



Twin Falls County 2025-2026 Employee Benefits Open Enrollment

Presented By:





Twin Falls County - Employee Benefits

BENEFIT HIGHLIGHTS

BENEFIT	EFFECTIVE OCTOBER 1, 2025	Employee Cost	
Health Insurance	Co-Pay Plan with HRA Reimbursement	Bi-Monthly	
Member Services - 1-800-538-5038	\$8,000 Individual/\$16,000 Family (In-Network) Deductible. \$9,200 Ind/\$18,400 Family Max OOP	Employee	\$20.00
Member Advocates - 1-800-515-2220	\$30 Primary/\$50 Specialist, \$0 Virtual Co-Pays, 100% Preventive; Urgent Care \$75, ER \$250 then 20%	Spouse	\$250.00
Select Health	RX- \$15 Tier 1 Generic - Tier 2,3,4 \$30/\$50/\$100 - \$1,500 Brand Deductible on tiers 2-4	1 Child	\$75.00
	DEDUCTIBLE HEALTH REIMBURSEMENT	Children	\$150.00
Connect Care Clinic	(Twin Falls County Reimbursement submitted to NAVIA for processing) TWF	Family	\$400.00
801-442-2610 6:30-9:30 Daily	Individual: 80% after \$500 up to \$8,000 Maximum reimbursement \$6,000 Individual		
Intermountain Connect Care	Family: 80% after \$1,000 up to \$16,000 Maximum reimbursement \$12,000		
Or download the mobile app	PRESCRIPTION HRA (County Reimbursement) \$1,500 Max Deductible not applied to Generics		
	0% of the first \$250, 100% of the last \$1,250 per individual for prescription tiers 2-4		
Individual Insurance	Option for Lower Dependent Coverage Based Upon Income	Your Health Idaho	
	Dependent Coverage with Tax Subsidy based upon Income is available during Your Health Idaho open enrollment October 15 - December 15 each year. Go online @ https://www.yourhealthidaho.org/ or call Your Health Idaho to see if you qualify with a tax credit or apply online or review options.		855-944-3246
Dental Insurance	PPO Network: \$1,250 Annual Max Benefit with \$300 Rollover of unused benefits up to \$3,050	Bi-Monthly Rate	
Delta Dental	Examinations, and cleaning (every 6 months) x-rays (every 12 months) paid at 100% in PPO Network	Employee	\$0.00
Eligibility: 208-489-3582	\$50 Deductible per person/\$150 per family applies to services - \$0% for Preventive in Network	Spouse	\$21.05
Claims: 208-489-3580	Fillings, root canals, extractions, sealants and minor oral surgery paid at 80% in PPO Network	1 Child	\$21.05
	Major Services; Crowns, implants, onlays, bridges, dentures You Pay 50% in PPO or 60% Premier	Children	\$21.05
Delta Dental	Implants are covered with Max lifetime of \$1,200 per tooth or plan max, whichever is less.	Family	\$41.99
	50% for PPO Dentists Network / 40% Premier Dentists Network- After Deductible		
Hearing Benefit	SoundCare Annual Hearing Exam 100%, Hearing Aid 50%, Customer Service (800) 487-553	Bi-Monthly Rate	
Ameritas	Year One Up to \$500, Yr 2, Up to \$750, Year 3 Up to \$1,000 (Based upon per Member enrolled years)	Employee	\$0.00
		Family	\$1.24
Willamette Dental	No annual maximum, No deductible, \$30 Copay per visit Local Anesthesia included.	Bi- Monthly Rate	
Dental Blue Connect (Willamette)	Diagnostic and preventive services coverage with office copay. \$3,000 Co-Pay Ortho Coverage.	Employee	\$0.00
1-855-433-6825	Fillings (Amalgam), \$20 Copay Each, Extractions \$15 Copay, Root Canal subject to Quadrant.	Spouse	\$23.74
	Surgical extraction you pay \$100 copay, Crowns you pay \$200 copay, Implant and Misc see SBC.	1 Child	\$23.74
	Pre-Orthodontia treatment you pay \$150 copay, Includes Adult and Child Ortho Coverage with Co-Pay	Children	\$23.74
	MUST GO TO WILLAMETTE DENTAL OFFICE FOR ALL COVERED SERVICES	Family	\$47.40
Vision Insurance	Frequencies (Months) Exam/Lens/Frames 12/12/12 1x per enrollee every 12 months	Bi- Monthly Rate	
Ameritas	Annual Eye Exam- \$0 Deductible up to \$115 - every 12 months *Based on date of service	Employee	\$0.00
Customer Service: 1-800-487-5553	Frames- up to \$135 every 12 months - Lenses- every 12 months *Based on date of service	Spouse	\$7.68
Ameritas	*Single Vision- up to \$65 *Bifocal- up to \$90. *Trifocal- up to \$125 *Progressive- up to \$155	1 Child	\$7.68
	Elective Contact Lenses - Up to \$185 - VSP - Search for Provider at vsp.com by location	Children	\$7.68
	LASIK Advantage- Lifetime Benefit- \$350 years 1&2 then \$700 year 3 (*based upon yrs enrolled)	Family	\$7.68
Optional Navia Benefits			
Cafeteria (Section 125) Plan	Allows employees to pre-tax insurance premiums for your dependents health, dental or vision as well as supplemental insurance premiums being withheld from payroll		PH: 1(425) 452-3500 FAX 1(866) 535-9227
Dependent Care Account	Allows employees to contribute pre-tax dollars to reimbursement accounts for qualifying dependent care expenses up to \$5,000 for married and \$2,500 for single employees		Online NAVIA Claims
Flexible Spending Account (FSA)	Allows employees to contribute pre-taxed dollars to an account for qualifying health care expenses up to a maximum of \$2,000 per year from Oct. 1 through Sept. 30.		NAVIA ONLINE
Employer Code: TWF	There is a \$550 carryover. Any remaining funds will be forfeited. Debit Card included with FSA.		Navia Benefit Solutions
Toll Free: 1-800-669-3539	Claims@naviabenefits.com. use member portal at https://www.naviabenefits.com/		PO Box. 53250 Bellevue, WA. 98015
Short term Disability	Pays 60% of gross weekly earning - maximum of \$1,000 per week		
USable Life	Benefits are payable on the 15th day of accident/illness up to 11 weeks.		Paid for by Twin Falls
	Sick leave must be exhausted.		County for all eligible
	\$25 minimum weekly benefit. Partial disability benefits are available.		employees working
	All Benefits are taxable.		40 hr+ per week



Twin Falls County- Employee Benefits

BENEFIT HIGHLIGHTS

BENEFIT	EFFECTIVE OCTOBER 1, 2025	Employee Cost
Life Insurance	Employee Basic Life Insurance- \$50,000 on all full time active employees	Paid for by Twin Falls
USAbile	Dependent Life Benefits- \$5,000 for spouse and dependents age 6 months to 26 years old	County for employees
	Dismemberment Insurance- 25% to 100%, depending upon loss	working 40+ hrs/week
	Added Seat Belt Benefit- \$10,000, Adaptive and Restoration, coma and day care benefits	Voluntary Life is portable
	Accelerated Benefit Available - Benefits are reduced starting at age 70, 75, 80 & 90 at Renewal.	to age 69 within 31 days from
	Travel Assistance- 100+ Miles away from home 24/7 Emergency Medical, travel assistance	end of group coverage
	anywhere in the world by contacting AXA at 866-384-2786 or medassist-usa@axa-assistance.us	1(800) 370-5856
Life Insurance (Voluntary)	Benefits available to employee's up to \$300,000. Spouse up to \$150,000	Premiums based
USAbile	Benefits are reduced at the age of 70, accelerated benefits available	on age
(Optional)	Step up guarantee of \$130K EE/\$50K SP at annual enrollment with \$10,000 or greater initially	Guarantee through age 69
Employee Assistance Program (E.A.P.)	No-Cost private, professional counseling for you and any immediate family members.	Paid for by Twin Falls
BPA Effective 11/1/2025	Anxiety and stress, marital and family conflicts, grief and loss,	County for employees
	drug, alcohol, physical or emotional abuse, eating disorders, relationship help.	working 40+ hours/week
BPA Health	Financial informaion and resources. Legal support, family source programs	1-800-726-0003
	8 Sessions per topic per year. 24-hour toll free line guidance consultants and Referrals.	Call to schedule
Post Employment Health Plan (PEHP)	Employees who accumulate the maximum of 70 days of sick leave will have the hours	Nationwide
Nationwide Retirement	they would normally accumulate converted into dollars in the PEHP account. Funds	Plan#0038457-001
	are transferred each payday and is used for health-related expenses upon termination.	888-401-5272
457b Deferred Compensation	A voluntary, long-term supplemental retirement saving program using pre-tax and/or post tax	Participant Retirement Help
Nationwide Retirement	payroll contribution option for Retirement Savings.	877-677-3678
	May invest in stocks, bonds, and cash equivalents.	
PERSI Base Plan	The BASE PLAN is your regular, mandatory PERSI plan. Your Base plan is based on a	www.persi.idaho.gov
PERSI	defined formula. You can log into your account to view details at www.persi.idaho.gov	1(800)451-8228
PERSI Choice 401K	PERSI Choice is a voluntary employee contribution via salary reduction, pre-tax.	Empower-retirement.com
	Rollover contributions from qualified plans may apply.	208-345-5201
	PERSI sharing contributions, if any, determined annually by the PERSI Retirement board.	
Work-Comp Insurance	If you suffer a job related injury or disease, you may be entitled to receive copensation	Report to your
State Insurance Fund	for medical care, lost wages, or other related benefits and/or services depending on	supervisor
	your individual situation. Report all job related injury or illness Immediately to Qualify for benefits.	
Unemployment Insurance	County-paid unemployment insurance benefits to employees whose employment	
Twin Falls County	is terminated in accordance with the Department of Commerce and Labor regulations	
Supplemental Insurance	AFLAC- Short-term disability, accident, cancer, life, intensive care, catastrophic health	Leroy Elliott
Voluntary	event, hospital indemnity, dental, and vision.	208-733-6000
Coverage Options	COLONIAL LIFE INSURANCE - Voluntary Accident, cancer, critical illness, hospital, life	Troy Gifford
	Customer Support: (800) 325-4368. Website https://www.coloniallife.com	208-860-8294
	WASHINGTON NATIONAL - Voluntary - Accident, Cancer, Critical Illness, Hospital, Life	Scott Haynes
	Customer Service 800-525-7662 or online: https://washingtonnational.com/	208-407-7141
Holidays	New Year's Day, Civil Rights Day, President's Day, Memorial Day, Juneteenth, Independence Day,	
	Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day	
	- Additional Days off: Friday after Thanksgiving, Christmas Eve	
Miscellaneous	Health Club Memberships, IDEAL Savings Program, Voluntary benefits (Annual Open Enrollment)	Available to all eligible
	Sheriff's Association, Twin Falls Police FOP Lodge 22, On site flu shots for wellness	employees
Twin Falls County Payroll/Benefits - Administration		
Lindzey Rasmussen	lindzey.rasmussen@tfco.org	Phone (208) 735-4378
Becky Hunter	bhunter@tfco.org	Phone (208) 735-4379
Twin Falls County Website: www.twinfallscounty.org		
Balanced Rock Insurance Agency Inc.		
Lori Bergsma	Lori@balancedrockinsurance.com	Office:
Jason Bergsma	Jason@balancedrockinsurance.com	(208)736-8111
Bailey Taylor	Bailey@balancedrockinsurance.com	BalancedRockInsurance.com



MEMBER PAYMENT SUMMARY

IN-NETWORK

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

OUT-OF-NETWORK

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

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$8,000	\$15,000
Out-of-Pocket Maximum	\$9,200	\$18,400
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible - per person/family	\$8000/\$16000	\$15000/\$30000
Out-of-Pocket Maximum - per person/family	\$9200/\$18400	\$18400/\$36800
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	40% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per calendar Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per calendar Year for all therapy types combined	20% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	\$30	40% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	Covered 100%	40% after Deductible
Specialist/Secondary Care Provider (SCP) ¹	\$50	40% after Deductible
Allergy Tests	See Office Visits Above	50% after Deductible
Allergy Treatment and Serum	20%	50% after Deductible
Major Surgery	20%	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	50% after Deductible
Specialist/Secondary Care Provider (SCP) ¹	Covered 100%	50% after Deductible
Adult and Pediatric Immunizations	Covered 100%	50% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	50% after Deductible
Diagnostic Tests: Minor	Covered 100%	50% after Deductible
Other Preventive Services	Covered 100%	50% after Deductible
VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	\$50	40% after Deductible
OUTPATIENT SERVICES⁴	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	20% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room	\$250 then 20% after Deductible	See In-Network Benefit
Urgent Care Facilities	\$75	40% after Deductible
Intermountain Connect Care [®]	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Radiation	20% after Deductible	40% after Deductible
Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100%	40% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100%	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$50 after Deductible	40% after Deductible



MEMBER PAYMENT SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity ⁴	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear. Up to 45 language/speech therapy visits during the 12 months after the delivery of the covered device.</i>	See Professional, Inpatient or Outpatient	50% after Deductible
Infertility - <i>Select Services</i>	50% after Deductible	*50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible
OPTIONAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Substance Use Disorder ⁴		
Office Visits	\$30	40% after Deductible
Virtual Visits	Covered 100%	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20%	40% after Deductible
Residential Treatment ²	20% after Deductible	40% after Deductible
Chiropractic <i>(up to 20 visits per calendar Year)</i>	\$30	*50% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs ⁴	20% after Deductible	40% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> ⁴	See Professional, Inpatient or Outpatient	50% after Deductible
PRESCRIPTION DRUGS		
Pharmacy Deductible - Per Person per calendar Year		\$1,500
Prescription Drug List (formulary)		RxSelect [®]
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> ⁴		\$15
Tier 1		\$30 after pharmacy Deductible
Tier 2		\$50 after pharmacy Deductible
Tier 3		\$100 after pharmacy Deductible
Tier 4		
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90[®])-selected drugs</i> ⁴		\$15
Tier 1		\$60 after pharmacy Deductible
Tier 2		\$150 after pharmacy Deductible
Tier 3		
Generic Substitution Required		Generic required or must pay Copay plus cost difference between name brand and generic

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

2 Refer to your Certificate of Coverage for more information.

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

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

5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

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

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

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

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

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

ID-MPS 01/01/25

05/14/25

Where to go for care.

Primary care providers

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illnesses. You can trust a PCP to know your health history and help you find specialty care when you need it. If your in-network PCP allows virtual (video) visits, you'll pay \$0 before deductible on many plans.

See your Member Payment Summary (MPS).

Specialty care

For times when you need more than just your regular doctor, your plan has a broad network of facilities and providers for many types of treatment.

Hospitals and local clinics

Our facilities span Idaho, offering great care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more.

Urgent care

If you need urgent care within your service area, you will need to go to an in-network facility to use your in-network benefits.

Emergency care

If you have an emergency, call 911 or go to the nearest hospital—your plan has you covered anywhere you are.

Nurse line

Not sure where to start? Try our free, 24/7 Nurse Line to get advice on how and where to get care. Call **800-222-3344**.

To see a full list of in-network facilities, scan the QR code.



Intermountain Connect Care®

Visit a provider 24/7 for common illnesses from anywhere in the U.S. via your smart phone, computer, or tablet at [IntermountainConnectCare.org](https://www.intermountainconnectcare.org).

This service is available at low or no out-of-pocket cost. Check your ID card or member materials for coverage information.

Virtual Care

Intermountain Health's virtual care clinic offers face-to-face video visits for urgent care, virtual primary care, behavioral health, and lactation support using the Connect Care app. The app also has an E-Visit option where you can get care via online chat. Services available may vary by state. Visit [IntermountainHealth.org/services/virtual-care](https://www.intermountainhealth.org/services/virtual-care) for more information.

To get started, download the Connect Care app, select **Get Care**, then **Get Care Now**, then **Connect Care**, and choose **Connect Care Urgent Care**.

Your in-network doctor's office may use various apps or websites for video visits. No matter what platform you and your doctor use, you have covered benefits for virtual care from in-network providers.

Some mental health providers offer video visits, and you'll pay \$0 before deductible on many plans. Additionally, you have access to Behavioral Health Navigation at **833-442-2211**.

See your Member Payment Summary (MPS).

Online tools.

Everything at your fingertips

Our secure member website is your one-stop shop for information about your healthcare. Access your Select Health member account using your mobile device or computer by visiting SelectHealth.org and selecting **Member Login**.

Medical cost estimator

Log in to your Select Health member account and click on Cost Estimator to see bundled cost estimates that include charges for procedures, facilities, and providers.

ID cards

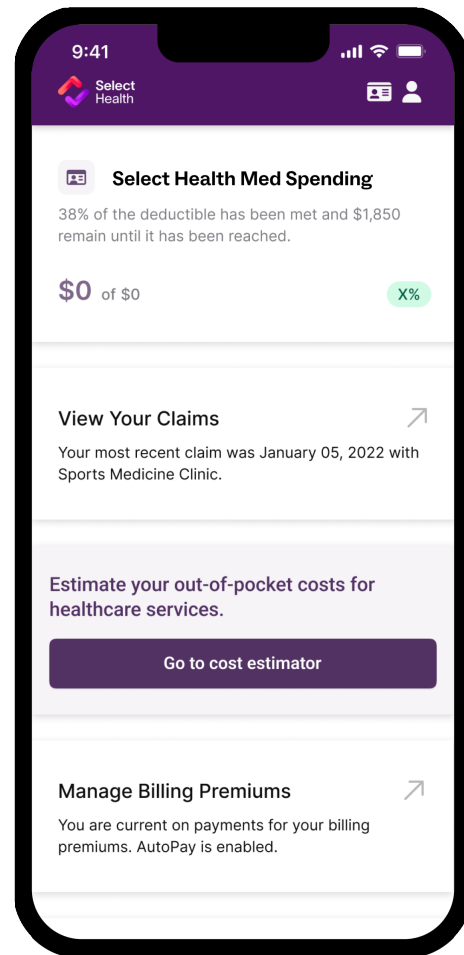
Lost your ID card? No worries — you can view and print copies of your card by logging in to your Select Health member account.

Request a call

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

Chat with us

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



The Select Health app.

On the go? Download the free Select Health® app to access your account.



App Store



Google Play

Preventive care.

Most plans cover preventive care at 100%—no copay, coinsurance, or deductible.

For services to be covered as preventive, your doctor must bill your claim with preventive codes. If your provider finds a condition that needs further testing or treatment, you'll need to pay regular copays, coinsurance, or deductibles.

Adult preventive services. (ages 18 and older)

Laboratory tests.

- Complete Blood Count (CBC)
- Prostate Cancer Screening (PSA)
- Diabetes Screening
- Cholesterol Screening
- Gonorrhea Screening
- Human Papillomavirus (HPV) Testing (once every 3 years for women ages 30 to 65)
- Chlamydia Screening
- Human Immunodeficiency Virus (HIV) Screening
- Syphilis Screening
- Tuberculosis (TB) Testing
- Lead Screening
- BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria)
- Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- Hepatitis C Virus (HCV) Screening (once per lifetime for individuals over age 50)

Procedures.

- Pap Test (once every 3 years for ages 21 and older)
- Lung Cancer Screening (between ages 50 and 80)
- Screening Mammogram (once every 275 days)
- Colonoscopy Colon Cancer Screening (once every five years for ages 45 to 75)*
- Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75)
- Bone Density/DEXA (once every two years in women ages 60 and older)
- Certain Sterilization Procedures (such as tubal ligation)

Examinations/Counseling.

- Physical Exam
- Eye Exam**
- Tobacco Use Counseling
- Alcohol Misuse Screening and Counseling

- Annual Hearing Screening (ages 65 and older)
- Glaucoma Screening (once every 12 months)
- Sexually Transmitted Infections Counseling
- Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)
- Depression Screening

Immunizations.

- Influenza
- Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- Pneumococcal
- Hepatitis A & B
- Meningitis
- Zoster (ages 18 and older)
- Human Papillomavirus (HPV) (ages 9 to 45)
- Varicella (MMRV)
- Measles, Mumps, Rubella (MMR)

Contraception.

Most contraceptives are covered as a preventive service under your pharmacy benefit.

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

* Vaginal Contraceptive Ring

Pediatric preventive services. (younger than age 18)

Procedures/Counseling.

- Preventive Well-Child Visit (no limit from birth to age 12; every 275 days from ages 12 to 18)
- Eye Exam
- Depression Screening
- Developmental Testing
- Newborn Hearing Screening (once per lifetime)
- Annual Hearing Screening (ages 21 and younger)
- Application of Fluoride Varnish (younger than age 5)
- Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)

Laboratory tests.

- Newborn Metabolic Screening (younger than age 1)
- Human Immunodeficiency Virus (HIV) Screening
- PKU Screening (younger than age 1)
- Thyroid (younger than age 1)
- Sickle Cell Disease Screening (younger than age 1)
- Lead Screenings
- Tuberculosis (TB) Testing
- Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)

Immunizations.

(As recommended by the CDC/ACIP)

- Measles, Mumps, Rubella (MMR)
- Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- Haemophilus influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- Polio (OPV, IPV, DtaP-Hep-LPV)
- Influenza
- Pneumococcal
- Hepatitis A
- Hepatitis B
- Meningitis
- Varicella (including MMRV)
- Rotavirus
- Human Papillomavirus (HPV) (ages 9 to 45)
- Respiratory Syncytial Virus (RSV)

Obstetrical preventive services.

These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

Laboratory tests.

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

Breast-feeding supplies and support.

- Breast Pump, Electronic AC or DC (one per pregnancy)
- Lactation Class (one per pregnancy at a Select Health approved facility)

Questions?

Call Member Services at **800-538-5038** or visit selecthealth.org/wellness-resources.

This information is subject to change and additional limitations may apply. This list is not all-encompassing. To verify the eligibility of a service or supply, call Member Services.

* If a colonoscopy is received post Cologuard, the test will no longer be covered as preventive.

** Eye exams for adults on a Utah Benchmark, as well as Idaho, Nevada, and Colorado Individual plans are not covered as a preventive benefit.

Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

Twin Falls County

Group Number: 1299

Contract Effective Date: 10/01/2025

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	\$50	\$50	\$50
Family Deductible Excluding Diagnostic and Preventive services per benefit year	\$150	\$150	\$150
Maximum Benefit Per eligible person per benefit year	\$1,250	\$1,000	\$1,000
Maximum Benefit Rollover	\$3,050*	\$2,500*	\$0
Services	You pay the % below		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	20%	20%
Basic Services Fillings, root canals, extractions, oral surgery	20%	30%	30%
Major Services Crowns, implants, onlays, bridges, dentures Late enrollee waiting period is 12 months	50%	60%	60%

PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a network participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

* See back page for benefits and limitations

Benefits and Limitations

Class I Preventive and Diagnostic Services
Periodic exam is allowed 2 times every calendar year.
Single bitewing x-ray is allowed 1 time every 12 months from last date of service.
Panoramic x-ray is allowed 1 time every 5 years from last date of service.
Adult cleaning is allowed 2 times every calendar year.
Child cleaning is allowed 2 times every calendar year.
Fluoride treatment is allowed 2 times every 1 year from last date of service through age 18.
Class II Basic Services
One surface white filling is allowed 1 time every 24 months from last date of service.
Osseous surgery, includes elevation & closure, 1-3 teeth is allowed 1 time every 3 years from last date of service.
Periodontal scaling and root planing-per quadrant is allowed 1 time every 24 months from last date of service.
Periodontal maintenance procedure is allowed 4 times every 12 months (if patient has had previously treated periodontal disease).
Class III Major Restorative Services
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 12 years of age.
Crown-porcelain/ceramic is allowed 1 time every 7 years from last date of service.
Complete upper denture is allowed 1 time every 7 years from last date of service for ages 16 and older.
Implants
Implants are a covered benefit per tooth with a maximum lifetime benefit of \$1,200 or the plan's annual maximum, whichever is less. Ages 19 and over.
Dependents
Eligible children must be under age 26.

GENERAL PLAN INFORMATION

1. Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
2. Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
 - a. Full dentures or partial dentures: On the date the final impression is taken.

Delta Dental of Idaho
 555 E Parkcenter Blvd
 Boise, ID 83706

Customer Service
 (208) 489-3580
 (800) 356-7586

Summary of Benefits: Twin Falls County Effective Date: October 1, 2025	Dental Blue Connect
	Contracting Providers* Supported by Willamette Dental Group
Individual Deductible	No Deductible
Annual Maximum	No Annual Maximum
General Office Visit	You pay a \$30 copayment per visit
Diagnostic and Preventive Services	What you pay
Routine and Emergency Exams	No charge after applicable Office Visit copayment
All X-rays	
Teeth Cleaning	
Fluoride Treatment	
Sealants	
Head and Neck Cancer Screening	
Oral Hygiene Instruction	
Periodontal Charting	
Periodontal Evaluation	
Restorative Dentistry	
Filings	\$20 copayment
Porcelain-Metal Crown	\$200 copayment.
Prosthodontics	What you pay
Complete Upper or Lower Denture	\$250 copayment
Bridge (per Tooth)	\$200 copayment
Endodontics and Periodontics	What you pay
Root Canal Therapy — Anterior	\$75 copayment
Root Canal Therapy — Bicuspid	\$100 copayment
Root Canal Therapy — Molar	\$150 copayment
Osseous Surgery (per Quadrant)	\$150 copayment
Root Planing (per Quadrant)	\$65 copayment
Oral Surgery	What you pay
Routine Extraction (Single Tooth)	\$15 copayment
Surgical Extraction	\$100 copayment
Orthodontic Services	What you pay
Pre-Orthodontic Service	\$150 copayment
Comprehensive Orthodontic Service	\$3,000 copayment
Miscellaneous	What you pay
Local Anesthesia	No charge after applicable Office Visit copayment
Dental Lab Fees	
Nitrous Oxide	\$40 copayment
Specialty Office Visit	\$30 copayment
Implant Surgery	No charge up to \$1,500
Out of Area Emergency Care Reimbursement up to \$100	

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

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



Employee Assistance Program

Your Employee Assistance Program (EAP) is a well-being benefit that provides:

- Free & Confidential Counseling
- Personal Growth Support
- Stress Management Assistance
- Legal Assistance & Will Maker Programs
- Financial Consultations & Calculators
- Wide Range of Member Resources: Mental Health, Parenting, Eldercare Support, & more.

Accessing your benefits is easy, confidential, and no cost to you.



Crisis Counselors Available by Phone 24/7



Service Providers in Your Area



Confidential and Secure

You can start your counseling sessions in three easy ways: **Call, Text, or Go Online.**



Call 1-800-726-0003



Text 208-336-4275



Go Online at: www.bpahealth.com/portal-login/

Next, you can browse Member Resources, locate a preferred Provider, and access Virtual Counseling through the BetterHelp Login.

Get started today at www.bpahealth.com



Username: Twin Falls County
Password: 8007260003
Number of sessions: 8



The BPA Health Difference

Comprehensive Support That Drives Real Results

At BPA Health, we go beyond traditional EAP services. Our proactive, high-touch approach ensures that employees and their families receive the right care, at the right time—reducing stress, improving well-being, and enhancing productivity. What sets us apart is our commitment to personalized support, ease of access, and comprehensive resources that address not only mental health but also financial, legal, and everyday life challenges. Our key differentiators are:

- ✓ **Personalized Service Navigation** – No more hours spent searching for a provider. Our Service Navigators:
 - Provide a list of 3 vetted providers within 24 hours and will schedule appointments
 - Follow up at 10 days to ensure connection
 - Check-in again at 30 days for additional support
- ✓ **Critical Incident Response (CIR)** – Immediate, expert-led support during workplace crises, trauma, or grief situations
- ✓ **Advanced Provider Search Filters** – Find the right provider based on specialty, age, and availability (nights/weekends)
- ✓ **Mandatory Management Referrals** – We guide employees throughout the process and provide progress reports

Beyond Mental Health: Whole-Person Well-Being

BPA Health provides resources that support every aspect of life, including:

- ✓ **BetterHelp Virtual Therapy** – Convenient Online counseling, including options for couples and teenagers
- ✓ **Financial & Legal Assistance** – Free tax filing (TaxSlayer), bankruptcy & discrimination support, estate planning & more
- ✓ **Caring for an Elderly Relative** – Expert guidance on aging-related decisions
- ✓ **Parenting & Family Support** – Resources to help navigate every stage of parenthood
- ✓ **Identity Theft & Credit Fraud Recovery** – Personalized assistance in handling fraud and security breaches
- ✓ **Home Buying & Selling Resources** – Tools and guidance for major life transitions



Did you know?

Employees using an EAP are **6X more likely** to remain engaged at work, show improved job performance and job satisfaction.

"Based on the results of utilizing the Management Referral Program with BPA Health, we were able to retain a long-time employee. We are very grateful for our continued partnership and recommend BPA Health to any employer looking to partner who cares as much about our employees as we do."

–Employer, Employee Assistance Program



Helping people be healthier and organizations more effective since 1974.
Call us at (800) 726-0003 or visit us at bpahealth.com to learn more.

COUNTY OF TWIN FALLS

Eye Care Highlight Sheet



Plan 1: Vision Perfect® Plan Summary

Deductibles	\$0*
Maximum per benefit period	None
Annual Eye Exam	Up to \$115
Lenses (per pair)	
Single Vision	Up to \$65
Bifocal	Up to \$90
Trifocal	Up to \$125
Lenticular	Up to \$155
Progressive	Up to \$155
Contacts	
Elective/Medically Necessary	Up to \$185
Frame Allowance	\$135
Frequencies (months)	
Exam/Lens/Frame	12/12/12
	Based on date of service***

*Deductible applies to the first service received

***Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

LASIK

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

Lifetime Benefit Earned (per eye)	Year One	Year Two	Year Three
	\$175	\$175	\$350

Rx Savings

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

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

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of COUNTY OF TWIN FALLS. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Hearing Plan Benefits

Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%

Deductible

Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0

Benefit Year Maximum

Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$500
Year Two	Up to \$750
Year Three	Up to \$1000
Hearing Aid Maintenance	Up to \$40

Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you will be considered a Late Entrant. Late Entrants are eligible for only exams for the first 12 months they are covered.

Customer Service

Customer Connections [800-487-5553](tel:800-487-5553) www.Ameritas.com
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

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

Health Reimbursement Arrangement (HRA)

Established by Twin Falls County | Administered by Navia



Navia Benefit Solutions is proud to be the administrator of your HRA plan. This reimbursement plan has been established by Company Name to help you afford your medical costs by subsidizing a portion of your medical plan deductible.

Benefit Summary

Plan Year: **2025-2026**

Eligible Expenses: Deductible expenses associated with the employer sponsored group medical plan. You may submit claims for eligible expenses that incurred during the plan year.

Benefit: The HRA will reimburse deductible expenses as indicated below for each enrolled family member.

Medical Deductible Benefit: 9/30/2025– 12/31/2025	Rx Drug Deductible Benefit: 9/30/2025– 12/31/2025
<ul style="list-style-type: none">0% of the first \$50080% of the last \$7,500 <p><u>Maximum HRA Reimbursement</u> Employee Only: \$6,000 Employee + Family: \$12,000</p>	<ul style="list-style-type: none">0% of the first \$250100% of the last \$1,250 <p><u>Maximum HRA Reimbursement</u> \$1,250 per enrolled family member <i>Only prescriptions applied to the deductible are eligible for reimbursement.</i></p>
Medical Deductible Benefit: 1/1/2026– 9/30/2026	Rx Drug Deductible Benefit: 1/1/2026– 9/30/2026
<ul style="list-style-type: none">0% of the first \$50080% of the last \$7,500 <p><u>Maximum HRA Reimbursement</u> Employee Only: \$6,000 Employee + Family: \$12,000</p>	<ul style="list-style-type: none">0% of the first \$250100% of the last \$1,250 <p><u>Maximum HRA Reimbursement</u> \$1,250 per enrolled family member <i>Only prescriptions applied to the deductible are eligible for reimbursement.</i></p>
<p><i>* Maximum calendar year deductible is \$500 Medical & \$250 Rx. Participants do not have to satisfy that twice. ** Maximum HRA reimbursement is for the entire 2025 plan year. This may include previously reimbursed amounts from Jan-Sept.</i></p>	

How it Works: Once you've received treatment from a provider, the provider will bill your medical insurance. You will receive an Explanation of Benefits (EOB) from your insurance carrier showing how your benefits were applied. If the EOB shows that the service was applied to the deductible, you may submit the EOB and a completed claim form to Navia for reimbursement. Rx drugs may be submitted in the form of an itemized statement from the pharmacy/provider. The statement must include the date of service, type of service and cost. The Rx drug benefit is for formulary and non-formulary prescriptions applied to the brand name deductible.

Coordination of Benefits: If you participate in the Health Care FSA, medical and Rx drug deductible expenses will be applied to the HRA first. Any residual amount not covered by the HRA will be automatically applied to your Health Care FSA, unless otherwise stated. Please do not use the Navia debit card to pay for deductible expenses. The debit card is only tied to funds in your FSA.

Claim Submission

- 1) Complete a claim form, itemize your expenses and list the total amount you are claiming.
- 2) Attach an Explanation of Benefits (EOB) from your insurance carrier. If you have secondary insurance coverage, you must submit the EOB from both insurance carriers.
- 3) Submit the claim form and EOB to Navia. The most efficient way to submit a claim is by using the online claim submission tool or the MyNavia smartphone app for Android or iPhone. You may also submit claims via email, fax or mail. Please use only one method per submission. Allow 2 full business days for your claim to be reviewed and processed once it has been received.

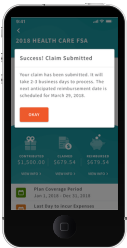


MyNavia Mobile App



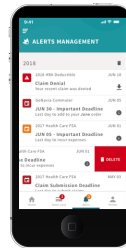
Access your benefits and submit claims anytime, anywhere

Whether you're at the doctor's office or on vacation, the MyNavia App allows you to manage and access your benefits right from your smartphone! Available for iPhone and Android devices, the MyNavia App is a free-to-download and free-to-use tool for any Navia participant with an FSA, HRA, HSA, or Commuter benefit.



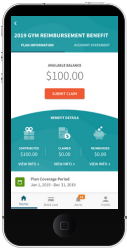
Easy claim submission

Take photos of your receipts to submit a claim directly from your phone or verify Navia Debit Card charges.



Receive claim alerts

Receive alerts for when claims are processed or reimbursed. Check the status of your claim submissions and view your complete account history.



View account balances

View real-time account balances for your FSA, HRA, HSA, or Commuter benefits. Always know the status of your accounts and easily access the information you need when you need it.



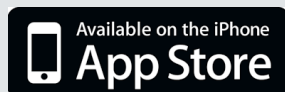
Fingerprint and facial ID login



View all eligible expenses for your benefits

Download the MyNavia app for free!

Search for "Navia" or "Navia Benefits" in the Apple App Store or Google Play Store.





EMPLOYEE BENEFITS SUMMARY | 50054624 TWIN FALLS COUNTY

FOR ALL FULL TIME ACTIVE EMPLOYEES

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

EMPLOYER CONTRIBUTION: 100%

AMOUNT OF COVERAGE: Pays a benefit of \$50,000 without evidence of insurability.

Benefits reduce, based on your age, to 65% at age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, to 15% at age 90, and to 10% at age 95, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

GROUP TERM LIFE insurance is designed to provide benefits to your designated beneficiary for loss of life.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) is payable, if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Beneficiary Assistance Program
- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Portability
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Child Care Center Benefit
- Felonious Assault Benefit
- Restoration Benefit
- Special Education Benefit
- Spouse Training Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit
- Travel Assistance
- Identity Theft Protection
- Dignity Planner

DEPENDENT LIFE

EMPLOYER CONTRIBUTION: 100%

Spouse: Pays a benefit to your eligible spouse in the amount of \$5,000.

Children: Pays a benefit to your eligible children between the ages of 6 months and 26 years in the amount of \$5,000. Benefits are \$5,000 for children from Live Birth to 6 Months.

Benefits terminate when you are no longer eligible or your retirement, whichever occurs first.

SHORT TERM DISABILITY

EMPLOYER CONTRIBUTION: 100%

AMOUNT OF COVERAGE: Pays a benefit of 60% of your Basic Weekly Earnings to a maximum of \$1,000 per week, less offsets for other income. Benefits begin on the 15th day of a covered disability resulting from an accident, and on the 15th day of a covered disability resulting from sickness, and are payable up to a maximum of 11 weeks for any one covered disability.

GROUP SHORT TERM DISABILITY (STD) is designed to provide partial income replacement should you become disabled as the result of sickness or injury.

Benefits terminate when you are no longer eligible or your retirement, whichever occurs first.

SHORT TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Recurrent Disability
- Survivor Benefit
- Return to Work Incentive

VOLUNTARY GROUP TERM LIFE**EMPLOYER CONTRIBUTION: 0%**

Employee: If you are age 69 or younger, you may purchase coverage in units of \$10,000 to a maximum of \$130,000 through age 69, and \$0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of \$300,000 is available with evidence of insurability. Coverage cannot exceed 7 times your Basic Annual Earnings.

Benefits reduce, based on your age, to 65% at age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, to 15% at age 90, and to 10% at age 95, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

Spouse: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible spouse, age 69 or younger, in units of \$10,000 to a maximum of \$50,000 through age 69, and \$0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of \$150,000 is available with evidence of insurability.

Benefits reduce, based on spouse's age, to 65% at age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, to 15% at age 90, and to 10% at age 95, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

Child: If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible children from live birth to 26 years from \$2,000 to \$10,000 in increments of \$2,000.

Benefits terminate when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VOLUNTARY GROUP TERM LIFE (VGTL) If you need additional term life protection for you and your eligible family members, think about US Able Life's low cost VGTL coverage. You select the benefit amounts to suit your specific situation and premium payments are made through payroll deduction.

VOLUNTARY GROUP TERM LIFE ALSO INCLUDES THE FOLLOWING:

- Beneficiary Assistance Program
- Accelerated Benefit
- Dignity Planner
- Portability
- Extended Life Insurance Benefit (Waiver of Premium)

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT**EMPLOYER CONTRIBUTION: 0%**

Employee: You may purchase coverage in units of \$10,000 to a maximum of \$300,000. Coverage cannot exceed 7 times your Basic Annual Earnings.

Benefits reduce, based on your age, to 65% at age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, to 15% at age 90, and to 10% at age 95, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

Spouse: If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible spouse in units of \$10,000 to a maximum of \$150,000.

Benefits reduce, based on spouse's age, to 65% at age 70, to 45% at age 75, to 30% at age 80, to 20% at age 85, to 15% at age 90, and to 10% at age 95, and then terminate when you are no longer eligible or your retirement, whichever occurs first. Reductions occur at the Policy Anniversary.

Child: If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible children from live birth to 26 years from \$2,000 to \$10,000 in increments of \$2,000.

Benefits terminate when they are no longer eligible, or at the termination of your eligibility, whichever occurs first.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D) coverage allows you to purchase benefits to provide protection in the event of an unexpected loss of accidental death or dismemberment. Protection is issued on a 24-hour basis for you and your eligible family members and covers you as the result of a covered accident anywhere in the world.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:

- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Child Care Center Benefit
- Felonious Assault Benefit
- Restoration Benefit
- Special Education Benefit
- Spouse Training Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit



PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR	
Applying for coverage over Guaranteed Issue will require evidence of medical insurability	
Employee's Guaranteed Issue is \$130,000 through age 69.	
Spouse's Guaranteed Issue is \$50,000 through age 69. Spouse Premiums are determined by Spouse's age	
The maximum spouse benefit is \$150,000	

VGTL PREMIUMS FOR CHILD	\$2,000	\$0.22	VADD RATE FOR EMPLOYEE, SPOUSE, & CHILD PER \$1,000	\$0.047
	\$4,000	\$0.45		
	\$6,000	\$0.67		
	\$8,000	\$0.90		
	\$10,000	\$1.12		

Benefit Units	Voluntary GTL											
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.000	\$0.950	\$1.080	\$1.460	\$2.150	\$3.330	\$5.280	\$8.270	\$11.610	\$18.800	\$37.290	\$76.810
\$20,000	\$2.000	\$1.900	\$2.160	\$2.920	\$4.300	\$6.660	\$10.560	\$16.540	\$23.220	\$37.600	\$74.580	\$153.620
\$30,000	\$3.000	\$2.850	\$3.240	\$4.380	\$6.450	\$9.990	\$15.840	\$24.810	\$34.830	\$56.400	\$111.870	\$230.430
\$40,000	\$4.000	\$3.800	\$4.320	\$5.840	\$8.600	\$13.320	\$21.120	\$33.080	\$46.440	\$75.200	\$149.160	\$307.240
\$50,000	\$5.000	\$4.750	\$5.400	\$7.300	\$10.750	\$16.650	\$26.400	\$41.350	\$58.050	\$94.000	\$186.450	\$384.050
\$60,000	\$6.000	\$5.700	\$6.480	\$8.760	\$12.900	\$19.980	\$31.680	\$49.620	\$69.660	\$112.800	\$223.740	\$460.860
\$70,000	\$7.000	\$6.650	\$7.560	\$10.220	\$15.050	\$23.310	\$36.960	\$57.890	\$81.270	\$131.600	\$261.030	\$537.670
\$80,000	\$8.000	\$7.600	\$8.640	\$11.680	\$17.200	\$26.640	\$42.240	\$66.160	\$92.880	\$150.400	\$298.320	\$614.480
\$90,000	\$9.000	\$8.550	\$9.720	\$13.140	\$19.350	\$29.970	\$47.520	\$74.430	\$104.490	\$169.200	\$335.610	\$691.290
\$100,000	\$10.000	\$9.500	\$10.800	\$14.600	\$21.500	\$33.300	\$52.800	\$82.700	\$116.100	\$188.000	\$372.900	\$768.100
\$110,000	\$11.000	\$10.450	\$11.880	\$16.060	\$23.650	\$36.630	\$58.080	\$90.970	\$127.710	\$206.800	\$410.190	\$844.910
\$120,000	\$12.000	\$11.400	\$12.960	\$17.520	\$25.800	\$39.960	\$63.360	\$99.240	\$139.320	\$225.600	\$447.480	\$921.720
\$130,000	\$13.000	\$12.350	\$14.040	\$18.980	\$27.950	\$43.290	\$68.640	\$107.510	\$150.930	\$244.400	\$484.770	\$998.530
\$140,000	\$14.000	\$13.300	\$15.120	\$20.440	\$30.100	\$46.620	\$73.920	\$115.780	\$162.540	\$263.200	\$522.060	\$1,075.340
\$150,000	\$15.000	\$14.250	\$16.200	\$21.900	\$32.250	\$49.950	\$79.200	\$124.050	\$174.150	\$282.000	\$559.350	\$1,152.150
\$160,000	\$16.000	\$15.200	\$17.280	\$23.360	\$34.400	\$53.280	\$84.480	\$132.320	\$185.760	\$300.800	\$596.640	\$1,228.960
\$170,000	\$17.000	\$16.150	\$18.360	\$24.820	\$36.550	\$56.610	\$89.760	\$140.590	\$197.370	\$319.600	\$633.930	\$1,305.770
\$180,000	\$18.000	\$17.100	\$19.440	\$26.280	\$38.700	\$59.940	\$95.040	\$148.860	\$208.980	\$338.400	\$671.220	\$1,382.580
\$190,000	\$19.000	\$18.050	\$20.520	\$27.740	\$40.850	\$63.270	\$100.320	\$157.130	\$220.590	\$357.200	\$708.510	\$1,459.390



TWIN FALLS COUNTY | VGTL + VADD

\$200,000	\$20.000	\$19.000	\$21.600	\$29.200	\$43.000	\$66.600	\$105.600	\$165.400	\$232.200	\$376.000	\$745.800	\$1,536.200
\$210,000	\$21.000	\$19.950	\$22.680	\$30.660	\$45.150	\$69.930	\$110.880	\$173.670	\$243.810	\$394.800	\$783.090	\$1,613.010
\$220,000	\$22.000	\$20.900	\$23.760	\$32.120	\$47.300	\$73.260	\$116.160	\$181.940	\$255.420	\$413.600	\$820.380	\$1,689.820
\$230,000	\$23.000	\$21.850	\$24.840	\$33.580	\$49.450	\$76.590	\$121.440	\$190.210	\$267.030	\$432.400	\$857.670	\$1,766.630
\$240,000	\$24.000	\$22.800	\$25.920	\$35.040	\$51.600	\$79.920	\$126.720	\$198.480	\$278.640	\$451.200	\$894.960	\$1,843.440
\$250,000	\$25.000	\$23.750	\$27.000	\$36.500	\$53.750	\$83.250	\$132.000	\$206.750	\$290.250	\$470.000	\$932.250	\$1,920.250
\$260,000	\$26.000	\$24.700	\$28.080	\$37.960	\$55.900	\$86.580	\$137.280	\$215.020	\$301.860	\$488.800	\$969.540	\$1,997.060
\$270,000	\$27.000	\$25.650	\$29.160	\$39.420	\$58.050	\$89.910	\$142.560	\$223.290	\$313.470	\$507.600	\$1,006.830	\$2,073.870
\$280,000	\$28.000	\$26.600	\$30.240	\$40.880	\$60.200	\$93.240	\$147.840	\$231.560	\$325.080	\$526.400	\$1,044.120	\$2,150.680
\$290,000	\$29.000	\$27.550	\$31.320	\$42.340	\$62.350	\$96.570	\$153.120	\$239.830	\$336.690	\$545.200	\$1,081.410	\$2,227.490
\$300,000	\$30.000	\$28.500	\$32.400	\$43.800	\$64.500	\$99.900	\$158.400	\$248.100	\$348.300	\$564.000	\$1,118.700	\$2,304.300

Important Note: The above rates are subject to change. The rates shown here are meant as an illustration for you to determine the approximate deduction you may expect to see each paycheck. Due to the rounding of rates, these deductions will vary, though differences should be slight. This is not part of an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.



Important Notice Regarding Enrollment

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

Special Enrollment

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

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

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

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

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

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

Late Enrollment

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

Dependent Coverage up to age 26

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

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

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



Women's Health and Cancer Rights Act

Enrollment Notice

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

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

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



Newborns and Mothers Health Protection Act

US Department of Labor
Employee Benefits Security Administration

The Newborns' and Mothers' Health Protection Act of 1996 (the Newborns' Act), signed into law on September 26, 1996, requires plans that offer maternity coverage to pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of a cesarean section).

This law was effective for group health plans for plan years beginning on or after January 1, 1998.

On October 27, 1998, the Department of Labor, in conjunction with the Departments of the Treasury and Health and Human Services, published interim regulations clarifying issues arising under the Newborns' Act. The changes made by the regulations are effective for group health plans for plan years beginning on or after January 1, 1999.

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

The type of coverage provided by the plan (insured or self-insured) and state law will determine whether the Newborns' Act applies to a mother's or newborn's coverage.

The Newborns' Act provisions always apply to coverage that is self-insured. If the plan provides benefits for hospital stays in connection with childbirth and is insured, whether the plan is subject to the Newborns' Act depends on State law. Based on a recent preliminary review of State laws, if the coverage is in Wisconsin and several U.S. territories, it appears that the Federal Newborns' Act applies to the plan. If the coverage is in any other state or the District of Columbia, it appears that State law applies in lieu of the Federal Newborns' Act.

All group health plans that provide maternity or newborn infant coverage must include a statement in their summary plan description (SPD) advising 'Act requirements.

This fact sheet has been developed by the U.S. Department of Labor, Employee Benefits Security Administration, Washington, DC 20210. It will be made available in alternate formats upon request: Voice telephone: 202-693-8664; TTY: 202-501-3911. In addition, the information in this fact sheet constitutes a small entity compliance guide for purposes of the Small Business Regulatory Enforcement Fairness Act of 1996.



Important Notices Regarding Your Rights (Medicaid, CHIPRA and CHIP)

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

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

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

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

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

Idaho Medicaid and CHIP

Medicaid phone: 800-926-2588
Medicaid & CHIP website: www.medicaid.idaho.gov
CHIP phone: 800-926-2588

**SUBMIT YOUR CLAIM**

Complete all fields and return to US Able Life

Attention: Membership

Mail: P.O. Box 1650 | Little Rock | AR | 72203**Email:** membership@usablelife.com**Fax:** (501) 235-8419

BENEFICIARY CHANGE FORM

DATE RECEIVED HOME OFFICE:

CUSTOMER CARE

(800) 370-5856 Monday-Friday, 8 a.m. to 5 p.m. CST

INSTRUCTIONS

1. The signature of the insured and the policyowner (if other than the insured) is required.
2. This form must be completed, signed, and forwarded to your employer's home office.
3. Give full legal name of each beneficiary and the relationship to the insured.

SAMPLE BENEFICIARY DESIGNATIONS

- **UNNAMED CHILDREN AS BENEFICIARIES**
The legal, natural, or adopted child or children of the insured
- **PARTNERSHIP AS BENEFICIARY**
Doe & Company
100 North Main, Anytown, USA
a partnership composed of John H. Doe and Richard A. Doe
- **CORPORATION AS BENEFICIARY**
Doe & Company
100 North Main, Anytown, USA
a corporation organized under the laws of the state of Arkansas
- **TRUST AS BENEFICIARY**
John H. Doe, Trustee under Trust Agreement
Date (month, day, year):
- **CHARITY**
American Cancer Society
234 Main, Anytown, USA

INSURED/POLICYHOLDER INFORMATION*(for individual life policies only, if the policyholder is different from the insured, the policyholder must complete this form)*

Insured Name (last, first, middle)		Date of Birth
Address (street, city, state, and ZIP)		
Telephone No.	Social Security No.	
Employer Name (if applicable)		
Policyholder Name (last, first, middle) <i>(if other than the insured)</i>		

POLICY INFORMATION

Policy No.	Type of Policy/Certificate
Policy No.	Type of Policy/Certificate
Policy No.	Type of Policy/Certificate



SUBMIT YOUR CLAIM

Complete all fields and return to US Able Life

Attention: Membership

Mail: P.O. Box 1650 | Little Rock | AR | 72203

Email: membership@usablelife.com

Fax: (501) 235-8419

BENEFICIARY CHANGE FORM

CUSTOMER CARE

(800) 370-5856 Monday-Friday, 8 a.m. to 5 p.m. CST

PRIMARY BENEFICIARY(IES) (will receive proceeds if living at the time of death of the insured)	
<i>I hereby designate the following primary beneficiary(ies) under the following coverage(s) and revoke the appointment of any existing beneficiary(ies)</i>	
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
The total percentage for all beneficiaries listed above must equal 100%	Total Percentage
CONTINGENT BENEFICIARY(IES) (will receive proceeds if primary beneficiary(ies) are also deceased at the time of death of the insured)	
<i>I hereby designate the following contingent beneficiary(ies) under the following coverage(s) and revoke the appointment of any existing beneficiary(ies)</i>	
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
Beneficiary Full Name (last, first, middle)	Date of Birth
Address (street, city, state, and ZIP)	Social Security No.
Relationship to Insured	Percentage
The total percentage for all beneficiaries listed above must equal 100%	Total Percentage
SIGNATURES	
Signature of Insured	Date
Signature of Policyholder (if other than the insured)	Date

US Able LifeSM is used with the consent of US Able Mutual Insurance Company.

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Claim Form

(Instructions on next page)



Employee Information

Last Name, First Name	SSN / Employee ID #
Home Address (Street, City, State, Zip Code) <input type="checkbox"/> Please update my address on file	Phone Number
Employer Name	Email Address

**Did you know you can submit paperless claims online or via the MyNavia mobile app?
Just take a picture and submit!**

Day Care FSA Expenses

Service Date(s)	Type of Service	Provider's Name, Tax ID and/or SSN	Services For Whom	Age	Net Cost
Total Reimbursement Request \$ _____					
Day Care Provider Certification: I certify that dependent care services were provided as indicated above. Provider/Facility Name: _____ Provider's Signature X _____ Signer's Name (Printed): _____ Date: _____					

Health Care/Limited FSA/HRA/Wellness Expenses

Service Date(s)	Type of Service	Provider's Name	Services For Whom	Net Cost
Total Reimbursement Request \$ _____				

Signature

To the best of my knowledge my statements on this claim form are complete and true. I understand that I am solely responsible for the sufficiency, accuracy, and veracity of claims and all information related to these claims submitted to my HRA, Health Care ("HCFSA") or Day Care Flexible Spending Arrangement ("DCFSA"), and that unless an expense for which payment or reimbursement is claimed is a proper expense under the HRA, HCFSA or DCFSA, I may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the HRA, HCFSA or DCFSA which relate to such expense. I further understand that no day care tax credit is permitted for amounts for which reimbursement is made. I am claiming health care reimbursement for eligible medical care expenses incurred by myself, spouse and/or dependents. Note: The IRS does not recognize Domestic Partners for purposes of receiving tax-favored health benefits. For further information, please contact your employer. I certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source or insurance. By providing an email address, I consent to receive all possible communications from Navia Benefit Solutions, agents, and subcontractors regarding the Plan via email. I may withdraw consent at any time without charge by contacting Navia by phone, email, or mail. To update your email address contact Navia Benefit Solutions by phone, email, or mail. You have the right to receive paper version of an electronic document free of charge. Software requirements will be provided with each electronic document. I hereby authorize my HRA, HCFSA and/or DCFSA to be reduced by the amount(s) shown above.

Participant's Signature X _____	Date _____
--	------------

Claim Form Instructions

1. Complete employee information section. Be sure to write legibly to ensure proper processing.
2. Itemize your expenses in the table provided and attach copies of your documentation.

Documentation must clearly show the date of service, type of service, and final cost of service. Examples of acceptable documentation include itemized bills/invoices, or the Explanation of Benefits (EOB) from your insurance carrier.

- ❖ If your employer offers an HRA and you are enrolled in a plan that only offers reimbursement for deductible, coinsurance, and/or copays an EOB is required for claim submission.
- ❖ If the expense is a copay amount (multiple of \$5 up to \$500), a payment receipt is acceptable documentation.

Proof of payment is not required in order to reimburse medical/dental/vision services.

Prescriptions

Examples of acceptable documentation include the Rx label, payment receipt, or mail order statement showing the date filled, Rx name or Rx #, and cost. You may also submit an itemized printout from your pharmacy.

OTC Medications & Drugs

Per IRS regulations, OTC medications and drugs with an active ingredient must be accompanied by a prescription in order to be reimbursed from your FSA (ex. pain relievers, cold/allergy medication, ointments, Antacids). Once approved, prescriptions will remain on file with Navia for future claim submissions. Prescriptions are valid for one year after the date written.

Alternative Treatments

Expenses that may be seen as merely beneficial to general health will require a Letter of Medical Necessity (LMN), showing the treatment of a specified medical diagnosis. Examples include vitamins/supplements, herbs, weight loss programs, cosmetic products and procedures. Please have your provider write a letter or complete our [Letter of Medical Necessity template](#).

Dependent Care

Acceptable documentation includes an itemized bill/invoice, showing the date of service, type of service, and cost of service. If the dependent is age 5 or older, the documentation must show the services are "for care," and not educational in nature.

If you are unable to obtain sufficient documentation, you may have the provider sign the front of this claim form to validate the services being claimed.

If you would like to automate your recurring daycare expenses, you may do so by completing our [Recurring Daycare Claim Form](#), logging onto our Participant Portal, and selecting the My Recurring Claims tool tile.

Please **DO NOT** submit the following types of documentation:

- ❖ Statements showing estimated/pending insurance
- ❖ Statements showing the claimed amount as a balance forward/previous balance
- ❖ Statements showing the claimed amount as a prepayment for future services
- ❖ Cancelled checks/copies of cashed checks
- ❖ Personal bank statements

3. Be sure to sign the claim form and submit! Please email or mail a signed claim form using one of the methods below:

General Claims Submittal:

Email: claims@naviabenefits.com
Mail: Navia Benefit Solutions
PO Box 53250 Bellevue, WA 98015
Phone: Local (425) 452-3500 or Toll-free (800) 669-3539

If your employer offers an HRA or Dental plan, submit to:

Email: 105@naviabenefits.com
Mail: Navia Benefit Solutions
PO Box 53250 Bellevue, WA 98015
Phone: Local (425) 452-3421 or Toll-free (866) 897-1996

Claims status is available [online](#). Please allow at least two (2) full business days for Navia to process your claim.