Pocatello

Employee Benefits

2022 - 2023

FY2022
Employee Benefits Guide

If you have questions regarding...	Call	Click
General Benefits Information Human Resources Laura Judkins, *HR Benefits*	(208) 234-6170 (208) 234-6171	ljudkins@pocatello.us
Medical Blue Cross of Idaho Group #10037223	(800) 627-1188	www.bcidaho.com
Dental MetLife	(800) 275-4638	www.metlife.com/dental
Vision VSP Vision Group #12223528	(800) 877-7195	www.vsp.com
HealthJoy Employee Benefits Wallet	(877) 500-3212	support@healthjoy.com http://healthjoy.com/members
FLEX Administration OneBridge Group # F20365	(888) 338-4415	www.myonebridge.com
Health Reimbursement Arrangement HRAVeba	(888) 959-8828	www.hraveba.org
Life and AD&D Symetra Group #01-017812-00	(800) 796-3872	www.symetra.com
Voluntary Accident and Critical Illness Assurity	(800) 869-0355 Ext #4279	www.myassurity.com
Employee Assistance Program Curalinc	(800) 490-1585	www.curalinc.com
Claims & benefit questions, find a doctor, cost estimates GBS Benefits of Idaho	(208) 529-3541	travis.argyle@gbsbenefits.com aj.argyle@gbsbenefits.com magen.smith@gbsbenefits.com

This communication highlights some of your benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. We reserve the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

Table of Contents

What's Inside

This guide provides information for consideration when newly enrolling, changing your elections, or reenrolling in our benefit programs.

You'll find more information online to help you make your enrollment decisions. Go to https://gbsbenefits.employeenavigator.com to review Summaries of Benefits and Coverage (SBC), plan summaries, terms and conditions, online notices, Affordable Care Act (ACA) updates and other important information.

City of Pocatello's Benefits and You

Welcome

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is "shop" for benefits carefully, using the same type of decision-making process you use for other major purchases.

- **Take Advantage of the Tools Available**
  That includes this guide, access to plan information, provider directories, and enrollment materials.

- **Be a Smart Shopper**
  If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits.

- **Don't Miss the Deadline and Keep Record of Your Enrollment**
  Pay attention to the enrollment deadline and be sure to provide us with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify us immediately if there are any discrepancies. **Remember:** Once the enrollment period has ended, you may not make or change your benefit elections, unless you experience a qualified life event.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC annually during open enrollment.

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Enrollment & Eligibility

Who is Eligible?

If you are hired as a full-time employee working 30 or more hours per week, coverage will begin on the first day of the month following date of hire. You may also enroll your eligible dependents in the same plans you choose for yourself.

If you are hired as a half-time benefits eligible employee working between 20-29 hours per week, coverage will begin on the first day of the month following date of hire. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse, domestic partner and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26, but may vary for other benefits offered.

When to Enroll

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

How to Make Changes

Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Change in your legal marital status
- Birth, adoption, placement for adoption or legal guardianship of a child
- Death of a dependent
- Change in child's dependent status
- You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within 30 days of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.

Employee Navigator

Online Benefits Enrollment

Information Needed When Adding Dependents

- Name
- Social Security Number(s)
- Dates of Birth
- Home Address (if separate from yours)

Step 1: Getting Started

- In your web browser type https://gbsbenefits.employeenavigator.com in the address bar.
- Username - If you have misplaced your credentials, reach out to HR.
- Reset Password - Employees can reset passwords on login screen.
- Click "**New User Registration**" (first time user)
- Create Your Account:
    a) First Name
    b) Last Name
    c) Company Identifier **"CityofPoc"**
    d) Last 4 Digits of SSN
    e) Birth Date
- On the home screen (once logged in) look for "**Start Enrollment**".

Step 2: Verify Your Personal and Dependent Information

- Personal Information - Validate all information is accurate.
- Dependent Information:
    a) To update information click "**Edit"**, upon completion click "**Save**".
    b) Select **"Add Dependent"** if you currently do not see them listed.
- Once all of your dependents have been added/updated, click "**Save & Continue**".
- **Please Note:** If your company offers supplemental life insurance you need to add your spouse and children as dependents in this screen.

Step 3: Making Your Open Enrollment Elections

- Complete all benefits through each step of the enrollment process (enroll or waive).
- Click "**Save & Continue**" at the end of each benefit screen.

Step 4: Confirm Your Elections

- Upon completion, please verify everything in the "Enrollment Summary Screen".
- Click "Click To Sign" to complete your open enrollment elections.

Medical

Blue Cross of Idaho
Preferred Blue PPO $2,500 Deductible

Blue Cross of Idaho
An Independent Licensee of the Blue Cross and Blue Shield Association

Preferred Blue® PPO

Summary of Benefits City of Pocatello	**Preferred Blue Large**	
	In-Network	**Out-of-Network**
Benefit Period* Deductible (Individual/Family)	**$2,500/$5,000**	
Coinsurance	You pay 20% of the allowed amount	You pay 40% of the allowed amount
Individual Out-of-Pocket Limit ***(See Policy for services that do not apply to the limit.) (Includes applicable Deductible, Coinsurance and Copayments)***	**$4,500**	**$4,500**
Family Out-of-Pocket Limit ***(See Policy for services that do not apply to the limit.) (Includes applicable Deductible, Coinsurance and Copayments)***	**$9,000**	**$9,000**
Copayment (***Applies to In-Network only. Other services rendered during an office visit will be subject to deductible and coinsurance.)***	You pay $25 copayment per visit for Primary Care Provider/ You pay $50 copayment per visit for Specialist Provider	Not applicable

COVERED SERVICES ***By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider*** charges***. This is called balance-billing. Some services may require prior authorization.***	**In-Network**	**Out-of-Network**
	What you pay	
Allergy Injections	$5 Copayment (***if this is the only service provided during the visit)***	Deductible and Coinsurance
Ambulance Transportation Services	Deductible and Coinsurance	
Breastfeeding Support and Supply Services (Limited to one (1) breast pump purchase per benefit period, per insured)	No charge	
Chiropractic Care (Limited to 18 visits combined per insured, per benefit period)	$30 Copayment	50% Coinsurance after Deductible
Dental Services Related to Accidental Injury	Deductible and Coinsurance	Deductible and Coinsurance
Diabetes Self-Management Education Services (Only for accredited providers approved by BCI.)	Primary Care Provider Copayment	Deductible and Coinsurance
Diagnostic Services (Including diagnostic mammograms)	Deductible and Coinsurance	
Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances	Deductible and Coinsurance	
Emergency Services – Facility Services (Copayment waived if admitted) (Additional services, such as laboratory, x-ray, and other Diagnostic Services are subject to applicable Deductible, Coinsurance and/or Copayment.) (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Insured may be balance-billed for these services.)	$250 Copayment for hospital Outpatient emergency room visit, then Deductible and Coinsurance	$250 Copayment for hospital Outpatient emergency room visit, then Deductible and Coinsurance
Emergency Services – Professional Services (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Insured may be balance-billed for these services.)	Deductible and Coinsurance	Deductible and Coinsurance
Hearing Aids (Eligible Dependent Children Only) (Benefits are limited to one (1) device per ear, every three (3) years, and includes forty-five (45) speech therapy visits during the first twelve (12) months after delivery of the covered device.)		
Home Health Skilled Nursing		
Home Intravenous Therapy		

COVERED SERVICES ***By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider*** charges***.*** ***This is called balance-billing. Some services may require prior authorization***		**In-Network**	**Out-of-Network**
		What you pay	
Hospice Services		No charge	Deductible and Coinsurance
Hospital Services (Inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility.)		Deductible and Coinsurance	
Rehabilitation or Habilitation Services			
Maternity Services and/or Involuntary Complications of Pregnancy			
Outpatient Applied Behavioral Analysis (as part of an approved treatment plan)		Primary Care Provider Copayment	
Mental Health– **Inpatient** (Facility and Professional Services)		Deductible and Coinsurance	
Mental Health– **Outpatient**	**Psychotherapy Services**	Primary Care Provider Copayment	
	Facility and other Professional Services	Deductible and Coinsurance	
Outpatient Cardiac Rehabilitation Services (Limited to 36 visits per insured, per benefit period.)			
Outpatient Habilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to 30 visits combined per insured, per benefit period.)		$60 Copayment	
Outpatient Rehabilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to 30 visits combined per insured, per benefit period.)			
Physician Office Visit		Primary Care Provider Copayment / Specialist Provider Copayment	
Pediatric Physician Office Visit (For Insureds under the age of eighteen (18).		No charge	
Prescribed Contraceptive Services (Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.)			
Post-Mastectomy/Lumpectomy Reconstructive Surgery		Deductible and Coinsurance	
Pulmonary Habilitation and Rehabilitation Services			
Skilled Nursing Facility (Limited to 30 days combined per insured, per benefit period.)			
Sleep Study Services			
Surgical/Medical (Professional Services)			
Therapy Services (Including chemotherapy, growth hormone therapy, radiation and renal dialysis.)			
Transplant Services			

COVERED SERVICES ***By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider*** charges***. This is called balance-billing. Some services may require prior authorization***	**In-Network**	**Out-of-Network**
	What you pay	
Preventive Care Benefits (See the BCI Web site, www.bcidaho.com, for specifically listed preventive care services.)	No charge for services specifically listed For services not specifically listed deductible and coinsurance	Deductible and Coinsurance
Immunizations (See the BCI Web site, www.bcidaho.com, for specifically listed immunizations.)	No charge for listed immunizations	
Telehealth Services (Services provided by MDLIVE for Medical Consult, Psychotherapy Treatment, Outpatient Medication Management and Psychiatric Evaluation/Medical Service covered services)	$10 Copayment To request a consultation, call 1-888-920-2975 or visit the website at www.mdlive.com/bcidaho [mdlive.com].	
Treatment for Autism Spectrum Disorder (Services identified as part of the approved treatment plan)	Covered the same as any other illness, depending on the services rendered, see appropriate Covered Services section. Visit limits do not apply to Treatments for Autism Spectrum Disorder and related diagnoses.	

*The specified period of time during which charges for covered services must be incurred in order to accumulate toward annual benefit limits, deductible amounts and out-of-pocket limits.

Prescription Benefits ***Each non Specialty Prescription Drug shall not exceed a 90-day supply at one (1) time*** ***Specialty Prescription Drugs shall not exceed a 30-day supply at one (1) time*** ***(one Copayment for each 30-day supply)***	
Retail and Mail Order	**What you pay**
Preferred Generic Prescription Drugs	$10 Copayment
Non-Preferred Generic Prescription Drugs	$20 Copayment
Preferred Brand Name Prescription Drugs	$30 Copayment
Non-Preferred Brand Name Prescription Drugs	$50 Copayment
Preferred Specialty and Generic Specialty Prescription Drugs	$150 Copayment
Non-Preferred Specialty Prescription Drugs	$250 Copayment
ACA Preventive Prescription Drugs	No charge for ACA Preventive Prescription Drugs as specifically listed on the BCI Formulary on the BCI Web site, www.bcidaho.com. (Deductible does not apply)
Prescribed Contraceptives	No charge for Women's Preventive Prescription Drugs and devices as specifically listed on the BCI Web site, www.bcidaho.com; Deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one (1) time, as applicable to the specific contraceptive drug or supply.
Out-of-Pocket Limit	**Individual:** $1,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred. **Family:** Combination of $2,000 in Copayments and/or Coinsurance per Benefit Period for a combination of all Prescription Drug charges incurred. ***When the Prescription Drug Out-of-Pocket Limit is met, the Prescription Drug Benefits payable will increase to 100% of the Allowed Charge or the Usual Charge for the remainder of the Benefit Period.***

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

Blue Cross of Idaho

Highlights of Your Preventive Care Benefits:

Applies to non-grandfathered individual and group plans

Preventive care is when you see a doctor or have a screening when you don't have any signs of a medical problem. It can help your doctor discover small problems before they get bigger.

Find a list of covered preventive care services below or at ***members.bcidaho.com***. Select the ***Health & Wellness*** tab, then ***Preventive Care Services***.

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

Covered Preventive Care Services	In-Network	Out-of-Network
Specifically Listed Services Annual adult physical examinations; Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings; Dental fluoride application for participants age 5 and younger; Bone density; Chemistry panels; Cholesterol screening; Colorectal cancer screening (colonoscopy, sigmoidoscopy, fecal occult blood test); Complete Blood CouWatitis B virus screening; Sexually transmitted infections assessment; HIV assessment; Screening and assessment for interpersonal and domestic violence; Urinalysis (UA); Aortic aneurysm ultrasound; Alcohol misuse assessment; Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer; Newborn metabolic screening (PKU, Thyroxine, Sickle Cell); Health risk assessment for depression; Newborn hearing test; Lipid disorder screening; Smoking cessation counseling visit; Dietary counseling (limited to 3 visits per participant, per benefit period); Behavioral counseling for participants who are overweight or obese; Preventive lead screening; Lung cancer screening for participants age 55 and older; Hepatitis C virus infection screening; Gestational diabetes screening for pregnant women; Iron deficiency screening for pregnant women; Rh (D) incompatibility screening for pregnant women; and Urine culture for pregnant women.	You pay nothing of the allowed amount for specifically listed preventive care services per person, per benefit period. No copayment, deductible or coinsurance required.	You pay costs subject to your out-of-network benefit.
Women's Preventive Health Services *(Applies to group and individual plan members unless otherwise noted.)*	**In-Network**	**Out-of-Network**
Well Woman visits (for recommended age-appropriate preventive services); breastfeeding support, supplies and counseling.	You pay nothing of the allowed amount for specifically listed preventive care services per person, per benefit period. No copayment, deductible or coinsurance required.	You pay costs subject to your out-of-network benefit.
Blue Cross of Idaho pays 100 percent for women's preventive prescription drugs and devices as specifically listed on the Blue Cross of Idaho website, ***bcidaho.com***; deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one (1) time, as applicable to the specific contraceptive drug or supply.		
Prescribed Contraceptive Services Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation		
Immunizations	**In-Network**	**Out-of-Network**
Accellular Pertussis, Diphtheria, Hemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox), Hepatitis A, Meningococcal, Human Papillomavirus (HPV) and Zoster. All Immunizations are limited to the extent recommended by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.	You pay nothing for specifically listed immunizations. No copayment, deductible or coinsurance required.	

Immunizations	In-Network	Out-of-Network
Other immunizations not specifically listed may be covered when Medically Necessary and approved by the Blue Cross of Idaho Pharmacy and Therapeutics Committee.	You pay costs subject to your in-network benefit.	You pay costs subject to your out-of-network benefit.

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

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

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

Well Child Immunization and Visit Schedule

Giving Your Kids a Healthy Start

Getting your child vaccinated is one of the best steps you can take for a healthy start in life. Not too long ago, diseases like measles, whooping cough and polio affected thousands of children, sometimes leading to lifelong disability or even death. Now, vaccines can help prevent children from ever suffering from these diseases.

Vaccines are administered during Well Child visits with your child's healthcare provider. These visits include a complete physical exam, developmental milestones, immunization schedules and more.

The American Academy of Pediatrics Bright Futures suggest the following schedule for Well Child visits unless otherwise suggested by your pediatrician.

Age	Activity	Immunization/ Test
2 weeks	Exam, Health Education	None
2 months	Exam, Health Education	DTaP-Polio-Hib, Hepatitis B, Pneumococcal, Rotavirus
4 months	Exam, Health Education	DTaP-Polio-Hib, Hepatitis B (if birth dose not given), Pneumococcal, Rotavirus
6 months	Exam, Health Education	DTaP-Polio-Hib, Pneumococcal, Hepatitis B, Rotavirus
9 months	Exam, Health Education	None
12 months	Exam, Health Education	MMR, VZV, Hepatitis A, Anemia test, Lead test, TB test as needed
15 months	Exam, Health Education	DTaP-Polio-Hib, Pneumococcal
18 months	Exam, Health Education	Hepatitis A
24 months	Exam, Health Education	Lead test, TB test as needed
30 months	Exam, Health Education	None
3 years	Exam, Health Education	Blood Pressure (at each exam 3 yrs & older)
4 years	Exam, Health Education	MMR, VZV, DTaP, Polio
5 years	Exam, School Readiness	Vision and Hearing Screens (MMR, VZV, DTaP, Polio if not given at 4 year WCC)
6-10 years	Exam, Health Education Physical Exam Yearly	Catch-up Immunizations
11-18 years	Annual Sports/Adolescent Exam Yearly	Tdap, Meningococcal, HPV Catch-up Immunizations Anemia Test (menstruating females)

Your Pediatrician will review immunizations on each visit for the needs of your child.
www.completechildrenshealth.com/education-resources/immunization-schedule.php

Stretching Your Rx Dollar

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings?

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

› **On the Web:** https://www.goodrx.com
Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.
Please Note:
- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

› **On Your Phone**
Available on the app store or with Android on Google play. Or, just go to m.goodrx.com from any mobile phone.

Generic Prescriptions

$4 30-Day Supply or a $10 90-Day Supply

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

Did You Know?

Even if the generic substitute for one of your prescription drugs is not on one of the $4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at www.crbestbuydrugs.org, a Consumer Reports site.

Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the $4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

How can I find out if my prescription is on the $4-Generic Drug List?

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price. The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.
You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's $4-Generic Drug List.

Health Reimbursement Arrangement

HRAVeba

Health Reimbursement Arrangement

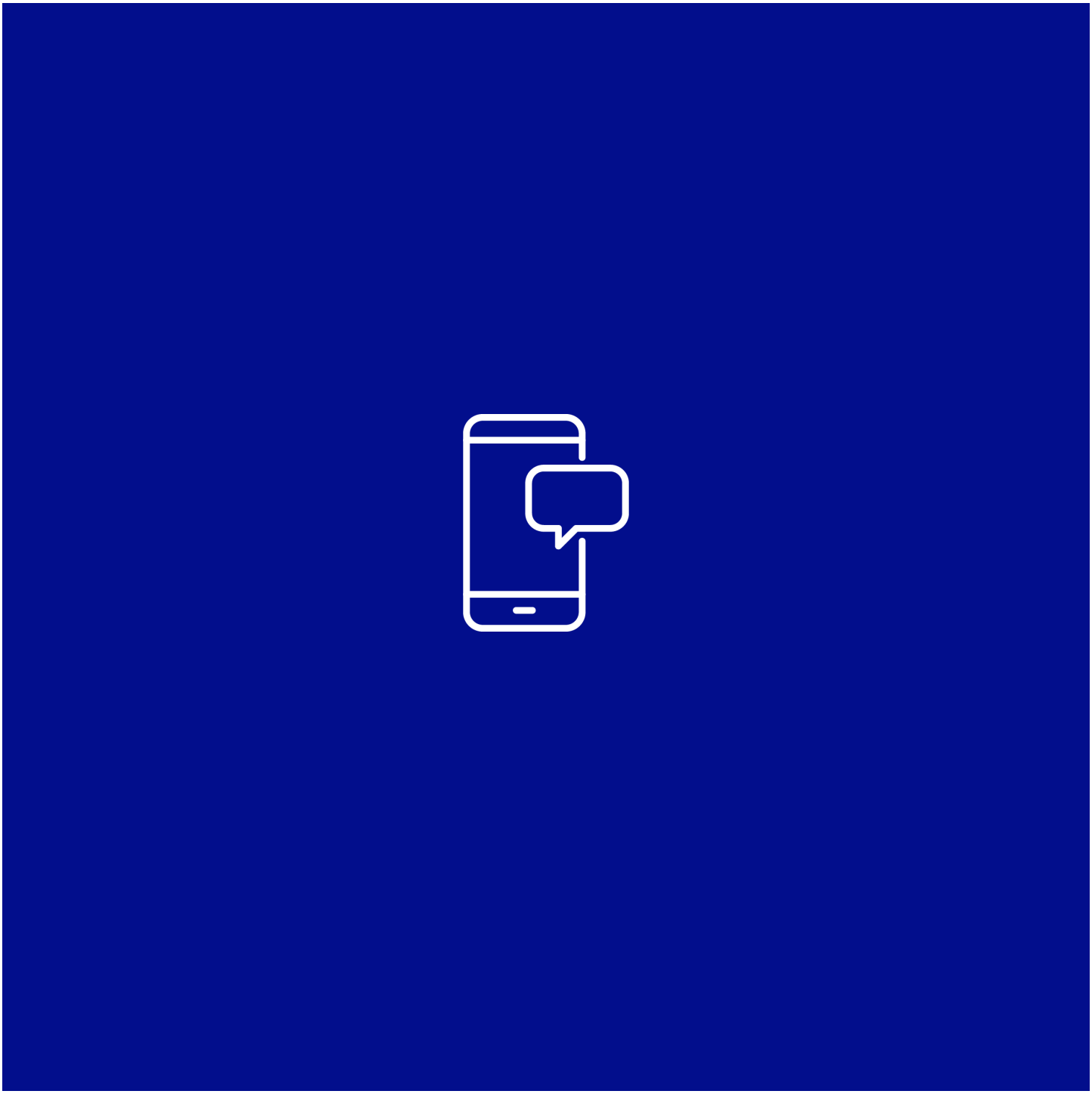
- **Funded by City contributions only**
  - $2,000 per fiscal year to offset high deductible
    - Must be on the City's medical insurance plan to qualify or show proof of another qualified medical plan
- *Tax-free* contributions, earnings, and withdrawals
- Distributed to your VEBA account $50 per paycheck ($1,300 per fiscal year) plus an additional lump sum of $700 for a wellness exam. Different structure for Police.
  - Qualified out-of-pocket health care expenses
  - Employee, spouse and qualified IRS dependents
- Account can be used anytime
  - During and after leaving employment
  - Must use FSA first, if participating

Employees will go to website to complete registration and set up online account

- Investments:
  - Option A: Choose a pre-mix
  - Option B: Do-it-yourself
    - May change investments monthly
    - Monthly service charge paid for by City
    - Set up a MyCareCard debit card
    - Direct Deposit Information

Third-party administrator (TPA):
HRA VEBA Plan
PO Box 80587
Seattle, WA 98108
Phone: 1.888.659.8828
Claim Fax: 1.206.577.3020
Email: customercare@hraveba.org
claims@hraveba.org

http://www.hraveba.org/



HealthJoy

HealthJoy

HealthJoy is the first stop for all your healthcare needs. We make healthcare and employee benefits simple, quick, and painless. Our easy-to-use mobile app uses modern technologies to deliver a seamless experience. We'll save you time, money, and a ton of aggravation.

How It Works

Don't try and navigate your healthcare alone, our experts are here to help. HealthJoy believes that healthcare is best delivered through a conversation so that's why you'll have access to online doctors, healthcare concierges, billing specialists and more. HealthJoy is always available to you- 24/7/365 and is free to your and your family. You will have access to the following features through the HealthJoy app:

- Benefits Wallet- All of your cards for your coverage stored in one easy to access place.
- Online Doctor Search & Appointment Booking- search for providers that are participating with your plan and HealthJoy can help you book the appointment.
- Telemedicine- visit with a doctor from anywhere using HealthJoy's telehealth services. Our doctors can help diagnose common conditions like sinus infections, pinkeye, ear infections- they can even call in a prescription to treat the condition.
- Medical Bill Review and Concierge Team- our team can help answer questions on your medical bills as well as work with your provider to help correct a possible billing error.
- Prescription Savings Review- HealthJoy's concierge team can help find lower-cost medications or savings opportunities.

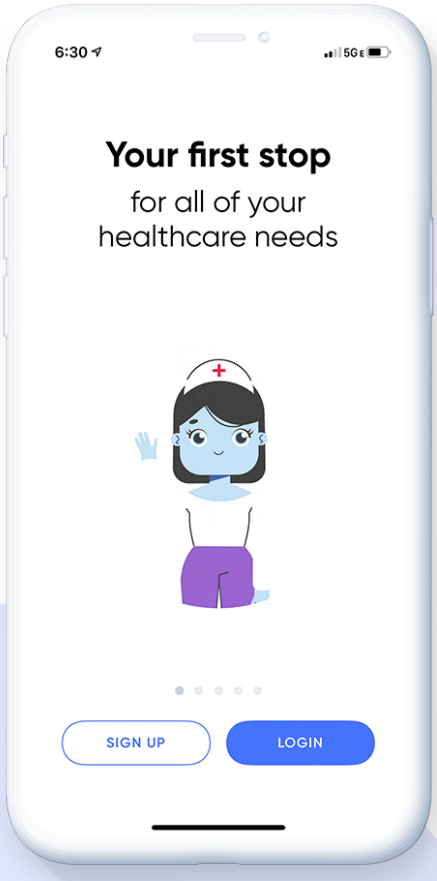
How To Download and Activate HealthJoy

Getting started is simple- all you need to do is activate your HealthJoy account and download the app.

1. **Receive Activation Email:** You will receive a welcome message in two ways: email and text messages to your smartphone. To activate, click the web link in either message from your smartphone. The link will take you to an activation screen where you can create an account.
2. **Create Password:** You'll be taken to a web page asking you to create an 8 character password.
3. **Add Family Members:** Adding family members is free, and we encourage you to invite all members of your immediate family that are over 18 years old. They will get access to all of the same services, including access to free healthcare concierges and online doctors.
4. **Download the App:** Download, install and log into the HealthJoy app from your smartphone. The app is available for Android, iPhone and iPad, and just requires an Internet connection. To install, simply click the download button at the end of the setup process and you will be taken to our app within your smartphone's app store.
5. **Log In and Start Using HealthJoy:** Once the app is installed, all you need to do is log in to the app using the email address associated with your account and the password you created upon set-up. JOY, your virtual healthcare assistant, will welcome you to the app. You will be able to begin using the app within seconds!

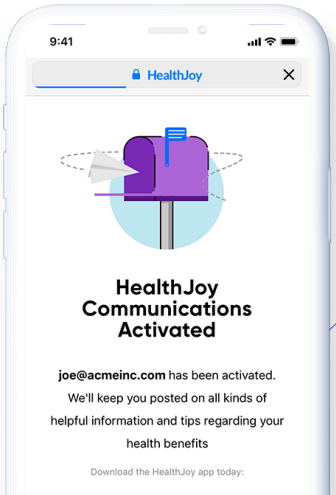
Accessing HealthJoy

Having trouble accessing your HealthJoy account?



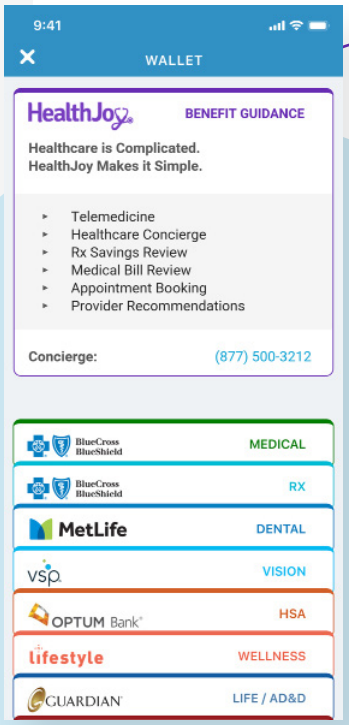
Try these four steps to log in:

1. Look for an activation email sent from groups@healthjoy.com.
2. Download the app and select 'Sign Up.' Type in your email address and we'll send a new activation link.
3. Go to https://go.healthjoy.com/ActivateNow and type in your work email address to be sent a new email with an activation link.
4. **Still struggling?** Call HealthJoy at (877) 500-3212 for assistance.



Using Benefits is Complicated.
HealthJoy Makes it Simple.

HealthJoy is the first stop for all your healthcare and employee benefits needs. We're provided for free by your employer and personalized for you. You'll have instant access to an up-to-date benefits wallet with all your benefits cards. Our healthcare concierge is available to help you. We'll save you time, money and a ton of aggravation.



The Experts Are In.

Don't try and navigate your benefits alone. Our healthcare concierge and online doctors are available LIVE. You can get a personalized recommendation for a local doctor, consult with a medical provider in the middle of the night, or have an expert review and negotiate your confusing medical bills. HealthJoy is here to help you and your family anytime, anywhere.

BENEFITS WALLET

ONLINE DOCTOR CONSULTATIONS

HEALTHCARE CONCIERGE

RX SAVINGS REVIEW

MEDICAL BILL REVIEW

APPOINTMENT BOOKING

PROVIDER RECOMMENDATIONS

HSA / FSA SUPPORT

Chat with us today by logging into the HealthJoy app or call (877) 500-3212

Download on the App Store

GET IT ON Google Play

Dental

MetLife

Dental

Metropolitan Life Insurance Company

Plan Design for: City of Pocatello
Original Plan Effective Date: October 1, 2022

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

	In-Network[1]	**Out-of-Network[1]**
High Plan		
Coverage Type:	**In-Network** % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee[4]
Type A - Preventive	100%	80%
Type B - Basic Restorative	80%	70%
Type C - Major Restorative	50%	40%
Type D – Orthodontia	NA	NA
Deductible[3]		
Individual	$50	$50
Family	$150	$150
Annual Maximum Benefit:		
Per Individual	$1500	$1000
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
Low Plan		
Coverage Type:	**In-Network** % of Negotiated Fee[2]	**Out-of-Network[1]** % of R&C Fee[4]
Type A - Preventive	80%	70%
Type B - Basic Restorative	80%	60%
Type C - Major Restorative	30%	30%
Type D – Orthodontia	NA	NA
Deductible[3]		
Individual	$50	$50
Family	$150	$150
Annual Maximum Benefit:		
Per Individual	$1500	$1000
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

[1]. "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a MetLife PDP dentist. "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are not provided by a MetLife PDP dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.

[2]. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

Selected Covered Services and Frequency Limitations*

High Plan

Type A - Preventive	How Many/How Often:
Oral Examinations	2 in a year
Full Mouth X-rays	1 in 5 years
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	2 in 12 months - Children to age 19
Sealants	1 in 36 months - Children to age 19
Space Maintainers	1 per lifetime per tooth area - Children up to age 14

Type B - Basic Restorative	How Many/How Often:
Amalgam and Composite Fillings	1 in 24 months.
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Periodontal Maintenance	4 in 1 year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	

Type C - Major Restorative	How Many/How Often:
Crowns/Inlays/Onlays	1 per tooth in 84 months
Prefabricated Crowns	1 per tooth in 24 months
Repairs	1 in 12 months
Bridges	1 in 84 months
Dentures	1 in 84 months
Consultations	1 in 12 months
Implant Services	1 service per tooth in 84 months - 1 repair per 84 months

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

Selected Covered Services and Frequency Limitations*

Low Plan

Type A - Preventive	How Many/How Often:
Oral Examinations	2 in a year
Full Mouth X-rays	1 in 5 years
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	2 in 12 months - Children to age 19
Sealants	1 in 36 months - Children to age 19
Space Maintainers	1 per lifetime per tooth area - Children up to age 14

Type B - Basic Restorative	How Many/How Often:
Amalgam and Composite Fillings	1 in 24 months.
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Periodontal Maintenance	4 in 1 year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
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Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	

Type C - Major Restorative	How Many/How Often:
Crowns/Inlays/Onlays	1 per tooth in 84 months
Prefabricated Crowns	1 per tooth in 24 months
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Bridges	1 in 84 months
Dentures	1 in 84 months
Consultations	1 in 12 months
Implant Services	1 service per tooth in 84 months - 1 repair per 84 months

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

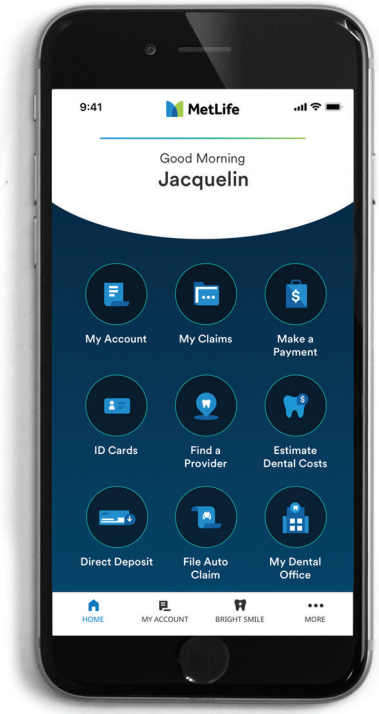
MetLife | Dental

Dental information available through the MetLife Mobile App

Viewing your dental plan just got easier with the MetLife Mobile App.[1]

You can:

- **Find a dentist**
- **Get estimates for most procedures enhanced to display personalized, plan specific costs and additional information such as percent covered, applicable deductible, Plan Maximum and Frequency Limits**
  - **Both in-network and out-of-network estimates available**
- **View your plan summary with quick links to important information on deductibles and Plan Maximums as well as Covered Services**
- **View detailed coverage information for your dental policy such as benefit sharing percentage, applicable deductibles, Plan Maximum and Frequency Limits**
- **View your claims**
- **Track your brushing and flossing**
- **Access and save ID card to photo library or mobile app**



It's easy! Search "MetLife" at the App Store or Google Play to download the MetLife US Mobile App, or scan the QR codes. Search our network of thousands of dentists and specialists to find a provider near you.

Or log-in to MyBenefits to access your plan information.[1]

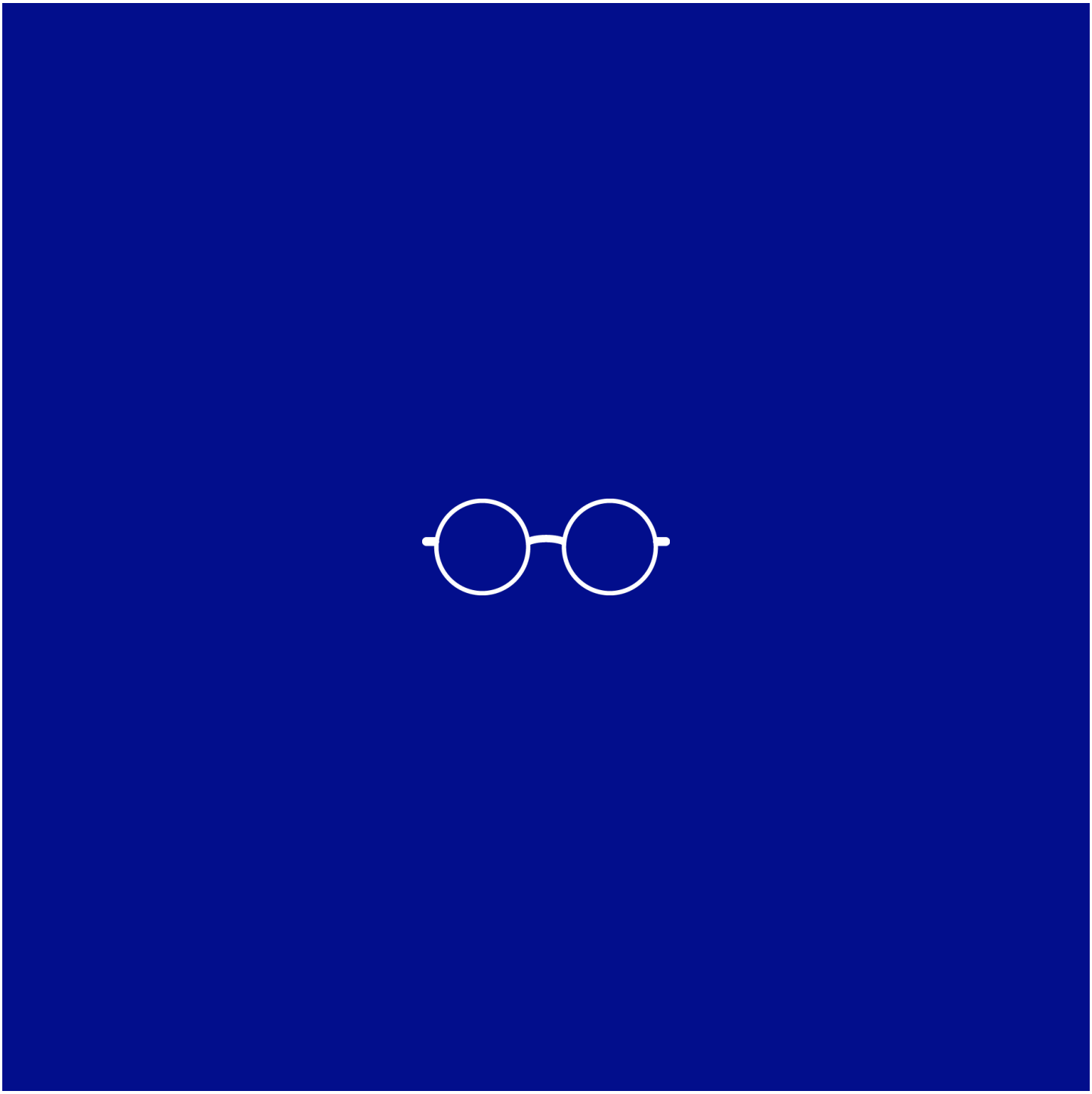
GET IT ON Google play

Download on the App Store

It's available 24 hours a day, seven days a week.

1. To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

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



Vision

VSP Vision

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CITY OF POCATELLO AND VSP.

VSP® Vision care for life

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

PREMIER PROGRAM

Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON LACOSTE NINE WEST

SEE MORE BRANDS AT **VSP.COM/OFFERS**.

\+

UP TO **40%** SAVINGS ON LENS ENHANCEMENTS

EXCLUSIVE MEMBER EXTRAS

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Enroll today.

Contact us: **800.877.7195** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY
CITY OF POCATELLO and VSP provide you with an affordable vision plan.

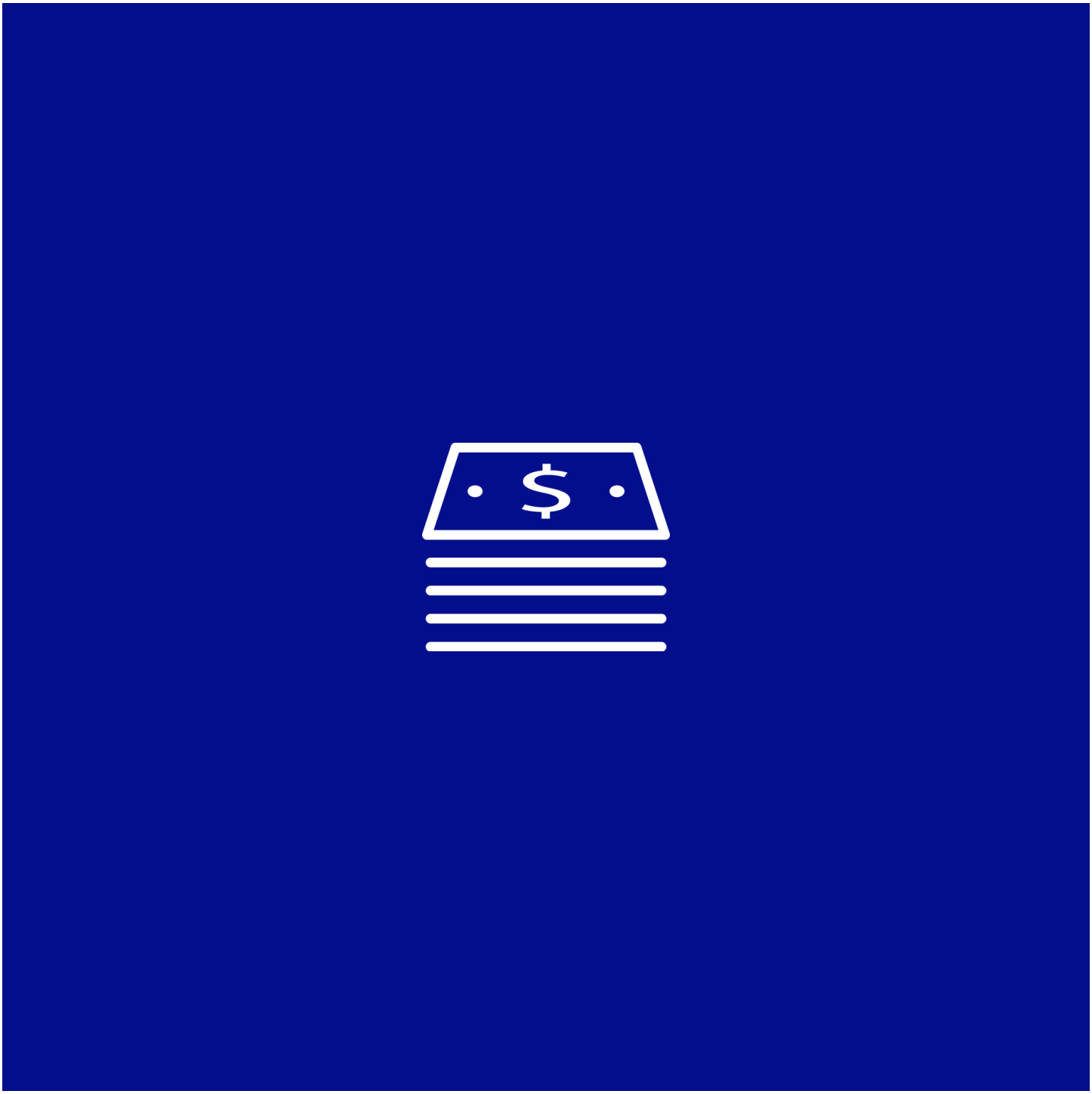
PROVIDER NETWORK:
VSP Signature

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10	Every 12 months
PRESCRIPTION GLASSES		$25	See frame and lenses
FRAME	• $170 featured frame brands allowance • $150 frame allowance • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Anti-glare coating • Tints/Light-reactive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements	$0 $0 $0 $80 - $90 $120 - $160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.



Flexible Spending Account

OneBridge

ONEBRIDGE
for your benefit

Today's Bridge to Tomorrow's **FSA Benefits**

OneBridge Helps You Make The Most Of Your FSA Savings

Flexible Spending Accounts (FSA) allow you to **set aside tax-exempt money to pay for eligible, out-of-pocket healthcare or dependent daycare costs**. You determine the amount you wish to contribute to your FSA annually. This contribution is withdrawn from your paycheck each pay period in equal amounts, before taxes are taken out, **saving you up to $.30 on every dollar contributed**. It's a smart, easy way to pay for your eligible medical and dependent care expenses.

Health FSA

A Health FSA covers general purpose health expenses, allowing you to pay for eligible medical, dental, prescription, vision and/or hearing expenses not covered by insurance, which may include:

- Copays, Premiums & Deductibles
- Prescriptions & Over-the-Counter (OTC) Items
- Non-Cosmetic Dental Treatments
- Glasses & Contacts
- Hearing Aids
- Orthodontia
- Physical Therapy
- Chiropractic Care

Dependent Care FSA

The OneBridge Dependent Care FSA is perfect if you require childcare or eldercare. This account allows you to pay for expenses such as:

- Before or After School Programs
- Child or Adult Daycare
- Preschool
- Summer Camp

Save Smarter

There are several reasons why enrolling in an FSA makes sense. Perhaps one of the most important reasons is the money you save. An FSA helps **reduce your taxes and increase your take-home pay** due to the fact that you don't pay federal, state income or social security taxes on money placed into your FSA. Take a look at how the numbers could work:

Consider Your Future FSA Savings

See how much you stand to save on qualified healthcare expenses through a OneBridge FSA at onebridgebenefits.com/savings-calculator.

Annual Savings Chart

Your Annual Salary	$40,000	$80,000
Health FSA Election	$1,500	$2,500
Dependent Care FSA Election	$0	$5,000
Your Annual Savings[1]	$450	$2,250

1. Assumes a combined tax rate of 30%. Actual amounts may vary.

To learn more about the **OneBridge FSA** contact customer service at 888-338-4415 or customercare@myonebridge.com.

Stay Connected to Your Savings

One Login for All FSA Updates Wherever, Whenever

Your days of wondering about the status of your claims and account balances are over. The OneBridge Benefits technology platform offers two seamless and intuitive experiences in which you can see a complete view of all your health benefits accounts administered by OneBridge, with one login.

One Portal Designed for Your Benefit

Your entire plan is laid out in an intuitive and easy-to-use manner within the OneBridge portal. When you login to **myonebridge.com**, you'll instantly see a full view of all your account details. Through the myonebridge.com portal, you're able to:

- View Account Balance and Ledger Details in Real-Time
- View the Real-Time Status of your Claims and Debit Card Transactions
- Submit and Resubmit Claims Quickly
- Sign Up for or Change Direct Deposit
- Access Forms, Plan Information and Other Resources
- And More

Manage On-the-Go

OneBridge makes managing your FSA as easy as possible with the HRAgo® mobile application available for download on the App Store and Google Play. All of the same user-friendly features available on the myonebridge.com portal are available to you on the mobile application, plus the ability to receive instant notifications on your mobile device.

Swipe with Smart Confidence

Use your OneBridge Visa® Benefits Card to pay for prescriptions at your preferred pharmacy, copays at your doctor's office, hospital stays and several other health-related expenses. Your FSA funds are all available on your card, which can also be used for eligible dependent care services such as daycare or eldercare. More often than not, transactions made with your debit card will not require receipts to validate the eligibility of your purchase at the qualified merchant or provider. However, it is still a good idea to save your receipts just in case they're needed for any reason.

THE ONEBRIDGE VISA® BENEFITS CARD IS ISSUED BY THE BANCORP BANK PURSUANT TO A LICENSE FROM VISA U.S.A. INC. THE BANCORP BANK; MEMBER FDIC. CARD CAN BE USED FOR QUALIFIED EXPENSES WHEREVER VISA DEBIT CARDS ARE ACCEPTED. SEE CARDHOLDER AGREEMENT FOR DETAILS.
© 2020 OneBridge Benefits. All rights reserved. The terms "saving" and "savings" refer only to tax savings, and actual savings are based on individual tax rates. This document is not intended for tax, financial or legal advice—please consult with your advisor regarding your personal situation.

What Your **FSA Covers**

Qualified Health FSA Expenses

The IRS requires the plan to verify that all expenses reimbursed or paid from your Health Flexible Spending Account (FSA) are for qualified healthcare expenses. The following items are examples of some of the IRS Section 213(d) qualified healthcare related expenses. Note, this is not intended to be a complete list. To view a listing of additional expenses and supporting information, please refer to the **Health FSA Expense Table** at the end of this enrollment guide.

- Acupuncture
- Ambulance Fees
- Braille Books & Magazines
- Breast Pump
- Childbirth Classes, Mother-to-Be Expenses Only
- Chiropractic Care
- Coinsurance
- Contact Lens(es), Solutions, Cleaners
- Crutches
- Deductibles
- Dental Fees
- Dentures
- Denture Adhesives
- Diagnostic Testing Fees
- Eyeglasses, Including Examination Fee
- Hearing Aids & Batteries
- Hospital Bills
- Insulin & Diabetic Supplies
- Laboratory Fees
- Laser Eye Surgery
- Obstetrical Expenses
- Operations
- Orthodontia
- Orthopedic Shoes
- Osteopath Fees
- Oxygen
- Physician Fees
- Practical Nurse Fees
- Prescribed Drugs
- Psychiatric Care
- Psychologist Fees
- Routine Physicals
- Surgery Fees
- Wheelchairs
- X-Rays

Qualified Dependent Care FSA Expenses

You can use your OneBridge Dependent Care FSA to pay for a variety of child and eldercare services. The IRS determines which expenses are eligible for reimbursement. The purpose of the list below is to identify some of the most common dependent care expenses, however, it is not meant to be comprehensive. Please check with your employer and tax professional if you have questions about whether a particular expense is eligible for reimbursement under this program. To view a listing of additional expenses and supporting information, please refer to the **Dependent Care FSA Expense Table** at the end of this enrollment guide.

- Adult Daycare Center/Eldercare (Work-Related)
- Au Pair
- Babysitter (Work-Related)
- Childcare by a Relative
- Day Camps (Work-Related)
- Disabled Dependent Care (13+)
- Nanny
- Preschool, Nursery School/Pre-Kindergarten

Commonly Asked **FSA Questions**

And the Answers for Your Benefit

Can I make a change to my FSA election after the start of the plan year?

Per IRS regulations, you are only eligible to change your annual election during an open enrollment period. Once the plan year has started, you cannot change your annual election unless you have experienced a **qualifying life event (QLE)**. A qualifying life event is one of the following:

- A change in marital status, such as marriage, divorce, or death of your spouse.
- A change in the number of your dependents, such as a birth or adoption of a child or a death of a dependent.
- A change in employment status for you, your spouse, or dependent that affects eligibility.
- An event that causes your dependent to satisfy or cease to satisfy an eligibility requirement (i.e., dependent turning 26 years old).
- A change in residence for you, your spouse, or dependent.

> *Refer to your employer benefit representative to ensure the qualifying life events listed above are eligible under your employer's plan.*

How do I use the amount that I elected for my Health FSA account?

There are a couple of ways to access and use the money that you have set aside in your Health FSA. The first way is to use the OneBridge Visa® Benefits Card to pay your service provider for qualified health expenses for you, your spouse, and dependents. Please refer to the OneBridge Visa® Benefits Card Frequently Asked Questions resource located on the participant portal for further information on how to obtain and use the OneBridge Visa® Benefits Card.

The second way is to personally pay your service provider for qualified health expenses for you, your spouse, and dependents. You should obtain supporting documentation for the expense, and submit that supporting documentation for reimbursement. Refer to the question and answer below on how to do this.

How do I submit supporting documentation to be reimbursed for my qualified healthcare of dependent care expenses?

After the plan becomes effective, you can quickly and easily submit claims either through the participant portal, which can be accessed via the myonebridge.com website, or through our iOS or Android mobile applications (HRAgo®). If you prefer, you can also submit a paper claim form via regular mail as indicated on the OneBridge Healthcare Reimbursement Form. The claim form is included in this Enrollment Guide, can be accessed through the participant portal under the Resources tab, and is available by calling our customer care center.

Commonly Asked **FSA Questions**

And the Answers for Your Benefit

How do I check the balance of my account and/or status of my claim?

At any time, you can log into your account at **myonebridge.com** to check the balance of your account and view the status of your claim. You also have the ability to manage your account preferences such as direct deposit.

My employer's Health FSA Plan has a carryover, what does that mean?

The carryover option made available in your employer's Health FSA plan will allow you to roll over up to $550 of any of your unused Health FSA funds to the following year plan. The rollover funds are added to the available balance in the new plan year and can be used to reimburse expenses with a date of service in the new plan year.

Funds that have rolled into the new plan year do not count towards the election maximum for that plan year, so you can still elect up to the allowed plan maximum amount and then have the rollover funds added to the available balance.

Rollover only applies to a Health FSA. Additionally, any unused funds over $550 will be forfeited back to your employer if not claimed.

What happens if I do not use all the money in my account?

According to IRS rules, except for carryover funds (as discussed in the previous question), Health FSA funds that are not claimed during the plan year (including the grace period) are forfeited to the employer. Funds are not transferable and they are not available for other benefits.

ONEBRIDGE

for your **benefit**

Commonly Asked **Benefits Card Questions**

And the Answers for Your Benefit

What types of transactions are usually verified automatically without documentation?

Claims will be automatically substantiated for merchants using the Inventory Information Approval System (IIAS). Refer to **https://sig-is.org/** for listing of IIAS Merchants. Other expenses that may not require the submission of receipts are flat-dollar copays (in increments of $5) and prescriptions. Even if a charge falls under these categories, it does not guarantee automatic substantiation or that the expense is eligible under the terms of the plan, so please save your supporting documentation.

Can I submit documentation just once for an expense I pay all the time?

Yes, you can use our convenient "recurring payment" feature. You will need to provide sufficient support for the first transaction and following transactions for the same dollar amount at the same provider or merchant will be auto-substantiated. To set this up, simply check the Recurring Payment box when uploading supporting documentation for card transactions.

Can I use my card for over-the-counter (OTC) drugs or medicines?

Yes. New regulations passed in early 2020 now allow you to use your FSA Benefits Card to purchase both over-the-counter drugs and medicines without a prescription from a physician, as well as for female menstrual products. This change applies to all purchases made on January 1, 2020 and forward.

As a reminder, it is still a good practice to always save your supporting documentation in case copies might be required.

How can I get my OneBridge Visa® Benefits Card and start using Health FSA or Dependent Care FSA funds?

At the beginning of your employer's plan year, you will either receive a new card to access your FSA account(s) or your elected funds will be added to your current Benefits Card. (The one you currently use for your HRA account.)

If you have a Health FSA, you will have access to your full election on your Benefits Card at the beginning of the plan year. If you have a Dependent Care FSA, your election will be funded to your Benefits Card as payroll withholdings occur.

Swipe **Smarter Today**

The OneBridge Visa® Benefits Card provides for a quick and easy way to access your Health and Dependent Care benefit account(s). The funded card provides a payment method that avoids the process of filing claims and waiting for reimbursement. With the convenience of using a single card, the Benefits Card is available for all of the OneBridge administered benefits, like:

- Health Flexible Spending Account (FSA)
- Dependent Care FSA
- Limited Purpose FSA
- Health Reimbursement Arrangement (HRA)
- Limited HRA

Commonly Asked **Benefits Card Questions**

And the Answers for Your Benefit

Can I use my card for my spouse or dependents?

Yes, you can use your card to pay for qualified expenses for you, your spouse, and dependents. You can also request separate cards for your spouse and/or dependents. If your spouse or dependent currently has a Benefits Card to access your HRA benefits, they will also have access on their card to all your benefit accounts (Health FSA and Dependent Care FSA).

What types of expenses can be paid with my card?

You can use your card to pay for qualified expenses covered under your benefit plan. If you have an HRA or Health FSA, you can use your card to pay for qualified healthcare expenses including office visits, prescriptions, lab work, hospital stays, dental and vision services, etc. Your card can also be used at most grocery stores and pharmacies but will only be able to be used for qualified healthcare expenses like prescriptions, bandages, sunscreen, etc. See our Health FSA Expense table for a complete list of qualified expenses.

Also, your HRA plan may allow you to use your benefit to pay for qualified insurance premiums and if that is the case, you will be able to use your debit card to pay for those. If you have enrolled in a Dependent Care FSA account, the card may be used at merchants categorized as childcare services or elementary and secondary schools.

If I have multiple benefit accounts (i.e., HRA, Health FSA, Dependent Care FSA), how do I know which account will be used when I swipe my card?

If you have multiple health accounts (i.e., HRA and Health FSA) on your Benefits Card, and your healthcare expense qualifies under both plans, your Benefits Card ensures that your Health FSA funds are used first to avoid losing those funds at the end of the plan year. Once your Health FSA funds are exhausted, your HRA funds will be used. This allows for you to maximize your benefit.

If you have an expense that is qualified under one benefit account and not the other, the charge will automatically be applied against the account under which it is qualified. For example, if you are paying for a qualified insurance premium permitted under your HRA plan, it will be applied against your HRA plan. Further, if you are paying for daycare at a childcare provider or elementary school, it will be applied against your Dependent Care FSA.

Do I need to submit supporting documentation for my debit card transaction?

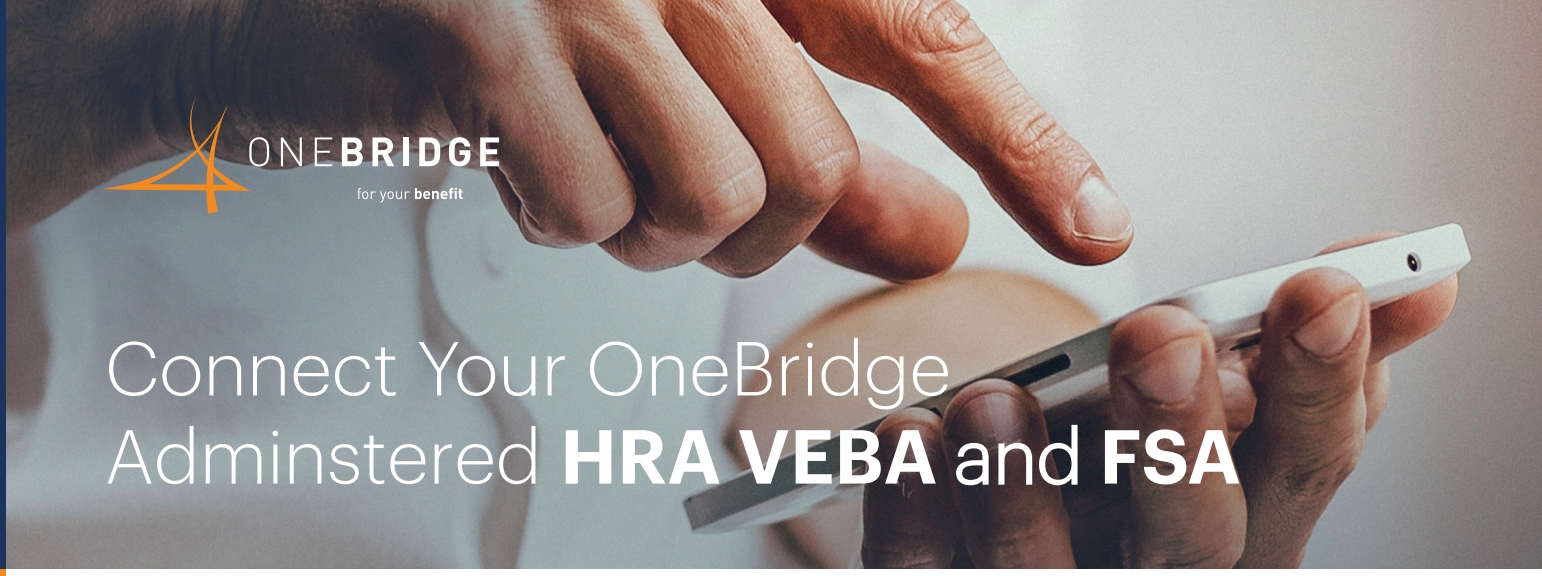
Sometimes. Despite being allowed to use your Benefits Card at many qualifying merchants, the IRS requires us to obtain additional supporting documents under certain circumstances. As a best practice, you should always save your supporting documentation in case we need copies.

How will I know if further documentation is required?

We will let you know by e-mail or by push notification (on your mobile phone) if we need supporting documentation. Also, you can always log into your account at myonebridge.com or through the HRAgo® mobile application to see if additional supporting documentation is required.

What if my card is lost or stolen?

You should immediately call us at **1-888-338-4415**. Our friendly customer care team is available to assist you during normal business hours. If calling after hours, follow the recorded instructions.



ONEBRIDGE
for your benefit

Connect Your OneBridge Adminstered **HRA VEBA** and **FSA**

Bridge Your **HRA VEBA & FSA Benefits!**

Ever wish you could access your HRA VEBA and FSA accounts under a single online and mobile account? What about having just one debit card to use for both accounts? **Well, now you can!**

Benefits of Linking **Your HRA & FSA**

Enjoy using the same robust portal and mobile application to quickly and easily access all of your HRA and FSA account details.

Benefit from the use of the single integrated OneBridge Visa® Benefits Card to easily access your funds on all your accounts.

Take advantage of the same efficient and fast claims processing across both benefits.

Rely on the same great customer service across all OneBridge administered benefits.

*One login to view all of your **OneBridge adminstered** HRA and FSA accounts—all at once. One debit card to smartly swipe and save. The one change? **Increased convenience!***

Bob Juda | Director of Client Relations

To learn more about the benefits of having a "stacked" HRA and FSA, please see your employer's HR contact or call our customer care team at 888-338-4415!

Life and AD&D

Symetra Life Group

Group Life Insurance | **Basic Life and Accidental Death & Dismemberment**

SUMMARY OF BENEFITS — Class 1

Sponsored By: City of Pocatello
Effective Date: October 1, 2022
Policy Number: 01-017812-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Employee	Life Benefit
Amount	$15,000
Guarantee Issue	$15,000

Employee	AD&D Benefit
Amount	$15,000

Spouse	Dependent Life Benefit
Spouse Amount	$2,000
Guarantee Issue	$2,000

Child	Dependent Life Benefit
Child Amount	Live Birth to 26 year(s): $2,000

Benefit Reduction	Employee
Original Benefit Amount Reduced To	65% at age 70 45% at age 75 30% at age 80 20% at age 85 15% at age 90 10% at age 95

Eligibility

All eligible employees working a minimum of 30 hours per week and their eligible dependents.

Symetra® is a registered service mark of Symetra Life Insurance Company.

Voluntary Supplemental benefits opportunity provided to you by City of Pocatello

You would pay for these benefits if you choose to elect the coverage.

Voluntary Supplemental Life through Symetra*

Employee	**Life Benefit**
Amount	Increments of $10,000
Minimum Amount	$10,000
Maximum Amount	Lesser of $500,000 or 5 x Earnings
Guarantee Issue	$150,000
Spouse	**Life Benefit**
Spouse Amount	Increments of $5,000
Minimum Amount	$5,000
Maximum Amount	$250,000 not to exceed 100% of Supplemental Employee Coverage
Guarantee Issue	$20,000
Child	**Life Benefit**
Child Amount	Live Birth to 26 year(s): $5,000 or $10,000

Group Life Insurance — Supplemental Life

SUMMARY OF BENEFITS — Class 1

Sponsored By: **City of Pocatello**
Effective Date: **October 1, 2022**
Policy Number: **01-017812-00**

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Employee	**Life Benefit**
Amount	Increments of $10,000
Minimum Amount	$10,000
Maximum Amount	Lesser of $500,000 or 5 x Earnings
Guarantee Issue	$150,000

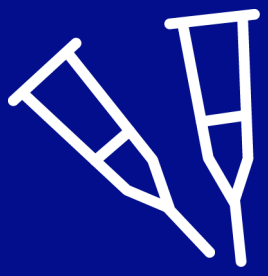
Spouse	**Life Benefit**
Spouse Amount	Increments of $5,000
Minimum Amount	$5,000
Maximum Amount	$250,000 not to exceed 100% of Supplemental Employee Coverage
Guarantee Issue	$20,000

Child	**Life Benefit**
Child Amount	Live Birth to 26 year(s): $5,000 or $10,000

Benefit Reduction	**Employee**	
Original Benefit	65% at age 65	20% at age 80
Amount Reduced To	45% at age 70	15% at age 85
	30% at age 75	10% at age 90

Benefit Reduction	**Spouse**	
Original Benefit	65% at age 65	20% at age 80
Amount Reduced To	45% at age 70	15% at age 85
	30% at age 75	10% at age 90

Symetra® is a registered service mark of Symetra Life Insurance Company.



Voluntary Accident Critical Illness

Assurity

Group Accident Expense Insurance

for City of Pocatello

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

Key Features

- **Helps with out-of-pocket expenses** associated with covered accidents
- **No deductibles,** copays, coinsurance or networks - see any doctor
- **Guaranteed issue** – no medical exams or tests
- **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Know you and your family are protected.

It's easy — sign up today

Group Accident Expense Benefits

Form Nos. G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. **Coverage is 24-Hour**. All treatment must be provided or prescribed by a physician and is a payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care

Payable within 60 days of accident unless otherwise noted

Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	Dr. Office - **$125** Urgent Care - **$125** ER - **$250**
Telemedicine Treatment	**$50**
Ambulance Transport to or from hospital; pays one of the following	Ground - **$250** Air - **$750**
X-Rays	**$250**
Diagnostic Exams CT, CAT, MRI or EEG	**$125**
Blood, Plasma or Platelets Processing or transfusion	**$750**
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	4-20 hours - **$62.50** 20+ hours - **$125**

Supportive Care

Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury

Follow-Up Treatment Benefit paid per visit, up to 2 visits per accident	**$75**
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	**$45**
Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident	**$45**
Epidural Pain Management	**$75**
Prescription Medication Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	**$7.50**
Medical Supplies Over-the-counter; once per accident; up to three per calendar year	**$7.50**
Appliances Rented or purchased, such as crutches or wheelchair	**$187.50**
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	One device - **$750** Multi. devices - **$1,500**
Residence/Vehicle Modification	**$750**
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	Ground - **$150** Air - **$375**
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	**$150** per day

Group Accident Expense Benefits

Form Nos. G H1708/G H1708C (HSA Compatible)

Specific Injury Care

Burns Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected. **Burns — Skin Graft** - Pays 50 percent of the burn benefit.	**$1,750**
Child Organized Sport Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to **$1,000** maximum
Coma Not medically induced or the result of drug or alcohol use	**$35,000**
Concussion Not payable if traumatic brain injury benefit is paid	**$87.50**
Dental Emergency Natural tooth treatment provided by a dentist	Crown - **$350** Extraction - **$105**
Dislocation Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	Open reduction - **$7,000** Closed reduction - **$3,500**
Ear Injury Resulting in hearing loss greater than 60 percent	**$350** once per lifetime
Eye Injury Requiring surgery or removal of foreign object	**$350**
Fracture Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	Open fracture - **$7,000** Closed fracture - **$3,500**
Gunshot Wound Requiring hospitalization and surgery	**$1,750**
Lacerations Pays a percentage of the benefit based on the length of laceration	**$175**
Occupational HIV	**$1,050**
Paralysis Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	Parapelgia - **$26,250** Quadriplegia - **$52,500**
Poisoning	**$87.50**
Post Traumatic Stress Disorder	**$700**
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	**$1,050**

Group Accident Expense Benefits

Form Nos. G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

Hospital Admission Pays once per calendar year	$1,250
Hospital Confinement Daily benefit paid up to 365 days per accident	$250
Intensive Care Daily benefit paid up to 30 days per accident	$500
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	$375
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	$250
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	$50

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	$1,500
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	$750
Ruptured Disc Surgery	$750
Hernia Surgery	$375
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	$375
Miscellaneous Outpatient Surgery Must require anesthesia; ; not payable if any other surgery benefit is paid	$150
Anesthesia Administered for a payable surgery benefit	$150

Group Accident Expense Monthly Premiums - Idaho

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$10.76	$19.04	$19.88	$30.36

Assurity®

Group Critical Illness
for City of Pocatello

More people are surviving critical illnesses like cancer, stroke or heart attack than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical Illness Insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance pays a lump-sum benefit directly to you if you are diagnosed with cancer, stroke, heart attack or a number of other covered conditions.

Key Features

- ☑ **Pays a lump sum benefit of $10,000, $20,000 or $30,000**
- ☑ **Return of Premium** – If you die from a cause other than a covered critical illness, money you paid in premiums is returned
- ☑ **Guaranteed issue** – no medical exams or tests
- ☑ **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Know you and your family are protected.

It's easy — sign-up today

Covered Critical Illnesses

	Tier 2
Heart Attack	100%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Sudden Cardiac Arrest	25%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	$250
Kidney (Renal) Failure	100%
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Multiple Sclerosis	50%
Benign Brain Tumor	100%
Occupational HIV	100%
Transient Ischemic Attack (TIA)	10%
Schizophrenia	10%

GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

Actively Employed - The employee must be actively employed to be eligible for coverage.

Right to Cancel - The contract contains a 30-day free look period.

Termination - Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Pre-existing Condition - Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 6 months before the issue date, the insured person received medical diagnosis, advice, care or treatment that was recommended by a physician. The pre-existing condition clause will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition clause.

Waiting Period - The benefits payable for Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these coverages before the end of the waiting period.

Exclusions - Assurity will not pay benefits for losses that are caused by or are the result of any insured person(s):

- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- being addicted to drugs or suffering from alcoholism;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- committing or attempting to commit a felony;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

Spouse benefit amounts are 50% of the employee benefit. Dependent children/grandchildren benefit amounts are 20% of the employee benefit.

Group Critical Illness Monthly Rates

Employee or Employee/Child(ren)*

Non-Tobacco		$10,000	$20,000
Issue Ages	18-24	$2.72	$5.41
	25-29	$3.92	$7.79
	30-34	$5.47	$10.88
	35-39	$7.91	$15.69
	40-44	$10.65	$21.10
	45-49	$14.92	$29.55
	50-54	$21.46	$42.47
	55-59	$30.10	$59.65
	60-64	$40.00	$79.38
	65-69	$57.92	$115.16
	70+	$104.30	$207.59
Tobacco		**$10,000**	**$20,000**
Issue Ages	18-24	$4.24	$8.41
	25-29	$6.18	$12.25
	30-34	$8.84	$17.52
	35-39	$13.08	$25.94
	40-44	$17.96	$35.58
	45-49	$25.63	$50.80
	50-54	$37.46	$74.27
	55-59	$53.22	$105.61
	60-64	$71.16	$141.40
	65-69	$103.04	$205.05
	70+	$183.32	$365.08

Employee/Spouse or Family*

Non-Tobacco		$10,000	$20,000
Issue Ages	18-24	$4.06	$8.04
	25-29	$5.82	$11.54
	30-34	$8.17	$16.18
	35-39	$11.86	$23.43
	40-44	$16.00	$31.60
	45-49	$22.46	$44.35
	50-54	$32.34	$63.82
	55-59	$45.41	$89.72
	60-64	$60.28	$119.36
	65-69	$87.22	$173.10
	70+	$157.00	$311.90
Tobacco		**$10,000**	**$20,000**
Issue Ages	18-24	$6.32	$12.55
	25-29	$9.21	$18.25
	30-34	$13.24	$26.20
	35-39	$19.66	$38.85
	40-44	$27.00	$53.37
	45-49	$38.59	$76.30
	50-54	$56.45	$111.62
	55-59	$80.20	$158.76
	60-64	$107.15	$212.53
	65-69	$155.06	$308.08
	70+	$275.78	$548.41

We are never more than one call away.

Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST

Claims
800-869-0355, Ext. 4484

Policy Services
800-869-0355, Ext. 4279
FAX: 888-255-2060

Email
claimsinfo@assurity.com

Assurity
P.O. Box 82533
Lincoln, NE 68501-2533

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assurity.com
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Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.

Certified B Corporation

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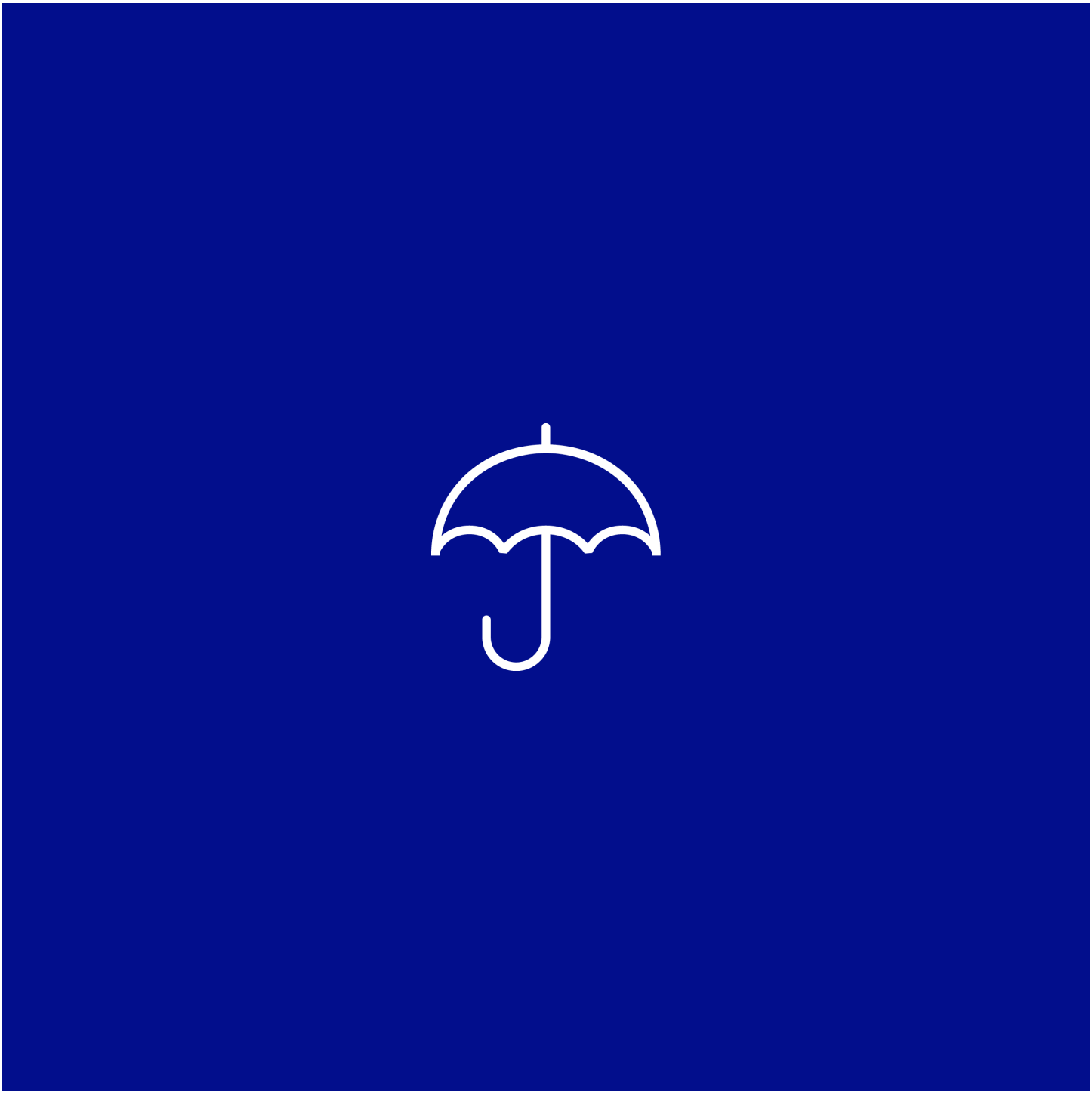
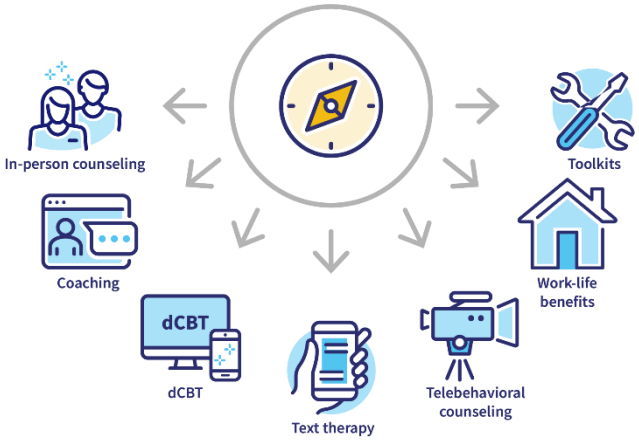


Employee Assistance Program

Curalinc

Mental Health Navigator

While most employees prefer to *choose* a mental health treatment modality based on their personal preference, others need a little additional guidance and advocacy. CuraLinc's Mental Health Navigator was built with those employees in mind.



Navigator, which is woven into the plan design for every CuraLinc client, leverages an evidence-based assessment to guide employees to personalized mental health support. After completing the short survey, participants receive an Emotional Fitness Report that includes a risk analysis, recommendations and a call to action to schedule therapy or connect to digital mental health resources. This resource will expedite access to meaningful care for employees who may not have otherwise used the EAP to address their stress, anxiety or depression.

Navigator Key Features

- **Web or Mobile Access.** Participants can use the Navigator through the EAP web or mobile platform.
- **Evidence-Based Assessment.** The initial survey includes a combination of three clinically validated tools: the DASS (Depression Anxiety Stress Scales), the WOS (Workplace Outcomes Survey) and the AUDIT (Alcohol Use Disorders Identification Test).
- **Risk Stratification.** Navigator's algorithm uses the results of the assessment to stratify the risk of participants in five categories: depression, anxiety, stress, alcohol use and productivity.
- **Personal Report.** Each participant receives an Emotional Fitness Report that illustrates risk and offers personalized recommendations for support. Participants can schedule care directly through the report on either the web or mobile platform.
- **Schedule Care.** Participants can schedule counseling or coaching – or access digital mental health resources – within Mental Health Navigator.

Additional Advocacy Highlights

Cultural Competency

CuraLinc's clinical and organizational services are built on a foundation of cultural competence to meet the diverse needs and preferences of every participant.

Appointment Scheduling

CuraLinc's Care Advocates not only verify benefit plan (MHSA) match and availability, they also offer to schedule the first appointment directly with the counselor.

Choice of Provider

In addition to clinical specialty, MHSA match and availability, counseling referrals are also matched with a participant's geographic, demographic and cultural preferences.

Support

In order to connect with every employee, an employer-sponsored mental health program needs to provide support through a variety of avenues – for both clinical and sub-clinical care.

Clinical Resources

Sub-Clinical Resources

- In-person counseling
- Telebehavioral counseling
- Text therapy
- Digital group support
- dCBT
- Coaching
- Work-life benefits

In-Person Counseling

Even in an age when digital treatment extends the footprint of care, face-to-face counseling is still the most popular and effective modality to address mental health concerns.

CuraLinc's diverse nationwide network of nearly 26,000 counselors (plus another 24,000 outside of the U.S.) are independently licensed professionals with a minimum of five years of clinical experience.

25,998
CuraLinc U.S. Providers

24,010
CuraLinc Global Providers

All counselors meet CuraLinc's strict credentialing criteria, which mirror the standards set by CAQH (the Council for Affordable Quality Healthcare). In addition, they are required to use evidence-based treatment approaches, such as Solution-Focused Brief Therapy and Cognitive Behavioral Therapy, to address and resolve cases within the program.

In addition to including clinical specialty in the profile for every network counselor, CuraLinc also invites them to share information about other dimensions of diversity that are important to participants, such as race, gender identity, LGBTQ+ status and more. This process underlines CuraLinc's commitment to delivering a culturally competent benefit – and ensures that the program meets the unique needs of every participant.

Finally, to increase the likelihood of resolution within the EAP, the CuraLinc Care Advocate will review treatment progress with the affiliate clinician throughout the course of care. CuraLinc also guarantees a network match of at least 99% for every client, giving participants excellent access to treatment.

Telebehavioral (Video) Counseling

CuraLinc's telebehavioral counseling platform, eConnect®, is included with all EAP and MAP models. eConnect® is a confidential and secure technology-based counseling medium that provides members with video and web chat access to licensed masters- and doctorate-level behavioral health professionals who are also Board Certified Telemental Health Providers (BC-TMH).

By integrating video and chat-based treatment to the program's existing face-to-face, telephonic and digital services, CuraLinc increases access to care for members in far-reaching rural locations, those with mobility problems and people with urgent mental health needs.

Network Snapshot for In-Person and Telebehavioral Counseling

Diversity and Preference

- ✓ Age
- ✓ Race
- ✓ Religion
- ✓ Gender Identity
- ✓ LGBTQ+ Status

Evidence-Based Practices

- Solution-Focused Brief Therapy
- Cognitive Behavioral Therapy
- Acceptance and Commitment Therapy
- Mindfulness-Based Cognitive Therapy

Professional Credentials

- Licensed Professional Counselors: 32%
- Licensed Marriage and Family Therapists: 9%
- Licensed Clinical Social Workers: 39%
- PhD/PsyD: 20%

Provider Quality

Beyond depth, availability and diversity, CuraLinc also takes a diligent approach to ensuring that providers deliver quality care and support to participants. CuraLinc regularly assesses the effectiveness of every network counselor and assigns them into quality tiers according to six key metrics. Over 95% of counseling is delivered by clinicians in the highest tiers.

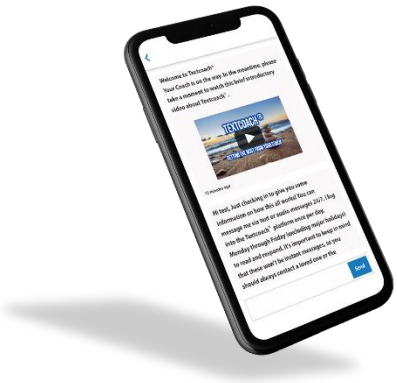
Speed to Care (Non-Urgent)
Net Promoter Score
Speed to Care (Urgent)
Health and Productivity Outcomes
Satisfaction
Case Resolution

Text Therapy

CuraLinc's proprietary text therapy platform, Textcoach®, provides participants with convenient access to licensed mental health counselors. Through CuraLinc's secure platform, counselors (also known as 'Coaches') help users boost emotional fitness and wellbeing by securely exchanging text messages, voice notes, resource links and videos.

After completing a short questionnaire, new users can begin communicating with their Coach immediately to address stress, anxiety, grief, social isolation, depression or relationship issues – or to proactively work on mindfulness or resiliency. Textcoach® is not intended to replace face-to-face or telebehavioral counseling through the EAP, though – and users with acute concerns will be guided to other resources within the program.

- **Stigma-Free.** Textcoach® is an excellent resource for those who may not be receptive to 'traditional' face-to-face or telebehavioral counseling.
- **Convenient.** Participants can text with their Coach at any time – on mobile or desktop – without worrying about scheduling or other conflicts.
- **Licensed.** All Coaches are independently licensed mental health counselors who also have a special accreditation for providing technology-based care.



- **Secure.** All communication between participants and Coaches is encrypted and stored securely.

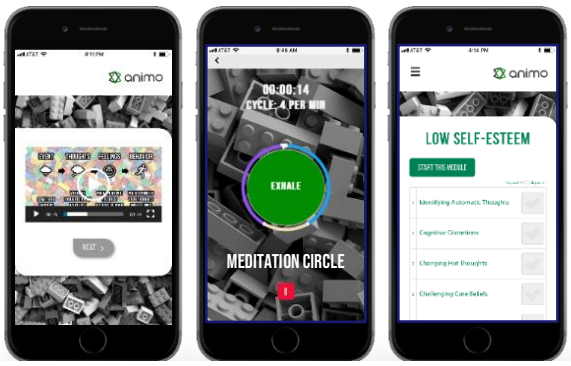
Digital Cognitive Behavioral Therapy (dCBT)

Animo, CuraLinc's digital cognitive behavioral therapy (dCBT) platform, is an innovative desktop and mobile resource that offers evidence-based content, practical resources and daily inspiration to foster meaningful and lasting behavioral change.

The platform, which is based on the underlying principles of cognitive behavioral therapy (CBT), provides a variety of self-directed dynamic resources that improve emotional fitness, reduce the stigma associated with mental health treatment and enhance overall wellbeing.

Animo allows participants to develop competencies and strength through a variety of structured modules that were developed by an industry-leading team of clinical psychologists, licensed counselors and cognitive behavioral therapy experts.

- **More Support**. The platform bridges the gap between interventions, helps participants manage relapses and supports members with in-the-moment needs
- **Access and Utilization**. Digital CBT extends care to rural consumers and provides resources to members who may not have otherwise called the EAP.
- **Clinical Outcomes**. Evidence-based self-help resources with demonstrated improvement in clinical outcomes.
- **Incremental Engagement**. CuraLinc's integrated approach, which assigns a Care Advocate to every user, drives additional engagement to (and awareness of) the EAP.



Digital Group Support

Although employer-sponsored mental health programs, such as an EAP, have always delivered care on the foundation of one-on-one treatment, group therapy has always had an important place in the landscape of therapeutic options available to people who want to strengthen their emotional fitness. Group therapy

helps employees understand that they're not the only ones dealing with a specific condition or issue; and it also helps them relate to the other people in their universe a little better, including family, coworkers and friends.

CuraLinc's digital group support platform, Virtual Support Connect (VSC) provides moderated sessions on a wide variety of topics through the program's desktop or mobile platform. The moderator will be the only person on video, though - all other users will participate via text so that they maintain their anonymity. In addition to leading the session through audio and video, the moderator will post tip sheets, exercises and links to other resources.

Coaching

The aforementioned support modalities are ideal for employees who are struggling with stress, depression, anxiety or relationship issues – but what about resources for employees who don't have a mental health concern?

CuraLinc's program includes personalized coaching that help employees be the best possible version of themselves by focusing on personal improvement and emotional fitness. CuraLinc's Coaches, all of whom are also licensed mental health clinicians, provide one-on-one coaching for the following focus areas:

- **Sleep Fitness**. CuraLinc's Sleep Fitness Coaches help participants learn the physical and mental benefits of a good night's sleep, how to establish daily habits that promote sleep and ways to improve their sleep environment. All Sleep Fitness Coaches have a Cognitive Behavioral Therapy for Insomnia (CBT-I) certification for delivering evidence-based insomnia interventions that address the root causes of insomnia, not just the symptoms.
- **Meditation**. CuraLinc's Meditation Coaches help participants build and maintain meditation practices that can help reduce stress, increase focus and improve overall health and well-being. Meditation Coaches use a combination of established guided and self-directed activities and exercises to help participants reach their own personalized meditation goals.
- **Mindfulness**. Beyond teaching the benefits of mindfulness – from decreased worry to improved concentration – CuraLinc's Mindfulness Coaches help participants develop skills that allow them to live more fully in the present moment – both at work and at home. All Mindfulness Coaches used evidenced-based practices including Mindfulness-Based Stress Reduction to help participants learn practical ways to incorporate mindfulness into their everyday life.

Toolkits

CuraLinc provides clients with several interactive sub-clinical toolkits that are connected to the program's web and mobile platforms – and also available as stand-alone resources for employees.

- **Mindfulness Toolkit**. Practical tools and exercises for incorporating mindfulness into everyday life.
- **Resiliency Toolkit**. Skill development resource to help employees 'bounce back' from challenging situations.
- **Mental Health First Aid Toolkit**. Three-step program (Identification, Connection and Encouragement) to help employees support their coworkers more effectively.
- **Meditation Toolkit**. Easy-to-use collection of resources that includes guided meditations, tip sheets and more.
- **Sleep Fitness Toolkit**. This toolkit contains resources that build habits and practices that are conducive to sleeping well on a regular basis.

Personalized coaching for sub-clinical support is available telephonically, as well as through CuraLinc's digital modalities, eConnect®, Textcoach® and Animo.

CuraLinc for Teens

Teen mental health was a crisis before the pandemic, but recent events have made it even more business critical to support adolescent dependents of covered employees. While CuraLinc has always provided in-person and telebehavioral counseling for adolescents, with parental consent, the model was recently updated to include teen-centric programming within both text therapy and coaching, as well as a communication campaign built specifically for adolescents.

Work-Life Benefits

CuraLinc's team of work-life experts are passionate about providing participants with personalized solutions that help them avoid distractions and stay productive.

Legal Consultation

CuraLinc's legal consultation service provides clients with a cost-effective way to help employees or members who have legal concerns. The following components are included:

- **Unlimited Access**. EAP participants can access the service an unlimited number of times for unique issues.
- **Free In-Person Legal Consultation**. EAP participants have access to a free 30-minute face-to-face consultation with one of over 22,000 experienced attorneys across the country.
- **Free Telephonic Legal Advice**. CuraLinc provides immediate, free telephonic legal advice with an experienced private practice attorney from the member's home state.

Financial Consultation

The financial consultation component provides employees and their family members with access to financial professionals, including certified planners (CFPs) and experienced accountants (CPAs), when needs arise. The following services are included:

- **Financial Consultation Hotline**. Financial counselors can address questions regarding a broad range of financial management topics, including debt reduction, financial planning, long-term goal setting, home buying, budgeting, college planning and bankruptcy prevention.
- **Debt Management Planning**. Members can learn how to work with creditors to build repayment plans for unsecured debt.
- **Bankruptcy Prevention**. Specialists ensure that members understand the ramifications of bankruptcy filing and help them determine which other options are more appropriate.
- **Housing Education**. CuraLinc's financial counselors help members prepare for a home purchase. They can also outline options for keeping their home in times of financial distress.

Identity Theft Recovery Consultation

CuraLinc's identity theft recovery services provide EAP participants with telephonic access to an identity recovery professional who will help them assess their situation, create an immediate action plan and provide them with the knowledge and tools to implement that plan most effectively.

Retirement Coach

Retirement Coach provides unlimited consultation with a Care Advocate who has experience helping employees transition to retirement. From money management and volunteer opportunities to relocation, home repair and travel, CuraLinc will help employees prepare for the next phase in their lives.

Dependent Care Referrals

CuraLinc provides participants with an experienced team of specialists who offer guidance and referrals in areas such as child care, elder care, back-up care, adoption, summer camps and education.

The dependent care resource and referral services available through CuraLinc's EAP go well beyond simply locating available providers. The process begins with a thorough consultation and assessment by a work-life consultant, which often helps participants identify questions that they had not yet considered. Each participant receives personalized attention and consultation on all aspects of their work-life needs. During each step, the referrals are reviewed for detail, scope and applicability to the original request. All referrals are provided to the participant within two business days.

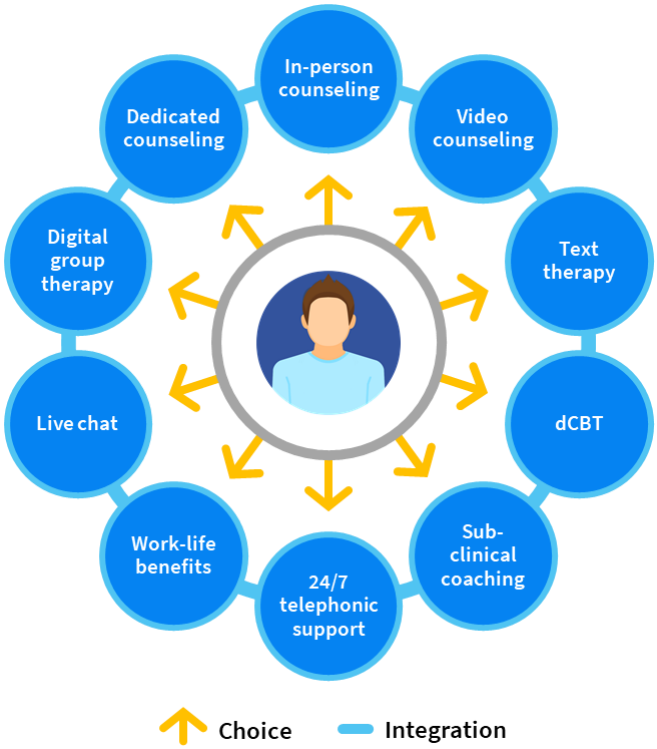
Daily Living (Convenience) and Concierge Referrals

In addition to expert referrals to dependent care services, CuraLinc also provides EAP participants with guidance and information to resources like home improvement, volunteer opportunities, entertainment services, pet care, automotive repair, relocation, wellness, travel, plumbers and handymen, cleaning services and much more.

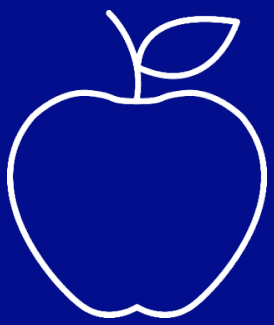
An Integrated Approach to Support

Employer-sponsored mental health programs, including EAPs, are beginning to cover a much wider range of modalities and presenting concerns. As a result, it's important that programs create a seamless experience for participants who need to move from one modality to another.

While *external* integration – coordinating care, data and referrals with a client's other health management programs – is an important consideration for many employers, *internal* integration – CuraLinc's ability to deliver a seamless experience as participants move from one modality or care avenue to another – is a key element of the care journey.



CuraLinc built every support channel in-house and does not partner with third parties to deliver care. The net result of this approach is a single care management system and (again) a seamless experience for program participants, regardless of which modality they choose to begin their care journey.



Wellness Program

Nutrition - Exercise - Wellness

We'd like you to join our Employee Wellness Program!

We are very proud of our Employee Wellness Program called NEW, this program offers hundreds of employees each year the opportunity to participate in a variety of activities. We promote voluntary participation and hope to provide you the information you need to make healthy choices.

ACTIVITIES & EVENTS

Here are just a few of the activities provided:

- Annual Health Fair.
- Access to the Community Rec. Center or gym reimbursement.
- Preventive Care.
- Smoking/Tobacco Cessation.
- Walking Activity Challenge.
- Cross Country Ski & Snowshoe Day.

HRA VEBA

The NEW Program is directly tied to each employee's HRA VEBA account. This account is a health reimbursement account set up by the City of Pocatello to help cover out-of-pocket healthcare expenses.

NUTRITION EXERCISE WELLNESS

Pocatello

Human Resources Department
911 N. 7th Avenue / P.O. Box 4169
Pocatello, ID 83205-4169
(208) 234-6170 phone
(208) 234-6572 fax

WELLNESS EXAM FORM

EMPLOYEE INFORMATION:

Instructions: *Complete your portion of this form and obtain the necessary information and signature from your healthcare provider. Return the completed form to Human Resources or make arrangements for your provider to return the form.* ***Retain a copy for your records.***
Please print legibly.

Employee's Name: _____ Department: _____

Telephone Number: _____ Date of Birth: ___/___/_____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Instructions: *Please check the appropriate box acknowledging discussion of each health measure, sign the form and give the completed form back to your patient or fax it to the City of Pocatello, Human Resources Department at 208-234-6572.* ***To ensure this visit falls under your patient's preventative care benefit, submit the charges to Blue Cross as a wellness service. Please print legibly.***

Name of Health Care Provider: _____Telephone Number: _____

This patient: *(please mark all that apply)*

☐ brought their blood panel results to the office with them today.

☐ had blood drawn for wellness in my office.

☐ had a flu shot administered in my office.

Health Measures: *(please discuss each item with patient)*	**Values:**
☐ Blood Pressure	Normal < 120/80, Pre-hypertensive < 140/90, Hypertensive > 140/90
☐ Blood Sugar	Fasting Blood Sugar (FBS) < 100 md/dl if non-diabetic -or- A1c is < 7.0% if diabetic
☐ Body Composition	Body Mass Index (BMI) < 21 Underweight, BMI = 22-27 Healthy Weight, BMI > 28 Overweight, BMI > 32 Obese
☐ Cholesterol or Lipid Panel	Total Cholesterol < 200 mg/dl, Triglycerides < 150 mg/dl, LDL ≤ 130 mg/dl, HDL > 60 mg/dl
☐ Miscellaneous Screenings (age or family history related)	Under the discretion of your physician i.e. colorectal screenings, mammogram, pap smear, prostate specific antigen (PSA).
☐ Thyroid Stimulating Hormone (TSH)	Normal Range = 0.3 to 3.0 µIU/mL
☐ Tobacco and Alcohol Use	

Recommended patient follow-up: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other _____

Healthcare Provider Signature_____Date_____

Return this form to your patient or fax to the City of Pocatello, Human Resources Department at 208-234-6572. Thank you.

Premiums

Premiums Full-Time Employees

Medical

Blue Cross of Idaho-Only Employees Enrolled in Medical Benefits get Healthjoy

Preferred Blue PPO $2,500 Deductible Plan				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (24)
Employee	$695.47	$660.70	$34.77	$17.39
Employee & Spouse	$1,438.86	$1,294.97	$143.89	$71.94
Employee + 1 Child	$1,206.97	$1,086.27	$120.70	$60.35
Employee + Children	$1,718.47	$1,460.70	$257.77	$128.89
Family	$2,032.22	$1,727.39	$304.83	$152.42

Dental

MetLife

Dental High-Enhanced Plan			
Status	Total Premium Per Month	Employer Cost Per Month	Employee Cost Per Month
Employee	$37.26	$27.66	$9.60
Employee + 1	$70.53	$40.04	$30.49
Family	$110.34	$51.34	$59.00
Dental Low-Basic Plan			
Employee	$27.66	$27.66	$0.00
Employee + 1	$52.41	$40.04	$12.37
Family	$75.02	$51.34	$23.68

Vision

VSP

Voluntary Vision Plan - VSP Network		
Status	Total Premium Per Month	Employee Cost Per Month
Employee	$10.26	$10.26
Employee & Spouse	$20.52	$20.52
Employee + Child	$21.97	$21.97
Family	$35.09	$35.09

Premiums Half-Time Employees

Medical

Blue Cross of Idaho-Only Employees Enrolled in Medical Benefits get Healthjoy

Preferred Blue PPO $2,500 Deductible Plan				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (24)
Employee	$695.47	$347.74	$347.73	$173.87
Employee & Spouse	$1,438.86	$719.43	$719.43	$359.72
Employee + 1 Child	$1,206.97	$603.49	$603.48	$301.74
Employee + Children	$1,718.47	$859.24	$859.23	$429.62
Family	$2,032.22	$1,016.11	$1,016.11	$508.06

Dental

MetLife

Dental High-Enhanced Plan			
Status	Total Premium Per Month	Employer Cost Per Month	Employee Cost Per Month
Employee	$37.26	$13.83	$23.43
Employee + 1	$70.53	$26.21	$44.32
Family	$110.34	$37.51	$72.83
Dental Low-Basic Plan			
Employee	$27.66	$13.83	$13.83
Employee + 1	$52.41	$26.21	$26.20
Family	$75.02	$37.51	$37.51

Vision

VSP

Voluntary Vision Plan - VSP Network		
Status	Total Premium Per Month	Employee Cost Per Month
Employee	$10.26	$10.26
Employee & Spouse	$20.52	$20.52
Employee + Child	$21.97	$21.97
Family	$35.09	$35.09

Notes

Notes

This guide was created for the employees of City of Pocatello
by GBS Benefits of Idaho.