the special benefit plans and pricing by signing up through your benefit program and providing your **name, Social Security Number, date of birth, address, phone number and email address** for yourself and any dependents you wish to enroll.

<https://members.excelsiorenroll.com/shoshonesd>

HAVE AN EXISTING LIFELOCK MEMBERSHIP?



Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

No one can prevent all identity theft or cybercrime.

[†] We do not monitor all transactions at all businesses.

¹ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.

PRICING:

-  Employee Only (18+ Years Old)
-  Employee + Family^A

BENEFIT ESSENTIAL

BENEFIT PREMIER

LIFELOCK IDENTITY THEFT PROTECTION	Identity Lock ^{1,5}	●	●
	Home Title Monitoring ⁶		●
	Social Media Monitoring ⁷	●	●
	Credit, Bank & Utility Account Freezes ^{**}	●	●
	LifeLock Identity Alert™ System [†]	●	●
	<ul style="list-style-type: none"> Identity Verification Monitoring^{† **} 	●	●
	<ul style="list-style-type: none"> Telecom & Cable Applications for New Service 	●	●
	<ul style="list-style-type: none"> Payday - Online Lending Alerts[†] 	●	●
	<ul style="list-style-type: none"> Credit Alerts & Social Security Alerts[†] 	●	●
	Mobile app (Android™ & iOS) ^{**} Downloading the app does not provide protection until enrollment has been completed.	●	●
	Dark Web Monitoring ^{**}	●	●
	<ul style="list-style-type: none"> Dark Web Monitoring – Gamer Tags^{**} 	●	●
	<ul style="list-style-type: none"> Dark Web Monitoring – Password Combo List 	●	●
	Court Records Scanning		●
	USPS Address Change Verification	●	●
	Stolen Wallet Protection	●	●
	Reduced Pre-Approved Credit Card Offers	●	●
	Fictitious Identity Monitoring	●	●
	Phone Takeover Monitoring	●	●
	Data Breach Notifications	●	●
	Bank & Credit Card Activity Alerts ^{†**}	●	●
	<ul style="list-style-type: none"> Unusual Charge Alerts[†] 	●	●
	<ul style="list-style-type: none"> Recurring Charge Alert[†] 	●	●
	Checking & Savings Account Application Alerts ^{† **}		●
	Bank Account Takeover Alerts ^{†**}		●
	401k & Investment Account Activity Alerts ^{†**}	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
	Prior Identity Theft Remediation ⁸ This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.	●	●
	U.S.-based Identity Restoration Specialists	●	●
	24/7 Live Member Support	●	●
NORTON DEVICE SECURITY	Million Dollar Protection™ Package ^{†**}		
	<ul style="list-style-type: none"> Stolen Funds Reimbursement 	Up to \$1 Million each	Up to \$1 Million each
	<ul style="list-style-type: none"> Personal Expense Compensation 		
	<ul style="list-style-type: none"> Coverage for Lawyers and Experts 		
	Credit Application Alerts ^{2 **}	One-Bureau ¹	One-Bureau ¹
	Credit Monitoring ^{1 **}	One-Bureau ¹	Three-Bureau ¹
	Credit Reports & Credit Scores ^{1 **} The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.	One-Bureau ¹ Monthly	On Demand – One Bureau Daily/ Three-Bureau ¹ Annual
	Monthly Credit Score Tracking ^{1 **} The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		One-Bureau ¹
	Secures PCs, Mac & mobile devices ^{**}	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	Online Threat Protection ^{**}	●	●
ONLINE PRIVACY	Password Manager ^{**}	●	●
	Parental Control ^{4 **}	●	●
	Smart Firewall ^{**}	●	●
	Cloud Backup ^{3 **}	10 GB	50 GB
	Secure VPN ^{**}	●	●
	Privacy Monitor	●	●
	SafeCam ^{3 **}	●	●

No one can prevent all identity theft or all cybercrime.

¹ If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit reports, and credit monitoring, you may require additional action from you and may not be available until completion.

² If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

³ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor(s).

⁴ Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android -- via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

⁵ Locking or unlocking your credit file does not affect your credit score and does not stop all companies and agencies from pulling your credit file. The credit lock on your Transunion Credit File will be unlocked if your subscription is downgraded or canceled.

⁶ Home Title Monitoring feature includes your home, second home, rental home, or other properties where you have an ownership interest.

⁷ The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

^{**} Reimbursement and Expense Compensation, each with limits of up to \$1 million for Norton LifeLock Benefit Essential, Norton LifeLock Benefit Premier, Benefit Elite, and Ultimate Plus, up to \$100,000 for Advantage and Ultimate, and up to \$25,000 for Standard, Command Center, Basic, and Benefit Junior and up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: NortonLifeLock.com/legal.

[†] Does not include monitoring of chats or direct messages.

^{**} These features are not enabled upon enrollment. Member must take action to activate this protection.

^{††} Subject to eligibility requirements defined in [Terms & Conditions](#). Norton reserves the right to change and/or cease services at any time.

Not all products, services and features are available on all devices or operating systems. System requirement information on [Norton.com](#).

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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.

