

A decorative graphic on the left side of the page, consisting of a grid of overlapping circles in various colors (green, yellow, purple, black, white). Some circles contain icons: a heart with a pulse line, a lotus flower, and a target symbol.

## 2024-25 Benefits Guide

September 1, 2024 - August 31, 2025

### 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 (except for company-paid benefits).
- **Open Enrollment:** Open Enrollment is August 1, 2024 - August 31, 2024. All paperwork is due to Shannon by September 1, 2024. Changes made during Open Enrollment are effective October 1, 2024.

### 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 or child
- 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 Human Resources within 31 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.

# 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 <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$1,000 / \$2,000
<b>Out-of-Pocket Maximum</b> (per calendar year)				
Individual / Family	\$5,500 / \$11,000	\$5,500 / \$11,000	\$2,500 / \$5,000	\$4,000 / \$8,000
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible)				
Employee only	\$200 monthly		N/A	
<b>Covered Services</b>				
Office Visits (physician/specialist)	20%*	40%*	\$20 / \$40 copay	40%*
Routine Preventive Care	No charge	40%*	No charge	40%*
Outpatient Diagnostics (lab, X-ray, complex imaging)	20%*	40%*	No charge up to \$100 then 20%*	40%*
Chiropractic	20%*	40%*	20%* <sup>2</sup>	40%* <sup>2</sup>
Ambulance	20%*	40%*	20%*	40%*
Emergency Room	\$100 copay, 20%*	\$100 copay, 50%*	\$100 copay, 20%*	\$100 copay, 40%*
Urgent Care Facility	20%*	40%*	\$40 copay	40%*
Inpatient Hospital Stay	20%*	40%*	20%*	40%*
Outpatient Surgery	20%*	40%*	20%*	40%*
Supplemental Accident	No Benefit		\$300 Upfront Benefit Per Participant Per Benefit Period	
<b>Prescription Drugs</b>			(Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / Tier 6)	
Rx Out-of-Pocket Maximum (Individual / Family)	Combined with Medical		\$1,000 / \$2,000	
Retail Pharmacy (30-day supply)	20%*	40%*	\$10 / \$20; \$30 / \$50; 20% / 30%	\$10 / \$20; \$30 / \$50; 20% / 30% <sup>1</sup>
Mail Order (90-day supply)	20%*	40%*	\$20 / \$40; \$60 / \$100; 40% / 60%	\$20 / \$40; \$60 / \$100; 40% / 60% <sup>1</sup>

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](mailto:shannon.harris@shoshonesd.org) or see page 12 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 <sup>1</sup>	Willamette
<b>Deductible</b> (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	None
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major Services combined)			
Per Individual	\$1,750	\$1,750	None
<b>Covered Services</b>			
<b>Preventive Services</b>	No charge	20%	\$15 copay
<b>Basic Services</b>	20%	30%	See Benefit Plan
<b>Major Services</b>	50%	60%	See Benefit Plan
<b>Orthodontia</b>	\$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 MetLife.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$0	Up to \$45
<b>Materials Copay</b>	\$25	Up to \$100
<b>Lenses</b> (once every 12 months)	\$25	Single Vision \$40
		Lined Bifocal Up to \$50
		Lined Trifocal Up to \$65
<b>Frames</b> (once every 12 months)	\$150	Up to \$70
<b>Contact Lenses</b> (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 2024, you may contribute up to \$3,200 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](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2024, 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](http://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 \$640 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 \$640 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, 2025, and must file claims by April 1, 2025.

# 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 MetLife.

Benefit Amount	
<b>Employee</b>	\$20,000 Employer Paid
<b>Spouse</b>	\$20,000 Employee Paid
<b>Child(ren)</b>	\$5,000 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 MetLife.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$5,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	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

# 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	<a href="http://www.bcidaho.com">www.bcidaho.com</a>
Health Savings Account (HSA)	Key Bank	(208) 733-3121	<a href="http://www.key.com/hsa">www.key.com/hsa</a>
Dental	Blue Cross of Idaho PPO Dental / Dental Blue Connect (Willamette)	(800) 627-1187	<a href="http://www.bcidaho.com">www.bcidaho.com</a>
Vision	MetLife	(800) 438-6388	<a href="http://www.metlife.com">www.metlife.com</a>
Flexible Spending Accounts (FSAs)	American Fidelity	(800) 662-1113	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Life/AD&D and Disability	MetLife	(866) 492-6983	<a href="http://www.metlife.com">www.metlife.com</a>
Life/AD&D Conversion/Portability	MetLife	(866) 492-6983	<a href="http://www.metlife.com">www.metlife.com</a>
Employee Assistance Program (EAP)	BPA Health	(800) 726-0003	<a href="http://www.bpahealth.com">www.bpahealth.com</a>
Voluntary Ancillary Benefits	American Fidelity	(800) 662-1113	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>
Identity Theft Protection	LifeLock	(866) 917-2555	<a href="https://members.excelsiorenroll.com/shoshonesd">https://members.excelsiorenroll.com/shoshonesd</a>

## Questions?

If you have additional questions, you may also contact:

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

Rhonda Bartholomew  
 (208) 737-6413  
[rhonda.bartholomew@hubinternational.com](mailto:rhonda.bartholomew@hubinternational.com)

Melonie Greening  
 (208) 737-6496  
[melonie.greening@hubinternational.com](mailto:melonie.greening@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

2024-2025

September 1, 2024- August 31, 2025



**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 PPO \$1,000			Blue Cross of Idaho HSA \$4,000		
	Rate	Employer Paid	Employee Paid	Rate	Employer Paid	Employee Paid
<b>Employee Only</b>	<b>\$639.00</b>	<b>\$639.00</b>	<b>\$0</b>	<b>\$500.25</b>	<b>\$500.25</b>	<b>\$0</b>
<b>Employee + Spouse</b>	<b>\$1386.10</b>	<b>\$1386.10</b>	<b>\$0</b>	<b>\$1083.45</b>	<b>\$1083.45</b>	<b>\$0</b>
<b>Employee + Child</b>	<b>\$975.20</b>	<b>\$975.20</b>	<b>\$0</b>	<b>\$762.65</b>	<b>\$762.65</b>	<b>\$0</b>
<b>Employee + Children</b>	<b>\$1130.90</b>	<b>\$1130.90</b>	<b>\$0</b>	<b>\$884.20</b>	<b>\$884.20</b>	<b>\$0</b>
<b>Family</b>	<b>\$1604.10</b>	<b>\$1604.10</b>	<b>\$0</b>	<b>\$1253.70</b>	<b>\$1253.70</b>	<b>\$0</b>

## 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
<b>Employee Only</b>	<b>\$35.10</b>	<b>\$35.10</b>	<b>\$0</b>	<b>\$57.60</b>	<b>\$35.10</b>	<b>\$22.50</b>
<b>Employee + Spouse</b>	<b>\$66.90</b>	<b>\$66.90</b>	<b>\$0</b>	<b>\$135.20</b>	<b>\$66.90</b>	<b>\$68.30</b>
<b>Employee + Child</b>	<b>\$68.30</b>	<b>\$68.30</b>	<b>\$0</b>	<b>\$125.08</b>	<b>\$68.30</b>	<b>\$56.78</b>
<b>Employee + Children</b>	<b>\$129.15</b>	<b>\$129.15</b>	<b>\$0</b>	<b>\$152.15</b>	<b>\$129.15</b>	<b>\$23.00</b>
<b>Family</b>	<b>\$144.85</b>	<b>\$144.85</b>	<b>\$0</b>	<b>\$236.61</b>	<b>\$144.85</b>	<b>\$91.76</b>

## VISION COVERAGE

Coverage Tier	Monthly Vision Rates		
	MetLife Vision (VSP)		
	Rate	Employer Paid	Employee Paid
<b>Employee Only</b>	<b>\$7.83</b>	<b>\$7.83</b>	<b>\$0</b>
<b>Employee + Spouse</b>	<b>\$15.69</b>	<b>\$15.69</b>	<b>\$0</b>
<b>Employee + Child</b>	<b>\$16.78</b>	<b>\$16.78</b>	<b>\$0</b>
<b>Employee + Children</b>	<b>\$16.78</b>	<b>\$16.78</b>	<b>\$0</b>
<b>Family</b>	<b>\$26.81</b>	<b>\$26.81</b>	<b>\$0</b>





**HUB International Mountain States Limited**

Insurance | Employee Benefits | Wellness

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**ISBT PPO**

**BENEFITS OUTLINE**

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

**Shoshone School District 312: Effective Date: September 01, 2024**

Deductibles (per Benefit Period)	In-Network	Out-of-Network
	The Participant is responsible to pay these amounts:	
<b>Individual</b>	<b>\$1,000</b>	
<b>Family</b> <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i>	<b>\$2,000</b>	
<b>Out-of-Pocket Limits (per Benefit Period)</b> <i>(See Plan for services that do not apply to the limit) (Includes applicable Deductible, Cost Sharing and Copayments)</i>		
<b>Individual</b>	<b>\$2,500</b>	<b>\$4,000</b>
<b>Family</b> <i>(No Participant may contribute more than the Individual Out-of-Pocket Limit amount toward the Family Out-of-Pocket Limit)</i>	<b>\$5,000</b>	<b>\$8,000</b>
<b>Cost Sharing</b> <i>Unless specified otherwise below, the Participant pays the following Cost Sharing amount</i>	20% of Maximum Allowance after Deductible	40% of Maximum Allowance after Deductible
<b>Frequently used Covered Services - Some services may require Prior Authorization.</b>		
<b>Physician Office Visits</b> <ul style="list-style-type: none"> <li><b>ChoiceDocs In-Network Providers</b> <i>Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.</i></li> </ul> <hr/> <ul style="list-style-type: none"> <li><b>All Other In-Network Providers</b> <i>Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.</i></li> </ul>	\$0 Copayment per visit for ChoiceDocs Primary Care Provider. \$20 Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care Provider)  \$20 Copayment per visit for In-Network Primary Care Provider. \$40 Copayment per visit for In-Network Specialist Provider (non-Primary Care Provider)	Deductible and Cost Sharing
<b>Pediatric Physician Office Visits</b> <i>(For Participants under the age of eighteen (18). Includes Urgent Care visits. Includes mononucleosis testing, strep A and B testing, development screening(s), ear wax removal, removal of foreign body from ear, urine pregnancy tests, influenza A or B test, rapid RSV test, and pulse oximetry. All other additional services not listed above, such as laboratory, x-ray, and other Diagnostic Services are not included in the Pediatric Physician Office Visit Copayment.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing

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



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**Frequently used Covered Services - Some services may require Prior Authorization.**

<p><b>Preventive Care Covered Services</b>  <b>For specifically listed Covered Services</b>  <i>Annual adult physical examinations; routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings; Dental fluoride application for Participants age 5 and under; Bone Density; Chemistry Panels; Cholesterol Screening; Colorectal Cancer Screening; Complete Blood Count (CBC); Diabetes Screening; Pap Test; PSA Test; Rubella Screening; Screening EKG; Screening Mammogram; Thyroid Stimulating Hormone (TSH); Transmittable Diseases Screening (Chlamydia, Gonorrhea, Human Immunodeficiency Virus (HIV), Human papillomavirus (HPV); Syphilis, Tuberculosis (TB)); Hepatitis B Virus Screening; Sexually Transmitted Infections assessment; HIV assessment; Screening and assessment for interpersonal and domestic violence; Urinalysis (UA); Abdominal Aortic Aneurysm Screening and Ultrasound; Unhealthy Alcohol and Drug Use Assessment; Breast Cancer (BRCA Risk Assessment and Genetic Counseling and Testing for High Risk Family History of Breast or Ovarian Cancer; Newborn Metabolic Screening (PKU, Thyroxine, Sickle Cell); Health Risk Assessment for Depression; Newborn Hearing Test; Lipid Disorder Screening; Nicotine, Smoking and Tobacco-use Cessation Counseling Visit; Dietary Counseling and Physical Activity Behavioral Counseling; Behavioral Counseling for Participants who are overweight or obese; Preventive Lead Screening; Lung Cancer Screening for Participants age 50 and over, Hepatitis C Virus Infection Screening; Urinary Incontinence Screening. Urine Culture for Pregnant Women; Iron Deficiency Screening for Pregnant Women; Rh (D) Incompatibility Screening for Pregnant Women; Diabetes Screening for Pregnant Women; Perinatal Depression Counseling and Intervention; Behavioral Counseling for Healthy Weight and Weight Gain in Pregnancy.</i></p> <p><i>The specifically listed Preventive Care Services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.</i></p>	<p>No Charge (Deductible does not apply)</p>	<p>Deductible and Cost Sharing</p>
<p><b>For services not specifically listed</b></p>	<p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p>

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<p><b>Immunizations</b> <i>Acellular Pertussis, Diphtheria, Haemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox), Hepatitis A, Meningococcal, Human papillomavirus (HPV) and Zoster.</i></p> <p><i>All Immunizations are limited to the extent <b>recommended</b> by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.</i></p> <p>Other immunizations not specifically listed may be covered at the discretion of BCI when Medically Necessary.</p>	<p>No Charge (Deductible does not apply)</p>           <p>Deductible and Cost Sharing</p>	<p>No Charge (Deductible does not apply)</p>           <p>Deductible and Cost Sharing</p>
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<b>TELEHEALTH SERVICES</b>	
<p><b>Telehealth Virtual Care Services</b></p>	<p>Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services. Please see the appropriate section of the Benefits Outline for those terms.</p>

<b>COVERED SERVICES</b> <i>Some services may require Prior Authorization.</i>	<b>In-Network</b>	<b>Out-of-Network</b>
	<i><b>The Participant is responsible to pay these amounts:</b></i>	
<b>Allergy Injections</b>	\$5 Copayment per visit if this is the only service provided during the visit	Deductible and Cost Sharing
<p><b>Ambulance Transportation Service</b></p> <ul style="list-style-type: none"> <li>● <b>Ground Ambulance Services</b></li> <li>● <b>Air Ambulance Services</b> <i>Payment for Out-of-Network Air Ambulance Services is based on the Qualifying Payment Amount. Out-of-Network Air Ambulance Services accumulate towards the In-Network Out-of-Pocket Limit.</i></li> </ul>	<p>Deductible and Cost Sharing</p> <p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p> <p>In-Network Deductible and In-Network Cost Sharing</p>
<p><b>Breastfeeding Support and Supply Services</b> <i>(Includes rental and/or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Participant.)</i></p>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<p><b>Chiropractic Care Services</b> <i>Up to a combined In-Network and Out of-Network total of 18 visits per Participant, per Benefit Period.</i></p>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Dental Services Related to Accidental Injury</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Diabetes Self-Management Education Services</b>	Primary Care Provider Copayment per visit	Deductible and Cost Sharing
<p><b>Diagnostic Services (Outpatient services only)</b> <i>(Including diagnostic mammograms)</i></p>	<p>No charge up to \$100 per Participant per Benefit Period (No Deductible required)</p> <p>Covered Services over the annual limit above Deductible and Cost Sharing</p>	Deductible and Cost Sharing
<b>Durable Medical Equipment / Prosthetic Appliances / Orthotics Devices</b>	Deductible and Cost Sharing	Deductible and Cost Sharing

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COVERED SERVICES <i>Some services may require Prior Authorization.</i>	In-Network	Out-of-Network
	<i>The Participant is responsible to pay these amounts:</i>	
<b>Emergency Services – Facility Services</b> <i>(Copayment waived if admitted)</i> <i>(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i>	\$100 Copayment per hospital Outpatient emergency room visit, then In-Network Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
<b>Emergency Services – Professional Services</b> <i>Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.</i>	In-Network Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
<b>Home Health Skilled Nursing Care Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Home Intravenous Therapy</b>	Deductible and Cost Sharing	Deductible and 80% Cost Sharing
<b>Hospice Services</b>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Hospital Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Inpatient Rehabilitation or Habilitation Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Maternity Services and/or Involuntary Complications of Pregnancy</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Mental Health and Substance Use Disorder Inpatient Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<ul style="list-style-type: none"> <li><b>Inpatient Facility and Professional Services</b></li> </ul>		
<b>Mental Health and Substance Use Disorder Outpatient Services</b> <ul style="list-style-type: none"> <li><b>Outpatient Psychotherapy Services</b></li> <li><b>Pediatric Outpatient Psychotherapy Services</b> <i>(For Participants under the age of eighteen (18).)</i></li> <li><b>Facility and other Professional Services</b></li> </ul>	Primary Care Provider Copayment per visit  No Charge (Deductible does not apply)  Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Outpatient Applied Behavioral Analysis (ABA)</b>	Primary Care Provider Copayment per visit	Deductible and Cost Sharing
<b>Pediatric Outpatient Applied Behavioral Analysis (ABA)</b> <i>(For Participants under the age of eighteen (18).)</i>	No Charge (Deductible does not apply)	
<b>Morbid Obesity</b> <i>(Up to a combined In-Network and Out of-Network Lifetime Benefit Limit of \$5,000, per Participant)</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Treatment for Autism Spectrum Disorder</b>	Covered the same as any other illness, depending on the services rendered. Please see the appropriate section of the Benefits Outline. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses.	
<b>Outpatient Cardiac Rehabilitation Services</b> <i>(Up to a combined In-Network and Out of-Network total of 36 visits per Participant, per Benefit Period)</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Outpatient Habilitation Therapy Services</b> <ul style="list-style-type: none"> <li>Outpatient Occupational Therapy</li> <li>Outpatient Physical Therapy</li> <li>Outpatient Speech Therapy</li> </ul> <i>(Up to a combined In-Network and Out of-Network total of 20 visits per Participant, per Benefit Period)</i>	Deductible and Cost Sharing	Deductible and Cost Sharing

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



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

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

<b>Benefit Highlight Sheet for: Shoshone School District 312</b>		<b>Effective Date: September 01, 2024</b>
<b>PRESCRIPTION DRUG BENEFITS</b>		
<ul style="list-style-type: none"> <li>The Formulary will be made available to any Insured on request by contacting our Blue Cross of Idaho Customer Service Department at (208) 331-7347 or (800) 627-1188.</li> <li>Each non-Specialty Prescription Drug shall not exceed a 90 day supply at one (1) time.</li> <li>Each Specialty Prescription Drug shall not exceed a 30 day supply at one (1) time.</li> <li>One Copayment for each 30 day supply</li> </ul>		
<b>RETAIL OR BCI MAIL ORDER PHARMACIES SPECIALTY PRESCRIPTION DRUGS</b>		
<p><i>The Plan may increase the Cost Sharing listed below to take full advantage of any available drug cost share assistance program offered by drug manufacturers (either directly or indirectly through third parties). This feature, known as the Cost Relief Program, can lower overall costs to the Plan for certain Specialty Prescription Drugs. If a Participant enrolls in the Cost Relief Program, they will not be responsible for the additional Cost Sharing. If a Participant does not enroll, their Cost Sharing may increase, and may not count towards, their Deductible or Out-of-Pocket Limit.</i></p>		
<b>OUT-OF-POCKET LIMIT (PER BENEFIT PERIOD)</b>		
<p><b>Individual: \$1,000</b> in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred.</p> <p><b>Family: \$2,000</b> in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred. <i>(No Participant may contribute more than the Individual Prescription Drug Out-of-Pocket Limit amount toward the Family Prescription Drug Out-of-Pocket Limit.)</i></p> <p><i>When the Prescription Drug Out-of-Pocket Limit is met, the Prescription Drug Benefits payable will increase to 100% of the Allowed Charge or the Usual Charge for the remainder of the Benefit Period.</i></p>		
<b>Tier 1 –Preferred Generic Drugs</b>	\$10 Copayment per prescription. No Deductible required.	
<b>Tier 2 –Non-Preferred Generic Drugs</b>	\$20 Copayment per prescription. No Deductible required.	
<b>Tier 3 –Preferred Brand Name Drugs</b>	\$30 Copayment per prescription. No Deductible required.	
<b>Tier 4 - Non-Preferred Brand Name Drugs</b>	\$50 Copayment per prescription. No Deductible required.	
<b>Tier 5 - Preferred Specialty Drugs and Generic Specialty Drugs*</b>	20% Cost Sharing per prescription. No Deductible required.	
<b>Tier 6 - Non-Preferred Specialty Drugs*</b>	30% Cost Sharing per prescription. No Deductible required.	
<p><b>*Specialty Prescription Drug Cost Relief Program</b> Please note that certain Specialty Prescription Drugs are only available from an In-Network Specialty Pharmacy, and a Participant will not be able to get them at a Retail Pharmacy. For more information about applicable Cost-sharing amounts available to Specialty Drugs that are eligible for the Cost Relief Program, please see the “Drug Cost Relief Program” section in the Prescription Drug Benefits Section.</p>		
<b>ACA Preventive Prescription Drugs</b>	No Charge	
<b>Prescribed Contraceptives</b>	No Charge	
<p><b>Note:</b> Certain Prescription Drugs have generic equivalents. If the Participant requests a Brand Name Drug, the Participant is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.</p>		

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

**ISBT HDHP PPO**

**BENEFITS OUTLINE**

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

**Shoshone School District 312: Effective Date: September 01, 2024**

Deductibles (per Benefit Period)	In-Network	Out-of-Network
	The Participant is responsible to pay these amounts:	
<p><i>This Plan has a calendar year Deductible</i> <i>With the exception of certain Preventive Care services, no payment is due from BCI under this Plan until the Deductible is met.</i></p> <p><b>Individual</b></p> <p><b>Family</b> <i>(No Participant may contribute more than the Individual Deductible toward the Family Deductible)</i></p>	<p><b>\$4,000</b></p> <p><b>\$8,000</b></p>	
<p><b>Out of Pocket Limits (per Benefit Period)</b> <i>This Plan has a calendar year Out-of-Pocket Limit. Includes applicable Deductible, Copayments and Cost Sharing. (See Plan for services that do not apply to the limit.)</i></p> <p><b>Individual</b></p> <p><b>Family</b> <i>(No Participant may contribute more than the Individual Out-of-Pocket amount toward the Family Out-of-Pocket Limit)</i></p>	<p><b>\$5,500</b></p> <p><b>\$11,000</b></p>	
<p><b>Cost Sharing</b> <i>Unless specified otherwise below, the Participant pays the following Cost Sharing amount</i></p>	20% of Maximum Allowance after Deductible	40% of Maximum Allowance after Deductible
<b>Frequently used Covered Services - Some services may require Prior Authorization.</b>		
<b>Physician Office Visits</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<p><b>Pediatric Physician Office Visits</b> <i>(For Participants under the age of eighteen (18). Includes Urgent Care visits. The following additional services are included in the Pediatric Physician Office Visit: mononucleosis testing, strep A and B testing, development screening(s), ear wax removal, removal of foreign body from ear, urine pregnancy tests, influenza A or B test, rapid RSV test, and pulse oximetry.</i></p> <p><i>All other additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Pediatric Physician Office Visit Copayment.)</i></p>	No Charge after Deductible, per visit. No Copayment required	Deductible and Cost Sharing
<p><b>Preventive Care Covered Services</b> <i>(Annual adult physical examinations; routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings; Dental fluoride application for Participants age 5 and under; Bone Density; Chemistry Panels; Cholesterol Screening; Colorectal Cancer Screening; Complete Blood Count (CBC); Diabetes Screening; Pap Test; PSA Test; Rubella Screening; Screening EKG; Screening Mammogram; Thyroid Stimulating Hormone (TSH); Transmittable Diseases Screening (Chlamydia, Gonorrhea, Human Immunodeficiency Virus (HIV), Human papillomavirus (HPV); Syphilis, Tuberculosis (TB)); Hepatitis B Virus</i></p>	No Charge (Deductible does not apply)	Deductible and Cost Sharing

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

<p><i>Screening; Sexually Transmitted Infections assessment; HIV assessment; Screening and assessment for interpersonal and domestic violence; Urinalysis (UA); Abdominal Aortic Aneurysm Screening and Ultrasound; Unhealthy Alcohol and Drug Use Assessment; Breast Cancer (BRCA Risk Assessment and Genetic Counseling and testing for High Risk Family History of Breast or Ovarian Cancer; Newborn Metabolic Screening (PKU, Thyroxine, Sickle Cell); Health Risk Assessment for Depression; Newborn Hearing Test; Lipid Disorder Screening; Nicotine, Smoking and Tobacco-use Cessation Counseling Visit; Dietary Counseling and Physical Activity Behavioral Counseling; Behavioral Counseling for Participants who are overweight or obese; Preventive Lead Screening; Lung Cancer Screening for Participants age 50 and over, Hepatitis C Virus Infection Screening; Urinary Incontinence Screening. Urine Culture for Pregnant Women; Iron Deficiency Screening for Pregnant Women; Rh (D) Incompatibility Screening for Pregnant Women; Diabetes Screening for Pregnant Women; Perinatal Depression Counseling and Intervention; Behavioral Counseling for Healthy Weight and Weight Gain in Pregnancy.</i></p> <p><i>The specifically listed Preventive Care Services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.</i></p>		
<p><b>For services not specifically listed</b></p>	<p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p>
<p><b>Immunizations</b> Acellular Pertussis, Diphtheria, Haemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox), <i>Hepatitis A, Meningococcal, Human papillomavirus (HPV) and Zoster.</i></p> <p><i>All Immunizations are limited to the extent <b>recommended</b> by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.</i></p>	<p>No Charge (Deductible does not apply)</p>	<p>No Charge (Deductible does not apply)</p>
<p>Other immunizations not specifically listed may be covered at the discretion of BCI when Medically Necessary.</p>	<p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p>

<p><b>TELEHEALTH SERVICES</b></p>	
<p><b>Telehealth Virtual Care Services</b></p>	<p>Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services. Please see the appropriate section of the Benefits Outline for those terms.</p>

**PRESCRIPTION DRUG BENEFITS**

- The Formulary will be made available to any Participant on request by contacting our Blue Cross of Idaho Customer Service Department at (208) 331-7347 or (800) 627-1188.
- Each non-Specialty Prescription Drug shall not exceed a 90 day supply at one (1) time.
- Each Specialty Prescription Drug shall not exceed a 30 day supply at one (1) time.
- Prescription Drug Services apply to the In-Network Out-of-Pocket Limits.

**RETAIL OR BCI MAIL ORDER PHARMACIES**

<b>Tier 1 - Preferred Generic Drugs</b> <b>Tier 2 - Non-Preferred Generic Drugs</b> <b>Tier 3 - Preferred Brand Name Drugs</b> <b>Tier 4 - Non-Preferred Brand Name Drugs</b> <b>Tier 5 - Preferred Specialty Drugs, and Generic Specialty Drugs</b> <b>Tier 6 - Non-Preferred Specialty Drugs</b>	20% Coinsurance, after the Individual/Family Deductible is met	
<b>ACA Preventive Prescription Drugs</b>	No Charge	
<b>HSA Preventive Prescription Drugs</b>	No Charge	Select
<b>Prescribed Contraceptives</b>	No Charge	

**Note:** Certain Prescription Drugs have generic equivalents. If the Participant requests a Brand Name Drug, the Participant is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.

<b>COVERED SERVICES</b> <i>Some services may require Prior Authorization.</i>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>The Participant is responsible to pay these amounts:</b>	
<b>Ambulance Transportation Service</b> <ul style="list-style-type: none"> <li>• <b>Ground Ambulance Services</b></li> <li>• <b>Air Ambulance Services</b> <i>(Payment for Out-of-Network Air Ambulance Services is based on the Qualifying Payment Amount. Out-of-Network Air Ambulance Services accumulate towards the In-Network Out-of-Pocket Limit.)</i></li> </ul>	Deductible and Cost Sharing  Deductible and Cost Sharing	Deductible and Cost Sharing  In-Network Deductible and In-Network Cost Sharing
<b>Breastfeeding Support and Supply Services</b> <i>(Includes rental and/or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Participant.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Chiropractic Care Services</b> <i>Up to a combined In-Network and Out of-Network total of 18 visits per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Dental Services Related to Accidental Injury</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Diabetes Self-Management Education Services - Outpatient</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Diagnostic Services</b> <i>(Including diagnostic mammograms)</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Emergency Services – Facility Services</b> <i>(Copayment waived if admitted)</i> <i>(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i>	\$100 Copayment per hospital Outpatient emergency room visit, then In-Network Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
<b>Emergency Services – Professional Services</b> <i>(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i>	In-Network Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	

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COVERED SERVICES <i>Some services may require Prior Authorization.</i>	In-Network	Out-of-Network
	<i>The Participant is responsible to pay these amounts:</i>	
<b>Home Health Skilled Nursing Care Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Home Intravenous Therapy</b>	Deductible and Cost Sharing	Deductible and 80% Cost Sharing
<b>Hospice Services</b>	No Charge after Deductible	Deductible and Cost Sharing
<b>Hospital Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Inpatient Rehabilitation or Habilitation Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Maternity Services and/or Involuntary Complications of Pregnancy</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Mental Health and Substance Use Disorder Inpatient and Outpatient Services</b>		Deductible and Cost Sharing
<ul style="list-style-type: none"> <li>• <b>Facility and Professional Services</b></li> </ul>	Deductible and Cost Sharing	
<ul style="list-style-type: none"> <li>• <b>Pediatric Outpatient Psychotherapy Services</b> <i>(For Participants under the age of eighteen (18).)</i></li> </ul>	No Charge after Deductible, per visit. No Copayment required	
<b>Outpatient Applied Behavioral Analysis (ABA)</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<ul style="list-style-type: none"> <li>• <b>Pediatric Outpatient Applied Behavioral Analysis (ABA)</b> <i>(For Participants under the age of eighteen (18).)</i></li> </ul>	No Charge after Deductible, per visit. No Copayment required	
<b>Treatment for Autism Spectrum Disorder</b>	Covered the same as any other illness, depending on the services rendered. Please see the appropriate section of the Benefits Outline. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses.	
<b>Outpatient Cardiac Rehabilitation Services</b> <i>Up to a combined In-Network and Out-of-Network total of 36 visits per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Outpatient Habilitation Therapy Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<ul style="list-style-type: none"> <li>• Outpatient Occupational Therapy</li> <li>• Outpatient Physical Therapy</li> <li>• Outpatient Speech Therapy</li> </ul> <i>Up to a combined In-Network and Out-of-Network total of 20 visits per Participant, per Benefit Period</i>		
<b>Outpatient Rehabilitation Therapy Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<ul style="list-style-type: none"> <li>• Outpatient Occupational Therapy</li> <li>• Outpatient Physical Therapy</li> <li>• Outpatient Speech Therapy</li> </ul> <i>Up to a combined In-Network and Out-of-Network total of 20 visits per Participant, per Benefit Period</i>		
<b>Palliative Care Services</b>	No Charge after Deductible	Deductible and Cost Sharing
<b>Post-Mastectomy/Lumpectomy Reconstructive Surgery</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Prescribed Contraceptive Services</b> <i>(Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing
<b>Skilled Nursing Facility</b> <i>Up to a combined In-Network and Out-of-Network total of 30 days per Participant, per Benefit Period</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Sleep Study Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Surgical/Medical (Professional Services)</b>	Deductible and Cost Sharing	Deductible and Cost Sharing

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<b>COVERED SERVICES</b> <i>Some services may require Prior Authorization.</i>	<b>In-Network</b>	<b>Out-of-Network</b>
<b><i>The Participant is responsible to pay these amounts:</i></b>		
<b>Therapy Services</b> <i>(Including Radiation, Chemotherapy, Renal Dialysis and Growth Hormone)</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Transplant Services</b>	Deductible and Cost Sharing	Deductible and Cost Sharing
<b>Be aware that your actual costs for services provided by an Out-of-Network Provider may exceed this Plan's Out-of-Pocket Limit for Out-of-Network services. Except as provided by the No Surprises Act, Out-of-Network Providers can bill you for the difference between the amount charged by the Provider and the amount allowed by Blue Cross of Idaho, and that amount is not counted toward the Out-of-Network Out-of-Pocket Limit.</b>		

## 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 2021: Added perinatal depression counseling and intervention for pregnant women or women who may become pregnant. Replaced the term “aortic aneurysm screening” with “abdominal aortic aneurysm screening.” Replaced the term “transmittable diseases screening” with “transmittable disease screening and counseling.”

Services for adults (18 years and older)	Services for adults (continued)	Services for children (17 years and younger)	
<ul style="list-style-type: none"> <li>• Alcohol – unhealthy use screening</li> <li>• Annual adult physical examinations</li> <li>• Abdominal aortic aneurysm screening</li> <li>• Behavioral counseling for participants who are overweight or obese</li> <li>• Bone density</li> <li>• Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer</li> <li>• Chemistry panels</li> <li>• Cholesterol screening</li> <li>• Colorectal cancer screening</li> <li>• Complete blood count (CBC)</li> <li>• Diabetes screening</li> <li>• Dietary counseling (limited to three visits per participant, per benefit period)</li> <li>• Health risk assessment for depression</li> <li>• Hepatitis B virus screening</li> <li>• Hepatitis C virus infection screening</li> <li>• HIV assessment</li> <li>• Lung cancer screening for participants age 55 and older</li> <li>• Pap test</li> </ul>	<ul style="list-style-type: none"> <li>• PSA test</li> <li>• Screening and assessment for interpersonal and domestic violence</li> <li>• Screening mammogram</li> <li>• Skin cancer prevention counseling</li> <li>• Smoking cessation counseling visit</li> <li>• Sexually transmitted infections assessment</li> <li>• Transmittable disease screening and counseling (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis, tuberculosis [TB])</li> <li>• Thyroid-stimulating hormone (TSH)</li> <li>• Urinalysis (UA)</li> <li>• Urinary incontinence screening</li> <li>• Well-woman visits for recommended age-appropriate preventive services</li> </ul>	<ul style="list-style-type: none"> <li>• Anemia screening</li> <li>• Dental fluoride application for participants age 5 and younger</li> <li>• Lipid disorder screening</li> <li>• Preventive lead screening</li> <li>• Rubella screening</li> <li>• Skin cancer prevention counseling</li> <li>• Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings</li> <li>• Newborn screenings:               <ul style="list-style-type: none"> <li>• Hearing test</li> <li>• Metabolic screening (PKU, thyroxine, sickle cell)</li> <li>• Screening EKG</li> </ul> </li> </ul> <p><b>Please note:</b> 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>	
	<b>Services for pregnant women or women who may become pregnant</b>		<ul style="list-style-type: none"> <li>• Breastfeeding support, supplies and counseling</li> <li>• Gestational diabetes screening</li> <li>• Iron deficiency screening</li> <li>• Perinatal depression counseling and intervention</li> <li>• Preeclampsia screening</li> <li>• Prescribed contraceptive coverage<sup>1</sup></li> <li>• RhD incompatibility screening</li> <li>• Urine culture</li> </ul>

<sup>1</sup>For groups that offer prescribed contraceptive coverage: Blue Cross of Idaho pays 100% of the cost of women’s preventive prescription drugs and devices as specifically listed on the Blue Cross of Idaho Formulary on our website at [bcidaho.com](http://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.

<b>ANTIDEPRESSANTS</b>		
citalopram tablets	fluoxetine capsules	sertraline tablets
escitalopram tablets	paroxetine immediate-release tablets	venlafaxine immediate-release tablets
<b>ASTHMA</b>		
ADVAIR HFA	fluticasone propionate-salmeterol inh	SEREVENT
budesonide-formoterol fumarate dihydrate	ipratropium soln	SPIRIVA
budesonide susp	ipratropium-albuterol soln	SPIRIVA RESPIMAT
COMBIVENT RESPIMAT	levalbuterol	terbutaline
cromolyn sodium soln	montelukast	theophylline
FLOVENT DISKUS	PULMICORT INH	theophylline ER
FLOVENT HFA	QVAR REDIHALER	zafirlukast
<b>BLOOD PRESSURE-LOWERING MEDICATIONS</b>		
<b>ACE Inhibitors &amp; Diuretic Combinations</b>		
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
<b>Angiotensin Receptor &amp; Diuretic Combinations</b>		
candesartan	irbesartan-HCTZ	telmisartan-HCTZ
candesartan-HCTZ	losartan	valsartan
eprosartan	losartan-HCTZ	valsartan-HCTZ
irbesartan	telmisartan	
<b>Beta Blockers &amp; Diuretic Combinations</b>		
acebutolol	labetalol	propranolol SR
atenolol	metoprolol succinate ER	propranolol-HCTZ
atenolol-chlorthalidone	metoprolol tartrate	sotalol
betaxolol	metoprolol-HCTZ	sotalol AF
bisoprolol	nadolol	timolol

#### 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-HCTZ	pindolol	
carvedilol	propranolol	
<b>Calcium Channel Blockers</b>		
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	
<b>Diuretics (water pills)</b>		
amiloride	eplerenone	spironolactone
amiloride-HCTZ	furosemide	spironolactone-HCTZ
bumetanide	hydrochlorothiazide (HCTZ)	torsemide
chlorthalidone	indapamide	triamterene-HCTZ
chlorothiazide	metolazone	
<b>Other Blood Pressure-Lowering Medications &amp; Combinations</b>		
amlodipine-atorvastatin	clonidine	methyldopa
amlodipine-benazepril	clonidine patches	minoxidil
amlodipine-valsartan	guanfacine	telmisartan-amlodipine
amlodipine-valsartan-HCTZ	hydralazine	trandolapril-verapamil
<b>BLOOD THINNING AGENTS</b>		
anagrelide	clopidogrel	warfarin
cilostazol	pentoxifylline	
<b>CHOLESTEROL-LOWERING MEDICATIONS</b>		
<b>Statin/HMG CoA Reductase Inhibitors &amp; Combinations</b>		
atorvastatin	lovastatin	rosuvastatin
fluvastatin	pravastatin	simvastatin
<b>Other Cholesterol-Lowering Medications</b>		
cholestyramine	ezetimibe	fenofibrate
cholestyramine light	ezetimibe-simvastatin	fenofibrate, micronized
colestipol	fenofibric acid	gemfibrozil
<b>DIABETES</b>		
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	TRULICITY (ST, QL)
glyburide, micronized	OZEMPIC (ST, QL)	VICTOZA (ST, QL)
glyburide-metformin	pioglitazone	
HUMULIN-R 500	pioglitazone-glimepiride	
<b>Diabetic Supplies</b>		
BD Lancets	insulin syringes	ONETOUCH Lancets
insulin pen needles	NOVOFINE Lancets	ONETOUCH test strips (QL)
<b>OSTEOPOROSIS</b>		
alendronate (QL)	ibandronate (QL)	risedronate (QL)
<b>WOMENS HEALTH</b>		
<b>Breast Cancer Prevention</b>		
raloxifene	tamoxifen	
<b>Birth Control</b>		
All generic oral contraceptives	Medroxyprogesterone acetate (IM) (QL)	Xulane (generic Ortho-Evra)
DIAPHRAGMS (QL)	etonogestrel/ethinyl estradiol ring (QL)	
<b>Birth Control (Emergency Contraception)</b>		
All generic emergency contraceptives	ELLA	
<b>Thyroid</b>		
levothyroxine tablets		
<b>VACCINES</b>		
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.



## 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
    - Search for the Blue Cross of Idaho member app in the App Store and in the Google Play Store
    - Select the app named **Blue Cross of Idaho** (new)
    - 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](https://bcidaho.com/memberapp) to learn more.



**Blue Cross of Idaho makes it easy for members to compare the cost of procedures at different healthcare facilities. When members choose the more-affordable, highly effective option, they will be rewarded with cash – and everyone saves.**

### The Issue

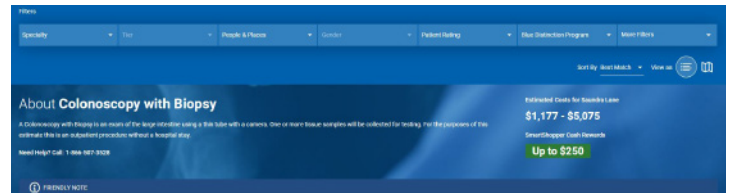
The cost for healthcare procedures like mammographs, CT scans and knee replacements can vary depending on where they are performed. Extra charges for a hospital stay, doctor’s fees, lab work, anesthesia and other services related to a procedure can also add up, meaning higher copays or coinsurance for members and overall healthcare spend for employers.

### SmartShopper

SmartShopper empowers members to shop around for the care they need while helping both members and employers cut healthcare costs. Using the CostAdvisor cost transparency tool, members can search for services and find the estimated cost based on their plan benefits. At the same time, they can see the SmartShopper cash reward offered for using different facilities. When members select a SmartShopper-eligible location, they’re sent a reward. Making the more-affordable choice leads to savings for members and employers.

### How it Works:

- After a provider recommends a medical procedure, a member logs in to their Blue Cross of Idaho member account at **members.bcidaho.com** and accesses the CostAdvisor tool.
- In the tool, the member searches for a service or procedure, using filters to refine the search.



- Search results will show the member a list of facilities, plus the estimated cost and the cash reward amount. Facility contact information and patient reviews are also included.
- The member chooses a facility and makes an appointment or contacts the SmartShopper Personal Assistant team to schedule it.
- If the member visits a facility with a cash reward (based on submitted claims), the reward will be on its way to the member four to six weeks after the date of the procedure.

## FAQs

### **Are members required to use the SmartShopper program?**

No. Blue Cross of Idaho will let members know how to use CostAdvisor to shop for care, why they will benefit by selecting the lower-cost option and how they can earn a cash reward through the SmartShopper program. However, they are not required to use the SmartShopper program.

### **Are members penalized for not using a lower-cost facility when they need to get a procedure done?**

No. Blue Cross of Idaho wants to reward members who select a more affordable facility, but there is no penalty for not using the lower-cost facility. Members are welcome to use any facility they prefer, although they will get the most out of their benefit when they use in-network facilities. They will pay any applicable copay or coinsurance for care at any facility.

### **What's included in the estimated cost that a member sees in the CostAdvisor tool?**

The estimated cost to a member for a procedure includes the services and fees that usually come with medical procedures. These include hospital stays, facility and doctor's fees, lab work, anesthesia and follow-up visits.



Need more information?  
Not sure how this will benefit your team?  
Visit [bcidaho.com/smartshopper](https://bcidaho.com/smartshopper) to learn  
how you and your employees can be smart shoppers.








## 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](http://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](http://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®



**Preferred Blue® Dental PPO**

**Benefit Highlight Sheet Shoshone School District 312 Effective: September 1, 2024**

**PREFERRED BLUE® DENTAL PPO PLAN FOR IDAHO SCHOOL BENEFIT TRUST  
BENEFITS OUTLINE**

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

<b>Deductibles (Per Benefit Period)</b> <i>(Deductible applies to In-Network basic and major services and all Out-of-Network services.)</i>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>The Participant is responsible to pay these amounts:</b>	
<b>Individual</b>	<b>\$50</b>	
<b>Family</b> <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i>	The Benefit Period Family Deductible is satisfied after three (3) Participants of the same family have met their Individual Deductible	
<b>Benefit Period Limit</b>	<b>\$1,750</b> per Participant	
<b>Preventive Dental Services</b> No Waiting Period	<b>No Charge - Deductible does not apply</b>	20% of Maximum Allowance after Deductible
<b>Basic Dental Services</b> <b>Select</b>	20% of Maximum Allowance after Deductible	30% of Maximum Allowance after Deductible
<b>Major Dental Services</b> <b>Select</b>	50% of Maximum Allowance after Deductible	60% of Maximum Allowance after Deductible
<b>Orthodontic Lifetime Limit</b> <b>Select</b>	<b>\$1,000</b>	
<b>Orthodontic Services</b> <b>Select</b>	<b>50% of Maximum Allowance</b>	

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

***Dental Blue Connect Plan for Idaho School Benefit Trust***

Benefit Highlight Sheet Shoshone School District 312 Effective: September 1, 2024	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
<b>Diagnostic and Preventive Services</b>	
<b>Routine and Emergency Exams</b>	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	
<b>Restorative Dentistry</b>	
Filings	\$15 Copayment
Porcelain-Metal Crown	\$150 Copayment
<b>Prosthodontics</b>	
Complete Upper or Lower Denture	\$200 Copayment
Bridge (per Tooth)	\$150 Copayment
<b>Endodontics and Periodontics</b>	
Root Canal Therapy — Anterior	\$50 Copayment
Root Canal Therapy — Bicuspid	
Root Canal Therapy — Molar	
Osseous Surgery (per Quadrant)	\$75 Copayment
Root Planing (per Quadrant)	\$25 Copayment
<b>Oral Surgery</b>	
Routine Extraction (Single Tooth)	\$15 Copayment
Surgical Extraction	\$75 Copayment
<b>Orthodontic Services</b>	
Pre-Orthodontic Service (Fee credited toward the Comprehensive Orthodontic Service copayment if patient accepts treatment plan)	\$150 Copayment
Comprehensive Orthodontic Service	\$1,500 Copayment
<b>Miscellaneous</b>	
Local Anesthesia	No charge after applicable Office Visit Copayment
Dental Lab Fees	
Nitrous Oxide	\$20 Copayment
Specialty Office Visit	\$30 Copayment
Implants	No charge up to \$1,500

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

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

# 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

## Vision Plan Summary

Metropolitan Life Insurance Company  
**Class 0001 - All Active Full-time Employees**

### With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

### In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.<sup>1</sup>

Savings on glasses and sunglasses: Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.<sup>1</sup>

Laser vision correction:<sup>2</sup> Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

### In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

#### Eye exam

**Frequency**

Once every **12** months

- Eye health exam, dilation, prescription and refraction for glasses: at no additional cost.
- Retinal imaging: at no additional cost Up to a **\$39** copay on routine retinal screening when performed by a private practice provider.

#### Frame

Once every **12** months

- Allowance: **\$150** after **\$25** eyewear copay.
- Costco, Walmart and Sam's Club: **\$85** allowance after **\$25** eyewear copay. You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

#### Standard corrective lenses

Once every **12** months

- Single vision, lined bifocal, lined trifocal, lenticular: at no additional cost after **\$25** eyewear copay.

#### Standard lens enhancements<sup>1</sup>

Once every **12** months

- Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: at no additional cost after **\$25** eyewear copay.
- Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at [www.digitalsolutions.metlife.com](http://www.digitalsolutions.metlife.com).

#### Contact lenses instead of eye glasses

Once every **12** months

- Contact fitting and evaluation: at no additional cost with a maximum copay of \$60.
- Elective lenses: **\$150** allowance.
- Necessary lenses: At no additional cost after eyewear copay.

### We're here to help

Find a Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision)

Download a claim form at [www.digitalsolutions.metlife.com](http://www.digitalsolutions.metlife.com)

For general questions go to [www.digitalsolutions.metlife.com](http://www.digitalsolutions.metlife.com) or call 1-855-MET-EYE 1 (1-855-638-3931)

### **Low Vision**

Once every **12** months

Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Not available at retail chains including Costco, Walmart and Sam's Club.

- 
- Supplemental testing: Maximum of two (2) tests covered at no additional cost within a two (2) year period up to the benefit maximum.

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  - Supplemental aids: 75% of the allowable amount up to the benefit maximum every two (2) years.

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  - Benefit maximum: **\$1,000** every two (2) years.

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  - Low vision: Supplemental evaluation and aids: Same as in-network benefits.
-

## Out-of-network reimbursement\*

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit [www.digitalsolutions.metlife.com](http://www.digitalsolutions.metlife.com) for detailed out-of-network benefits information.

- 
- |                                |  |   |
|--------------------------------|--|---|
| • Eye exam: up to <b>\$45</b>  | • Single vision lenses: up to <b>\$30</b>  | • Progressive lenses: up to <b>\$50</b> |
| • Frames: up to <b>\$70</b>    | • Lined bifocal lenses: up to <b>\$50</b>  |   |
| • Contact lenses:              | • Lined trifocal lenses: up to <b>\$65</b> |   |
| • Elective up to <b>\$105</b>  | • Lenticular lenses: up to <b>\$100</b>    |   |
| • Necessary up to <b>\$210</b> |  |   |
- 
- \*If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.
- 

## Low Vision:

- Supplemental evaluation and aids: Same as in-network benefits.
-



## Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments:

### Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.

- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than  $\pm .50$  diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

### Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

### Medications

- Prescription and non-prescription medication

<sup>1</sup> All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

<sup>2</sup> Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

### M150A-0/25-M

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

## Basic Term Life / AD&D & Dependent Term Life

Metropolitan Life Insurance Company

### Plan Design for: Shoshone School District, Class 0001 - All Active Full-time Employees

Date Prepared: May 1, 2024

<b>Basic Life</b>	\$20,000
<b>Accidental Death &amp; Dismemberment</b>	An amount equal to Your Basic Life Insurance.
<b>Plan Maximum</b>	\$20,000
<b>Non-Medical Maximum</b>	\$20,000
<b>Age Reduction Formula (reduces by)</b>	35% at Age 65, 50% at Age 70
<b>Dependent Life</b>	Spouse - \$5,000 Child - \$2,500
<b>Employee Contribution</b>	
• <b>Basic Life</b>	0%
• <b>AD&amp;D</b>	0%
• <b>Dependent Life</b>	0%

#### Term Life Features (1):

- Continuation of Life insurance while totally disabled as defined by the Group Policy\* (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)
- Portability (5)
- Grief Counseling (6)
- Funeral Discounts and Planning Services (7)

#### Additional Features:

- WillsCenter.com (8)

#### AD&D Features (1):

- Seat Belt Benefit\* (9)
- Child Care Benefit\*
- Life Settlement Account (4)
- Air Bag Benefit\*
- Common Carrier Benefit\*

## What Is Not Covered?

Like most insurance plans, this plan has exclusions. Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

Nothing in these materials is intended to be advice for a particular person or individual. Please consult with your own advisors for such advice.

- (1) Features may vary depending on jurisdiction.
- (2) Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic/Supplemental Term Life Plan for 1 year and it is only available to the employee.
- (3) When life expectancy is certified by a physician to be 12 months or less. The Accelerated Benefits Option (ABO) is subject to state availability and regulation. The ABO benefits are intended to qualify for favorable federal tax treatment in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family.
- (4) Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.
- (5) Subject to state availability. To take advantage of this benefit, coverage of at least \$20,000 must be elected.
- (6) Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have masters or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis

- or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
- (7) Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
- (8) WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.
- (9) The Seat Belt Benefit is payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt \_or a child restraint if the insured is a child\_. In such case, his or her benefit can be increased by 10 percent of the Full Amount — but not less than \$1,000 or more than \$25,000.
- \*Does not apply to Dependent Term Life

## Long Term Disability

Metropolitan Life Insurance Company

### Shoshone School District Plan Benefits

Date Prepared: May 1, 2024

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*Explore the coverage that helps you protect your income and your lifestyle.*

#### What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

#### Eligibility Requirements

Long Term Disability:

Class 0001 - All Active Full-time Employees

#### How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 60% of your predisability earnings in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

#### What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources<sup>1</sup> during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

#### What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$5,000.

#### When do benefits begin and how long do they continue?

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

## **Additional Disability Plan Benefits:**

### **Coverage with Your Best Interests in Mind...**

When you are ill or injured for a long time, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

#### **Services to Help You Get Back to Work Can Include:**

##### ***Nurse Consultant or Case Manager Services:***

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

##### ***Vocational Analysis:***

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

##### ***Job Modifications:***

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

##### ***Retraining:***

Development programs to help you return to your previous job or educate you for a new one.

##### ***Financial Incentives:***

Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

##### ***The Services of Social Security Specialists:***

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access legal assistance from attorneys or vendors to pursue Social Security benefits.

## **Answers to Some Important Questions...**

### **Q. Can I still receive benefits if I return to work part time?**

**A.** Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care during the first 24 months of disability.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

**Q. Is there a pre-existing conditions provision?**

**A.** Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

**Q. Are there any other limitations or exclusions to my coverage?**

**A.** Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

For Long Term Disability, limited benefits apply for specific conditions, such as, mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders and chronic fatigue syndrome and related conditions.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details. State variations may apply.

<sup>1</sup> Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

# Travel Assistance — You're protected, 24/7

To complement your MetLife life insurance coverage, you have access to Travel Assistance<sup>1</sup> services, a useful program giving you and covered family members<sup>2</sup> access to travel assistance professionals at AXA Assistance USA, Inc. when traveling within the U.S. or abroad. They have the expertise to help when you need emergency medical, travel and personal assistance.

## Professional help, just a phone call away

Everyone wants a stress-free trip, but unforeseen events can happen. The good news is that AXA representatives are there by your side. If there's an emergency while traveling internationally or domestically,<sup>3</sup> with one simple phone call you can access:

- Over 600,000 pre-qualified providers worldwide
- Air and ground ambulance service
- Trained multilingual professionals who can advise and help you quickly in a travel emergency

## Emergency benefits

### Emergency medical evacuation services and return of remains

If medical facilities aren't available locally, the program will provide resources needed to get you and your covered family members<sup>2</sup> to the nearest medical facility for treatment or back home, if medically necessary. If you or a covered family member pass away while traveling, AXA will transport the remains back home and cover the associated costs.

### Political and Natural Disaster Evacuation

AXA can provide transportation services when the country where eligible participants are located needs to be evacuated based on a determination of the US government. In addition, in the event of a natural disaster, AXA can coordinate and arrange for the evacuation of eligible participants from a safe departure point to a safe destination.

### Dispatch of Physician

If the local attending, legally qualified physician and AXA cannot adequately assess the member's need for medical evacuation and transportation, AXA will coordinate, provide, and dispatch a physician to assist in the assessment. AXA will provide for a benefit up to \$2,500.

### Pet Repatriation

If a pet traveling with you is left unattended due to your hospitalization, AXA will coordinate and provide boarding for the pet. If the injury or illness results in an evacuation or repatriation service, AXA will coordinate and provide transportation for the pet to be returned to either home, or to a boarding facility near home. AXA will provide for a benefit up to \$2,500.

## Worldwide Medical Teleconsultation<sup>4</sup>

If you're traveling and need medical advice for common and minor illnesses, you and covered family members can have virtual consultations with licensed medical professionals, 24/7 — via mobile device or phone. The DOCTOR PLEASE! App is available at iTunes or Google Play. Call AXA at (800) 454-3679 to receive the code needed for user registration.

## Medical assistance services when traveling

- Medical referrals, appointments and hospital admissions
- Critical care monitoring
- Replacement of prescription medication
- Replacement of medical devices

### For information or to access services:

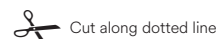


**Call:**  
**Within the USA: (800) 454-3679**  
**Outside the USA call collect: (312) 935-3783**



**Visit:**  
**[www.metlife.com/travelassist](http://www.metlife.com/travelassist)**

**For your convenience, detach and save this informational wallet card. Be sure to carry the card with you at all times while traveling domestically or abroad.**



### TRAVEL ASSISTANCE

#### **This is not a medical insurance card.**

The participant is entitled to medical and travel services administered by AXA Assistance USA, Inc.

**Within the United States: (800) 454-3679**  
**Outside the United States Call Collect: (312) 935-3783**

**Or log on to:**  
[www.metlife.com/travelassist](http://www.metlife.com/travelassist)

All services must be administered by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.



## Personal assistance services

### Advice before you travel

Make sure you visit AXA's Travel Assistance website for advice about your visa, passport, inoculations and local customs, as well as 24-hour pre-departure information on weather, currency and plenty more.

### Concierge Assistance

Save time and hassle with our concierge service. Seasoned concierges will take care of all your travel and entertainment arrangements including flights, hotel and dining reservations, general destination and transportation information, city guides and much more. A source of local knowledge on call, whenever you need them, wherever you are.

### Pet concierge services

Get help with locating pet-friendly hotel accommodations, local boarding facilities and assistance with travel arrangements back home for your pets in case of an emergency.

### Other Assistance Services Include:

- Local professional referrals
- Help with locating lost documents or luggage
- Emergency cash/bail assistance
- Identity theft solutions

1. Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.
2. You and covered family members means an enrolled employee and their eligible dependents as defined under the group insurance contract issued by MetLife.
3. Traveling more than 100 miles from home.
4. Available globally to members in a traveling status. Teleconsultation is not an emergency medical response program. In the event of a medical emergency, you should contact your local emergency medical service. You can receive Teleconsultation services for limited, non-urgent, non-life threatening medical conditions; this service is not appropriate for all conditions. Services, including assistance with prescriptions, will be provided if permitted under applicable law. Teleconsultation services are arranged through AXA Assistance USA and Teladoc International.

[metlife.com](https://www.metlife.com)

**EXCLUSIONS:** The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized.

Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$1,000,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
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When you call the **Travel Assistance dedicated telephone numbers** listed on the reverse, please have the following information available:

1. Your name, telephone number and your relationship to the plan participant.
2. Plan participant's name, age, sex and company name.
3. A description of the plan participant's condition or service needed.
4. Name, location and telephone number of hospital, if applicable



# Help ensure your family is provided for in the future with our will preparation services<sup>1</sup>



## Experts at hand

Having a will prevents unnecessary stress and ensures your final wishes are clear. We offer valuable legal resources through MetLife Legal Plans to assist you with creating or updating a will [at no additional cost] [1] with your Supplemental Life coverage. Get legal guidance and unlimited consultations with Network Attorneys so you can feel confident you're making the right decisions.

## Tailored guidance when it matters most

Choose to meet with any of our more than 18,500 network attorneys in-person or by phone for a one-on-one consultation in a private and supportive environment. There are no claim forms to file for covered services when using a network attorney – fees are taken care of through your plan. To help you find the right fit for you, you can use an out-of-network attorney, the fees reimbursed for these services are based on a set fee schedule.\*

## You've got it covered

Take advantage of covered services including:

- **Unlimited access:** Talk to an attorney as many times as needed to prepare, update or revise a will.
- **Protection for the unexpected:** Prepare living wills and powers of attorney to help ease the stress if individuals become unable to make decisions for themselves.

These services [are][will] automatically [be] available to you [as][when] your life insurance coverage starts.

## Expert guidance is just a click away

Simply visit [legalplans.com/estateplanning](https://legalplans.com/estateplanning) to get started!

### Other services that may also be included with your life coverage

- **Estate Resolution Services<sup>2</sup>:** Settle an estate with ease.
- **[Grief Counseling Services<sup>3</sup>]:** Access professional support in a time of need.
- **[Beneficiary Grief Counseling<sup>3</sup>]:** Personalized counseling sessions to meet your beneficiary's needs.

\* Individuals have the option to use the out-of-network reimbursement feature to retain an attorney who does not participate in MetLife Legal Plans' attorney network. If an out-of-network attorney is chosen, the individual will be responsible for any attorneys' fees that exceed the reimbursed amount.

1. [Included with Supplemental Life Insurance. Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. If you are unable to access the legalplans.com/estateplanning website, you can find a network attorney by calling MetLife Legal Plans at 1-800-821-6400, Monday through Friday, 8am-8pm EST. You will need to provide your company name, customer number and the last 4 digits of the policyholder's social security number.
2. [Included with Supplemental Life Insurance. MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.]
3. Grief Counseling and Funeral Assistance services are provided through an agreement with LifeWorks. US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred.

[Beneficiary Grief Counseling services are provided through an agreement with LifeWorks. US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. This program is available only to beneficiaries of MetLife group Life Insurance programs. Events that may result in a loss are not covered under this program unless and until such loss has occurred.]

Nothing in these materials is intended to be advice for any particular situation or individual. Like most life insurance policies, MetLife Group Life insurance policies contain certain exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your MetLife representative for complete details. Specific details regarding these provisions can be found in the booklet certificate. If you have additional questions regarding the Life Insurance Program underwritten by MetLife, please contact your benefits administrator or MetLife.

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!





**HUB International Mountain States Limited**

Insurance | Employee Benefits | Wellness

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# 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](http://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](http://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

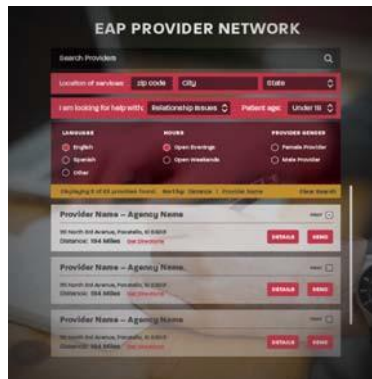
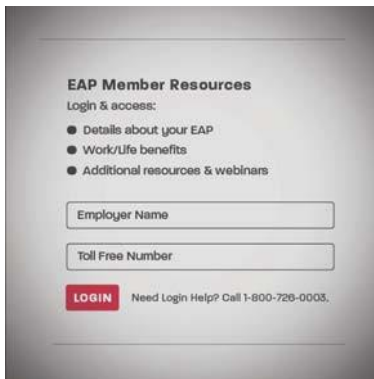
(800) 726-0003  
8050 W. Rifleman Street #100  
Boise, ID 83704 USA  
[bpahealth.com](http://bpahealth.com)

# 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 nearby
- Access your work-life resources



### 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.

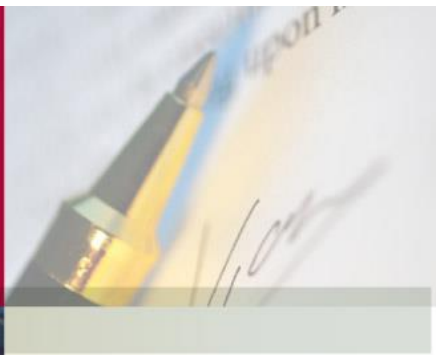
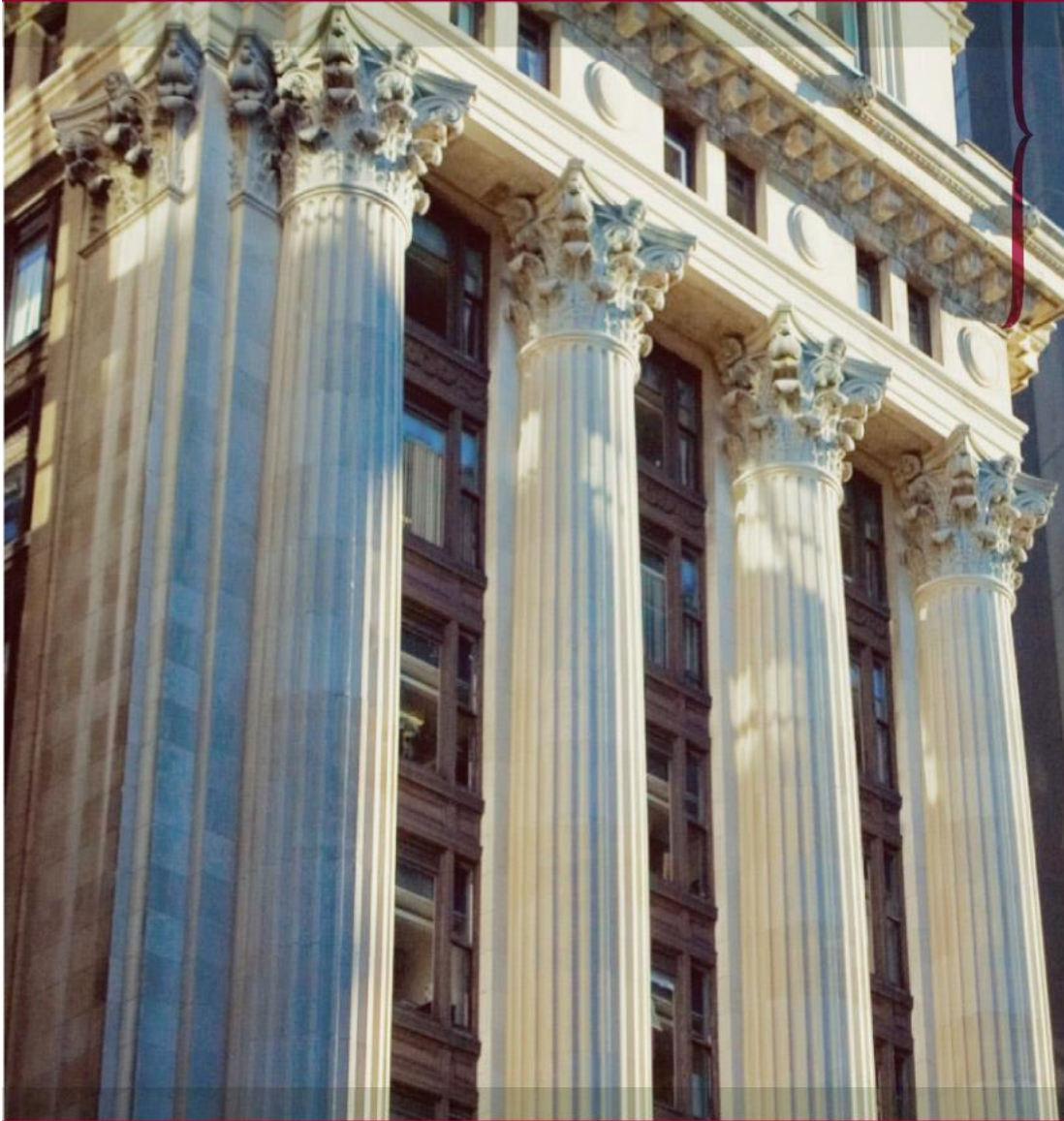
**BPA Health is a Boise, Idaho company** that connects people to make lives better, organizations more effective and communities stronger. BPA Health professionals help individuals successfully address work and personal problems that impact their job performance, health and overall wellbeing.

*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](http://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](http://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

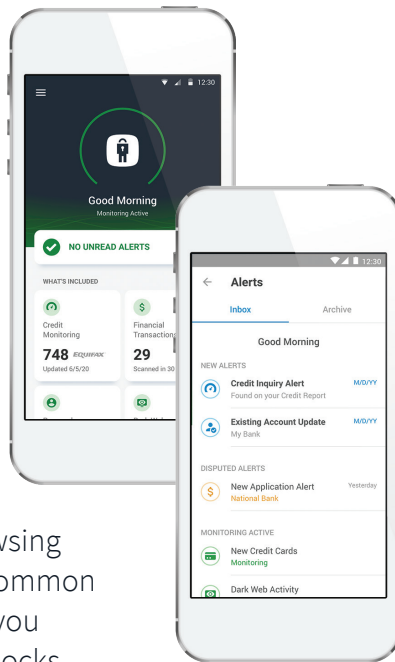
No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.

## 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.<sup>1</sup>



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.<sup>†</sup>

## 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.

<sup>†</sup> We do not monitor all transactions at all businesses.

<sup>1</sup> 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<sup>A</sup>

**BENEFIT ESSENTIAL**



**BENEFIT PREMIER**



<sup>A</sup> The Norton Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

	BENEFIT ESSENTIAL	BENEFIT PREMIER
<b>LIFELOCK IDENTITY THEFT PROTECTION</b>		
Identity Lock <sup>1,5</sup>	●	●
Home Title Monitoring <sup>6</sup>		●
Social Media Monitoring <sup>7</sup>	●	●
Credit, Bank & Utility Account Freezes <sup>**</sup>	●	●
LifeLock Identity Alert™ System <sup>†</sup>	●	●
• Identity Verification Monitoring <sup>† **</sup>	●	●
• Telecom & Cable Applications for New Service	●	●
• Payday - Online Lending Alerts <sup>†</sup>	●	●
• Credit Alerts & Social Security Alerts <sup>†</sup>	●	●
Mobile app (Android™ & iOS) <sup>**</sup> <small>Downloading the app does not provide protection until enrollment has been completed.</small>	●	●
Dark Web Monitoring <sup>**</sup>	●	●
• Dark Web Monitoring – Gamer Tags <sup>**</sup>	●	●
• 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 <sup>†**</sup>	●	●
• Unusual Charge Alerts <sup>†</sup>	●	●
• Recurring Charge Alert <sup>†</sup>	●	●
Checking & Savings Account Application Alerts <sup>†**</sup>		●
Bank Account Takeover Alerts <sup>†**</sup>		●
401k & Investment Account Activity Alerts <sup>†**</sup>	●	●
File Sharing Network Searches	●	●
Sex Offender Registry Reports	●	●
Prior Identity Theft Remediation <sup>9</sup> <small>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.</small>	●	●
U.S.-based Identity Restoration Specialists	●	●
24/7 Live Member Support	●	●
Million Dollar Protection™ Package <sup>†††</sup>		
• Stolen Funds Reimbursement	Up to \$1 Million each	Up to \$1 Million each
• Personal Expense Compensation		
• Coverage for Lawyers and Experts		
Credit Application Alerts <sup>2**</sup>	One-Bureau <sup>1</sup>	One-Bureau <sup>1</sup>
Credit Monitoring <sup>1**</sup>	One-Bureau <sup>1</sup>	Three-Bureau <sup>1</sup>
Credit Reports & Credit Scores <sup>1**</sup> <small>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.</small>	One-Bureau <sup>1</sup> Monthly	On Demand – One Bureau Daily/ Three-Bureau <sup>1</sup> Annual
Monthly Credit Score Tracking <sup>1**</sup> <small>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.</small>		One-Bureau <sup>1</sup>
<b>NORTON DEVICE SECURITY</b>		
Secures PCs, Mac & mobile devices <sup>**</sup>	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
Online Threat Protection <sup>**</sup>	●	●
Password Manager <sup>**</sup>	●	●
Parental Control <sup>4**</sup>	●	●
Smart Firewall <sup>**</sup>	●	●
Cloud Backup <sup>3**</sup>	10 GB	50 GB
<b>ONLINE PRIVACY</b>		
Secure VPN <sup>**</sup>	●	●
Privacy Monitor	●	●
SafeCam <sup>3**</sup>	●	●

No one can prevent all identity theft or all cybercrime.

<sup>1</sup> 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 monitoring, and credit reports, you may require additional action from you and may not be available until completion.

<sup>2</sup> 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.

<sup>3</sup> 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).

<sup>4</sup> 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 from any browser.

<sup>5</sup> 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.

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

<sup>7</sup> 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.

<sup>†††</sup> 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.

<sup>\*\*</sup> Does not include monitoring of chats or direct messages.

<sup>††</sup> These features are not enabled upon enrollment. Member must take action to activate this protection.

<sup>†††</sup> 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.

