



POST FALLS
SCHOOL DISTRICT

EMPLOYEE BENEFITS GUIDE 2023



OPEN ENROLLMENT TO DO LIST

When you go through open enrollment, it's important to take a moment to ensure that you have what you want, and you want what you have. As you go through open enrollment, there are also a number of documents to acknowledge and information to ensure is still accurate. Here is a quick list of items to make sure you review before open enrollment is complete:

- Review the **Employee Benefits Guide** and any supplemental materials to find the best benefit options for you and your family.
- Complete Annual Open Enrollment **by July 31st**. You must login to the system and elect your benefits if you want benefits next year. If you do not login to the system, your benefits will be dropped after August 31st.
- Check your address is still correct in the system and update your beneficiaries.

WHAT'S NEW FOR 2023? *

- CareSolace Employee Assistance Program (EAP) – Employee Assistance Program provided through CareSolace; specializing in wraparound support for every staff member, and family member in need.

**The changes listed in this section are a brief summary of the primary benefit changes. See the carrier benefit books for additional details.*

What Does Advanced Benefits Do For Me?

The Advanced Benefits team is here to assist you with benefits *education*, provide you with *options*, give *advice* and point you in the *right direction* to being your best, healthiest self.

We are ready to serve you when the time is right. Here are some of the ways Advanced Benefits helps you:

Get Familiar With Insurance Lingo

Benefits are complicated, right? We can provide education and help you understand your deductible, coinsurance, how certain services are covered and accumulate towards your out-of-pocket maximum, and more.

Benefits Direction

Ask our team to go deeper with your benefits knowledge and understanding of the network of medical services available to you. We can also help you navigate coverage for services that you need throughout the year.



Claims Review & Advocacy

- Work with our compassionate and experienced staff on your claims and health care bills to review and understand your explanation of benefits.
- Concerned that a claim or bill has not been covered the way you thought it would be or just unsure how that all works from the provider to the insurance company? Our team can review it.
- Be sure to request assistance within a reasonable time-frame following your service so we can help to get you results sooner.

Contact Our Team

There are several ways to engage with our team!

- Phone: [208-664-3482](tel:208-664-3482) Mon-Fri, 8 am – 5 pm PST
- Email: service@trustab.com
- Live chat on our website: www.trustab.com



When you need a little extra information or guidance, the Advanced Benefits team is here to help.

Do you need benefits support?

Reach out to Advanced Benefits at [\(208\) 664-3482](tel:208-664-3482) or Service@TrustAB.com
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch

OPEN ENROLLMENT OVERVIEW

Open Enrollment Dates

Tuesday 7/11/23 through Monday 7/31/23

The benefits you choose during open enrollment will be effective on 9/1/2023.



Who is Eligible?

You are eligible to enroll in the benefits described in this guide if you work 20 or more hours per week. Spouses and children are also eligible to enroll in some of the benefits as dependents of the employee.

Can I Make Changes Later?

Eligible employees may enroll or make changes to their benefits elections during the Annual Open Enrollment period.

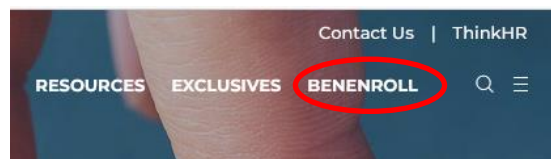
As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event.” These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Loss of spouse
- Dependent gains or loses eligibility
- Plan changes in cost
- Plan changes in coverage
- Change in Residence (employee or dependent)
- Judgements, decree, or orders
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid

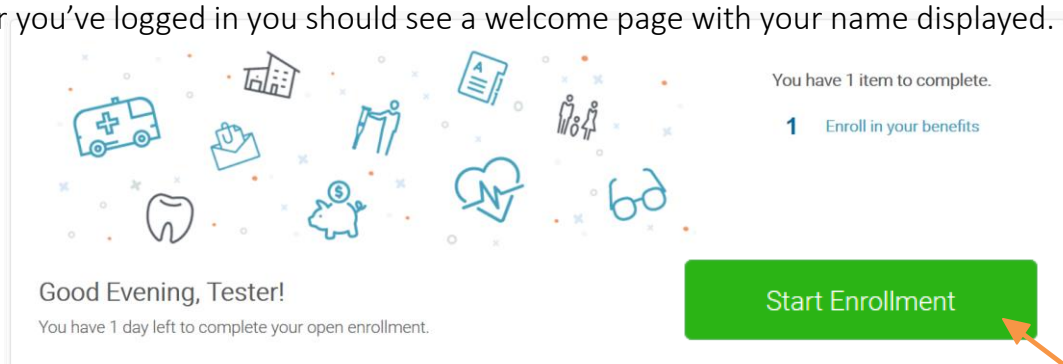


HOW TO ENROLL

1. Go to the Advanced Benefits website: www.trustab.com
2. In the upper right-hand corner of the home page, click on the “BenEnroll” link.



3. Login using the credentials you used last time **OR** create your account if you're a first-time user
Company Identifier is: **PFSD**
After you've logged in you should see a welcome page with your name displayed.



4. CLICK ON **Start Enrollment** TO BEGIN YOUR BENEFITS ENROLLMENT
5. Verify your **contact information** and any **dependent's** information is accurate before moving on to begin making your benefits elections.

Who am I enrolling?

- Myself
- Tesla Demo (Spouse)
- Tippy Demo (Child)

*Quick Tip: To enroll Dependents, check the **box** next to the name of each person you want to enroll.*


Helpful Resources

[2018 RBSI Silver 3000 SBC](#)

To view additional plan details, click on the **Compare** and **Details** buttons, or open an attachment under the **Helpful Resources** section.

Which plan do I want?

2018 Regence Bronze Essential 5000

 **\$212.55**
Cost per pay period

Effective on 09/01/18
Employee + Child(ren)

[Compare](#) [Details](#) [Select](#)

Select

Click the **Select** button for each plan in which you wish to enroll.

Need Login Assistance?

Reach out to Advanced Benefits at **(208) 664-3482** or enrollment@TrustAB.com
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch



HOW TO ENROLL – continued

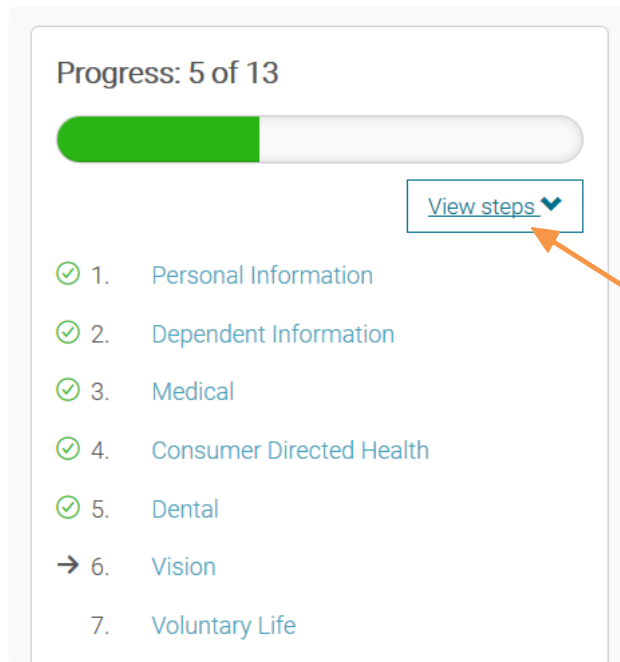
If you would like to waive a benefit, click on the [Don't want this benefit](#) button and select your reason for waiving.

Always be sure to click [Save & Continue](#) to save your choices and move to the next step.

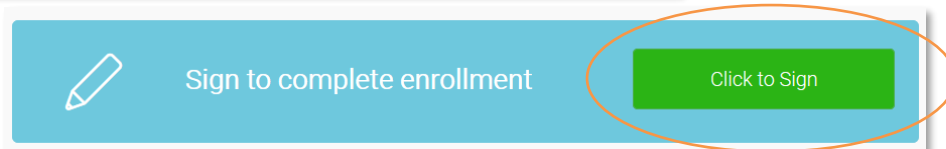
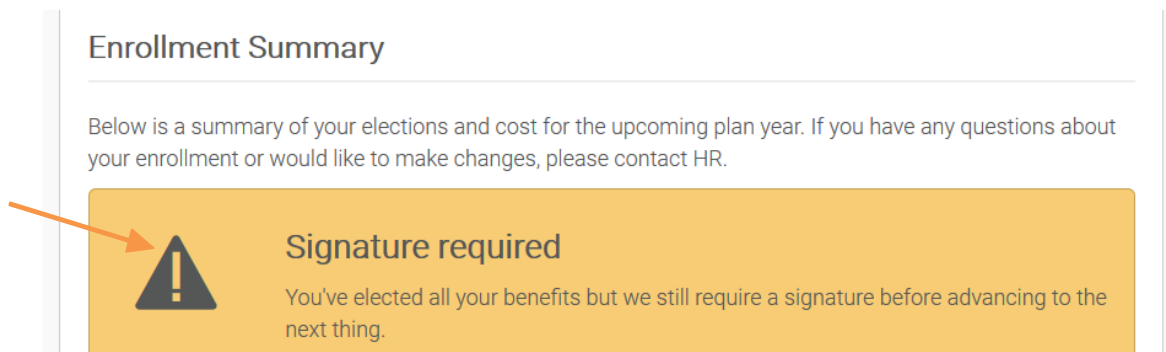


Quick Tip: Click the [View Steps](#) button in the **Progress** box on the right side of the screen to jump to any section and view your progress.

The **check mark** next to the section title lets you know you've made your selection.



6. Continue making your selections until all benefit sections have **check marks** next to them.
7. Your last step is to REVIEW your [Enrollment Summary Page](#) and digitally “Sign” to approve your choices.



*Sample cost. Actual paycheck deductions will vary.



Quick Tip: Scroll down the [Enrollment Summary page](#) to REVIEW your cost **PER PAY PERIOD**.

Need Login Assistance?

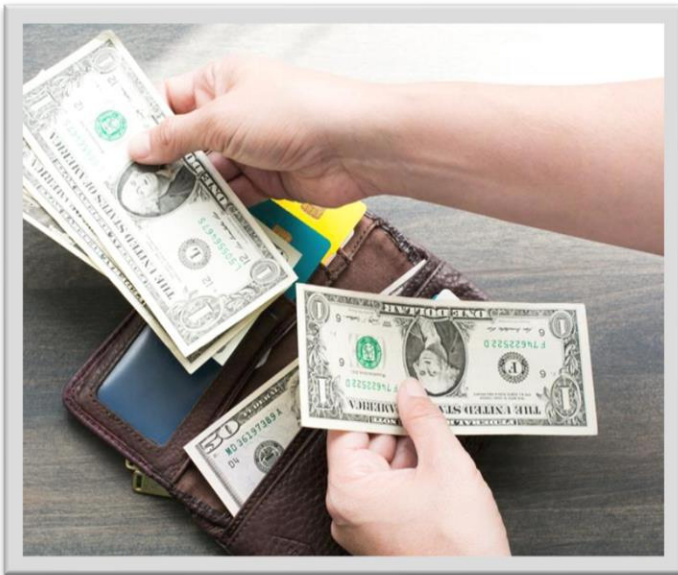
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TERMS TO REMEMBER

ANNUAL DEDUCTIBLE

How much money you pay before the insurance company starts to help pay for your in network, covered services.



COPAY

How much money you pay to either see and have a conversation with a doctor or to fill a prescription.

COINSURANCE

How much money you pay after you've met your deductible. This is usually a percentage that is split between you and the insurance company.

ANNUAL OUT-OF POCKET MAXIMUM

How much money you pay before the insurance company pays for 100% of your in network, covered services and you are no longer responsible for any portion of the bills.



PREVENTIVE MEDICAL CARE

This is your health plan, not your sick plan. Be sure to take advantage of the preventive services that are available to you at no cost through your medical benefits!

The Key to Health

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Through the plans offered by your employer, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

What is Covered Under Preventive?

There are a plethora of preventive services covered under your benefits plan. It is recommended that you check the carrier's website for the full list of preventive services. Here are some of the more common items covered as preventive:

- Annual Physical
- Women's Exam/PAP Smear
- Immunizations
- Preventive Mammogram
- Routine Colorectal Cancer Screening

When receiving a preventive service, it's important that the service is considered preventive by the insurance company and not just by your physician. A common example of this is a Vitamin B Shot, which is considered preventive by most physicians, but is rarely considered preventive by the insurance companies.



Preventive Claims Assistance

It's also important to keep your preventive visit focused purely on prevention. If the service turns to diagnosing problems, that is considered a diagnostic visit, and would be subject to your deductible.

Occasionally a preventive service can be mis-billed as a diagnostic service. A common example is a preventive colonoscopy and the anesthesia is billed separately. If you find yourself with a bill for a preventive service, be sure to reach out to our claims team for assistance in researching and correcting the issue.

If you have detailed questions, it's recommended you schedule a separate appointment with an Advanced Benefits staff to address those concerns.



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MEDICAL & PHARMACY



This Blue Cross of Idaho plan allows you the freedom to use providers that are both in- and out-of-network. However, you will receive the highest level of benefits when utilizing an in-network provider. Refer to your Blue Cross SBC for further details and out of network benefits.

	Blue Cross Idaho School Benefit Trust PPO 750	Blue Cross Idaho School Benefit Trust PPO 2000
Services	In-Network Benefits	In-Network Benefits
Annual Deductible (Individual / Family)	\$750 / \$1,500	\$2,000 / \$4,000
Annual Medical Out-Of-Pocket Max (Individual / Family)	\$5,250 / \$10,500	\$5,000 / \$10,000
Annual Prescription Out-Of-Pocket Max (Individual / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000
Member Coinsurance	You pay 20% after deductible	You pay 20% after deductible
Office Visit Copay	You pay \$20 Primary Care, \$40 Specialist Urgent Care: You pay \$20, \$40 Specialist Copay discount with ChoiceDocs providers. Child Primary Care \$0 copay. Other services subject to deductible and coinsurance.	You pay \$20 Primary Care, \$40 Specialist Urgent Care: You pay \$20, \$40 Specialist Copay discount with ChoiceDocs providers. Child Primary Care \$0 copay. Other services subject to deductible and coinsurance.
Covered Preventive Services	You pay \$0	You pay \$0
Diagnostic Test (Labs & X-Ray)	No charge up to a combined \$100, then 20% after deductible	No charge up to a combined \$100, then 20% after deductible
Emergency Room Services	You pay \$100 copay per visit, then 20% after deductible	You pay \$100 copay per visit, then 20% after deductible
Outpatient Mental Health/Substance Abuse Services	You pay \$0 per visit	You pay \$0 per visit
Chiropractic Care	You pay 20% after deductible Acupuncture not covered	You pay 20% after deductible Acupuncture not covered
Outpatient Speech/Physical/Occupational Therapy	You pay 20% after deductible	You pay 20% after deductible
Prescription Drugs (No charge for covered preventive drugs)	Generic: Preferred \$10 / Non-Preferred \$20 After \$250 Prescription Drug Deductible, you pay: Brand: Preferred \$30 / Non-Preferred \$50 Specialty: Preferred 20% / Non-Preferred 30%	Generic: Preferred \$10 / Non-Preferred \$20 After \$250 Prescription Drug Deductible, you pay: Brand: Preferred \$30 / Non-Preferred \$50 Specialty: Preferred 20% / Non-Preferred 30%

*Balance billing charges may apply to services received from Non-Participating Providers. Always check whether your provider is In-Network.

^ChoiceDocs are in-network providers who have an additional contract with Blue Cross of Idaho agreeing to take extra measures aimed at improving the quality of care for members while controlling costs.

You may access a list of in-network providers at BCIdaho.com. Select the Preferred Provider PPO Network.

Questions about these benefits?

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DENTAL

Delta Dental of Idaho			
Plan Features	PPO Network	Premier Network	Non-Participating
Annual Deductible (Individual / Family)	\$25	\$25	\$25
Preventive & Diagnostic Services (Exams, x-rays, cleanings)	You pay 0% - 30% * <i>Not subject to deductible</i>	You pay 0% - 30% * <i>Not subject to deductible</i>	You pay 0% - 30% * <i>Not subject to deductible</i>
Basic Services (Extractions, root canals, fillings, etc.)	You pay 0% - 30% * after deductible	You pay 0% - 30% * after deductible	You pay 0% - 30% * after deductible
Major Services (Crowns, dentures, etc.)	You pay 50% after deductible	You pay 60% after deductible	You pay 60% after deductible
Calendar Year Maximum Benefit (Per eligible person per benefit year)	\$1,250	\$1,000	\$1,000

* Your benefit plan includes incentive, which means the amount you pay for preventive, diagnostic, and basic services decreases 10% each calendar year as long as you visit the dentist at least once each year.

Always check whether your provider is a Delta Dental contracted provider. You will pay less if you use a provider in the plan's network. If you choose to waive this benefit, please note that you may experience a waiting period to be eligible for major services.

Visit DeltaDentalid.com to find an In-Network Dental Provider near you.

Blue Cross of Idaho Dental Blue Connect Plan	
Plan Features	Willamette Dental Clinics
Annual Deductible (Individual / Family)	No Deductible
Preventive & Diagnostic Services (Exams, x-rays, cleanings)	\$15 Copay for Office Visit
Restorative Dentistry (Fillings, Crowns, Bridges, etc.)	\$15 - \$150 Copay dependent upon service
Major Services (Crowns, dentures, etc.)	\$15 - \$200 Copay dependent upon service
Orthodontic Services	\$150 copay for consult \$1,500 copay for ortho service
Calendar Year Maximum Benefit	No Annual Maximum

Visit Willamettedental.com to find a Willamette Clinic near you.

Please note, if you elect Blue Cross of Idaho Dental Blue Connect (supported by Willamette Dental Group), you may only use Willamette providers

Questions about these benefits?

Reach out to Advanced Benefits at (208) 664-3482 or Service@TrustAB.com
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VISION

VSP (Vision Service Plan) through Blue Cross of Idaho	
Plan Features	In-Network Benefits
Routine Eye Exam <i>(once per 12 months)</i>	Covered in full after \$10 copay
Hardware Copay <i>(once per 12 months)</i>	\$25
Frames <i>(once per 12 months)</i>	\$130 allowance towards a wide selection frames \$70 allowance at Costco/Walmart 20% discount on amount exceeding allowance
Standard Lenses <i>(once per 12 months)</i>	Covered in full up to allowed amount after hardware copay
Elective Contact Lenses <i>In lieu of glasses (once per 12 months)</i>	Up to \$130 total allowance towards contact lenses and contact lens exam (fitting and evaluation)
Laser Vision Correction	Not Covered Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

This plan uses the VSP Choice provider network. You will pay less if you use a provider in the plan's network. All benefits illustrated are for VSP Participating Providers.

Visit VSP.com to find a VSP participating vision provider near you.



VSP does not issue ID cards, simply use Blue Cross of Idaho Member ID card to access vision services.

*Enrollment Rules: Your enrollment in this benefit DOES have to match medical.
Example: you are enrolled as employee + family on medical AND vision.*

Questions about these benefits?

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LIFE AND AD&D

Aflac Employer Paid Life /AD&D

Plan Features

Employee Benefit Amount	\$50,000
AD&D Benefit	Equal to your Term Life benefit amount if loss is due to accident or injury.

Aflac Voluntary Supplemental Life /AD&D

Plan Features

Employee Benefit Amount	Up to \$150,000, in \$25,000 increments
AD&D Benefit	Equal to your Voluntary Life benefit amount if loss is due to accident or injury.
Employee:	<p>For this annual enrollment period, new hires and newly eligible employees can elect up to \$150,000 in Supplemental Life insurance without having to answer any questions about your medical history (also called Evidence of Insurability or EOI) during the 31-day period after they become eligible for coverage.</p> <p>Any coverage you wish to add or change after you are first eligible is subject to satisfying the Evidence of Insurability process.</p>

Age Reductions and Exclusions: Employee:

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 50%

For a complete listing of exclusion that apply to your AD&D plan, please review your certificate.

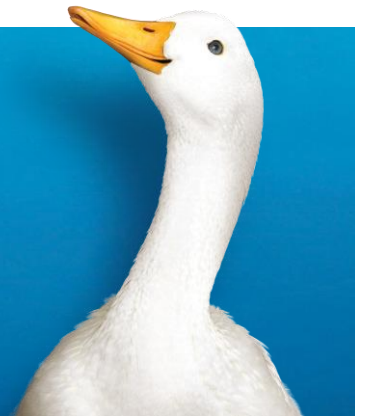
If you choose to waive this benefit, please note that you may experience future limitations of how much life insurance you can buy.

Questions about these benefits?

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Get help with expenses health insurance doesn't cover



Aflac for YOU

Like many Americans, you may have been blindsided by an unexpected medical bill. Did you think, “But I have health insurance. I should be covered?” That’s why there’s Aflac. We help with benefits health insurance doesn’t provide – and that’s peace of mind when you need it most. Let us help protect your financial security.

Aflac supplemental benefits

Our portfolio of group and individual insurance plans provides a mix of options to help control costs, attract and retain employees, and help keep them happy, healthy and feeling protected.



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you, unless assigned otherwise cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately.



Short-Term Disability: How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.



Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.



Cancer/Specified-Disease: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs.



Critical Illness (Specified Health Event): An Aflac specified health event insurance policy is designed to help with the costs of treatment if you experience a covered health event.

Questions about these benefits?

Reach out to Advanced Benefits Aflac Certified Benefits Counselor:

Susan Mensching • (208) 664-9880 • Susan_Mensching@us.aflac.com





TAKE YOUR HEALTHCARE INTO YOUR OWN HANDS.

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

FIND CARE

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

ACCESS YOUR ID CARD

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

GET TELEHEALTH

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

KEEP TRACK OF YOUR AND YOUR FAMILY'S CARE

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

PRICE PRESCRIPTION DRUGS

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

GET THE APP:

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



INTRODUCING SCRIPTSOURCING'S \$0 COPAY PROGRAM

NAME - BRAND & MAINTENANCE
MEDICATIONS

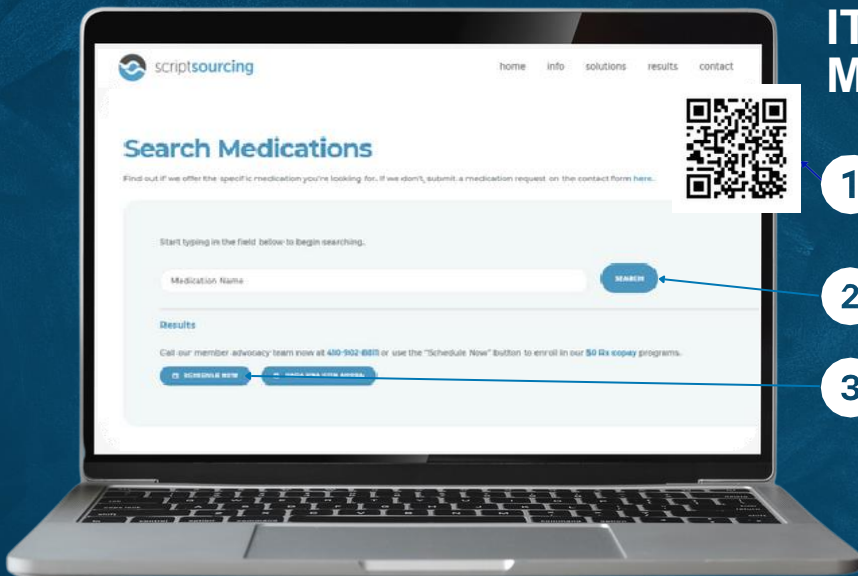
\$0
SHIPPING

\$0
COPAYS

SEARCH FOR YOUR MEDICATIONS

WITH OUR SIMPLE
ONLINE TOOL

IT TAKES LESS THAN 5 MINUTES TO ENROLL!



- 1 Visit our website at <https://scriptsourcing.com/med-finder> or scan QR code.
- 2 Search and identify medications eligible for our services.
- 3 Click "**Schedule Now**" to schedule a call with a member advocate

OR Call **410-902-8811** and ask for a member advocate.



When it comes to getting the most out of your healthcare dollars, knowing the cost of prescription drugs before you go to the pharmacy can go a long way. Thanks to

Blue Cross of Idaho Rx and our pharmacy partner, IngenioRx, you can look up the cost of drugs before you go to the pharmacy, based on your plan benefits. You can even see options – generic, brand name, home delivery or pharmacy pick up.

Step 1: Log in to your account at members.bcidaho.com.

- Select **Pharmacy** from the top menu
- Select **Find a Drug Price**

Step 2: Search

- You'll be redirected to IngenioRx's website, where you can search drugs by name.

Or

- From the **Home** tab, select **Price a Medication** from the toolbar under **Tools and Resources** or from the **I'd Like To** bar in the middle of the page.

Step 3: Get your results

- Search results will show you pricing for both home-delivery service and retail pharmacies. Prices will be based on your prescription benefits.
- If you search for a brand-name drug, you will also see generic alternatives, which could save you money but are as effective.
- You can also look up the price at different pharmacies by searching for additional retail locations.



THINKING ABOUT QUITTING?

We are here to support you throughout the process as you learn ways to quit tobacco and to stay tobacco free.

The Help You Need to be Tobacco Free As a Blue Cross of Idaho member, you are eligible to participate in our Tobacco Cessation Program. The program offers three ways to help you quit:

1. Tobacco cessation coaching
2. Online cessation resources
3. Products to help you quit

Quit Aids to Help You

Tobacco cessation products can be used to help adults quit tobacco use in order to prevent health problems.

These include over-the-counter quit aids like patches, gum and lozenges and tobacco cessation drugs that can be prescribed by a doctor.

Contact a coach to learn more!

Health Benefits of Quitting

- Reduced risk of disease and early death. While the health benefits are greater for people who stop at earlier ages, there are benefits at any age. You are never too old to quit.
- Lowered risk of lung cancer and many other types of cancer.

Source: [cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting)

“Yesterday marked day 500 for me to be smoke free. I only track now to brag! I have more energy, more money (that's not going toward cigarettes) and a better life!”

Start quitting today! Call the Blue Cross of Idaho certified wellbeing coaches at 208-286-3807 or toll-free at 855-216-6844.

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOBs)

After you visit a medical provider, you'll get an Explanation of Benefits, also called an **EOB** in the mail. It looks like a medical bill, but it's not a bill—it's a statement from your insurance carrier with detailed information that can remind you of the services you received and help you track your health care expenses. It also shows you the value of your health care benefits. However, EOBs can be difficult to understand.

The Explanation of Benefits Summary

This section of your EOB shows the total amounts related to a claim or claims processed during a date range. If you have dependents, then these amounts include their claims as well.

- **Amount Billed/Charges** – This is the healthcare provider's price for the care you received, without taking your insurance into consideration.
- **Discounted Rate/Allowed Amount** – Because you have insurance, in-network providers agree to accept a discounted rate for the care they provide. It's the amount the provider has agreed to *actually charge* you for your care.
- **Amount We Paid** – This is the amount the insurance company paid the healthcare provider for those services.
- **Amount You Owe** – This is your share of the cost. This amount depends on if you have met your deductible, paid a copay or coinsurance, or if this was a preventive service.



Examples of a benefits summary illustrated on an Explanation of Benefits

Your Benefits Status

On your EOB you will find bar graphs or charts that shows your benefits status for the year. These are called your benefit accumulators.



Examples of accumulators illustrated on an Explanation of Benefits

DEDUCTIBLE STATUS

For benefit period 01/01/22-12/31/22, the following has been satisfied:	2000.00 of the 2000.00 Individual Deductible
	2000.00 of the 4000.00 Family Deductible
For benefit period 01/01/22-12/31/22, the following has been satisfied:	0.00 of the 6000.00 Individual Out-of-Network Deductible
	0.00 of the 12000.00 Family Out-of-Network Deductible

One amount shows your progress towards meeting your annual deductible. Your deductible is the amount you pay for your medical expenses before your insurance carrier starts to help pay.

Another amount shows your progress toward meeting your annual out-of-pocket maximum. This amount is the most you'll have to pay for your in-network covered health care before the insurance carrier pays 100% of your costs for the rest of the year.

SUMMARY For claims processed through 07/18/2022

Patient	Enrollee #	Group			
SERVICES SUBMITTED BY	CHARGES	NETWORK SAVINGS Amount saved by using a Blue Cross of Idaho contracting provider	OTHER INSURANCE Amount your other insurance paid	AMOUNT WE PAID Payment made to Provider	WHAT YOU OWE OR MAY HAVE PAID THE PROVIDER
ABC Doctor	1,062.56	347.84	0.00	714.72	0.00
XVZ Laboratory	625.98	0.00	0.00	0.00	625.98
TOTAL	1,688.54	347.84	0.00	714.72	625.98



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UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOBs)

EOBs can be complicated, and it can be tempting to ignore them since they're not medical bills. But EOBs have useful information that can help you make sure you actually received the services listed, check that the amounts your provider billed, and your cost share are correct, and see how much you owe your provider for a service. This way, you can feel confident that any bill you get from your provider accurately reflects what you owe

Care Details

This section shows you a breakdown of the cost of each healthcare service you had. There is additional information included in the care details.

- **Amount Not Covered/Network Savings** – This is the difference between the healthcare provider's price and your discounted rate. If the provider is in-network, this is the amount you saved by having insurance. If the provider is out-of-network, this is the amount you will also be billed by the provider that your insurance did not cover.
- **Amount You Owe** – This is your share of the cost. This amount depends on if you have met your deductible, paid a copay or coinsurance, or if this was a preventive services

Date	Care description	Amount billed by provider	Amount not covered	Applied to your deductible	Your copay/coinsurance
2/13/15	Laboratory	\$69.31	\$63.76	\$0.00	\$7.11
2/13/15	Laboratory	\$39.21	\$22.24	\$0.00	\$3.41
2/13/15	Laboratory (PPO)	\$29.16	\$0.00	\$0.00	\$0.00
Subtotal		\$137.68	\$86.00	\$0.00	\$10.52

Date	Care description	Amount billed by provider	Amount not covered	Amount paid	Applied to your deductible	Your copay/coinsurance	What you owe
2/09/15	ONC	\$101.01	\$0.00	\$25.25	\$25.25	\$25.25	\$0.00
Subtotal		\$101.01	\$23.74	\$101.01	\$0.00	\$25.25	\$25.25

Examples of deductible, copay, coinsurance, and amount not covered

- **Applied to Your Deductible** – This is the amount that has been paid towards meeting your deductible. Once your deductible has been met, then the insurance carrier will begin to pay towards your claims.
- **Your copay/coinsurance** – Your copay is a set amount you pay your healthcare provider for an office visit. Your coinsurance is the cost-sharing portion between you in the insurance company. In other words, once you meet your deductible, you are responsible for a portion of the bill and the insurance company is responsible for the rest.

Other Helpful Information

Listed beneath some of the services, you may see a code that gives a reason for why a payment was approved or denied. There may also be a hold on the claim and the code will indicate if more information is needed.

Notes

- 1 The out of pocket maximum has been met.
- 2 Our records indicate that the procedure is considered investigational or experimental and is not covered.

Examples of notes provided on the claim indicating more specific claims processing details.

If at any point you have questions about an explanation of benefits, please reach out to one of our Benefits Coordinators, and we would be happy to assist you!



When you need a little extra information or guidance, the Advanced Benefits team is here to help.

Do you need benefits support?

Reach out to Advanced Benefits at (208) 664-3482 or Service@TrustAB.com
Monday through Friday 8AM – 5PM (PST), closed 12PM-1PM for lunch



QUESTIONS? We're here to help.

Benefits, Coverage & Enrollment Questions | Claims Advocacy



Advanced Benefits
2448 N Merritt Creek Loop, Coeur d'Alene, ID 83814
Ph: (208) 664-3482 | TrustAB.com
Benefit, Coverage, & Claims: Service@TrustAB.com
Enrollment: Enrollment@TrustAB.com
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CARRIER CONTACTS

Carrier Name	Service	Website	Phone Number
Blue Cross of Idaho	Medical/Pharmacy	bcidaho.com	(800) 627-1187
Delta Dental of Idaho	Dental	deltadentalid.com	(800) 356-7586
Willamette Dental Group	Dental	Willamettedental.com	(855) 433-6825
Aflac Susan Mensching	Aflac Voluntary Plans	Aflac.com Susan_Mensching@us.Aflac.com	(208) 664-9880

Prepared by:



The information in the Benefits Guide is presented for illustrative purposes and is based on information provided by the employer and the insurance carriers. The text contained in this guide was taken from various plan descriptions and benefits summaries. In the case of discrepancy between this guide and the actual plan documents, information contained in the plan documents will prevail. This booklet and plan summaries do not constitute a contract of employment. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.