



College of Southern Idaho - Retiree Benefits Offering

Plan Date: July 1, 2021

Medical/SelectHealth - Dental/Delta Dental or Willamette Vision & Hearing/Ameritas

Monthly Retiree costs for medical, dental and vision plan:

<u>Plan 1 Traditional Plan:</u>	Medical	Willamette	Delta Dental	Vision & Hearing	Total w/ Willamette	Total w/ Delta Dental
Retiree Only	\$ 704.40	\$ 40.33	\$ 40.73	\$ 8.58	\$ 753.31	\$ 753.71
Retiree/Spouse	\$1,387.70	\$ 80.68	\$ 81.49	\$17.19	\$1,485.57	\$1,486.38
Retiree/Child	\$ 851.70	\$ 64.16	\$ 64.80	\$17.91	\$ 933.77	\$ 934.41
Retiree/Children Retiree/ Spouse/Child(ren)	\$1,324.30	\$ 88.74	\$ 89.63	\$17.91	\$1,430.95	\$1,431.84
	\$1,944.50	\$ 121.01	\$122.22	\$28.69	\$2,094.20	\$2,095.41

PERSI funds cannot be used to pay for Willamette Dental or Ameritas Vision/Hearing coverage

Ameritas Vision/Hearing will bill retiree direct

<u>Plan 2 HDHP (HSA) Plan:</u>	Medical	Willamette	Delta Dental	Vision & Hearing	Total w/ Willamette	Total w/ Delta Dental
Retiree Only	\$ 629.90	\$ 40.33	\$ 40.73	\$ 8.58	\$ 678.81	\$ 679.21
Retiree/Spouse	\$1,240.80	\$ 80.68	\$ 81.49	\$17.19	\$1,338.67	\$1,339.48
Retiree/Child	\$ 761.60	\$ 64.16	\$ 64.80	\$17.91	\$ 843.67	\$ 844.31
Retiree/Children Retiree/ Spouse/Child(ren)	\$1,184.10	\$ 88.74	\$ 89.63	\$17.91	\$1,290.75	\$1,291.64
	\$1,738.80	\$121.01	\$122.22	\$28.69	\$1,888.50	\$1,889.71

PERSI funds cannot be used to pay for Willamette Dental or Ameritas Vision/Hearing coverage

Ameritas Vision/Hearing will bill retiree direct

Employee Assistance Program - Business Psychology Associates - (100% paid by CSI)

Up to 4 visits per occurrence **See Attached Summaries of Benefits**

Intermountain Connect Care - Covered 100% on Traditional and HDHP plans.

This is a brief outline of benefits and does not include coverage details, limitations, or exclusions.

Contact Information

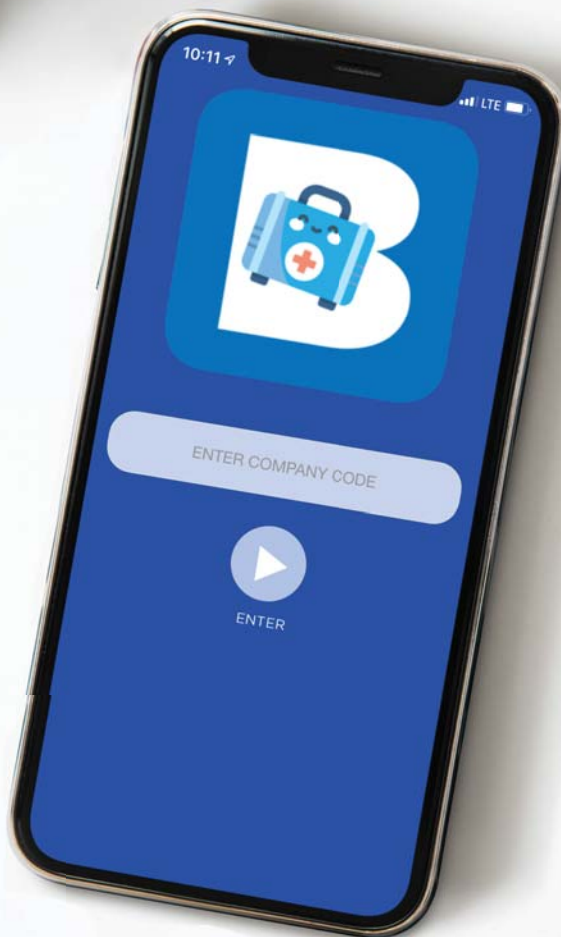
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ACCESS YOUR
BENEFITS
ANYTIME,
ANYWHERE
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**Benefit
Spot**

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: COLCSI2021** 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
- Watch educational videos
- Look up carrier contact information
- Estimate costs for common health care procedures using our cost comparison tools
- And more!



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Plan 1: Traditional Plan

COLLEGE OF SOUTHERN IDAHO

Option 1

07/01/2021



SELECTHEALTH NETWORK

MEMBER PAYMENT SUMMARY

IN-NETWORK

When using In-Network Providers, you are responsible to pay the amounts in this column.

OUT-OF-NETWORK

When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS

Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	plan Year	
Maximum Annual Out-of-Network Payment - (per plan Year)	None	None

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}

	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	\$1,000	\$2,000
Out-of-Pocket Maximum	\$3,500	\$6,000
Family Coverage, 2 or more enrolled - per plan Year		
Deductible - per person/family	\$1000/\$3000	\$2000/\$6000
Out-of-Pocket Maximum - per person/family	\$3500/\$7000	\$6000/\$12000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		

INPATIENT SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	40% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per plan Year for all therapy types combined	20% after Deductible	40% after Deductible

PROFESSIONAL SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	\$35	40% after Deductible
Secondary Care Provider (SCP) ¹	\$50	40% after Deductible
Allergy Tests	See Office Visits Above	50% after Deductible
Allergy Treatment and Serum	20%	50% after Deductible
Major Surgery	20%	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible

PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}

	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	50% after Deductible
Secondary Care Provider (SCP) ¹	Covered 100%	50% after Deductible
Adult and Pediatric Immunizations	Covered 100%	50% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	50% after Deductible
Diagnostic Tests: Minor	Covered 100%	50% after Deductible
Other Preventive Services	Covered 100%	50% after Deductible

VISION SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	\$50	40% after Deductible

OUTPATIENT SERVICES⁴

	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	\$100 after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room - (<i>In-Network facility</i>)	\$200 after Deductible	See In-Network Benefit
Emergency Room - (<i>Out-of-Network facility</i>)	\$200 after Deductible	See In-Network Benefit
Urgent Care Facilities	\$35	40% after Deductible
Intermountain Connect Care [®]	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Chemotherapy, Radiation and Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100%	40% after Deductible
Diagnostic Tests: Major ²	\$50 after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$50 after Deductible	40% after Deductible

Plan 1: Traditional Plan

COLLEGE OF SOUTHERN IDAHO

Option 1

07/01/2021



SELECTHEALTH NETWORK

MEMBER PAYMENT SUMMARY

IN-NETWORK

OUT-OF-NETWORK

MISCELLANEOUS SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity ⁴	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ⁴ <i>One device every 36 months per ear. Up to 45 language/speech therapy visits during the 12 months after the delivery of the covered device.</i>	See Professional, Inpatient or Outpatient	50% after Deductible
Infertility - Select Services	50% after Deductible	*50% after Deductible
Donor Fees for Covered Organ Transplants	20% after Deductible	50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible

OPTIONAL BENEFITS

	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency ⁴		
Office Visits	\$35	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20%	40% after Deductible
Residential Treatment ²	20%	40% after Deductible
Chiropractic	\$25	*50% after Deductible
Injectable Drugs and Specialty Medications ⁴	20% after Deductible	40% after Deductible
Bariatric Surgery (<i>Up to one surgery/lifetime</i>) ⁴	See Professional, Inpatient or Outpatient	50% after Deductible

PRESCRIPTION DRUGS

Pharmacy Deductible - Per Person per plan Year	\$100
Prescription Drug List (formulary)	RxSelect®
Prescription Drugs - Up to 30 Day Supply of Covered Medications ⁴	
Tier 1	\$15
Tier 2	\$30 after pharmacy Deductible
Tier 3	\$75 after pharmacy Deductible
Tier 4	\$150 after pharmacy Deductible
Maintenance Drugs - 90 Day Supply (Mail-Order, Retail90®)-selected drugs ⁴	
Tier 1	\$15
Tier 2	\$60 after pharmacy Deductible
Tier 3	\$225 after pharmacy Deductible
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic

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

2 Refer to your Certificate of Coverage for more information.

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

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

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

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

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

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

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

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

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selecthealth.org





Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness (PCP)	\$35/visit	40% <u>co-insurance</u>	A different benefit may apply for major office surgery. <u>Deductible</u> does not apply to in-network services. Certain limitations apply to allergy testing, treatment and serum. A different benefit may apply for major office surgery. <u>Deductible</u> does not apply to in-network services.
	<u>Specialist</u> visit (SCP)	\$50/visit	40% <u>co-insurance</u>	Frequency limitations apply. <u>Deductible</u> does not apply to in-network services.
	<u>Preventive</u> care / <u>screening</u> / immunization	No charge	50% <u>co-insurance</u>	<u>Deductible</u> does not apply to in-network services.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	40% <u>co-insurance</u>	
	Imaging (CT/PET scans, MRIs)	\$50/visit	40% <u>co-insurance</u>	-----None-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <u>selecthealth.org/prescriptions/default.aspx?st=id&plan=select</u>	Standard Tier 1 (generic drugs)	\$15/prescription	\$15/prescription	Certain limitations apply. Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services. Pharmacy <u>deductible</u> waived for tier 1.
	Standard Tier 2 (preferred brand drugs)	\$30/prescription	\$30/prescription	
	Standard Tier 3 (non-preferred brand drugs)	\$75/prescription	\$75/prescription	
	Maintenance Tier 1 (generic drugs)	\$15/prescription	\$15/prescription	
	Maintenance Tier 2 (preferred brand drugs)	\$60/prescription	\$60/prescription	
	Maintenance Tier 3 (non-preferred brand drugs)	\$225/prescription	\$225/prescription	
	<u>Specialty drugs</u>	20% <u>co-insurance</u> for medical, \$150/prescription for pharmacy	40% <u>co-insurance</u> for medical, \$150/prescription for pharmacy	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100/visit	40% <u>co-insurance</u>	-----None-----
	Physician/surgeon fees	20% <u>co-insurance</u>	40% <u>co-insurance</u>	-----None-----
If you need immediate medical attention	<u>Emergency room services</u>	\$200/visit	\$200/visit	<u>Emergency room services</u> apply to in-network benefits.
	<u>Emergency medical transportation</u>	20% <u>co-insurance</u>	20% <u>co-insurance</u>	Emergencies only. <u>Emergency medical transportation</u> applies to in-network benefits.
	<u>Urgent care</u>	\$35/visit	40% <u>co-insurance</u>	Applies to <u>urgent care</u> facilities only. <u>Deductible</u> does not apply to in-network services.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	Physician/surgeon fee	20% <u>co-insurance</u>	40% <u>co-insurance</u>	
	Outpatient services	\$35 for office visits, 20% <u>co-insurance</u> for outpatient	40% <u>co-insurance</u> for office visits, 40% <u>co-insurance</u> for outpatient	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services. Additional limitations and exclusions apply. <u>Deductible</u> does not apply to in-network office visits and outpatient services.
If you need mental health, behavioral health, or substance abuse services	Inpatient services	20% <u>co-insurance</u>	40% <u>co-insurance</u>	
	Office visits	\$35/visit	40% <u>co-insurance</u>	A different benefit may apply for major office surgery. <u>Deductible</u> does not apply to in-network services.
	Childbirth/delivery professional services	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply.
If you are pregnant	Childbirth/delivery facility services	20% <u>co-insurance</u>	40% <u>co-insurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Rehabilitation services</u>	\$50/visit for outpatient, 20% <u>co-insurance</u> for inpatient	40% <u>co-insurance</u>	Up to 40 days per <u>plan</u> year for inpatient physical, speech, and occupational therapies combined. Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Habilitation services</u>	\$50/visit	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Skilled nursing care</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Up to 60 days per <u>plan</u> year. Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Durable medical equipment (DME)</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Hospice service</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
If your child needs dental or eye care	Children's eye exam	\$50/visit	40% <u>co-insurance</u>	<u>Deductible</u> does not apply to in-network services.
	Children's glasses	Not covered	Not covered	Glasses are not covered.
	Children's dental check-up	Not covered	Not covered	Dental check-ups are not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none">• Abortions/termination of pregnancy except in limited circumstances• Acupuncture• Administrative services/charges• Cosmetic surgery and reconstructive and corrective services, except in limited circumstances• Dental care (adult/child), except in limited circumstances• Dental check-up• Experimental and/or investigational services• Glasses	<ul style="list-style-type: none">• Hearing aids• Immunizations for Anthrax, BCG, Cholera, Plague, Typhoid and Yellow Fever• Infertility treatment• Long-term care• Orthotic and other corrective appliances for the foot• Services for which a third-party is or may be responsible• Services related to certain illegal activities• Services that are not <u>medically necessary</u>	<ul style="list-style-type: none">• Temporomandibular Joint (TMJ) services greater than \$2,000 lifetime
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan document</u> .)		
<ul style="list-style-type: none">• Bariatric surgery, <u>preauthorization</u> required with limitations• Chiropractic care	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Private Duty Nursing, <u>preauthorization</u> required with limitations	<ul style="list-style-type: none">• Routine eye care (adult)• Routine foot care• Weight loss programs as part of a program approved by SelectHealth

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov; or contact the **Plan**. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your plan documents also provide complete information to submit a claim, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact: Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or dol.gov/ebsa/healthreform; or If your coverage is fully-insured, you may also contact the Idaho Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043.

To contact SelectHealth Member Services, please call 800-538-5038 weekdays, TTY users should call 711, or visit us at selecthealth.org.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes **plans**, **health insurance** available through the **Marketplace** or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the **premium tax credit**.

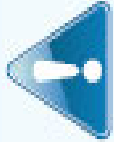
Does this plan meet the Minimum Value Standards? Yes

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a **plan** through the **Marketplace**.

Language Access Services:

Para obtener asistencia en Español, llame al 800-538-5038.

_____To see *examples of how this plan might cover costs for a sample medical situation*, see the *next page*.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- Specialist \$50
- Hospital (facility) 20%
- Other 20%

This **EXAMPLE** event includes services like:

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$100
Coinsurance	\$2,300
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,460

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist \$50
- Hospital (facility) 20%
- Other 20%

This **EXAMPLE** event includes services like:

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$1,200
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,160

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist \$50
- Hospital (facility) 20%
- Other 20%

This **EXAMPLE** event includes services like:

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$1,000
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,300

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

If you need these services, please call SelectHealth Member Services at 800-538-5038 or SelectHealth Advantage Member Service at 855-442-9900. Any member or other person who believes he/she may have been subject to discrimination may file a complaint or grievance by calling the SelectHealth 504/Civil Rights Coordinator at 844-208-9012 or the Compliance Hotline at 800-442-4845 (TTY Users: 711). You may also call the Office for Civil Rights at 1-800-368-1019 (TTY Users: 800-537-7697).

Spanish

Chinese

Vietnamese

Korean

Navajo

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Tongan

Serb-Croatian

Tagalog

German

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Arabic

Mon-khmer, Cambodian

French

Japanese

注意事項：日本語を話される場合、無料の言語 支援をご利用いただけます。
SelectHealth: 800-538-5038. まで、お電話にてご連絡ください。

Plan 2: High Deductible Health Plan

COLLEGE OF SOUTHERN IDAHO

Option 2

07/01/2021



selecthealth.

SELECTHEALTH NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY

IN-NETWORK

When using In-Network Providers, you are responsible to pay the amounts in this column.

OUT-OF-NETWORK

When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS

Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	plan Year	
Maximum Annual Out-of-Network Payment - (per plan Year)	None	None

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}

	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	\$2,000	\$2,250
Out-of-Pocket Maximum	\$3,500	\$5,000
Family Coverage, 2 or more enrolled - per plan Year		
Deductible	\$4,000	\$4,500
Out-of-Pocket Maximum	\$7,000	\$10,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		

INPATIENT SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	40% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴	20% after Deductible	40% after Deductible
Up to 40 days per plan Year for all therapy types combined		

PROFESSIONAL SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	\$15 after Deductible	40% after Deductible
Secondary Care Provider (SCP) ¹	\$25 after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	50% after Deductible
Allergy Treatment and Serum	20% after Deductible	50% after Deductible
Major Surgery	20% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible

PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}

	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	50% after Deductible
Secondary Care Provider (SCP) ¹	Covered 100%	50% after Deductible
Adult and Pediatric Immunizations	Covered 100%	50% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	50% after Deductible
Diagnostic Tests: Minor	Covered 100%	50% after Deductible
Other Preventive Services	Covered 100%	50% after Deductible

VISION SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	\$25 after Deductible	40% after Deductible

OUTPATIENT SERVICES⁴

	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	20% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room - (In-Network facility)	\$75 after Deductible	See In-Network Benefit
Emergency Room - (Out-of-Network facility)	\$75 after Deductible	See In-Network Benefit
Urgent Care Facilities	\$35 after Deductible	40% after Deductible
Intermountain Connect Care [®]	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Chemotherapy, Radiation and Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$25 after Deductible	40% after Deductible

Plan 2: High Deductible Health Plan

COLLEGE OF SOUTHERN IDAHO

Option 2

07/01/2021



selecthealth.

SELECTHEALTH NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY

IN-NETWORK

OUT-OF-NETWORK

MISCELLANEOUS SERVICES

Durable Medical Equipment (DME)⁴
 Miscellaneous Medical Supplies (MMS)³
 Autism Spectrum Disorder
 Maternity⁴
 Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices⁴
One device every 36 months per ear. Up to 45 language/speech therapy visits during the 12 months after the delivery of the covered device.
 Infertility - Select Services
 Donor Fees for Covered Organ Transplants⁴
 TMJ (Temporomandibular Joint) Services - Up to \$2,000 lifetime

IN-NETWORK

20% after Deductible
 20% after Deductible
 See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
 See Professional, Inpatient or Outpatient
 See Professional, Inpatient or Outpatient
 50% after Deductible
 20% after Deductible
 See Professional, Inpatient or Outpatient

OUT-OF-NETWORK

40% after Deductible
 40% after Deductible
 See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
 40% after Deductible
 50% after Deductible
 50% after Deductible
 50% after Deductible
 50% after Deductible

OPTIONAL BENEFITS

Mental Health and Chemical Dependency⁴ (combined benefits)
 Office Visits
 Inpatient
 Outpatient
 Residential Treatment²
 Chiropractic
 Injectable Drugs and Specialty Medications⁴
 Bariatric Surgery (Up to one surgery/lifetime)⁴

IN-NETWORK

\$15 after Deductible
 20% after Deductible
 20% after Deductible
 20% after Deductible
 \$15 after Deductible
 20% after Deductible
 See Professional, Inpatient or Outpatient

OUT-OF-NETWORK

40% after Deductible
 40% after Deductible
 40% after Deductible
 40% after Deductible
 40% after Deductible
 40% after Deductible
 40% after Deductible

PRESCRIPTION DRUGS

Prescription Drug List (formulary)

Prescription Drugs-Up to 30 Day Supply of Covered Medications⁴

Tier 1
 Tier 2
 Tier 3
 Tier 4

Maintenance Drugs-90 Day Supply (Mail-Order, Retail⁹⁰®)-selected drugs⁴

Tier 1
 Tier 2
 Tier 3

Deductible Waiver

Generic Substitution Required

RxSelect[®]

\$7 after In-Network Deductible
 \$21 after In-Network Deductible
 \$42 after In-Network Deductible
 \$100 after In-Network Deductible

\$7 after In-Network Deductible
 \$42 after In-Network Deductible
 \$126 after In-Network Deductible

Certain prescription drugs are not subject to the Deductible

Generic required or must pay Copay plus cost difference between name brand and generic

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

2 Refer to your Certificate of Coverage for more information.

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

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

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

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

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

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

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

ID-MPS HDHP 01/01/21

01/25/21

C


selecthealth.org

Coverage for: Single/Family | Plan Type: HDHP POSID

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit selecthealth.org or call 800-538-5038. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at selecthealth.org/sbc or call 800-538-5038 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$2,000 single/ \$4,000 family in-network and \$2,250 single/ \$4,500 family out-of-network per <u>plan</u> year.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes, for in-network <u>providers</u> : <u>preventive</u> care and <u>preventive</u> prescriptions are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$3,500 single/ \$7,000 family in-network and \$5,000 single/ \$10,000 family out-of-network.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billed</u> charges, healthcare this <u>plan</u> doesn't cover, and penalties for failure to obtain <u>preauthorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. To find an in-network <u>provider</u> visit selectthehealth.org/findadoctor or call Member Services at 800-538-5038.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a provider for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness (PCP)	\$15/visit	40% <u>co-insurance</u>	A different benefit may apply for major office surgery. Certain limitations apply to allergy testing, treatment and serum. A different benefit may apply for major office surgery.
	<u>Specialist</u> visit (SCP)	\$25/visit	40% <u>co-insurance</u>	
	<u>Preventive</u> care / <u>screening</u> / immunization	No charge	50% <u>co-insurance</u>	Frequency limitations apply. <u>Deductible</u> does not apply to in-network services.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	40% <u>co-insurance</u>	-----None-----
	Imaging (CT/PET scans, MRIs)	20% <u>co-insurance</u>	40% <u>co-insurance</u>	-----None-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at selecthealth.org/prescriptions/default.aspx?st=id&plan=select	Standard Tier 1 (generic drugs)	\$7/prescription	\$7/prescription	Certain limitations apply. Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services. <u>Deductible</u> does not apply to certain prescriptions.
	Standard Tier 2 (preferred brand drugs)	\$21/prescription	\$21/prescription	
	Standard Tier 3 (non-preferred brand drugs)	\$42/prescription	\$42/prescription	
	Maintenance Tier 1 (generic drugs)	\$7/prescription	\$7/prescription	
	Maintenance Tier 2 (preferred brand drugs)	\$42/prescription	\$42/prescription	
	Maintenance Tier 3 (non-preferred brand drugs)	\$126/prescription	\$126/prescription	
<u>Specialty drugs</u>	20% <u>co-insurance</u> for medical, \$100/prescription for pharmacy	40% <u>co-insurance</u> for medical, \$100/prescription for pharmacy	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>co-insurance</u>	40% <u>co-insurance</u>	-----None-----
	Physician/surgeon fees	20% <u>co-insurance</u>	40% <u>co-insurance</u>	-----None-----
If you need immediate medical attention	<u>Emergency room services</u>	\$75/visit	\$75/visit	<u>Emergency room services</u> apply to in-network benefits.
	<u>Emergency medical transportation</u>	20% <u>co-insurance</u>	20% <u>co-insurance</u>	Emergencies only. <u>Emergency medical transportation</u> applies to in-network benefits.
	<u>Urgent care</u>	\$35/visit	40% <u>co-insurance</u>	Applies to <u>urgent care</u> facilities only.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	Physician/surgeon fee	20% <u>co-insurance</u>	40% <u>co-insurance</u>	
	Outpatient services	\$15 for office visits, 20% <u>co-insurance</u> for outpatient	40% <u>co-insurance</u> for office visits, 40% <u>co-insurance</u> for outpatient	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services. Additional limitations and exclusions apply.
If you need mental health, behavioral health, or substance abuse services	Inpatient services	20% <u>co-insurance</u>	40% <u>co-insurance</u>	
	Office visits	\$15/visit	40% <u>co-insurance</u>	A different benefit may apply for major office surgery.
	Childbirth/delivery professional services	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply.
	Childbirth/delivery facility services	20% <u>co-insurance</u>	40% <u>co-insurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Rehabilitation services</u>	\$25/visit for outpatient, 20% <u>co-insurance</u> for inpatient	40% <u>co-insurance</u>	Up to 40 days per <u>plan</u> year for inpatient physical, speech, and occupational therapies combined. Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Habilitation services</u>	\$25/visit	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Skilled nursing care</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Up to 60 days per <u>plan</u> year. Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Durable medical equipment (DME)</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	<u>Hospice service</u>	20% <u>co-insurance</u>	40% <u>co-insurance</u>	Benefits may be denied or reduced by 50% for failure to obtain <u>preauthorization</u> for certain services.
	Children's eye exam	\$25/visit	40% <u>co-insurance</u>	-----None-----
If your child needs dental or eye care	Children's glasses	Not covered	Not covered	Glasses are not covered.
	Children's dental check-up	Not covered	Not covered	Dental check-ups are not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Abortions/termination of pregnancy except in limited circumstances• Acupuncture• Administrative services/charges• Cosmetic surgery and reconstructive and corrective services, except in limited circumstances• Dental care (adult/child), except in limited circumstances• Dental check-up• Experimental and/or investigational services• Glasses	<ul style="list-style-type: none">• Hearing aids• Immunizations for Anthrax, BCG, Cholera, Plague, Typhoid and Yellow Fever• Infertility treatment• Long-term care• Orthotic and other corrective appliances for the foot• Services for which a third-party is or may be responsible• Services related to certain illegal activities• Services that are not <u>medically necessary</u>	<ul style="list-style-type: none">• Temporomandibular Joint (TMJ) services greater than \$2,000 lifetime
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Bariatric surgery, <u>preauthorization</u> required with limitations• Chiropractic care	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Private Duty Nursing, <u>preauthorization</u> required with limitations	<ul style="list-style-type: none">• Routine eye care (adult)• Routine foot care• Weight loss programs as part of a program approved by SelectHealth

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov; or contact the **Plan**. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit **www.HealthCare.gov** or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your plan documents also provide complete information to submit a claim, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact: Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or dol.gov/ebsa/healthreform; or if your coverage is fully-insured, you may also contact the Idaho Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043.

To contact SelectHealth Member Services, please call 800-538-5038 weekdays, TTY users should call 711, or visit us at selecthealth.org.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes **plans**, **health insurance** available through the **Marketplace** or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of **Minimum Essential Coverage**, you may not be eligible for the **premium tax credit**.

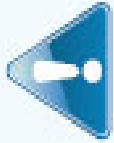
Does this plan meet the Minimum Value Standards? Yes

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a **plan** through the **Marketplace**.

Language Access Services:

Para obtener asistencia en Español, llame al 800-538-5038.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next page.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,000
- Specialist \$25
- Hospital (facility) 20%
- Other 20%

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$1,500
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,560

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist \$25
- Hospital (facility) 20%
- Other 20%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$700
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,960

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,000
- Specialist \$25
- Hospital (facility) 20%
- Other 20%

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$400
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,700

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

If you need these services, please call SelectHealth Member Services at 800-538-5038 or SelectHealth Advantage Member Service at 855-442-9900. Any member or other person who believes he/she may have been subject to discrimination may file a complaint or grievance by calling the SelectHealth 504/Civil Rights Coordinator at 844-208-9012 or the Compliance Hotline at 800-442-4845 (TTY Users: 711). You may also call the Office for Civil Rights at 1-800-368-1019 (TTY Users: 800-537-7697).

Spanish

Nepali

Chinese

Tenors

Vietnamese

សម្គាល់: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ សេរី
ជំនួយក្នុងការសាងសង់ផ្នែកផ្សេងៗ
សំរាប់អ្នក។ សូមទូរស័ព្ទមក SelectHealth:
800-538-5038 ។

이러한 사실은, 이 책은

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth: **800-538-5038**.

Díí baa akó nínizin: Díí saad bée yánifit'go Diné Bizaad, saad bée áká'anída'áwo'de ę ' t'áá jii'keh, é ná hólo', kojjí' hódílinih SelectHealth: 800-538-5038.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
SelectHealth: 800-538-5038. まで、お電話にてご連絡ください。

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Educational Information (04/FG2021)

2020 IRS HSA maximum contribution amounts: Individual \$3,550; Family \$7,100

2021 IRS HSA maximum contribution amounts: Individual \$3,600; Family \$7,200

Benefits to employees:

- Employer and employee may contribute to the HSA up to the total individual or family IRS maximum amounts per year. The IRS determines the annual amounts and they are often increased by a small amount annually.
- Money in the HSA account can be used by the employee to help meet their medical or dental deductibles; vision copays; and to help pay for qualified medical expenses determined by the IRS. *(You may locate a list of qualified medical expenses through the IRS website.)*
- **IRS rules state that HSA's can be funded when an employee is insured on a HDHP. You (or your employer) cannot contribute to your HSA account if you are enrolled on a non-HDHP (traditional type health plan on your own or enrolled with your spouse.) If you or they do so, penalties will apply.**
- You **can** use HSA funds to pay for **all tax dependents** expenses whether or not they are enrolled on the HDHP.
- You can contribute the **Family** IRS amount as long as there are 2 or more individuals enrolled on your HDHP.
- Money in the employee's HSA account is owned by employee and goes with employee if employment is terminated.
- Money in an HSA account carries forward from year to year. *(It's not use it or lose it like medical FSA.)*
- Money in an HSA grows **tax-deferred** and is **withdrawn tax-free** as long as money is used for a qualified medical expenses.
- Contributions that the employee chooses to make are made **pre-tax** from the employee's pay. *(Any contributions to employee HSA account by employer is also pre-tax.)*
- Money may also earn interest as the funds in the account grows. *(HealthEquity website includes info.)*
- Employee can make a one-time transfer from **IRA** to HSA subject to specific limit (as of 2008).
- **There is a \$1,000 per year 'catch up' amount allowed at age 55 and older.**
- Employee **may also** use the money in the HSA account to pay COBRA insurance premiums; Long term care insurance premium *(subject to IRS mandated limits based on age and adjust annually)*; Long term care services and decisions; Health care coverage while receiving unemployment compensation under federal or state law; Medicare and other health care coverage if you were 65 or older *(other than premiums for a Medicare supplemental policy, such as Medigap.)*
- HDHP medical plans help individuals become better consumers as it makes them more responsible for medical care purchases and medical decisions. We learn to 'shop' for our care and needs like we do when purchasing a car or other items.

Items to be sure employees understand:

- HDHP medical deductible must be met before plan will pay benefits. *(Exception preventive care and preventive medications – see below.)*
- HDHP's **office copay's** are eliminated. You must pay for visits until you meet your deductible. *(Medical deductible must be met first.)*

- HDHP's **prescription drug copay's** are eliminated. You must pay **full cost** for prescription until you meet your deductible. **Exception: 'preventive maintenance medications' that are used to treat high blood pressure, diabetes, cholesterol, etc.** (See list of specific drugs from specific insurance carrier.)
- HDHP's may benefit all employees. Important to review the plan design verses a traditional/standard plan offering and to consider how often you use the office visit copays and prescription usage.
- You are **unable** to use HSA funds to pay for dependent child or adult care.
- If the plan year of HDHP does not start 1/1, divide the single or family amount by 12 and only contribute up to the amount of months remaining in the calendar year. Example, plan date is 6/1, only contribute half of the single or family amount unless employee knows for sure they will still continue on the HDHP for the full 12 months of the following year.
- IRS does not allow you to contribute new funds to a HSA savings account **if you are** enrolled in Medicare. If you had HSA prior to age 65 and Medicare, you can **keep the HSA and use up the money** but no new contributions can be made to the HSA account.
- If employee is enrolled on HDHP and spouse is enrolled in Medicare, employee can add spouse to HDHP and contribute the family amount. (Spouse can't open own HSA account.)
- IRS does not allow you to contribute to an HSA if you are claimed as dependent on someone else's taxes.
- **Medical flexible spending account:** If enrolled in HDHP, you are unable to contribute (or anyone else contribute for you) to an HSA account if you **(or your spouse)** are **enrolled** in or have funds in a **Medical Flexible Spending Account**. The Flexible Spending account would have to be a separate limited plan for vision and dental only. You **may** still enroll in the **dependent care plan**. (IRS rules for spouses – one or the other as far as FSA or HSA, not both.)
- Use up remaining FSA money ASAP by end of FSA plan date and **don't** re-enroll in the FSA medical plan. (If money is remaining in your FSA account at FSA plan date expiration, you are considered re-enrolled and unable to open HSA account.)
- Employer hires third party administrator to oversee the HSA accounts for employees. The employee authorizes the account to be opened in their own name. (Spouse must open their own account if they would like to contribute additional \$1,000 catch-up, if applicable.)

Miscellaneous Information:

- Keep receipts in case you are audited.
- Mistaken distributions can be returned to HSA account.
- If death occurs, the spouse becomes owner of the HSA account. If spouse is not beneficiary, the money in the account will become taxable to the dependent.

Deductible Waived – Drugs, Devices, and Tests

Do you use medications, tests, or equipment in one of the categories below? We have good news for you! Many of our plans provide coverage for drugs, equipment, and tests in these categories even *before* you meet your deductible (cost-sharing still applies). If you aren't sure about your plan's benefit, contact our Member Services team.

We've listed the most commonly prescribed covered medications in these no-deductible categories. If you don't see the one you're looking for, you'll find a more complete Prescription Drug List on selecthealth.org, or log in to your SelectHealth member account and use our online drug search.

NEED MORE INFORMATION?



WEB

selecthealth.org/pharmacyresources



PHONE

800-538-5038



Devices

- > Peak Flow Meter

Asthma and COPD

- > Albuterol/HFA
- > Anoro Ellipta
- > Arcapta
- > Arnuity Ellipta
- > Asmanex
- > Atrovent/HFA
- > Budesonide
- > Combivent
- > Daliresp
- > Flovent
- > Fluticasone/Salmeterol
- > Ipratropium
- > Levalbuterol
- > Montelukast
- > Proventil
- > Pulmicort
- > Qvar
- > Serevent
- > Spiriva
- > Stiolto
- > Striverdi
- > Symbicort
- > Terbutaline
- > Trelegy
- > Ventolin/HFA
- > Wixela Inhub

Cardiovascular Antiadrenergics

- > Clonidine
- > Minipress
- > Prazosin

Cardiovascular

- > Aldactone
- > Amlodipine/Olmesartan
- > Amlodipine
- > Atenolol
- > Bystolic
- > Byvalson
- > Candesartan/HCTZ
- > Candesartan

- > Carvedilol
- > Corlanor
- > Diltiazem
- > Eliquis
- > Entresto
- > Furosemide
- > Hydrochlorothiazide
- > Lisinop/HCTZ
- > Lisinopril
- > Losartan
- > Losartan/HCTZ
- > Metoprolol
- > Multaq
- > Olmesartan/Amlodipine/HCTZ
- > Olmesartan/HCTZ
- > Olmesartan
- > Propranolol
- > Ranolazine
- > Spironolactone
- > Telmisartan/Amlodipine
- > Telmisartan/HCTZ
- > Telmisartan
- > Trandolopril/Verapamil
- > Triamterene/HCTZ
- > Valsartan/HCTZ
- > Valsartan
- > Warfarin
- > Xarelto

Cholesterol

- > Atorvastatin
- > Cholestyramine
- > Colestipol
- > Fenofibrate
- > Livalo
- > Pravastatin
- > Rosuvastatin
- > Simvastatin

Diabetes – Insulin

- > Lantus
- > Novolin
- > Novolin N
- > Novolin R

- > Novolog
- > Novolog Mix
- > Toujeo

Diabetes – Non-Insulin

- > Alogliptin
- > Farxiga
- > Glimepiride
- > Glipizide
- > Glucagen
- > Glucagon
- > Glyxambi
- > Jardiance
- > Jentadueto
- > Metformin
- > Pioglitazone
- > Segluromet
- > Steglatro
- > Synjardy
- > Tradjenta
- > Trulicity
- > Victoza
- > Xigduo XR

Mental Health

- > Citalopram
- > Escitalopram
- > Fluoxetine
- > Fluvoxamine
- > Paroxetine
- > Sertraline

Osteoporosis

- > Alendronate
- > Fosamax

Tests

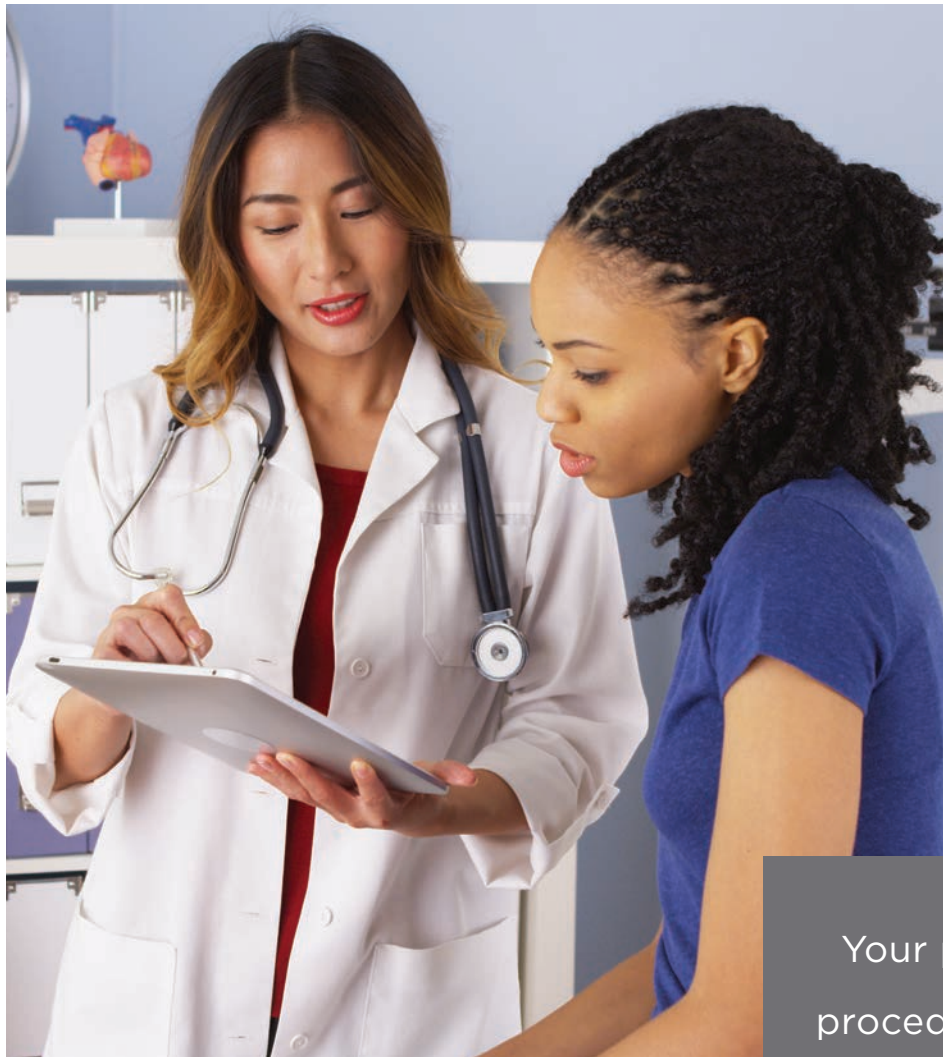
- > Hemoglobin A1c Testing
- > International Normalized Ratio (INR) Testing
- > Low-density Lipoprotein (LDL) Testing
- > Retinopathy Screening

SelectHealth refers to many of the drugs in this list by their respective trademarks, but SelectHealth does not own those trademarks; the manufacturer or supplier of each drug owns the drug's trademark. By listing these drugs, SelectHealth does not endorse or sponsor any drug, manufacturer, or supplier. And these manufacturers and suppliers do not endorse or sponsor any SelectHealth service or plan and are not affiliated with SelectHealth.

*This list is not a complete list of all covered drugs and may be subject to change. Other limitations may apply.

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Preventive Care



DID YOU KNOW?

Your plan covers many procedures, services, and preventive screenings at no out-of-pocket cost to you. With 100% coverage, you can get the preventive care you need.

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

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

Zero Out-of-Pocket Cost

Adult Preventive Services (ages 18 and older)

Laboratory Tests

- > Complete Blood Count (CBC)
- > Prostate Cancer Screening (PSA)
- > Diabetes Screening
- > Cholesterol Screening
- > Gonorrhea Screening
- > Human Papillomavirus (HPV) Testing (once every 3 years for women ages 21-65)
- > Chlamydia Screening
- > Human Immunodeficiency Virus (HIV) Screening
- > Syphilis Screening
- > Tuberculosis (TB) Testing
- > Lead Screening
- > BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria)
- > Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- > Hepatitis C Virus (HCV) Screening (once per lifetime for individuals over age 50)

Procedures

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

Examinations/Counseling

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

- > Hearing Screening (ages 65 and older)
- > Glaucoma Screening (Every 12 months)
- > Sexually Transmitted Infections Counseling
- > Dietary Counseling (only for certain diet-related chronic diseases)

Immunizations

- > Influenza
- > Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- > Pneumococcal
- > Hepatitis A
- > Meningitis
- > Zoster (ages 50 and older OR ages 59 and older)
- > Human Papillomavirus (HPV) (ages 9 to 25)

Contraception

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

Pediatric Preventive Services (younger than age 18)

Procedures/Counseling

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

Laboratory Tests

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

Immunizations

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

- > Hepatitis B
- > Meningitis
- > Varicella (including MMVR)
- > Rotavirus
- > Human Papillomavirus (HPV) (ages 9 to 25)

Obstetrical Preventive Services

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Laboratory Tests

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

Breast-feeding Supplies and Support

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

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

Looking to Save Money on Prescriptions?

Check out Rx Savings Solutions. This free service provides transparency into prescription costs and options and is available to members enrolled in **SelectHealth** medical plans.

It's a simpler way to save money at the pharmacy.



How to get started:

1.



ACCESS YOUR PORTAL

Register your account at
<https://myrxss.com>
or by downloading the
Rx Savings Solutions app.

2.



REVIEW YOUR SAVINGS

Medications you or your family
take will be displayed, along
with all options to maximize
your savings.

3.



TAKE ACTION

If savings are available, you'll
see how to share the options
with your provider and get a
new prescription if necessary.

Don't keep it to yourself.

Share the powerful prescription savings potential with your spouse and eligible dependents. All they have to do is register!

Questions? Contact our Pharmacy Support Team.

Our Pharmacy Support Team is staffed with Certified Pharmacy Technicians available to assist with prescription questions. They can be reached Monday–Friday from 7 a.m.–8 p.m. CT at 1-800-268-4476 or support@rxsavingsolutions.com.

Frequently Asked Questions

What is Rx Savings Solutions? How does it work?

Rx Savings Solutions is a free, confidential service that provides you and your dependents with cost-saving opportunities on your medications. Rx Savings Solutions looks at the medications you take and prepares a personalized prescription savings plan for you. When there is an opportunity to save, Rx Savings Solutions will send you a text or email notification letting you know to log in and view your savings opportunities. Rx Savings Solutions is a fully HIPAA-compliant company. To learn more about how Rx Savings Solutions handles your information, please visit the privacy policy at: <https://rxsavingsolutions.com/privacy-policy>.

Is this the same as my current insurance or mail-order pharmacy?

Rx Savings Solutions is not the same as your prescription insurance. It is an additional service that is being offered by your employer to you and your eligible dependents to lower out-of-pocket costs for prescription medications. We strive to identify any and all savings opportunities that will help lower your prescription cost.

How do I get the savings Rx Savings Solutions has found for me?

Details of each savings opportunity are available on your Rx Savings Solutions dashboard. To access them, log in at myrxss.com. The secure website will walk you through the rest of these steps. There is even a personalized letter to send to your prescriber, who will be able to see the suggestions that have been made. We will also notify you when we find savings on your prescriptions, based on your User Settings contact preferences.

What if I am not interested in the savings suggestions made?

The savings Rx Savings Solutions finds for you are suggestions for making more informed decisions about your healthcare. You may use the suggestions if you and your prescriber feel they are a good fit for you. If not, there is no requirement to use the savings found.

When I log in to my account, I don't see one of the medications I'm taking. Why isn't it there and how do I add it?

The medications listed on your dashboard are those which you have filled in the last 6 months. In addition, the claims information that Rx Savings Solutions receives from your insurance company may come at a slight delay. If you have started a new medication, you can wait for the information from your insurance company to be delivered to Rx Savings Solutions, or you can use the Search for a Medication tool located on your dashboard.

How do I look at my dependent's prescriptions?

You will have access to savings information for any minor dependents on your dashboard. Adult dependents will be required to create their own profile and must grant you permission in order to share their prescription information with you, but you can see on your dashboard whether they have a savings alert.

Activate your account at <https://myrxss.com> or search for Rx Savings Solutions on Google Play™ or the App Store®.










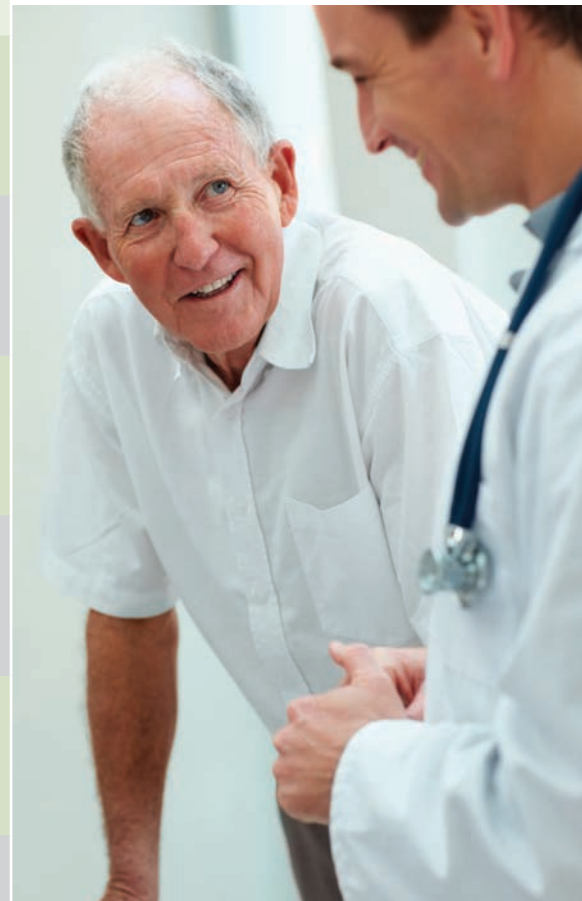
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Bundled Copays

What's covered with your copay? Compare other plans to ours. Some health insurance plans require separate copays for these benefits.

INCLUDED	 selecthealth.
Office visit	
X-ray exam	
Basic metabolic panel	
Urinalysis	
Bone density tests	
Spirometry/pulmonary function testing	



The above table provides an example of what could be included for one copay at an office visit, when services are received from an in-network provider. However, coverage is not limited to these examples and office visits may also be subject to the plan deductible.



Know Before You Fill

COMPARE DRUG PRICES

Log in to your SelectHealth member account to search for covered medications, compare drug prices, and see other information about your prescriptions and benefits. Your member account also has information about any special requirements, like step therapy or preauthorization, which you and/or your doctor may need to complete before you can fill a prescription. If you ever have questions about drugs with special requirements, call Member Services at **800-538-5038**.

SAVE MONEY WITH LOWER-TIER DRUGS

The list of drugs covered by your plan will be either RxSelect® or RxCore®. Your member materials and ID card indicate which drug list you have, and searchable versions of these two drug lists are available on our website.

Your drug list will have three or four tiers of coverage and each tier corresponds to a copay or coinsurance amount (the amount you pay when you get drugs at the pharmacy). Look for generics and lower-tier alternatives to pay less for equally effective medications.

\$	Tier 1	Lowest Cost (mostly generic drugs)
\$\$	Tier 2	Higher Cost (generic and brand-name drugs)
\$\$\$	Tier 3	Highest Cost (mostly brand-name drugs)
\$\$\$\$	Tier 4	Injectable Drugs and Specialty Medications

SPEND LESS WITH RX SAVINGS SOLUTIONS

We've collaborated with Rx Savings Solutions, a pharmacy transparency service that shows you the lowest-price option(s) for any prescriptions you and your family take now and any you're prescribed in the future.

Activate your account today: myrxss.com

CONVENIENT PHARMACY ACCESS

INTERMOUNTAIN HOME DELIVERY PHARMACY

Get your prescriptions delivered for FREE.
Register online at intermountainrx.org
or call **855-779-3960**.

INTERMOUNTAIN SPECIALTY PHARMACY

Get your specialty drugs or
self-injectables delivered for FREE.

Ask your doctor to send
prescriptions or call **877-284-1114**.

RETAIL 90®

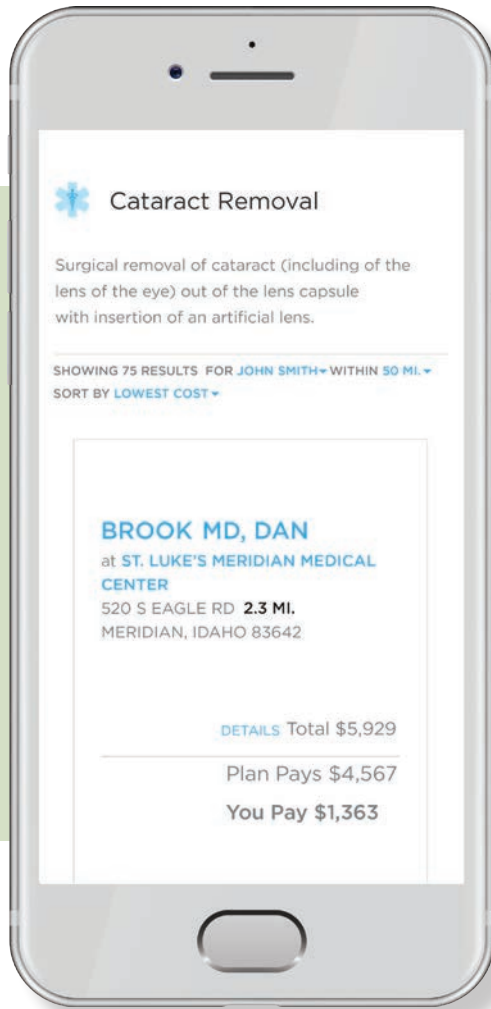
Get a 90-day supply of your maintenance
medications at a participating Retail 90
pharmacy—and pay less in most cases.

YOUR LOCAL PHARMACY

From major national chains to the corner
drug store, you can get your prescriptions
filled pretty much anywhere. Search for
participating pharmacies at selecthealth.org.

Superior Tech for You

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



MEDICAL COST ESTIMATOR

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

ID CARDS

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

REQUEST A CALL

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

CHAT WITH US

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

HEALTHCARE INFORMATION

View your benefits, claims, and deductible levels.



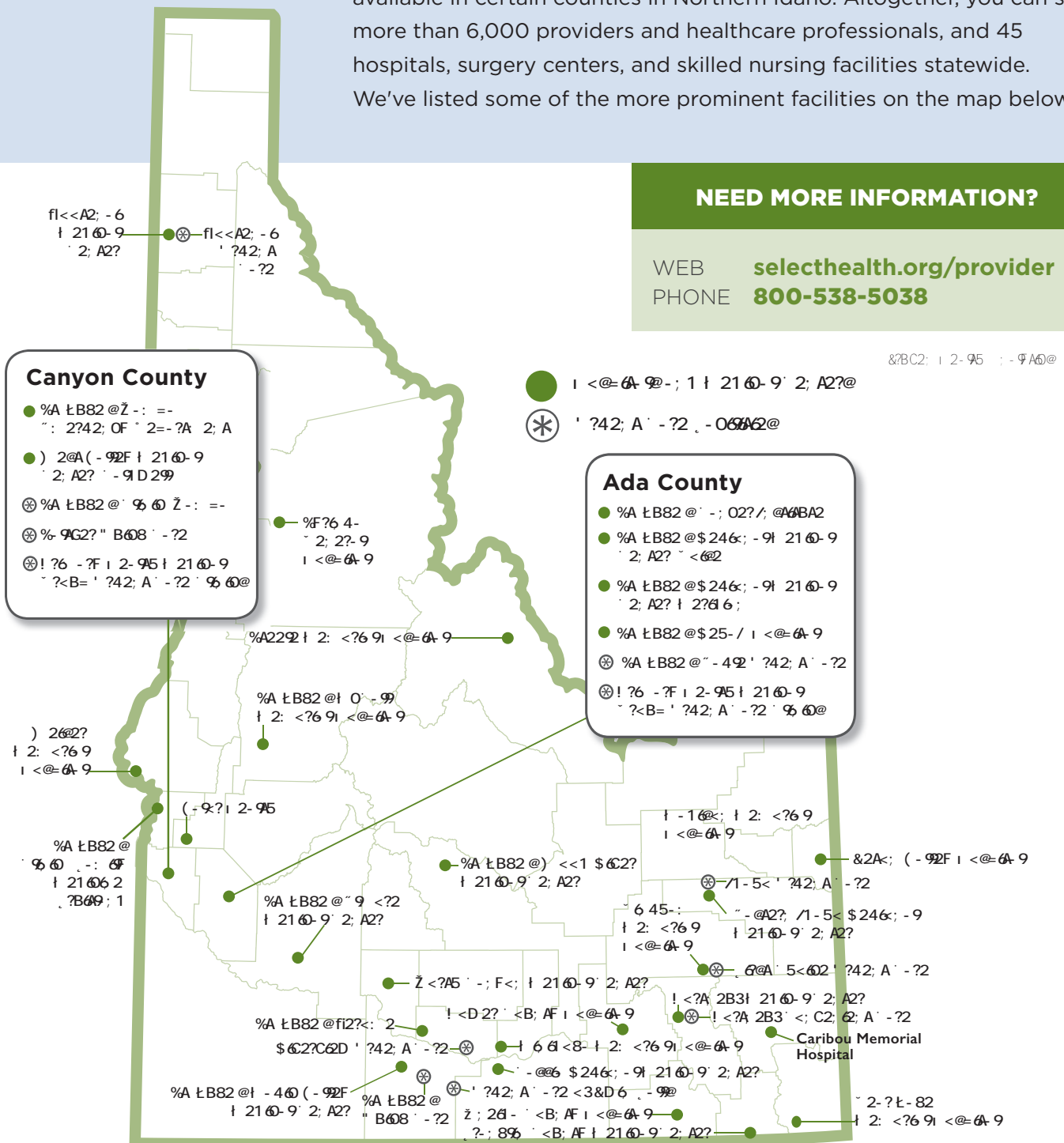
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Your Network of Doctors and Hospitals

You have in-network benefits at hospitals, doctors, and healthcare professionals throughout Idaho. You can use St. Luke's nationally recognized hospitals, facilities, and physicians through the St. Luke's Health Partner's network.* In addition, you have access to providers on the BrightPath network and MultiPlan providers are available in certain counties in Northern Idaho. Altogether, you can see more than 6,000 providers and healthcare professionals, and 45 hospitals, surgery centers, and skilled nursing facilities statewide. We've listed some of the more prominent facilities on the map below.

NEED MORE INFORMATION?

WEB selecthealth.org/provider
PHONE 800-538-5038



The SelectHealth Network

The SelectHealth Network is for members who live or work in Idaho. It includes all St. Luke's hospitals, facilities, and physicians, in addition to thousands of contracted doctors. You also have in-network benefits through the SelectHealth Med network in Utah, the SelectHealth Value network in Nevada, and the United Healthcare Options PPO network, which includes 83% of all hospital beds in the U.S. and two of every three healthcare professionals. Use the chart below to understand your in-network coverage in all 50 states.

STATE	NETWORK
Idaho	St. Luke's Health Partner's, Brightpath, & the SelectHealth Network
Utah	SelectHealth Med
Nevada	SelectHealth Value
All Other States	UnitedHealthcare Options PPO

Visit selecthealth.org/provider or use our mobile app to search for in-network doctors and facilities. Remember to choose the right network from the drop down.

PRIMARY CARE PROVIDERS

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history, be your partner in preventive care, and help you find other doctors when you need them.

SPECIALISTS

When you need more than your PCP, our network of specialists and surgeons can help—and there are thousands to choose from.

LOCAL CLINICS

Community clinics are in your area, so you never have to drive far to get the care you need. Plus, some clinics have extended hours!

HOSPITALS

Our hospitals span Idaho, offering great care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it.

URGENT CARE

What's open late and costs less than the ER? Our urgent care clinics. If you need urgent care, these are great options.

INTERMOUNTAIN CONNECT CARE®

Visit a provider 24/7 via live online video. Most plans cover this service for a \$0 copay. Check your ID card or member materials for coverage information.

EMERGENCY CARE

If you have an emergency, call 911 or go to the nearest hospital—we've got you covered anywhere you are.



Live/Work Anywhere

THE WORKPLACE HAS CHANGED, SO WE'VE CHANGED, TOO

Employees like you are increasingly working from home. Some remote workers may even be in a completely different state from their employer.

SelectHealth now offers a new product that allows you to have the benefits and customer service you expect from us while accessing in-network doctors and facilities wherever you or your dependents live.



HERE'S HOW IT WORKS:

NATIONAL NETWORK

- 1 > **Easy access** to the UnitedHealthcare Options PPO network outside Utah, Idaho, and Nevada. This network includes 83% of all hospital beds and two of every three healthcare professionals in the U.S. There are nearly 850,000 physicians nationwide, giving 98% of the U.S. population access. Using the SelectHealth website or mobile app, you can easily search for in-network providers and facilities anywhere in the country. Choose "UnitedHealthcare Options PPO" from the network drop down at selecthealth.org/provider or in the app.
- > **Low-cost urgent care.** Low-cost (often \$0 copay) 24/7 telehealth video visits when you use Intermountain Connect Care from any state.*
- > **Extra help** when needed. If you need help finding providers or getting appointments, our Member Services team will set up appointments for you.

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2

SUPERIOR SERVICE

- > **SelectHealth's superior customer service.** No matter where you live, you can talk to a live person in 20 seconds on average. And our team is open early and stays late, so time zones are not an issue.
- > **SelectHealth communication.** Materials, care reminders, ID cards, and explanations of benefits all come from SelectHealth, so wherever you are, you'll know where things stand.



3

SAME BENEFITS

- > **Uniform benefits.** The same benefit and plan designs are available, no matter where you live.
- > **SelectHealth Rx benefits.** You have prescription benefits with SelectHealth, giving you access to 55,000 pharmacies nationwide, preauthorizations that happen in hours instead of days, and free access to Rx Savings Solutions, which can save hundreds each year on drug costs.

QUESTIONS?

SelectHealth Member Services:

800-538-5038

Stay Home, Stay Safe, Get Healthcare

WE'VE EXPANDED OUR TELEHEALTH COVERAGE!

ON-DEMAND HEALTHCARE

Most plans (including high deductible health plans) have \$0 copays/coinsurance before deductible for Connect CareSM urgent care video visits.

The average wait time is under 10 minutes, and you can save more than \$400 a visit when compared with the ER.*

Download the Connect Care app or go to intermountainconnectcare.org to get started. The service is available 24/7, and you can see a doctor virtually at no out-of-pocket cost to you.

WHAT IS URGENT CARE?

When you can't see your regular doctor, use Connect Care for:

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\$0 OUT-OF-POCKET PSYCHIATRIC CARE FROM ANYWHERE IN UTAH OR IDAHO.

Receive the same quality care for mild-to-moderate conditions through the convenience of a video visit.

Schedule an appointment by calling: **833-442-2670**

OR Schedule through MyHealth+

1. Download the MyHealth+ App or use the web version: intermountainhealthcare.org/MyHealth.
2. In the app select "Get Care," then "Appointments," the "Behavioral Health-Connect Care" specialty
3. Book an appointment.

TREATING MILD-TO-MODERATE:

- > Anger or Mood Swings
- > Anxiety
- > Attention Deficit
- > Bipolar
- > Depression
- > Insomnia
- > Panic Attacks
- > PTSD
- > Stress
- > Substance Abuse/Misuse

VISIT [INTERMOUNTAINHEALTHCARE.ORG/CCBH](https://intermountainhealthcare.org/CCBH) FOR MORE INFORMATION.

THROUGH THE COVID-19 (NOVEL CORONAVIRUS) PANDEMIC,* YOU WILL HAVE COVERAGE FOR:

SCHEDULED VIDEO VISITS

A scheduled video visit is a non-urgent care visit with your doctor or specialist (including mental health providers) using Intermountain Video Visits or other approved platform. This is covered under the same benefit as a normal doctor's office or specialist visit.

ASYNCHRONOUS (DELAYED RESPONSE) VISITS

These visits include emails or other secure communications with your doctor (through My Health+ or other platform) that are used to diagnose or treat health conditions. These communications, if billed, are also covered under the same benefit as a doctor's office or specialist visit.

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Connect CareSM Behavioral Health

What is Connect Care Behavioral Health? This new Intermountain Healthcare service opens up psychiatric care to adults over 18 anywhere in Utah or Idaho. Connect Care Behavioral Health can be accessed using a smart phone, tablet, or computer.

WHAT IS CONNECT CARE BEHAVIORAL HEALTH?

This new Intermountain Healthcare service opens up psychiatric care to adults over 18 anywhere in Utah or Idaho. Connect Care Behavioral Health can be accessed using a smart phone, tablet, or computer.

Patients receive treatment for mild-to-moderate conditions—anxiety, depression, addiction, and more—including medication prescribing and management.

WHAT COMMONLY TREATED CONDITIONS ARE CONSIDERED “MILD TO MODERATE”?

Commonly treated, mild-to-moderate conditions treated via Connect Care Behavioral Health include:

- > Addiction or substance use disorder (SUD)
- > Anger or mood swings
- > Anxiety
- > Attention deficit hyperactivity disorder (ADHD)
- > Bipolar disorder
- > Depression
- > Insomnia
- > Panic attacks
- > Post-traumatic stress disorder (PTSD)
- > Stress

HOW DO WE CONNECT PATIENTS WITH THESE SERVICES?

To schedule an appointment: Call **833-442-2670**.

Intermountain has appointments available daily for adults (ages 18+) from 7:00 a.m. to 7:00 p.m., including same-day appointments.



Connect Care Behavioral Health

PSYCHIATRIC CARE WHEN AND WHERE YOU NEED IT

Patients can now also schedule an appointment on the **MyHealth+** app by:

- 1 Downloading the MyHealth+ app (or using the web version)
- 2 Selecting “Get Care” in the app; then, selecting “Appointments”
- 3 Picking “Behavioral Health-Connect Care” specialty
- 4 Booking an appointment

For Intermountain providers, refer a patient in iCentra by searching for Connect Care in the “Refer To” field and selecting “Connect Care – Behavioral Health.”

Questions?

For more information, visit <https://www.selecthealth.com/connectcare>. You can also email either connectcare@selecthealth.com or connectcare@selecthealth.com.

Employee Assistance Program (EAP)



LIFE HAPPENS Your EAP has resources when it does

Connect to Free and Confidential Resources

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

Improve Your Life

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

Achieve More

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

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

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

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

To Login at www.bpahealth.com/eap-home, enter:

Employer Name: College of Southern Idaho

Toll Free Number: 800-726-0003

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

How to Access: it's Easy and Private

Start at our mobile friendly website:

www.bpahealth.com/eap-home

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

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

Call 800-726-0003

Our support center will set everything up for you

Things really tough?

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

BPA Health

(800) 726-0003

8050 W. Rifleman Street #100

Boise, ID 83704 USA

bpahealth.com

My Work-Life Resources provides support for all of life's challenges

BPAHealth.com



Resources for all of life's crossroads

- Raising a family
- Preparing a will
- Pet services
- Buying or selling a home
- Creating a budget
- Finding a day care provider
- Help with elder care
- Building your career
- Making healthy choices
- Becoming more active

Online seminars

- A new topic each month and archived library
- On demand and easy to access
- Many topics on health, parenting, finances and career development

Skill Builders e-learning courses

- On demand visual presentations can be completed in 15 to 20 minutes
- Receive a certificate of completion
- Topics that support all areas of personal improvement such as health, career and time management.

Savings Center

- Discount shopping
- Up to 25% savings on name brand, practical and luxury items

Accessing BPA Health My Work– Life Resources is easy at BPAHealth.com
Questions call: 1-800-726-0003

Connect. Improve. Achieve.

BPAHealth.com

Easy to access & mobile friendly

The BPA Health Website is available to you when and where you need it.

This is how you access **My Work-Life Resources**:

EAP Member Resources

Login & access:

- Details about your EAP
- Work/Life and Legal/Financial benefits
- Free lifestyle tools and resources

Employer Name

Toll Free Number

LOGIN Need Login Help? Call 800-726-0003

EAP Member Resources

LOG OUT

SEARCH EAP PROVIDERS

MY WORK-LIFE RESOURCES

Talk To Us
Call BPA Health to access services and learn more about your benefit.



Go to **BPAHealth.com/eap-home** and enter the following information:

Employer Name: **College of Southern Idaho**

Toll Free Number: **8007260003**

Select the My Work-Life Resources button and you will be connect to the resource web portal.

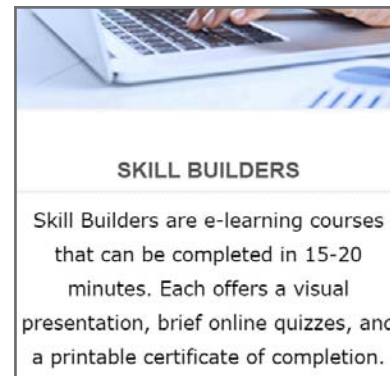
View or download work- life resources including webinars, forms, informational documents and educational



You can access on demand archived seminars when and where you need to.



Use this handy search tool to locate a child care provider or find a pet sitter. Use the older adult services locator to find a professional who provides elder care services.



The Skill Builders section helps you to improve work and personal relationships. It is easy to log in and take a course. Try "Eating Your Way to Wellness" today!

BPA Health is a Boise, Idaho company that connects people to make individual lives better, organizations more effective and communities stronger. BPA Health professionals help individuals confront everyday challenges and address the uniquely personal problems that impact their job performance, health and overall well-being.

Connect. Improve. Achieve.

CS-91-2/2/2016



Employee Assistance Program (EAP)

Secure Video Counseling



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

What is it?

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

Why Use Secure Video?

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

Are there tips for successfully using video sessions?

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

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

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

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

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

Search for video counselors

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

Note:

All approved Providers use HIPAA compliant systems to protect your privacy

Questions?

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

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

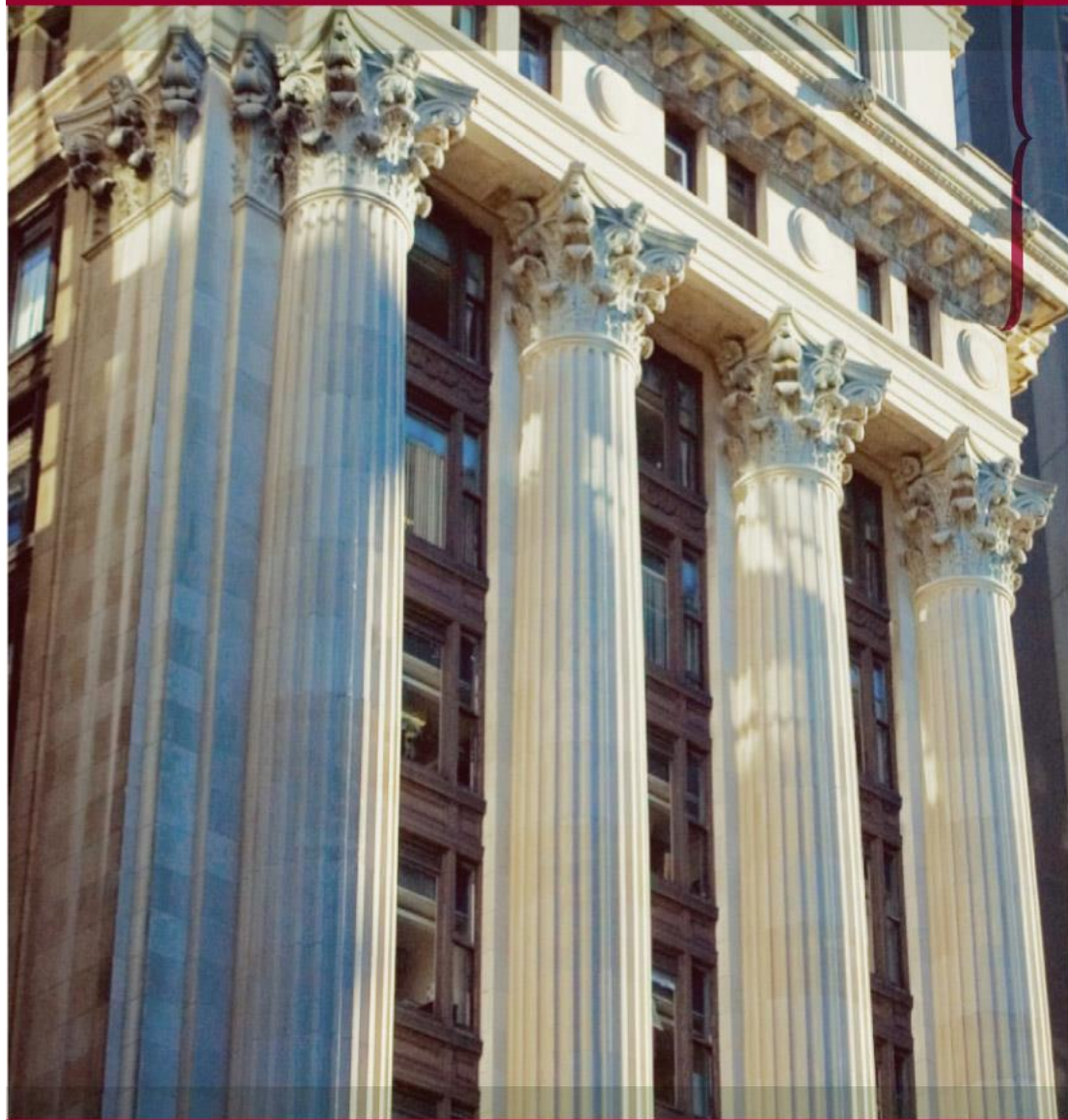
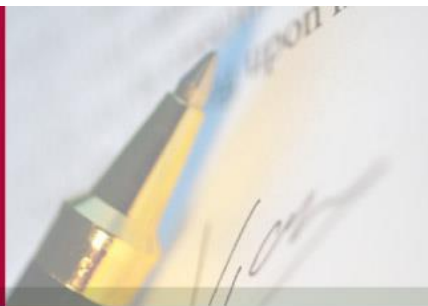
Edward R Jones, Ph.D.

BPA Health

8050 W. Rifleman Street
Suite 100
Boise, ID 83704 USA

Employee Assistance Program

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LEGAL ASSIST

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FINANCIAL ASSIST

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LEGAL/FINANCIAL CENTER

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2021 calendar

THEME	ONLINE SEMINAR	DESCRIPTION
Reframing Your World	<i>Reframing Your World</i> Jan 19th	
Setting Goals	<i>Setting Goals for Your Future</i> Feb 16th	
Planning for Success	<i>Planning for Success</i> Mar 16th	
Financial Security	<i>The Steps to Financial Security</i> Apr 20th	
Addressing Anxiety	<i>Addressing Anxiety in an Uncertain World</i> May 18th	
Healthy Relationships	<i>Building Healthy and Happy Relationships</i> Jun 15th	
Summer Holiday	<i>Maximizing Your Summer Break</i> Jul 20th	
Building Confidence in Children	<i>Raising Confident Children</i> Aug 17th	
Being Present	<i>Switch on to Being More Present</i> Sep 21st	
Embracing Differences	<i>Embracing Diversity and Differences</i> Oct 19th	
Caring for Our Elders	<i>Caring for Our Elders</i> Nov 16th	
Making Time to Make a Difference	<i>Paying it Forward</i> Dec 21st	

LET US HELP

TOLL-FREE:

WEBSITE:

USERNAME: College of Southern Idaho

PASSWORD:



Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

College of Southern Idaho

Group Number: 3300

Contract Effective Date: 07/01/2021

Benefit Overview

PPO

Premier

Non-Participating

Per Person Deductible

\$50

\$50

\$50

Excluding Diagnostic, Preventive, Orthodontic services per benefit year

Family Deductible

NA

NA

NA

Excluding Diagnostic, Preventive, Orthodontic services per benefit year

Maximum Benefit

\$1,000

\$1,000

\$1,000

Per eligible person per benefit year

Maximum Benefit Rollover

\$2,500*

\$2,500*

\$0

Services

You pay the % below

Preventive & Diagnostic Services

0%

20%

20%

Examinations, X-rays, teeth cleaning

Basic Services

20%

30%

30%

Fillings, root canals, extractions, oral surgery

Major Services

50%

60%

60%

Crowns, implants, onlays, bridges, dentures

Late enrollee waiting period is 12 months

Orthodontic Services Child Only

50%

50%

50%

Eligible under age 26; Maximum orthodontic lifetime benefit is \$1000; Replacement of orthodontic appliance is not covered;

Late enrollee waiting period is 12 months

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College of Southern Idaho

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Rollover Max- PPO 50 \$1,000

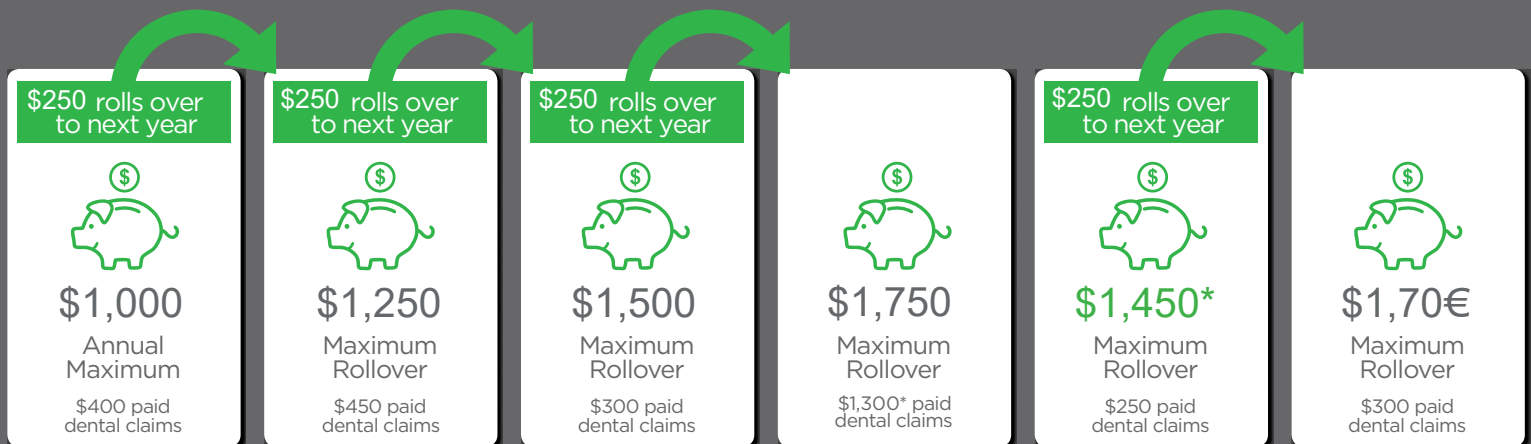
Categories	Delta Dental PPO	
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Network Type	PPO	Premier
Preventive & Diagnostic	100%	80%
Basic	80%	70%
Major**	50%	40%
Deductible*	\$50	\$50
Annual Maximum <small>based on a plan year, July 1 - June 30</small>	\$1,000	\$1,000
Maximum Rollover	\$2,500	\$2,500
Annual Threshold Amount <small>in total paid claims</small>	\$500	\$500
Maximum Rollover	\$250	\$250
Child Orthodontia**	50%	50%
Lifetime Maximum	\$1,000	\$1,000

*Deductible applies per person to Basic and Major Services only

** Late-entrants will have a 12-month waiting period to both Major and Orthodontic Services. See additional details regarding waiting periods on the back.

† -E -OA

With Rollover Max, when you use less than the \$500 threshold amount in total paid PPO or Premier dental claims during the year, a portion of your benefit dollars will automatically rollover for future years when you may need it most. It's a fantastic benefit you can put to work in many ways to benefit your dental health.



* In year 4, no rollover was accrued because total paid claims exceeded the annual threshold amount. In year 5, \$300 was deducted from the maximum rollover amount because paid claims in year 4 exceeded the \$1,000 annual maximum by \$300.

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- When you receive a preventive service (such as a dental cleaning or dental exam) within the calendar year, you will be eligible for the rollover benefit.
- You are eligible for the \$2,500 maximum rollover benefit when you obtain ALL dental services from a PPO or Premier dentist.
- If you receive care from a non-participating dentist at any time during the benefit year, you will not accrue the rollover benefit for that year.
- You will lose your rollover balance if you dis-enroll or have a break in coverage.
- The maximum rollover amount does not apply to any services with a lifetime maximum. (such as orthodontics or implants).

Benefits and Limitations

Class I Preventive and Diagnostic Services
Periodic exam is allowed 2 times every 1 Year..
Cleanings are allowed 2 times every 1 Year.
Fluoride treatment is allowed 2 times every 1 Year for ages 1 through 18.
Panoramic x-ray is allowed 1 time every 5 Years for ages 6 and older.
Single bitewing x-ray is allowed 1 time every 12 Months.
Class II Basic Services
Periodontal maintenance is allowed 4 times in 12 months if patient has had previously treated periodontal disease.
Scaling and root planing covered once per quadrant every 24 months. Periodontal surgery is payable once per quadrant in any 3 year period.
Fillings restricted to same tooth/surface once every 24 months.
Class III Major Restorative Services- Late enrollee waiting period is 12 months*
Crowns, build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years.
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 12 years.
Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16.
Class IV Orthodontic Services Child Only- Late enrollee waiting period is 12 months*
Maximum orthodontic lifetime benefit is \$1,000; Replacement of orthodontic appliances is not covered.
Implants- Late enrollee waiting period is 12 months
Implants are a covered benefit per tooth with a maximum lifetime benefit of \$1,200 or the plan's annual maximum, whichever is less (Ages 19 and over).

Dependents Eligible children must be under age 26.

*Late enrollee waiting period will be waived for employees transferring from Willamette during open enrollment only.

GENERAL PLAN INFORMATION

- Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
- Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
 - Full dentures or partial dentures: On the date the final impression is taken.
 - Fixed bridges, crowns, and onlays: On the date the tooth or teeth are prepared.
 - Root canal therapy: On the date the root canal is initiated.
- Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of Benefits (EOB).



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52- 95F : <BA5 @- CA 9-- ?A<3F<B? <C2?- 952- 95 and Delta Dental of Idaho cares about yours. That's why we're introducing Health *through* Oral Wellness® (or, HOW® for short). HOW is a unique, patient-centered program that adds additional benefits to your dental plan, based on your individual oral health needs. By having your dentist perform a simple risk assessment, you may have access to additional preventive and health-sustaining benefits. If you receive additional HOW services, you are still responsible for any deductible, co-pay, and/or annual maximum amount that may apply to your dental benefit plan.

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First, check with your employer to make sure your company is participating in the HOW program.



Second, simply request a free Health *through* Oral Wellness (HOW) risk assessment at the beginning of your dental visit.



Third, if you qualify based on your results, Delta Dental of Idaho will release, or 'unlock' specific additional benefits without an increase in premium.

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- ✓ Additional cleanings
- ✓ Fluoride (*child and adult*)
- ✓ Oral hygiene instruction, nutritional counseling, or tobacco cessation counseling

- ✓ Additional sealants (*child and adult*)
- ✓ Periodontal maintenance (*gum disease treatment*)
- ✓ Drugs or medicaments dispensed in the office for home use

If you have questions or would like to contact us for more information about the Health *through* Oral Wellness program, please contact us by phone at (208) 489-3580 or toll-free at (800) 356-7586 or by email at customerservice@deltadentalid.com.

All enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. A risk assessment must be performed at every routine re-care visit to occur at least once in the plan year. Enhanced benefits and standard policy requirements, including coinsurance percentages, copayments and plan maximums, may be subject to changes.

Unlocking Additional Preventive Benefits

At Delta Dental of Idaho, we understand that some patients need more dental care than others. That's why we offer our Health *through* Oral Wellness® (HOW®) program. Many Delta Dental of Idaho patients who are at risk for certain conditions may be eligible for additional preventive benefits at no additional cost to them.* To assess their risk level, they need your help! They need you to complete an oral health risk assessment using a clinical risk evaluation tool powered by PreViser®. This tool is provided to you by Delta Dental of Idaho at no charge. The risk assessment is quick and easy and may provide your patients with additional preventive benefits such as extra cleanings, extra periodontal maintenance, fluoride, sealants and more. You can perform this risk assessment on your patients immediately.

1. **Register**
 Create your PreViser account at go.deltadentalid.com/PreViser and follow the registration steps.



First, simply create your PreViser account at go.deltadentalid.com/PreViser and follow the registration steps.



Second, begin your PreViser oral health risk assessment for your patient. If your patient is high-risk for a certain condition, Delta Dental of Idaho will "unlock" additional preventive benefits immediately.

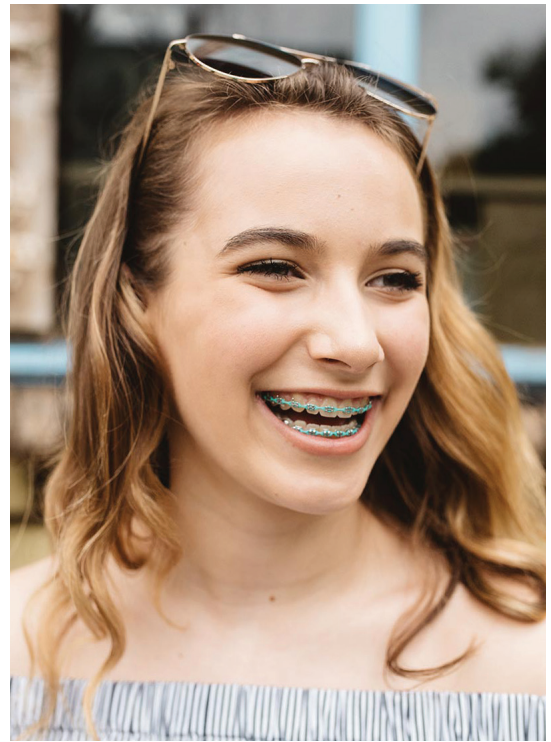
Additional preventive benefits are subject to the provisions of your patient's Delta Dental of Idaho policy. All enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. A risk assessment must be performed at every routine re-care visit to occur at least once in the plan year. Enhanced benefits and standard policy requirements, including coinsurance percentages, copayments and plan maximums, may be subject to changes.

- ✓ Additional cleanings
- ✓ Fluoride (*child and adult*)
- ✓ Oral hygiene instruction, nutritional counseling, or tobacco cessation counseling

- ✓ Additional sealants (*child and adult*)
- ✓ Periodontal maintenance (*gum disease treatment*)
- ✓ Drugs or medicaments dispensed in the office for home use

If you have questions or would like to contact us for more information about the new Health *through* Oral Wellness program, please contact us by phone at (208) 489-3580 or toll-free at (800) 356-7586 or by email at customerservice@deltadentalid.com.

*Additional preventive benefits are subject to the provisions of your patient's Delta Dental of Idaho policy. All enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. A risk assessment must be performed at every routine re-care visit to occur at least once in the plan year. Enhanced benefits and standard policy requirements, including coinsurance percentages, copayments and plan maximums, may be subject to changes.



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

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

Who is Eligible?

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

How Does the Discount Program Work?

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

Is There a Cost for this Orthodontic Program?

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

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

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



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

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

<u>/ 271 22:</u> Shane Schvaneveldt, DDS (208) 734-4600	Terrell Tingey, DDS, (208) 375-0631	<u>f12?<: 2</u> Shane Schvaneveldt, DDS (208) 734-4600	Laura Lineberry, DDS, MS (208) 587-4422	<u>%5<@5<: 2</u> Shane Schvaneveldt, DDS (208) 734-4600
<u>: : <:</u> C. Jared Randall, DDS, MS (208) 523-3380	Travis Tingey, DDS, MS (208) 375-0631	<u>t 2D 6A:</u> Brendon Swenson, DDS (208) 746-0479	<u>ž - : =-</u> Marcus Lowry, DDS (208) 461-5459	<u>%B4- ? ' 6F</u> Phillip David Lowder, DDS (208) 745-7407
<u>70<</u> C. Jared Randall, DDS, MS (208) 527-3472	Christopher Kelson, DMD (208) 378-1300	<u>t 0 - 9</u> John Slattery, DDS, MS (208) 433-1122	Patrick Niland, DDS, MS (208) 467-5259	<u>&2??2A<:</u> C. Jared Randall, DDS, MS (208) 663-4830
<u>~ 9 083<A</u> C. Jared Randall, DDS, MS (208) 785-3310	Shane Schvaneveldt, DDS (208) 734-4600	<u>t 276 6:</u> Brandon Fowler, DDS (208) 893-5440	John Slattery, DDS, MS (208) 433-1122	<u>&D 6 - 9@</u> Shane Schvaneveldt, DDS (208) 734-4600
Michael Summers, DDS, MS (208) 232-0464	Brendon Swenson, DDS (208) 649-5721	(208) 895-8555 (208) 887-1053 (in three locations)	Brendon Swenson, DDS (208) 649-5721	
<u>~ < 6@</u> Scott Alexander, DMD (208) 331-5080 (208) 377-0252	<u>" - 4@</u> Jacob R. Jarvis, DMD, MS (208) 383-0100	Michael L. Gold, DMD (208) 376-2422	<u>! - F2A@</u> Jason R. Howell, DMD, MS (208) 893-5151	
Steven Gilman, DMD (208) 375-5012	Sam Smith, DMD, MS (208) 321-7006	Greg Guymon, DDS (208) 898-0000	<u>! < 0- A2@</u> Rufus Van Dyke, DDS (208) 237-3330	
Jacob R. Jarvis, DMD, MS (208) 383-0100	<u>" : : 2AA</u> Kelsey Peterson, DMD (208) 365-6800	Jason R. Howell, DMD, MS (208) 893-5151	Michael Summers, DDS, MS (208) 232-0464	
John Kalange, DDS (208) 342-0212 (208) 342-0678 (two Boise locations)	John Slattery, DDS, MS (208) 433-1122	Jacob Jarvis, DMD, MS (208) 585-9200	<u>! < @A - 9@</u> Patrick Rickheim, DDS (208) 777-1010	
Laura Lineberry, DDS, MS (208) 658-9470	<u>7B6@; 1</u> Jason R Howell, DMD, MS (208) 452-4444	Marcus Lowry, DDS (208) 855-5045	<u>\$2E/ B74</u> Jared Randall, DDS, MS (208) 356-3012	
Marcus Lowry, DDS (208) 377-0410	<u>/1 - 5< - 9@</u> Dwight D. Baker, DDS (208) 524-0644	John Slattery, DDS, MS (208) 433-1122	Andrew W. Summers, DDS (208) 356-3621	
Jon Miler, DDS, MS (208) 323-4800	Jordan Hillam, DDS (208) 524-1800	Terrell Tingey, DDS, (208) 375-0631	Matthew J Elison DDS (208) 356-3300	
Anthony D Mongillo, DMD (208) 739-4275	Matthew J Elison DDS (208) 522-9600	Travis Tingey, DDS, MS (208) 375-0631	Ryan L Wood DDS (208) 356-3300	
John Slattery, DDS, MS (208) 433-1122	Phillip David Lowder, DDS (208) 524-1404	<u>t <: A- 29@?</u> Jeffrey W. Johnson, DDS (208) 529-3500	<u>\$6/F</u> Phillip David Lowder, DDS (208) 745-7407	
Sam Smith, DMD, MS (208) 321-7006	Ryan L Wood DDS (208) 522-9600	<u>t < @<D</u> David L. Wilkinson, DDS (208) 746-0479	<u>\$B=27A</u> Shane Schvaneveldt, DDS (208) 734-4600	
Brendon Swenson, DDS (208) 649-5721	Bret E. Mooso, DDS, MS (208) 522-4552	<u>t < B: A 6 t <: 2</u> Steven Gilman, DMD (208) 587-3010	<u>% 9 <:</u> Phillip David Lowder, DDS (208) 524-1404	

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



Listen up!

*Your ears could be
telling you something*

Did you know?

1 in 9 Americans have hearing loss | **AND** | By 2030, that number is expected to double **2x**

Source: <https://www.asha.org/articles/untreated-hearing-loss-in-adults/>

What causes hearing loss?

Hearing loss is caused by temporary obstructions in the outer or middle ear or permanent damage to the tiny hairs in the inner ear. **Common causes of damage include exposure to noise, aging, other health conditions, and certain medications.**

When should I get my hearing checked?

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

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

See reverse for your benefit information →





Your hearing program

If you think you may have hearing loss, rest easy. Delta Dental of Idaho has teamed up with Amplifon to offer you quality hearing health care.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645
+					
Complimentary Aftercare*	Risk-free trial – find your right fit by trying your hearing aids for 60 days Follow-up care – ensures a smooth transition to your new hearing aids Battery support – battery supply or charging station to keep you powered Warranty – 3 year coverage for loss, repairs, or damage				

To learn more, call or visit:

www.amplifonusa.com/ddid

1-866-921-3974



***Risk-free trial** - 100% money back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

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

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SUMMARY OF BENEFITS

College of Southern Idaho – ID471 – July 1, 2021



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	\$15 per Visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	\$25
Porcelain-Metal Crown	\$350**
PROSTHODONTICS	
Complete Upper or Lower Denture	\$400**
Bridge (per Tooth)	\$350**
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior	\$175
Root Canal Therapy - Bicuspid	\$225
Root Canal Therapy - Molar	\$250
Osseous Surgery (per Quadrant)	\$175
Root Planing (per Quadrant)	\$95
ORAL SURGERY	
Routine Extraction (Single Tooth)	\$20
Surgical Extraction	\$120
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	\$150***
Comprehensive Orthodontia Treatment	\$2,400
DENTAL IMPLANTS	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	\$40
Specialty Office Visit	\$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

*Benefits for implant surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Idaho, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124
028-ID(7/20)

EXCLUSIONS AND LIMITATIONS

This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

Exclusions

- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- General anesthesia, moderate sedation and deep sedation.
- Hospital care or other care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant started or placed by a non-participating provider without a referral from a Willamette Dental Group provider.
- Maintenance, repair, replacement, or completion of an existing implant started or placed prior to the member's effective date of coverage.
- Maxillofacial prosthetic services.
- Nightguards.
- Orthognathic surgery.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders.
- Services for the treatment of an occupational injury or disease, including an injury or disease arising out of self-employment or for which benefits are available under workers' compensation or similar law.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital are covered for dependent children if dental necessity has been established.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months. The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copays.
- The services provided by a dentist in a hospital setting must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.



Dental Implant Surgery Benefit

Willamette Dental offers a dental implant surgery benefit

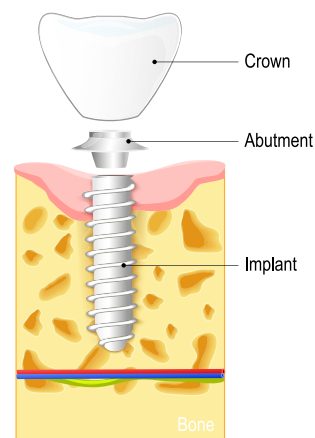
- Benefit covers up to \$1,500 a year
- Limited to one dental implant per calendar year
- Specialist will evaluate the need for a dental implant
- Cost estimate should be provided by the specialist at the consult visit
- Six to 12-month timeline depending on dental needs

Services at Select Willamette Dental Group Offices

Visit locations.willamettedental.com or call 855-433-6825 to schedule an appointment.

Treatment Process

1. Consult with a doctor
2. Cone beam computed tomography (CBCT) scan, if necessary
3. Perform graft/sinus lift, if necessary, followed by four to six months of healing
4. Post-op appointment
5. Place implant, allow six months for healing
6. Evaluation of implant
7. Post-op appointment
8. Impression for final restoration
9. Final restoration performed
10. Follow-up consult



DENTAL IMPLANT

DENTAL CLEANINGS

HOW OFTEN DO I NEED THEM?

It's a common question, with a simple answer – it's personal!

THE RECOMMENDATION

Based on the most recent evidence, Willamette Dental Group offers treatment plans that customize dental cleaning schedules to the need of each patient.

Risk is determined based on their oral health, diagnosed by comprehensive risk assessments for dental disease.



"The ADA wants to remind consumers that the frequency of their regular dental visits should be tailored by their dentists to accommodate for their current oral health status and health history."

DID YOU KNOW?

At Willamette Dental Group, our insurance plans include as many cleanings as are prescribed by your Willamette Dental Group dentist – *whether that's one time a year or four times a year.*

Most dental insurance plans only cover two cleanings per year. If a high-risk patient needs more than two cleanings, they typically are required to pay full fees out-of-pocket.

THE EVIDENCE

The ideal frequency of professional dental cleanings has been the subject of debate for decades, with a similar conclusion – *dental cleaning frequency should be based on each patient's personal oral health care situation rather than a tradition based on marketing or perceived value.*

"In adults, there was little to no difference between six-monthly and risk-based check-ups in tooth decay (number of tooth surfaces affected), gum disease and quality of life after four years; and probably little to no difference in how many people had moderate-to-extensive tooth decay."

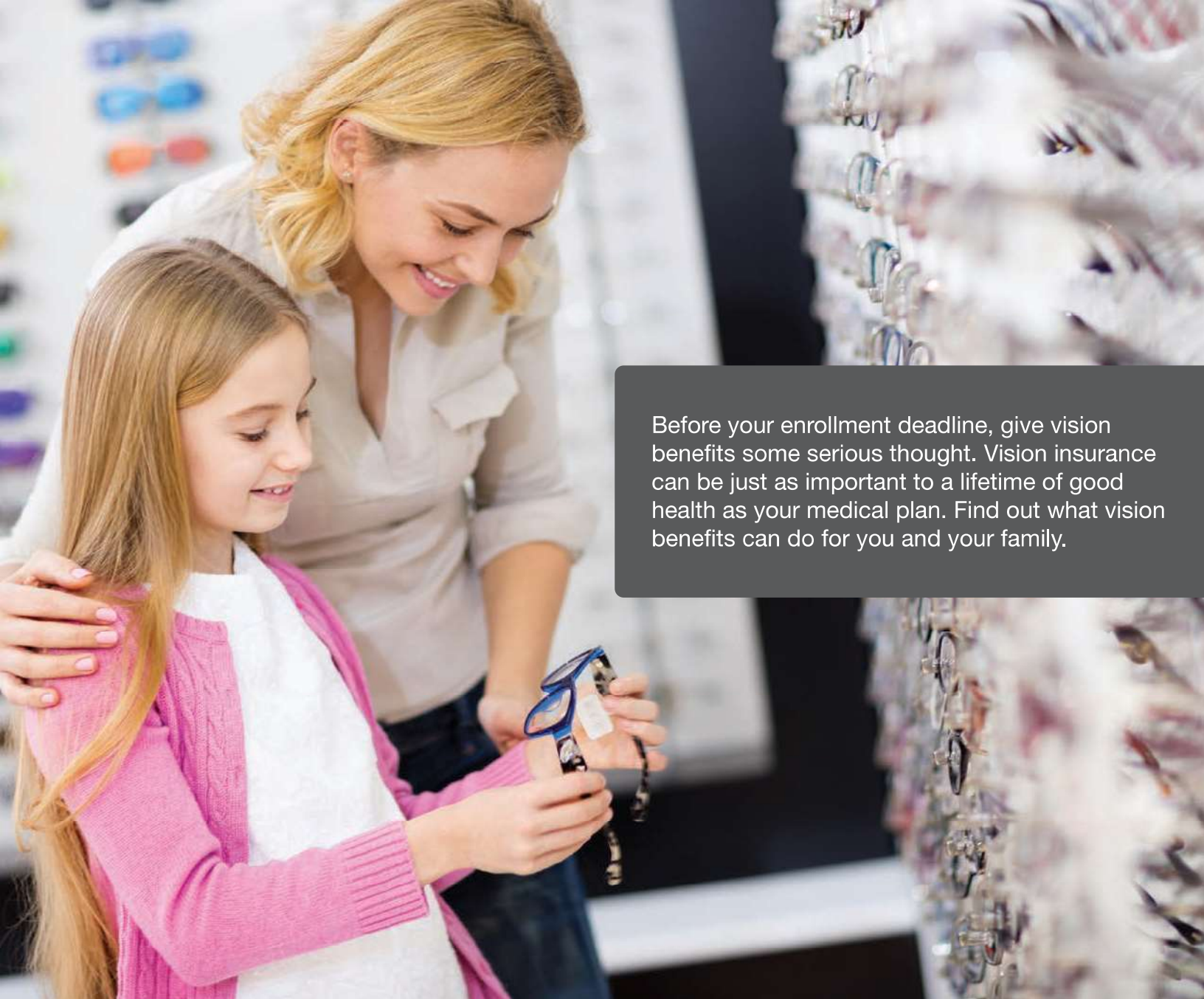
Fee PA, Riley P, Worthington HV, Clarkson JE, Boyers D, Beirne PV. Recall intervals for oral health in primary care patients. Cochrane Database of Systematic Reviews 2020, Issue 10. Art. No.: CD004346. DOI: 10.1002/14651858.CD004346.pub5. Accessed 02 December 2020.

"Participants receiving six-monthly and 12-monthly scale and polish treatments reported feeling that their teeth were cleaner than those who were scheduled to receive no treatment. However, there did not seem to be a difference between groups in terms of quality of life."

Lamont T, Worthington HV, Clarkson JE, Beirne PV. Routine scale and polish for periodontal health in adults. Cochrane Database of Systematic Reviews 2018, Issue 12. Art. No.: CD004625. DOI: 10.1002/14651858.CD004625.pub5

FUN FACT!

The tradition of the six-month cleaning schedule all started with a TV commercial in the 1950s for Ipana Toothpaste!



Before your enrollment deadline, give vision benefits some serious thought. Vision insurance can be just as important to a lifetime of good health as your medical plan. Find out what vision benefits can do for you and your family.

Employee Vision Benefits

effective July 1, 2021

College of Southern Idaho



Your VSP Vision Plan

VSP offers the nation's largest network of independent doctors. Retail locations include:



eyeconic

Browse and buy online at eyeconic.com and get the most current deals on eyewear. Eyeconic.com is in the VSP network, and your vision benefits are applied directly to your online order.

VSP providers offer:



- A 20% discount on the remaining frame balance, additional prescriptions glasses and non-prescription sunglasses, plus 20-40% off lens enhancements. Find more ways to save at vsp.com/specialoffers.
 - An extra \$20-\$40 to spend on featured frame brands.
 - The option to apply your lens and frame allowances to prescriptions safety glasses in lieu of regular eyeglasses or contacts.
 - 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, at VSP-contracted facilities.
- Based on applicable laws, reduced costs may vary by doctor location.
- Extended hours and no claim forms. 91% of VSP doctors offer early morning, evening or weekend hours, and they take care of filing your claim.

Prescription savings

You and your covered dependents can save on prescription medications at over 60,000 pharmacies across the nation. Participating pharmacies give your normal health care pharmacy benefits, or the prescription discount, whichever saves you more. This is offered at no additional cost to your plan premium and is not insurance.

Find a pharmacy near you – ameritas.com/rxpharmacy

Look up a price – ameritas.com/rxpricing

Prescription Drug Savings Card	THIS IS NOT INSURANCE
 	
Member Name: _____	Certain terms and conditions apply. View terms and conditions at ameritas.com/rxterms . Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.
RxBin # 017529 Group # AMERITAS Member ID # AMER2233 PCN: AMRX	For prescription discount drug pricing please visit ameritas.com/rxpricing .
This is not insurance Administered by Elixir Savings	Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit ameritas.com/rxpharmacy .
GR 6269 10-20	Pharmacy and member help desk 1-877-684-0032
	This is a FREE card and may not be sold.
	GR 6269 10-20

Focus® Plan Summary

Effective Date: 7/1/2021

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam \$10 Eye Glass Lenses or Frames* Covered in full	\$10 Exam \$10 Eye Glass Lenses or Frames Up to \$45
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

LASIK Advantage provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases over time, with the highest coverage provided at year three or four. Members earn benefits for each eye and may not combine benefits earned for each eye to pay for a covered procedure for a single eye. If a member enrolls after the initial enrollment period, they must wait 12 months from enrollment to be eligible for coverage; after 12 months the member will begin coverage at the year-one benefit. The LASIK Advantage benefit is available to members age 18 and older. Adult and child coverage is allowed - adult only and child only coverage are not. LASIK Advantage is only available with dental plans with preventive, basic and major coverage. There is no network tied to this coverage.

Lifetime Benefit Earned (both eyes)	Year One	Year Two	Year Three
	\$350	\$350	\$700

Plan 1: SoundCare SM	
Plan Benefit	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	
Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$400
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com

View plan benefit information at: vsp.com

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Frequently Asked Questions

Can I use my benefits if I visit a provider outside the network?

Yes, if you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on out-of-network plan benefits. Greater benefits are available with network providers, and they submit the claim for you.



Can I shop online for glasses and contacts?

Yes, after you complete your vision examination and obtain your prescription, you can purchase glasses or contacts online from any site. Browse and buy eyewear online at eyeconic.com, which is in the VSP network, and your vision benefits are applied directly to your online order, so you don't have to pay full price and wait for a reimbursement.

What is the eye exam benefit?

Most plans cover one eye exam each year in full when you visit a network provider. Please see your plan highlight sheet for out-of-network benefits.

Is there a separate exam for contacts?

Many providers do a separate exam for contact fit and follow-up, and there is a separate charge for this exam. Please refer to your plan highlight for details on how this exam is covered.



Can I get glasses and contacts in the same year?

No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year.

Are there discounts available for LASIK surgery?

Yes, members may receive a 15% discount off the retail price of LASIK surgery or 5% off the promotional price.



Are optional lens coatings covered?

Lens options are not covered by these plans. When you visit a network provider, you'll get discounts on a variety of lens coating options. See the plan highlights for details. Extra charges can add up quickly, so make sure you discuss these options and their costs.



Who do I contact if I have questions?

Contact VSP for benefit, claims or network questions.

800-877-7195

Mon-Fri 7am-10pm

Sat-Sun 9am-10pm (CST)

Contact Ameritas for billing, administration, ID card or network questions.

800-659-2223

Mon-Thu 7am-7pm

Fri 7am-5:30pm (CST)

Visit vsp.com and ameritas.com to set up your member accounts and access the information listed above.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life. This piece is not for use in New Mexico. The Ameritas Dental Network is not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2020 Ameritas Mutual Holding Company.

Coverage for LASIK procedures

Focus on what really matters

Consider the solution that has changed the lives of millions of Americans: laser vision correction surgery. If you are a candidate, take advantage of your LASIK benefits.

When you enroll in Ameritas dental or vision benefits, you are automatically enrolled in LASIK coverage. The LASIK benefits increase each year you are on the plan.

Lifetime benefit amount for both eyes*

Year 1	Year 2	Year 3	Year 4+
\$350	\$350	\$700	\$700

*You earn a lifetime benefit for both eyes. The lifetime benefit per eye is equal to half the amount listed above. The benefit increases over time, based on the effective date. You may not combine benefit amounts for each eye to pay for a covered procedure for a single eye.

Covered procedures

Your benefits provide access to a number of popular, well-established laser vision correction procedures.

- LASIK
- LASEK
- LASIK with Wavefront Technology
- LASIK with IntraLase Technology
- Advanced Surface Ablation (ASA)
- Photorefractive Keratectomy (PRK)

Claims submission: Contact your HR department for the claims form. Please complete the claim form and submit with copies of your receipts within 90 days of service for reimbursement.

Things to know

- **Procedure benefits:** If you wait to have eye surgery until the third or fourth year that you are on the plan, you will receive a greater benefit. And although the benefit amount increases over time, the payment is a lifetime benefit and is available only once per person.
- **No network:** Your LASIK benefits are not tied to a network. You can seek services from any doctor at any facility. You can use your LASIK benefits in conjunction with discounts or specials that may be offered by the provider.
- **Age requirement:** You must be 18 or older to receive LASIK benefits.
- **Late entrant:** If you enroll after the initial enrollment period, you are considered a late entrant and must wait 12 months from enrollment to be eligible for coverage. Coverage will then begin at the Year 1 benefit.



These procedures may not be appropriate for every condition or patient. Individuals age 18 and older who are interested in laser vision correction surgery should consult their eye doctor to determine whether they are candidates or not. The eye doctor or laser correction provider should explain all procedure options available, including the potential risks and side effects of each.

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Protect and Preserve Your Hearing

Hearing care for all ages

Hearing loss is becoming a major health problem. It's striking at younger ages than ever before. Make it a habit to schedule regular hearing exams, no matter your age.

Benefits are available for hearing exams, hearing aids and hearing aid maintenance.

- **Exams:** The plan provides a \$75 allowance per benefit period for a comprehensive hearing exam.
- **Hearing aids:** The plan pays 50% of the hearing aid cost up to the maximum benefit.
- **Maintenance:** There is a \$40 allowance per benefit period for maintenance, batteries, service contracts, fittings, ear molds and repairs.

Hearing aid maximum benefit

The hearing aid benefit increases over time.

Year 1	Year 2	Year 3+
\$400	\$600	\$800

Each amount above is the total hearing aid benefit available for both ears.

Things to know

- **Hearing aid benefit frequency:** Five years after using your hearing aid coverage, you are re-eligible for the benefit at the top level. A reduced benefit is available after three years if your current hearing aids can no longer correct your hearing. All benefits assume no break in coverage.
- **No network:** You receive the same benefits for services from any provider at any facility.
- **No deductible:** You pay no deductible for hearing exams, hearing aids or hearing aid maintenance.

Available resources

EPIC providers

EPIC hearing counselors can help you locate an EPIC provider and schedule a hearing exam. EPIC providers may offer discounted pricing on hearing aids, plus there are no claim forms. To learn more, call Ameritas at 877-359-8346.

iHear – Affordable hearing aid devices

iHear is a web-enabled hearing aid with superior sound quality. You can save thousands of dollars on a device, and receive 10% off and free shipping. Find out more at ameritas.com/listen.



Claims submission: Contact your HR department for the claims form. Please complete the claim form and submit with copies of your receipts within 90 days of service for reimbursement.

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Important Notice Regarding Enrollment

(Special, Late and Dependent Coverage up to age 26)

Special Enrollment









If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no later than 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have *60 days* from the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request.

- | | |
|--|---|
|  Marriage/Divorce - Note: Divorce or legal separation without losing coverage doesn't qualify you for a Special Enrollment Period. |  Child Becomes Over Age of 26 years & must come off parents plan |
|  Legal Separation |  Full-Time to Part-Time |
|  Birth/Adoption (60 days) |  Part-Time to Full-Time |
|  Death |  Change occurs in spouses' employer or other health carrier |

Late Enrollment

A late enrollee is an employee or dependent who did not enroll in the plan when first eligible, or who is not considered a special enrollment applicant. Late enrollees must wait until the group's annual renewal period or open enrollment period before they are eligible for coverage.

Dependent Coverage up to age 26

According to the Affordable Care Act (ACA), if a plan covers children, parents can add or keep them on their health insurance policy until they turn 26 years old, even if they are:

- | | |
|---|---|
|  Married |  Not financially dependent on their parents |
|  Not living with their parents |  Eligible to enroll in their employer's plan |
|  Attending school | |

However, once a dependent turns 26, he or she must purchase a new healthcare plan (if continuing healthcare coverage).

Women's Health and Cancer Rights Act

Enrollment Notice

Special Rights Following Mastectomy. A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of mastectomy.

Our Plan complies with these requirements. Benefits for these items generally are comparable to those provided under our Plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our Plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
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IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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College of Southern Idaho (CSI)
Retiree Insurance Benefits
Enrollment/Change Form

HR Use Only

____ SH

____ DD

____ WDG

____ VSP

This form is to be completed and signed by a CSI representative and the retiree.

Section A. Retiree Information

Legal Name of Retiree _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Section B. Coverage Selection

Plan Selection: ☐ HDHP* ☐ Traditional

*Requires additional forms. Please contact Pam O'Dell at 208-732-6206

Coverage Level:

☐ Retiree ☐ Retiree & Spouse ☐ Retiree & 1 Child ☐ Retiree & 2+ Children ☐ Retiree & Family

Dental Plan Selection: ☐ Delta Dental ☐ Willamette

Vision Plan Selection: ☐ Yes

RATES	SelectHealth HDHP Plan	SelectHealth Traditional Plan	Willamette ** Dental	Delta Dental	Ameritas ** Vision/Hearing
Retiree Only	\$629.90	\$704.40	\$40.33	\$40.73	\$ 8.58
Retiree/Spouse	\$1,240.80	\$1,387.70	\$80.68	\$81.49	\$17.19
Retiree/Child (1)	\$761.60	\$851.70	\$64.16	\$64.80	\$17.91
Retiree/Child (2+)	\$1,184.10	\$1,324.30	\$88.74	\$89.63	\$17.91
Retiree/SP/Child (2+)	\$1,738.80	\$1,944.50	\$121.01	\$122.22	\$28.69

Section C. Plan Choice, Change of Enrollment

New Enrollment Date of Retirement: _____ Effective Date of Coverage: _____

Change

☐ Add Dependent(s) ☐ Cancel Dependent(s) Name(s) _____

☐ Cancel Spouse - Name: _____ Signature of Spouse: _____

Change due to: _____ Effective date of change: _____

☐ Birth/Adoption ☐ Marriage ☐ Loss of other coverage

☐ No longer eligible ☐ Divorce ☐ Death

☐ Open Enrollment

Other _____

****PERSI Funds may not be used for Willamette Dental or Ameritas Vision/Hearing** Ameritas will bill members****

Section D. Retiree, Dependent(s) Information

Complete this section in full. List yourself and all eligible dependents (spouse and children) you wish to be covered. The coverage will be the same for all individuals.

	Name	SS#	Date of Birth	Gender	Under 65 Without Medicare?
Insured				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Spouse				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Children				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Children				<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> NO
Total Monthly Insurance Premiums:				\$	

Please pay my insurance premiums in the total amount shown above until my sick leave entitlement is exhausted. After my sick leave entitlement has been exhausted, I request the Public Employee Retirement System of Idaho (PERSI) to continue my health care coverage by withholding the required premiums from my retirement allowance until otherwise notified in writing. If I am an ORP Retiree, I acknowledge I will be expected to self-pay once my sick leave entitlement is exhausted.

Retiree’s Signature: _____ Date: _____

Signature of CSI Representative: _____ Date: _____