

## Major Medical Overview—III-A administered through Blue Cross

Medical coverage is provided III-A and administered through Blue Cross. Use the provider search link on the employee portal to find a participating provider. Deductibles run on a “calendar” year—i.e. January through December, They will reset at the start of each year.

Benefits	In-Network	Out of Network
Doctor Office Visits	\$20 Copay	30% after Deductible
Deductible (per calendar year)	<b>\$500 Individual</b> <b>\$1,000 Family</b>	
Out of Pocket Maximum	<b>\$2,000 Individual</b> <b>\$4,000 Family</b>	<b>\$3,500 Individual</b> <b>\$7,000 Family</b>
Preventative Services/Rx	0%, Deductible & Copay Waived	30% after Deductible
Coinsurance	10% after Deductible	30% after Deductible
Emergency Room	\$100 copay, 10%	\$100 copay, 30%
Lab & X-Ray (Outpatient)	10% after Deductible	30% after Deductible
Maternity	10% after Deductible	30% after Deductible
Hospital & Surgery	10% after Deductible	30% after Deductible
Chiropractic (18 visits)	10% after Deductible	50% after Deductible
Prescription Deductible Prescription Max Out of Pocket	None <b>\$1,000 Individual</b> <b>\$2,000 Family</b>	
Generic	\$10 Copay	
Brand	\$25 Copay	
Non-Preferred	\$40 Copay	

Medical Plan	Monthly Premium Rate	Monthly Employer Cost	Monthly Employee Cost	Employee Cost Per Pay Period
Employee Only	\$620.00	\$620.00	\$0	\$0
Employee & Spouse	\$1,357.00	\$1,152.76	\$208.00	\$104.00
Employee & Child	\$861.00	\$736.00	\$132.00	\$66.00
Employee & Children	\$1,290.00	\$1,107.61	\$195.00	\$97.50
Employee & Family	\$1,860.00	\$1,585.24	\$284.00	\$142.00

This is a brief overview of coverage. Refer to the Summary Benefit of Coverage for final benefit determination.

# Telehealth with MDLIVE offered through III-A Medical Plan

Your life is 24/7. With Virtual Care, your doctor is, too.

## Telehealth \$5.00 copay

**AVOID THE WAIT! ACTIVATE YOUR BLUE CROSS OF IDAHO MDLIVE ACCOUNT TODAY AT [mdlive.bcidaho.com](http://mdlive.bcidaho.com).**



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



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



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

**Activate your account online or by phone.**

[mdlive.com/bcidaho](http://mdlive.com/bcidaho)

888-920-2975



Download the MDLIVE App

## NON-EMERGENCY CONDITIONS WE TREAT:

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

*E-prescriptions can be sent to your preferred pharmacy (if required) for medical conditions. MDLIVE cannot prescribe medication for behavioral health conditions.*

(continued)

**Telehealth  
\$5.00 copay**

**MDLIVE**

Virtual Care. Anywhere.

## Other benefits offered through III-A Medical Plan

- Licensed Acupuncture 100 visits annually, No Copay up to \$80.00 per visit
- Physical Therapy up to 20 visits at office copay rather than deductible and coinsurance
- Chiropractic up to 18 visits at office copay rather than deductible and coinsurance
- Mammograms (3D), PSA screenings, colonoscopies covered at 100% regardless of diagnosis
- Morbid Obesity Surgery up to \$20,000 Lifetime benefit (deductible and coinsurance apply)
- Hearing Aids up to \$3,000 covered every other plan year
- Medically Necessary Breast Reduction (deductible and coinsurance apply)
- 10 visit per incident EAP for entire family regardless of medical tier enrollment (BPA)
- Air Ambulance membership for entire family for medical necessary in US (III-A administers)
- A \$20,000 Life and AD&D Policy (Unum) (Also includes travel insurance and additional EAP)
- Employee access to a health coach

# Vision Coverage III-A administered through Blue Cross (VSP)

The City of McCall provides employee vision insurance. You may also purchase coverage for your dependents. Coverage is offered through VSP.

In order to receive the best possible benefit, you should seek services from an in-network provider. If you visit an out-of-network provider the plan will pay up to the allowable reimbursement. You are responsible for paying the provider at the time of your visit. You will need to submit any claims to VSP for reimbursement.

The table below provides you with a brief overview. Please consult Benefit Summary for full details.

Vision Plan using VSP Network		
Services	VSP Provider	Non VSP Provider
Vision Exam (covered every 12 months)	\$10 Copay	\$10 Copay Up to <b>\$45</b>
Materials: Choose 1) Prescription Glasses OR 2) Contact Lenses		
Lenses (covered every 12 months)	Single, Bifocal, Trifocal, <b>Blu-tech and photochromic</b> lenses covered at 100%	Single: Up to <b>\$30</b> , Bifocal: Up to <b>\$50</b> , Trifocal: Up to <b>\$65</b>
Frames (every <b>12</b> months)	\$25 Copay for frames and lenses Frame allowance: <b>\$150</b>	\$25 Copay Up to \$70
Contacts (covered every 12 months)	Up to <b>\$150</b> allowance for contacts; copay does not apply.	Up to \$105
Additional Discounts		
Laser Vision Correction Surgery	Average discount is 15% off the regular price or 5% off the promotional price; only available at contracted facilities.	N/A

**City of McCall will pay 100% of the employee premium.**  
**You are responsible for a percentage of dependent premiums.**  
*Vision premiums will be withdrawn on a tax-free basis.*

Coverage Tier	Monthly Premium Rate	Monthly Employer Cost	Monthly Employee Cost	Employee Cost Per Pay Period
Employee Only	\$ 9.00	\$9.00	\$0	\$0
Employee & Spouse	\$19.00	\$13.10	\$5.90	\$2.95
Employee & Child	\$16.00	\$10.10	\$5.90	\$2.95
Employee & Children	\$16.00	\$9.79	\$6.21	\$3.11
Employee & Family	\$26.00	\$10.41	\$15.59	\$7.80

# Dental Overview—Delta Dental Option

You have two plan options for dental coverage—Delta Dental and Willamette Dental. While both offer great coverage, they work very differently. With Delta Dental you will have a large number of providers to choose from when seeking services. *With Willamette Dental, you must use one of two locations (in Boise or Meridian). Although Delta Dental offers a wider selection of providers, the out-of-pocket expenses for “major” services, such as braces, crowns, bridges, etc. will likely be much less with Willamette.*

Please review the following two pages carefully to familiarize yourself with the differences between the two plans. To maximize your benefits, we recommend you seek a contracted physician. Our network is the Delta Dental Premier Network and you can search for physicians at [www.DeltaDentalID.com](http://www.DeltaDentalID.com) and select the Premier Network.

The table below provides you with a brief overview of your costs under the dental plan.

Delta Dental Premier Dental Plan			
Benefits	PPO Dentists	Premier Dentists	Non-Participating
Deductible (per calendar year) Waived for Class I Preventive	\$25 Individual \$75 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Maximum Benefit (per calendar year)	\$1,000	\$750	\$500
Preventive Services			
Exams, Cleanings, X-Rays, Sealants	100% (No Deductible)	100% (No Deductible)	80% (No Deductible)
Basic Services			
Fillings, Root Canals, Simple Extractions	80% (Deductible applies)	60% (Deductible applies)	40% (Deductible applies)
Major Services			
Crowns, Inlays, Outlays, Bridges & Dentures	50% (Deductible applies)	0% (Deductible applies)	0% (Deductible applies)
Orthodontia Services			
Appliances and related services	Not Covered*	Not Covered*	Not Covered*

**City of McCall will pay 100% of the employee premium.**  
**You are responsible for a percent of dependent premiums.**  
*Dental premiums will be withdrawn on a tax-free basis.*

**\*Delta Dental of Idaho subscribers and their eligible dependents can receive a discounted fee for adult and child orthodontia treatment if they obtain services from a Delta Dental Discount Program orthodontist in Idaho.**

Number of Treatment Months	Fee Schedule Based on Length of Treatment
12 to 17 months	\$3,800
18 to 24 months	\$4,200
25+ months	\$4,600

Coverage Tier	Monthly EMPLOYEE Cost	Employee Cost Per Pay Period
Employee Only	\$0	\$0
Employee +1	\$35.70	\$17.85
Employee & Children	\$71.34	\$35.67
Employee & Family	\$80.74	\$40.37

# Dental Overview—Willamette Dental Option

The Willamette Dental plan requires that you use one of their specific offices. Should you or your dependents require “major” services or need braces, the benefit offered is excellent.

The Willamette plan does not have an annual deductible or an annual maximum. There is a fixed copay for each service which helps you know what your out-of-pocket costs will be.

Willamette Dental Plan		
Services	Summary of Benefits (In-Network)	Out-of-Network (Not Applicable)
Deductible (per calendar year) Waived for Class I Preventive	None \$20 Copay applies to most services	No Benefits
Annual Maximum Benefit (per calendar year)	No Limit	No Benefits
Class I—Preventive Services		
Exams, Cleanings (every 12 months), X-Rays, Periodontal Charting & Evaluation	100% paid after \$20 Office Visit Copay	No Benefits
Class II—Basic Services		
Fillings (Amalgam) Endodontics (Root Canal) Simple Extractions (Single Tooth)	\$20 Copay, then 100% \$85—\$150 Copay \$20 Copay, then 100%	No Benefits
Class III—Major Services		
Crowns, Inlays, Outlays Bridges (per tooth) and Dentures	\$200 Copay Bridge \$200 Copay/Denture \$400 Copay	No Benefits
Orthodontia Services (for dependent children AND adults. NO age limit.)		
Appliances & related services	\$2,400 Copay	No Benefits

Willamette Dental has offices in Idaho, Oregon and Washington.

Office locations can be found by visiting [www.willamettedental.com](http://www.willamettedental.com).

**There are no locations in McCall. There are two locations in the Boise area:**

**Boise:** 8950 West Emerald St., Suite 108, Boise, ID 83704

**Meridian:** 1075 S Wells St., Meridian, ID 83642

**City of McCall will pay 100% of the employee premium.**

**You are responsible for a percent of dependent premiums.**

**Dental premiums will be withdrawn on a tax-free basis.**

Coverage Tier	Monthly EMPLOYEE Cost	Employee Cost Per Pay Period
Employee Only	\$0	\$0
Employee +1	\$35.70	\$17.85
Employee & Children	\$71.34	\$35.67
Employee & Family	\$80.74	\$40.37

# Voluntary Life and AD&D Overview—UNUM

## Life & Accidental Death and Dismemberment Plan

Employee Life Benefit	All Full Time Employees
Employee Life Benefit	Up to 5 times salary, in increments of \$10,000 <i>Not to exceed \$500,000.</i>
Employee Accidental Death & Dismemberment Benefit	Up to 5 times salary, in increments of \$10,000 <i>Not to exceed \$500,000.</i>
Dependent Life Benefit	
Spouse	Up to 100% of employee amount in increments of \$5000
Child(ren) 6 Months to 26 Years <i>If unmarried and financially dependent upon you</i>	Up to 100% of employee amount in increments of \$2000 Not to exceed \$10,000
Child(ren) 15 Days to 6 Months	\$1,000

## Conversion/Portability Privilege

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has material effect on life expectancy, you will be ineligible to port. You may also have the option to convert coverage to an individual life insurance policy.

## Accelerated Death Benefit

If an Insured Employee becomes disabled, due to a terminal illness, they may be eligible to receive a portion of their death benefit prior to death.

## Accidental Death & Dismemberment

If you or your insured die in a car accident and are wearing a properly fastened seat belt and/or are in a seat with an airbag, an amount will be paid in addition to the AD&D benefit.

## Seatbelt & Airbag Rider

If you die in an automobile accident and were wearing your seat belt, your beneficiaries will collect an amount equal to the AD&D benefit to a maximum of \$10,000 in addition to the Basic Life and Basic AD&D benefits described above.

**This is a brief overview of coverage. Refer to the Summary Benefit of Coverage for final benefit determination.**

## FSA & HRA — NueSynergy (formerly IntegraFlex)

A flexible spending arrangement or account (FSA) is a popular benefit that allows employees to pay for healthcare and dependent care expenses with pre-tax dollars. FSAs are funded through voluntary salary deductions.

By participating in an FSA, you can reduce your federal and state income tax, Social Security and Medicare tax withholdings.

### Online Participant Portal Login

To view your account online, you will login via the Employee Portal or go to:

<https://integra-flex.com/mccall>

#### First-Time Users:

Click on “Need an Account” to be directed to the Registration page – You will create a User Name and Password.

**Employee ID:** Input the Last Six (6) Digits of your Social Security Number (SSN)

**Registration ID:** Input your Sixteen (16) Digit IntegraFlex Debit Card Number

**Note:** You will not be able to create your account until after you have received your IntegraFlex Debit Card in the mail.

#### **FSA Reminders!**

- You must complete a new election form each year you are interested in continuing your participation.
- You cannot change your election during the year unless you have a “Qualified Family Status Change”, such as marriage, divorce, birth, etc.
- If you have \$500 or less left in your account at the end of the plan year, funds can be rolled over into the upcoming year’s account. Anything beyond \$500 must be forfeited. Be sure to calculate your contributions carefully.

#### **HRA**

- The City of McCall will continue to contribute to an HRA account.
- Funds can be rolled over each year with no maximum.
- For a complete list of eligible items, please see the IntegraFlex website.

#### **Health Care FSA**

- You may set aside up to \$2,700 annually.
- You may use funds for reimbursement on qualified health expenses that are not covered by your medical, dental or vision plans.

Examples include:

- Doctor Copays
  - Medical Deductible
  - Prescriptions
  - Dental Crowns
  - Braces
  - Glasses
- You can receive reimbursement for eligible expenses on you and your dependents.

#### **Dependent Care FSA**

- You may set aside up to \$5,000 annually.
- Funds are used to pay for care of a dependent child or adult.
- Unlike the medical FSA, funds for dependent care are only available once they are deposited.



# Benefits Terminology

**Allowed Amount:** The maximum amount on which payment is based for covered services. This may be called “eligible expense”, “payment allowance” or “negotiated rate”. If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

**Balance Billing:** When a provider bills you for the difference between the provider’s charge and the allowed amount. You will normally not be balance-billed if you go to a provider that is within your insurance company’s network.

**Coinsurance:** After your deductible has been met, this is the required percentage of the covered services you will be responsible for paying.

**Copayment** (commonly known as “copay”): A fixed amount (for example \$20) you pay for a covered health care service, usually when you receive the services. The amount can vary by the type of covered service.

**Deductible:** The amount you must pay for health care services before your health insurance company will begin to pay. For example, if your deductible is \$500, your plan will not pay anything until you have met your \$500 deductible.

**Explanation of Benefits (EOB):** A statement sent by the insurance carrier to a plan member that lists any services received, cost for the services, allowed amount for those services, amount paid by the plan and amount owed by the member.

**Out-of-Pocket Expenses/Costs:** The share of health expenses paid by the member. This will include your deductible and any co-pays paid throughout the plan year.

**Out-of-Pocket Maximum:** The most you will pay during a policy period before your health insurance will begin to pay 100%.

**Plan Year:** City of McCall’s plan year is October 1 through September 30. Deductibles run on a calendar year.

**UCR (Usual, Customary and Reasonable):** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR is sometimes used to determine the allowed amount.

## Plan Contact Information:

### Medical

**III-A Blue Cross of Idaho (BCI)**

1-800-627-1188

[www.bcidaho.com](http://www.bcidaho.com)

### FSA & HRA

**NueSynergy (formerly IntegraFlex)**

208-287-0310

<https://integra-flex.com/cityofmccall>

### Dental

**Delta Dental of Idaho**

208-489-3580

[www.DeltaDentalID.com](http://www.DeltaDentalID.com)

**Willamette Dental**

1-877-329-7965

[www.willamettedental.com](http://www.willamettedental.com)

### Vision

**III-A Blue Cross of Idaho (VSP)**

(use your SS# for plan benefits)

1-800-877-7195

[www.VSP.com](http://www.VSP.com)

### Retirement

**Public Employees Retirement System of Idaho (PERSI)**

1-800-451-8228

[www.persi.idaho.gov](http://www.persi.idaho.gov)

### Life & AD&D / Supplemental Life

**Unum**

1-866-679-3054

[www.unum.com/Employees](http://www.unum.com/Employees)

### Employee Assistance Program (EAP)

**Reliant Behavioral Health (RBH)**

1-866-750-1327

Access Code: MCCALLCITY

[www.MyRBH.com](http://www.MyRBH.com)

### Echelon Group

**Kelly Robbins, Account Manager**

[info@echelongroup.com](mailto:info@echelongroup.com)

208-345-9944

Refer to the Summary Benefit of Coverage available on the employee portal for final benefit determination.