



Shared Strength • Trusted Care

Employee Health Benefits Manual



City of Grangeville 70-ACA
Effective October 1, 2024

Benefits Line: 208-938-8199



@IIIATrust

@IIIATrust

iii-a.org | PO Box 190477 | Boise, ID 83719 | F: (208) 575-6423

You are part of the III-A family!

III-A is a self-funded health trust that administers your health benefits. We care deeply about you and your health and are available 24/7/365. Contact the III-A Benefits Line for any benefits-related questions.

LIST OF BENEFIT CHANGES EFFECTIVE OCTOBER 1, 2024:

- New Pharmacy Benefit via SmithRx
- Chiropractor Visits - all plans 24 visits
- Insulin Pump Supplies - copay (pump - deductible/cost share)
- Dry Needling - deductible/cost share in physical therapy setting
- Orthoptic/Visual Therapy - deductible/cost-share
- CPAP Program
- Outpatient Speech and Occupational Therapy - copay

**Scan to Receive Important
Benefit Communications:**



Meet Your Benefits Team

24/7/365 Benefits Line (call or text): (208) 938-8199

Benefits@iii-a.org | **Translation services available*



Nicole Tuttle
Benefits Manager
NicoleTuttle@iii-a.org



Tami Testa
Benefits Manager
TamiTesta@iii-a.org



Hana Waters
Senior Benefits Specialist
HanaWaters@iii-a.org



Alaysia Wallace
Benefits Specialist
AlaysiaWallace@iii-a.org

Meet Your Medical Team

24/7/365 Medical Telehealth (call or text)

Contact provider and leave a message with your name, DOB, and agency.
Do not call the other provider, you will receive a call back within two hours. This is a no-cost program.



Dustin Reno, NP
(208) 203-0783



Velma Seabolt, NP
(208) 271-4460

III-A Internal Benefits

ACUPUNCTURE

52 Acupuncture visits (up to \$80 per visit). Acupuncturist must be state licensed and not “certified.” Find our Direct-Pay Acupuncture Network at iii-a.org. Password: IIIABenefits2011

**If you are currently seeing a licensed Acupuncturist who is not in III-A Network, call the Benefits Line.*

III-A Direct Pay Network Acupuncturist

Acupuncturists invoice III-A directly. Member pays any amount over \$80.

Out-of-Network Acupuncturist

Payment is collected at the time of service and member files for reimbursement.

III-A Claims form located at iii-a.org

AIR AMBULANCE

For medically necessary air ambulance transport, deductible and cost share will be reimbursed after claim processes through Blue Cross of Idaho medical insurance.

This is a household benefit (dependents up to age 26), whether covered by III-A medical plans, or not.

Dependents NOT Enrolled in the III-A Plan

Claim will process through dependent’s other medical insurance, after which member files for reimbursement. III-A Claims form located at iii-a.org

Eligible Dependents Without Insurance Coverage

III-A will reimburse a maximum of \$2,000 of the air ambulance claim.

III-A Specialty Programs Claim form located at iii-a.org

HEARING AIDS

One-time purchase of hearing aid devices, up to \$3,000 every three calendar years.

Member files for reimbursement or payment may be made directly to provider.

III-A Claims form located at iii-a.org

HEARING PROTECTION DEVICES

Reimbursement up to \$150 for one protective hearing device once every five calendar years.

Eligible devices must be designed to reduce decibel levels and include an NRR rating or list decibel reduction (excludes air pods, Samsung earbuds, etc.).

III-A Claims form located at iii-a.org

III-A Medical Programs

VIRTUAL PHYSICAL THERAPY & PERSONAL TRAINING

Hinge Health provides personalized care plans to help people accomplish health goals related to musculoskeletal (back, muscle, and joint) health. This virtual Physical Therapy Program is available to members experiencing chronic pain (12 weeks or more of pain).

Members and dependents 18+ enrolled in a III-A medical plan are eligible. No cost or benefit limit, referral or diagnosis needed from a doctor.

Visit <https://www.hingehealth.com/for/iii-a> or call (855) 902-2777 to see if you qualify.

For individuals that do not qualify for Hinge Health, a Blue Cross of Idaho Physical Therapist or Personal Trainer will contact you for a virtual training and coaching plan.

Claims data may also trigger the BCI clinicians to reach out to members who may qualify for virtual sessions.

DIABETES PREVENTION PROGRAM

When enrolled in the program, you'll get the tools you need to be successful in weight loss—all at no cost to you! Programs include access to tools like Fitbit activity trackers, health coaching, meal planning, and a wireless scale.

To see if you qualify visit:
<http://solera4me.com/bcidaho>

Once enrolled, you'll have access to a full year of leading weight loss programs like WeightWatchers®.

BARIATRIC SURGERY PROGRAM

Eligible members will be reimbursed up to \$15,000 for outpatient Gastric Sleeve (Sleeve Gastrectomy) after a \$2,000 member contribution. Surgery must be performed in United States.

Reimbursement will apply to the following:

- Consultation
- Related Lab Work
- Surgery
- Facility Fees
- Anesthesia
- Medically Necessary IV Fluids
- Post-Surgery Follow-up

Meal kits are excluded.

Eligibility

- III-A member or dependents over the age of 18.
- Nonsurgical methods have been unsuccessful in treating obesity.
- Must have a Body Mass Index (BMI) of 40 or higher, or at least 100 pounds over or twice the ideal weight for frame, age, height and sex specified in the 1983 Metropolitan Life Insurance table, or approval after a consultation with a III-A Nurse Practitioner.
- Three health coaching visits with III-A and/or completion of Wondr Health Program pre-op.

For Reimbursement

- Member must select and pay the cash price for surgery with the facility.
- Member will submit documentation of medical necessity and a paid receipt to III-A for reimbursement up to \$15,000 (\$2,000 member contribution, \$13,000 reimbursement from III-A).
- Upon III-A receiving necessary documentation, III-A will issue a reimbursement to the member for eligible expenses.

III-A Specialty Programs Claim form located at iii-a.org

III-A Medical Programs

BEHAVIORAL HEALTH MANAGEMENT PROGRAM

Eligible members and dependents will be reimbursed for their deductible, cost share and allowed travel expenses when inpatient treatment is at a III-A Preferred Behavioral Health Facility.

To locate a III-A Preferred Behavioral Health Facility, call: (208) 938-8199.

Member MUST enter and successfully complete the recommended length of stay of the program per Mental Health consultant to be eligible for reimbursement. One reimbursement is allowed per lifetime.

MATERNITY PROGRAM

Members who choose to deliver their baby at a St. Alphonsus facility will receive reimbursement in the amount of \$1,500.

If III-A is secondary medical coverage, the member may still participate and receive reimbursement.

III-A Specialty Programs Claim form located at iii-a.org

MEDICATION INFUSION PROGRAM

Members who receive infusion treatments for the listed medical conditions may receive reimbursement of deductible, cost share and allowed travel expenses when infusions are at a III-A Preferred Infusion Facility.

Multiple Sclerosis (MS) • Crohn's • Lupus
Rheumatoid Arthritis (RA) • Inflammatory Bowel Disease • Colitis • Psoriasis

To check eligibility call: (208) 938-8199

All medications may not be eligible.

CARE MANAGEMENT

Care Management is available to any member who is experiencing chronic or complex health conditions. Members will receive assistance with prior authorizations, understanding bills/invoices, and coverage questions. In addition, members will receive support, follow-up, and guidance from one of our Nurse Practitioners.

No cost benefit!

For assistance or questions regarding Care Management, call: (208) 938-8199

III-A Medical Programs

ONSITE WELLNESS SCREENINGS, FLU VACCINES, AND SKIN CHECKS

Annually, III-A will bring a Nurse Practitioner onsite for a no-cost annual wellness screening and skin exam for members and covered dependents age 18+, flu vaccines available for age 8+.

Ask your HR/Clerk for your agency's date and time and how to sign-up. You can also attend any other agency's wellness screening, find them at iii-a.org.

WIGS

Eligible members will be reimbursed up to \$300 per calendar year, based on medical necessity.

III-A Specialty Programs Claim form located at iii-a.org

CPAP PROGRAM

The program will reimburse members 50% for the self-pay option for CPAP and supplies after submission of receipt and prescription.

CPAP Machine: 50% reimbursement once every five years

Supplies: 50% reimbursement, up to \$500 per calendar year

- Mask frame and cushion
- Humidifier chamber
- Replacement nasal cushion
- Tubing
- Other supplies (filters, straps/headgear, etc.)

III-A Claims form located at iii-a.org

III-A Wellness Programs

WONDR HEALTH - DIGITAL WEIGHT LOSS PROGRAM

Wondr Core:

- Learn simple skills based on behavioral science

Wondr Advanced:

- Available to those with a BMI of 30+ or 27+ along with another medical condition
- Personalized care from physicians and registered dietitians
- May include covered oral weight loss medications

Wondr Health is a personalized weight loss program, tailored to each user, backed by science and taught by renowned experts.

Join here at anytime:
<https://wondrhealth.com/iii-a>

HEALTH COACHING

Work one-on-one with a certified health coach on goal setting and lifestyle changes.

Health coaching can be utilized for a variety of topics such as nutrition, physical activity and exercise, stress management, sleep, weight loss/maintenance, diabetes prevention, blood pressure, and/or cholesterol management, and tobacco cessation. To enroll email Wellness@iii-a.org or call (208) 938-5632.

WELLNESS WEDNESDAY WEBINARS

Monthly webinars focus on mental or physical wellness. 12pm PT/1pm MT via zoom. Go to iii-a.org and visit the calendar to register. Receive a recording after the webinar if you've registered.

Resource library: iii-a.org/wellness-resource-library/ to access our past webinars. **Password: IIIABenefits2011**

| | |
|----------|---|
| 10/16/24 | Mental Health and Movement |
| 11/20/24 | Surviving Holiday Stress |
| 12/18/24 | Reaching for Fitness |
| 1/15/25 | Conquering the Seasonal Blues |
| 2/19/25 | Wellness Benefits Highlights |
| 3/19/25 | Effective Communication and Relationships |
| 4/16/25 | Nutrition Dejunked |
| 5/14/25 | Social Media and Mental Health |
| 6/25/25 | Depression and Heart Disease |
| 7/16/25 | Brain and Gut Connection |
| 8/20/25 | Take a Break - Prevent Burnout |
| 9/24/25 | Fad Diets vs Lasting Fixes |

Dates and topics are subject to change.

WELLNESS CHALLENGES

Wellness challenges are held every other month. All participants are entered to win a prize. Sign up for III-A communication to be notified of upcoming challenges.



| | |
|---------|--------------------------|
| 10/2024 | Walktober |
| 12/2024 | 12 Days of Fitness |
| 2/2025 | Fuel Your Body Challenge |
| 4/2025 | Stay Centered Challenge |
| 6/2025 | Opt-Outside Challenge |
| 8/2025 | Healthy Sleep Challenge |

TOBACCO CESSATION

Work with a certified tobacco cessation coach.
Quit Aids: available at no cost with a prescription.

Email BCI coaches at wellbeingcoaching@bcidaho.com or call (208) 286-3807.



Shared Strength · Trusted Care

Health Coaching



Health Coaching:

- Focuses on the positive qualities of the individual and their strengths
- Facilitates change and helps overcome roadblocks to change
- Works with the individual's agenda
- Provides scientific and evidence-based materials when requested

"Last year I experienced severe muscle cramps along with mental and physical fatigue during the second half of my races. This year I was able to stay strong and focused for the entire 6-hour main race."

Health coaching has helped me correct those mistakes and significantly improve my results. Health coaching has also helped me make positive changes to my daily diet. I have learned small changes can equal significant improvements in mental and physical health."

-Teton Fire Coaching Participant

Coaching Benefits:

- Improved health metrics through healthy eating and physical activity
- Weight management and maintenance
- Stress management and self-care techniques
- Tobacco cessation
- Goal accountability and sustainable behavior change
- Increased quality of life and happiness

Create your "why" which is your reason for change. The goal of health coaching is to encourage personal responsibility, reflective thinking, self-discovery, self-efficacy, and progress.

About the Program:

- Telephonic, no-cost program
- The first session is 45-60 minutes and can be broken up into 2 sessions
- Follow-up sessions are typically 20-30 minutes
- Frequency of sessions tailored to the participants needs
- Communication is also available via email and text message between sessions



Jody Jensen Huerta
III-A Health Coach
Wellness@iii-a.org
208-938-5632



Scan and schedule a health coaching session today!

III-A Mental Health Benefits

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Receive 10 free visits per issue, per year for counseling services with an III-A EAP Provider.

This is a household benefit (spouse and/or dependents up to age 26), whether or not covered by III-A.

- Go to <https://iii-a.org/find-a-provider/> to access the in-network EAP Provider list. **Password: IIIABenefits2011**
- Choose a provider and schedule your appointment.
- Tell them you're using your III-A EAP benefit. To obtain an authorization code they may email or call: claims@iii-a.org or (208) 938-8199

No prior authorization is required.

FIRST RESPONDER AND FAMILY HELPLINE - 24/7/365

PTSI assistance, substance misuse, mental performance, etc.



(208) 244-7000

GENERAL MEMBERSHIP HELPLINE - 24/7/365



Non-first responder members in crisis can call the III-A Benefits Line (208) 938-8199.

MENTAL HEALTH TRAININGS

All trainings qualify for ID POST credits and/or CE hours (meets NFPA Standard 1500).

Can be requested by an agency at any time. Cultivating Resiliency, Families on the Frontline, Peer Support, and many more trainings are available.

Contact TamiTesta@iii-a.org for training information.

CRISIS RESPONSE AVAILABLE

If you have a critical incident that occurs please call the III-A Benefits Line and we will coordinate with mental health providers to accommodate your needs (CISM/CISD).

Contact Tami Testa at (208) 479-8309 for assistance.

Blue Cross of Idaho is a trade name for Blue Cross of Idaho Health Service, Inc.

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 plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions, limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.

| ASC PPO 70-ACA BENEFITS OUTLINE | | |
|---|---|---|
| Visit our Website at www.bcidaho.com to locate a Contracting Provider | | |
| | In-Network | Out-of-Network |
| Deductibles (per Benefit Period) | The Participant is responsible to pay these amounts: | |
| Individual | \$3,000 | |
| Family <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i> | \$6,000 | |
| Out-of-Pocket Limits (per Benefit Period) <i>(See Plan for services that do not apply to the limit) (Includes applicable Deductible, Cost Sharing and Copayments)</i> | | |
| Individual | \$4,500 | \$6,000 |
| Family <i>(No Participant may contribute more than the Individual Out-of-Pocket Limit amount toward the Family Out-of-Pocket Limit)</i> | \$9,000 | \$12,000 |
| Cost Sharing <i>Unless specified otherwise below, the Participant pays the following Cost Sharing amount</i> | 30% of Maximum Allowance after Deductible | 50% of Maximum Allowance after Deductible |
| Frequently used Covered Services - Some services may require Prior Authorization. | | |
| Physician Office Visits <i>(Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.)</i> | \$40 Copayment | Deductible and Cost Sharing |
| Pediatric Physician Office Visits <i>(For Participants under the age of eighteen (18). Includes Urgent Care visits. Includes mononucleosis testing, strep A and B testing, development screening(s), ear wax removal, removal of foreign body from ear, urine pregnancy tests, influenza A or B test, rapid RSV test, and pulse oximetry.) (All other additional services not listed above, such as laboratory, x-ray, and other Diagnostic Services are not included in the Pediatric Physician Office Visit Copayment.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |

| | | |
|--|--|--|
| <p>Preventive Care Covered Services For specifically listed Covered Services <i>Annual adult physical examinations; routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings; Dental fluoride application for Participants age 5 and under; Bone Density; Chemistry Panels; Cholesterol Screening; Colorectal Cancer Screening; Complete Blood Count (CBC); Diabetes Screening; Pap Test; PSA Test; Rubella Screening; Screening EKG; Screening Mammogram; Thyroid Stimulating Hormone (TSH); Transmittable Diseases Screening (Chlamydia, Gonorrhea, Human Immunodeficiency Virus (HIV); Human papillomavirus (HPV), Syphilis, Tuberculosis (TB); Hepatitis B Virus Screening; Sexually Transmitted Infections assessment; HIV assessment; Screening and assessment for interpersonal and domestic violence; Urinalysis (UA); Abdominal Aortic Aneurysm Screening and Ultrasound; Unhealthy Alcohol and Drug Use Assessment; Breast Cancer (BRCA) Risk Assessment and Genetic Counseling and Testing for High Risk Family History of Breast or Ovarian Cancer; Newborn Metabolic Screening (PKU, Thyroxine, Sickle Cell); Health Risk Assessment for Depression and/or self-harm; Anxiety Screening; Newborn Hearing Test; Lipid Disorder Screening; Nicotine, Smoking and Tobacco-use Cessation Counseling Visit; Dietary Counseling and Physical Activity Behavioral Counseling; Behavioral Counseling for Participants who are overweight or obese; Preventive Lead Screening; Lung Cancer Screening for Participants age 50 and over, Hepatitis C Virus Infection Screening; Urinary Incontinence Screening; Urine Culture for Pregnant Women; Iron Deficiency Screening for Pregnant Women; Rh (D) Incompatibility Screening for Pregnant Women; Diabetes Screening for Pregnant Women; Perinatal Depression Counseling and Intervention; Behavioral Counseling for Healthy Weight and Weight Gain in Pregnancy.</i></p> <p><i>The specifically listed Preventive Care Services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.</i></p> | <p>No Charge (Deductible does not apply)</p> | <p>Deductible and Cost Sharing</p> |
| <p>For services not specifically listed</p> | <p>Deductible and Cost Sharing</p> | <p>Deductible and Cost Sharing</p> |
| <p>Immunizations <i>Acellular Pertussis, Diphtheria, Haemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox), Hepatitis A, Meningococcal, Human papillomavirus (HPV), Zoster and COVID-19.</i></p> <p><i>All Immunizations are limited to the extent recommended by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.</i></p> <p>Other immunizations not specifically listed may be covered at the discretion of the Contract Administrator when Medically Necessary.</p> | <p>No Charge (Deductible does not apply)</p> <p>Deductible and Cost Sharing</p> | <p>No Charge (Deductible does not apply)</p> <p>Deductible and Cost Sharing</p> |
| TELEHEALTH SERVICES | | |
| <p>Telehealth Virtual Care Services</p> | <p>Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services. Please see the appropriate section of the Benefits Outline for those terms.</p> | |

| COVERED SERVICES <i>Some services may require Prior Authorization.</i> | In-Network | Out-of-Network |
|---|---|---|
| | <i>The Participant is responsible to pay these amounts:</i> | |
| Allergy Injections <ul style="list-style-type: none"> Administration Only Allergy Serum | \$5 Copayment per visit if no other Office Visit Copayment is required for other Covered Services provided during the visit \$20 Copayment | Deductible and Cost Sharing |
| Ambulance Transportation Services <ul style="list-style-type: none"> Ground Ambulance Services Air Ambulance Services <i>(Payment for Out-of-Network Air Ambulance Services is based on the Qualifying Payment Amount. Out-of-Network Air Ambulance Services accumulate towards the In-Network Out-of-Pocket Limit.)</i> | Deductible and Cost Sharing Deductible and Cost Sharing | Deductible and Cost Sharing Deductible and In-Network Cost Sharing |
| Breastfeeding Support and Supply Services <i>(Includes rental and/or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Participant.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Cardiac Rehabilitation Therapy Services – Outpatient <i>Up to a combined In-Network and Out-of-Network total of 36 visits per Participant, per Benefit Period. An additional 36 visits may be available with Prior Authorization.</i> | \$10 Copayment | Deductible and Cost Sharing |
| Chiropractic Care Services <i>Up to a combined In-Network and Out of-Network total of 24 visits per Participant, per Benefit Period. (Additional services, such as laboratory, x-ray and other Diagnostic Services are not included in the Office Visit.)</i> | \$40 Copayment | Deductible and Cost Sharing |
| Colonoscopies and Sigmoidoscopies <i>(Preventive and Diagnostic)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Dental Services Related to Accidental Injury | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Dermatological Skin Biopsies and Pathology <i>(Preventive and Diagnostic)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Diabetes Self-Management Education Services | \$40 Copayment | Deductible and Cost Sharing |
| Diagnostic Services - Laboratory and X-ray | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Durable Medical Equipment, Orthotic Devices, Prosthetic Appliances and Insulin Pump Insulin Pump Supplies | Deductible and Cost Sharing \$40 Copayment | Deductible and Cost Sharing |
| Emergency Services – Facility Services <i>(Copayment waived if admitted) (Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i> | \$100 Copayment per hospital Outpatient emergency room visit, then Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit. | |

| COVERED SERVICES <i>Some services may require Prior Authorization.</i> | In-Network | Out-of-Network |
|--|---|---------------------------------|
| | <i>The Participant is responsible to pay these amounts:</i> | |
| Emergency Services – Professional Services <i>(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i> | Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit. | |
| Hearing and Hearing Aid Exams | \$40 Copayment (Deductible does not apply) | Deductible and Cost Sharing |
| Home Health Skilled Nursing Care Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Home Intravenous Therapy | Deductible and Cost Sharing | Deductible and 80% Cost Sharing |
| Hospice Services | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Hospital Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Inpatient Rehabilitation or Habilitation Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Mammograms (Diagnostic) <i>(See Preventive Care for Screening Mammography benefit.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Breast Ultrasounds | | |
| Maternity Services and/or Involuntary Complications of Pregnancy | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Mental Health and Substance Use Disorder Inpatient Services • Inpatient Facility and Professional Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Mental Health and Substance Use Disorder Outpatient Services • Outpatient Psychotherapy Services • Pediatric Outpatient Psychotherapy Services <i>(For Participants under the age of eighteen (18).)</i> • Facility and other Professional Services | \$40 Copayment No Charge (Deductible does not apply) Deductible and Cost Sharing | Deductible and Cost Sharing |
| Outpatient Applied Behavioral Analysis (ABA) • Pediatric Outpatient Applied Behavioral Analysis (ABA) <i>(For Participants under the age of eighteen (18).)</i> | \$40 Copayment No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Treatment for Autism Spectrum Disorder | Covered the same as any other illness, depending on the services rendered. Please see the appropriate section of the Benefits Outline. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses. | |
| Outpatient Habilitation Physical Therapy Services <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Participant, per Benefit Period. (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i> | \$40 Copayment | Deductible and Cost Sharing |
| Outpatient Habilitation Therapy Services • Outpatient Occupational Therapy • Outpatient Speech Therapy <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Participant, per Benefit Period. (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i> | \$40 Copayment | Deductible and Cost Sharing |

| COVERED SERVICES <i>Some services may require Prior Authorization.</i> | In-Network | Out-of-Network |
|---|---|-----------------------------|
| | <i>The Participant is responsible to pay these amounts:</i> | |
| Outpatient Pulmonary Rehabilitation Therapy Services | \$10 Copayment | Deductible and Cost Sharing |
| Outpatient Rehabilitation Physical Therapy Services <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Participant, per Benefit Period. (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i> | \$40 Copayment | Deductible and Cost Sharing |
| Outpatient Rehabilitation Therapy Services <ul style="list-style-type: none"> • Outpatient Occupational Therapy • Outpatient Speech Therapy <i>Up to a combined In-Network and Out-of-Network total of 30 visits per Participant, per Benefit Period. (Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i> | \$40 Copayment | Deductible and Cost Sharing |
| Palliative Care Services | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Post-Mastectomy/Lumpectomy Reconstructive Surgery | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Prescribed Contraceptive Services <i>(Includes diaphragms, intrauterine devices (IUDs), implantables, injections, tubal ligation and vasectomy.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| PSA Tests and Pap Smears (Diagnostic) <i>(See Preventive Care for Screening PSA Tests and Pap Smears benefits.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Skilled Nursing Facility <i>Up to a combined In-Network and Out-of-Network total of 30 days per Participant, per Benefit Period.</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Surgical/Medical (Professional Services) | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Therapy Services <i>(Including Radiation, Chemotherapy, Renal Dialysis and Growth Hormone)</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Transplant Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Be aware that your actual costs for services provided by an Out-of-Network Provider may exceed the Plan's Out-of-Pocket Limit for Out-of-Network services. Except as provided by the No Surprises Act, Out-of-Network Providers can bill you for the difference between the amount charged by the Provider and the amount allowed by the Contract Administrator, and that amount is not counted toward the Out-of-Network Out-of-Pocket Limit. | | |

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 plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions, limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.

Preventative Care Benefits

- Preventive care is when you see a doctor or have a screening when you do not have any signs of a medical problem.
- Covered preventative care services with an in-network providers will have no cost to you.
- Preventive care benefits for services from out-of-network providers are subject to your out-of-network benefit.

Services for Adults (18+)

- Alcohol – unhealthy use screening
- Annual adult physical examinations
- Abdominal aortic aneurysm screening
- Behavioral counseling for participants who are overweight or obese
- Bone density
- Breast cancer (BRCA) risk assessment and genetic counseling and testing for high- risk family history of breast or ovarian cancer
- Chemistry panels
- Cholesterol screening
- Colorectal cancer screening
- Complete blood count (CBC)
- Diabetes screening
- Dietary counseling (unlimited visits)
- Health risk assessment for depression
- Hepatitis B virus screening
- Hepatitis C virus infection screening
- HIV assessment
- Lung cancer screening for participants age 55 and older
- Pap test
- PSA test
- Screening and assessment for interpersonal and domestic violence
- Screening mammogram
- Skin cancer prevention counseling
- Smoking cessation counseling visit
- Sexually transmitted infections assessment
- Transmittable disease screening and counseling (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis, tuberculosis [TB])
- Thyroid-stimulating hormone (TSH)
- Urinalysis (UA)
- Urinary incontinence screening
- Well-woman visits for recommended age- appropriate preventive services

Services for pregnant women or women who may become pregnant:

- Breastfeeding support, supplies and counseling
- Gestational diabetes screening
- Iron deficiency screening
- Perinatal depression counseling and intervention
- Preeclampsia screening
- Prescribed contraceptive coverage
- RhD incompatibility screening
- Urine culture

Services for Children (17 years and under)

- Anemia screening
- Dental fluoride application for participants age 5 and younger
- Lipid disorder screening
- Preventive lead screening
- Rubella screening
- Skin cancer prevention counseling
- Routine or scheduled well- baby and well-child examinations, including vision, hearing and developmental screenings
- Newborn screenings:
- Hearing test
- Metabolic screening (PKU, thyroxine, sickle cell)
- Screening EKG

Immunizations:

- Acellular pertussis
- Diphtheria
- Hemophilus influenzae B
- Hepatitis B
- Influenza
- Measles
- Mumps
- Pneumococcal/pneumonia
- Poliomyelitis/polio
- Rotavirus
- Rubella
- Tetanus
- Varicella (chicken pox)
- Hepatitis A
- Meningococcal
- Human Papillomavirus (HPV)
- Zoster
- Coronavirus-19

Note: Your provider must bill these services as preventive/wellness services.
For complete descriptions of your policy, please contact III-A staff.

Preventative Schedule



| ✓ CHECK WHEN COMPLETED | FREQUENCY | DATE SCHEDULED |
|--|---------------------------------------|----------------|
| <input type="checkbox"/> Annual Wellness Exam | Every 12 months | |
| <input type="checkbox"/> Blood Pressure | At least annually* | |
| <input type="checkbox"/> Cholesterol | Every 5 years* | |
| <input type="checkbox"/> Body Mass Index | Annually | |
| <input type="checkbox"/> Bone Mass Measurement | Every 1-2 years | |
| <input type="checkbox"/> Breast Cancer | Annually | |
| <input type="checkbox"/> Colon Cancer | Ask my doctor | |
| <input type="checkbox"/> Diabetes Screening (A1C) | At least annually* | |
| <input type="checkbox"/> Flu Vaccine | Annually | |
| <input type="checkbox"/> Immunizations | As needed* | |
| <input type="checkbox"/> Pneumonia Vaccine | Once after age 65 | |
| <input type="checkbox"/> Well Baby/Well Child Exam | As recommended in Well Child Schedule | |
| <input type="checkbox"/> Well Woman Exam | Annually | |

*Your Primary Care Provider (PCP) will help determine frequency.

Depending on your health and personal risk factors, your preventive care schedule may differ from the standard recommendations. Talk with your Primary Care Provider (PCP) about a schedule that is best for you. If you have particular risk factors like a chronic disease, obesity, or a family history of a disease, your PCP may recommend additional screenings.

Well Child Immunization & Visit Schedule



Getting your child vaccinated is one of the best steps you can take for a healthy start in life. Vaccines can help prevent children from ever suffering from these diseases.

Vaccines are administered during Well Child visits with your child's healthcare provider. These visits include a complete physical exam, developmental milestones, immunization schedules and more. The American Academy of Pediatrics Bright Futures suggest the following schedule for Well Child visits unless otherwise suggested by your pediatrician.

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

Your pediatrician will review immunizations on each visit for the needs of your child.

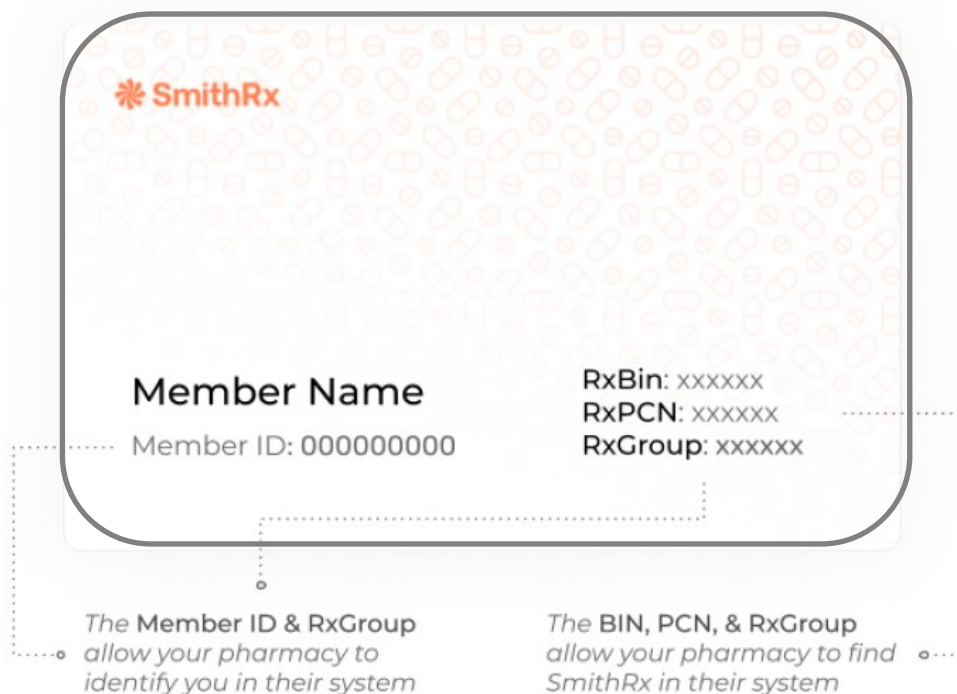
<https://www.cdc.gov/vaccines/parents/by-age/index.html>

Where to begin:

Create an account through the online Member Portal at smithrx.com/portal. Gain access to:

- Pharmacy search tool and plan documents
- Prescription formulary
- Print ID card
- 'Find My Meds' pricing tool
- Mail order pharmacy information
- Important forms (e.g., request a new ID card)
- Pharmacy transactions

Provide your prescription benefits card to the pharmacy and your Provider(s) and ask them to update your insurance.



If a member gets a rejection at the pharmacy:

1. Make sure the pharmacy is using the correct/updated insurance information
2. Ask the pharmacy to explain the rejection
3. Call the III-A Benefits Line at 208-938-8199



**DO NOT LEAVE THE PHARMACY WITHOUT
YOUR PRESCRIBED MEDICATIONS.**

Pharmacy Copays:




| |
|---|
| RETAIL PHARMACY: 30 DAY SUPPLY |
| Generic (Tier 1): Up to \$10 |
| Brand Name (Tier 2): Up to \$25 |
| Non-Preferred Drugs (Tier 3): Up to \$40 |
| SPECIALITY PHARMACY: 30 DAY SUPPLY LIMIT |
| Contact the III-A Benefits Line to discuss the specialty med options and saving opportunities. |

PHARMACY OPTIONS:

SmithRx partners with over 83,000 retail pharmacies across the nation. Members can still utilize their local pharmacy at any time.

MAIL ORDER OPTIONS:

Members can utilize the mail order partner pharmacies for convenience and savings. Below are the three preferred mail order pharmacies partnering with SmithRx:

| | |
|---|---|
|  | <p>Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax or phone:</p> <ul style="list-style-type: none"> • Name/E-scribe: Amazon Pharmacy Home Delivery • Amazon Pharmacy fax: 512-884-5981 • Amazon prescriber and pharmacy line: 855-206-3605 |
|  | <p>Doctors can send prescriptions via electronic prescribing, fax or phone:</p> <ul style="list-style-type: none"> • Walmart Pharmacy fax: 1 (800) 406-8976 • Walmart prescriber and pharmacy line: 1 (800) 273-3455 • Website: https://www.walmart.com/cp/1042239 |
|  | <p>See whether your medications are available: https://costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to:</p> <ul style="list-style-type: none"> • Name/E-scribe: Mark Cuban Cost Plus Drug Company (MCCPD) |



| BENEFITS PLAN | Plan # 3 | |
|--|------------|--------------------------|
| Network: | PPO | Premier Out-of-Network |
| Class I Preventive and Diagnostic Services Examinations, teeth cleaning, X-rays | 100% | 80% |
| Class II Basic Services Fillings, root canals, extractions, oral surgery | 80% | 70% |
| Class III Major Restorative Services Crowns, implants, onlays, bridges, dentures | 50% | 40% |
| Deductible <i>Per person per calendar year/aggregated per family. Deductible not applicable to preventive, diagnostic, or orthodontic services.</i> | \$50/\$150 | \$50/\$150 |
| Annual Maximum <i>The annual maximums and deductibles are determined each calendar year, from January 1st through December 31st. Preventive and diagnostic services do not count towards the annual maximum.</i> | \$2,000 | \$2,000 |

Additional Benefits | Limitations

Class I Preventive and Diagnostic Services

Periodic exams are allowed 2 times every 1 year; Adult and child cleanings are allowed 2 times every 1 year (restricts against periodontal maintenance within the same time period); Fluoride treatment is allowed 2 times every 1 year through age 18; Full mouth series or panoramic x-rays are allowed 1 time every 5 years; Bitewing x-rays are allowed 1 time every 12 months.

Class II Basic Services

Periodontal maintenance procedure is allowed 4 times in 12 months (if patient has had previously treated periodontal disease); Periodontal scaling and root planing- per quadrant is allowed 1 time every 24 months; Root Canals, Extractions, Periodontics; Fillings restricted to same tooth/surface are allowed 1 time every 24 months.

Dependents

Eligible children must be under age 26

Late Enrollee: Any employee and/or their dependent(s) who did not enroll on the dental plan following completion of the employee's eligibility period will be considered a late enrollee and may only enroll during the next Open Enrollment Period or due to an eligible family status change.

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 copayment 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.

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions.



VISION

Plan C-10

Using your benefit is easy.

- Find an eyecare provider who's right for you. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call 800.877.7195.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP and show them your Blue Cross of Idaho ID card.

That's it! There are no claim forms to complete when you see a VSP doctor.

Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

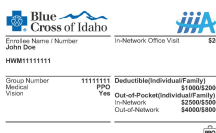
From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. You'll have access to great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

Plan Information

VSP Doctor Network: VSP Choice

VSP is an independent company that administers vision benefits on behalf of Blue Cross of Idaho.

| Benefit | Description | Copayment |
|--|--|--------------------------------------|
| Your Coverage with a VSP Choice Doctor | | |
| WellVision Exam | <ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months | \$10 |
| Prescription Glasses | | \$25 |
| Frame | <ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • 20% off amount over your allowance • Every 12 months | Included in Prescription Glasses |
| Lenses | <ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Blu-tech and photochromic lenses • Polycarbonate lenses for dependent children • Every 12 months | Included in Prescription Glasses |
| Lens Options | <ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% off other lens options • Every 12 months | \$0 \$95 - \$105 \$150 - \$175 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> • \$150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months | \$0 |
| Your benefit includes Eyeconic™, VSP's online eyewear store, and shipping is free. Visit vsp.com for complete details. | | |
| Extra Savings and Discounts | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% off additional complete pairs of glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. | |
| Your Coverage with Out-of-Network Providers | | |
| Visit vsp.com for details, if you plan to see a provider other than a VSP doctor. | | |
| Exam..... | up to \$45 | Lined Trifocal Lenses.....up to \$65 |
| Frame..... | up to \$70 | Progressive Lenses.....up to \$50 |
| Single Vision Lenses | up to \$30 | Contacts..... up to \$105 |
| Lined Bifocal Lenses..... | up to \$50 | |
| VSP guarantees coverage from VSP doctors only. | | |



Additional Benefits

Life Insurance: \$20,000

Tyson Griffeth | 208.475.0715

Tyson.Griffeth@allegisfp.com



Life, Accidental Death & Dismemberment (AD&D) Insurance:

Complete the OneAmerica Beneficiary Designation Form and give it to your employer. Keep this form updated.

Accelerated Death Benefit: 25%, 50%, or 75% of face value with remainder paid at time of death

Portability: If you retire, reduce your hours to less than fulltime, or leave your employer, you can take this coverage with you.

Other Resources:

(855) 387-9727 | guidanceresources.com

Password: OneAmerica3

Free Online Will Preparation: Create a will online including property, funeral and burial instructions, and guardianship for children.

Legal Guidance: Get a free 30-minute consultation and a 25% reduction in fees to talk with an attorney regarding: divorce, adoption, family law, wills, trusts and more.

Financial Resources: Financial experts can assist with a wide range of issues: retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy and more.

Work-Life Solutions: Referrals and resources for just about anything on your to-do list, such as: Finding child and elder care, hiring movers or home repair contractors, planning events, locating pet care, and more.

Travel Assistance Program

Injury or Accident Notification

Workers Comp

In the event of a work-related accident, please be sure to let III-A know via the benefits line. If a member experiences a work-related accident, injury, illness or occupational exposure, they should report the incident immediately, even if medical treatment is not required. Then:

- Work with HR to contact your worker's compensation insurer (e.g., The State Insurance Fund 208-332-2100)
- Write down your adjuster name, phone number, and claim number
- Provide ANY treating physician or facility with the above claim information if treating something related to the workplace injury
- Notify III-A by calling the III-A Benefits Line or emailing Benefits@iii-a.org

Subrogation

Non-Work-Related Injuries/Accidents

If a member is involved in an accident or sustained an injury that was the result of someone else's negligence, please notify III-A about this injury by calling the III-A Benefits Line or emailing benefits@iii-a.org. Also, if a member receives a questionnaire from Davies Subrogation Management, please complete this form and return it at your earliest convenience.

To contact Davies Subrogation Management email Jackie.Dempsey@us.davies-group.com or call (815) 267-5000.

Sample Letter

|  <i>Davies Subrogation Management</i> |  | | | | |
|--|---|------------------|-----------|-----------------------------------|--|
| | June 21, 2024 | | | | |
| James Jones 123 Main St Boise, ID 83701 | | | | | |
| RE: Subrogation Recovery Group: III-A City of McCall Participant: James Jones Recovery Incident Number: 699999 | | | | | |
| Dear James Jones, | | | | | |
| Davies Subrogation Management ["DSM"] has been asked by your medical plan through III-A City of McCall to review the medical treatment provided to you outlined below. The claim information appears to be related to an accident, and we are asking for your assistance to determine if someone else is responsible for your medical treatment. | | | | | |
| <table border="1"><thead><tr><th>SERVICE DATE</th><th>SERVICE PROVIDER</th></tr></thead><tbody><tr><td>8/21/2023</td><td>St Lukes McCall Memorial Hospital</td></tr></tbody></table> | SERVICE DATE | SERVICE PROVIDER | 8/21/2023 | St Lukes McCall Memorial Hospital | |
| SERVICE DATE | SERVICE PROVIDER | | | | |
| 8/21/2023 | St Lukes McCall Memorial Hospital | | | | |
| Enclosed, please find our Medical Treatment Questionnaire and a Medical Authorization Form. If your medical treatment was the result of another party's negligence, we kindly ask for you to provide the information by either returning the information via mail, or email to Jackie.Dempsey@us.davies-group.com or by telephone at (815) 267-5000. | | | | | |
| | Kindly, <i>Jackie Dempsey</i> Jackie Dempsey | | | | |

Beneficiary Designation Under Group Life Insurance Policy

Submit your completed form to your employer
 Reminder to keep this form updated

Products and financial services provided by American United Life Insurance Company[®] a ONEAMERICA[®] company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 1-800-553-5318 Fax: 1-888-285-1565
 www.employeebenefits.aul.com



IMPORTANT: PLEASE READ INSTRUCTIONS AND SAMPLE DESIGNATIONS ON REVERSE SIDE BEFORE COMPLETING FORM.

CHECK IF BENEFICIARY FOR: All Policies or Basic Life Supplemental Voluntary Term Life AD&D
 List Other _____

| | | | |
|---|----------|--------------------------------|--|
| Group Policy/Participating Unit Number | G-620377 | | |
| Name of Group Policyholder/Participating Unit | III-A | | |
| Name of Insured Person | | | |
| Insured Person's SSN | | Insured Person's Date of Birth | |

Subject to the provisions of the policy, applicable laws, and the rights of any valid assignee of record with American United Life Insurance Company[®] (AUL), it is requested the beneficiary of any policy proceeds payable at the death of the Insured Person be as follows:

PRIMARY BENEFICIARY(S)

| Name | Relationship | Address | DOB | SSN | Percentage |
|--------------------------|--------------|---------|-----|-----|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total¹ | | | | | 0 |

CONTINGENT BENEFICIARY(S) IF THE PRIMARY BENEFICIARY(S) PREDECEASES YOU

| Name | Relationship | Address | DOB | SSN | Percentage |
|--------------------------|--------------|---------|-----|-----|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total² | | | | | 0 |

It is understood and agreed upon receipt of this beneficiary designation by AUL at its principal office, such beneficiary designation will become effective and shall relate back to the date this beneficiary designation is signed, but without prejudice to AUL on account of any payment made prior to the receipt of and acknowledgement of the validity of the beneficiary designation by AUL. AUL shall not be obligated to honor this beneficiary designation unless and until it has been received by AUL, acknowledged by the appropriate officer of AUL, and determined by AUL to comply with applicable law at the time a claim is made. This beneficiary designation supersedes and cancels all prior beneficiary designations by the Insured Person for the policy(s) indicated. If no beneficiary designation is named on any additional AUL coverage, the undersigned understands that this beneficiary designation will be used by AUL for any additional coverage.

The undersigned hereby declares that he/she has not been declared incompetent and no court order or laws prevent naming the above designee(s). It is agreed that AUL assumes no responsibility for the validity or effect of any purported beneficiary designation or transfer of rights under the policy. **The undersigned represents and warrants any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.** The undersigned understands and agrees: 1) any insurance coverage or benefits is contingent upon any statements made to AUL as being complete and correct and 2) benefits under any policy will be paid only if AUL decides the applicant is entitled to them under the policy.

| | |
|-----------------------------|--|
| <i>Signature of Insured</i> | <i>Signature of Witness</i> <i>(The Witness must have no interest in the policy/contract or be a named beneficiary)</i> |
| <i>Printed Name</i> | <i>Printed Name</i> |
| <i>Date</i> | <i>Date</i> |

Lack of Notice of Community Property Interest: If AUL has not previously received written notice of a community property interest and if the space for consent below is not signed by a person having such an interest, then AUL shall be entitled to rely upon its good faith that no such interest exists. AUL assumes no responsibility of inquiry regarding such interest and, in consideration of acknowledgement of this designation, the insured person listed above, for himself/herself and his/her estate, heirs, successors and assigns, agrees to indemnify AUL and hold it harmless from the consequences of acknowledging this beneficiary designation.

Spouse's signature and consent (if applicable):³ _____ Date _____

¹ Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.

² Total percentage must equal 100%. If percentages do not equal 100%, then benefits will be paid on a pro-rata basis, according to the percentages shown. If no percentages are shown, benefits will be distributed equally.

³ Spouse's signature is needed only if Insured/Beneficiary lives in a community property state which currently include AZ, CA, ID, LA, NM, NV, TX, WA and WI.

SAMPLE BENEFICIARY DESIGNATIONS

The beneficiary wording should be absolutely clear and without question as to whom the proceeds are to be paid. Listed below are sample beneficiary designations. Please note state laws may prohibit naming certain entities and individuals as a beneficiary. If you live in a community property state, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states currently include: AZ, CA, ID, LA, NM, NV, TX, WA and WI.

To ensure the correct individual or entity receives the benefits and the intended benefit amount, please provide the following:

- The beneficiary's social security number, tax identification number and date of birth.
- Distribution of proceeds should be shown in fractions or percentages if multiple beneficiaries are designated. Do not list dollar amounts as the amount of the insured's life benefit may change. If no distribution is shown, benefits will be divided equally among the living beneficiaries.

ACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **One Beneficiary** – State the full name and relationship to the insured.
Sample: John Doe, husband
- 2) **Two Beneficiaries in Equal Shares** –
Sample: Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 3) **Three or More Beneficiaries in Equal Shares** –
Sample: Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 4) **Two Beneficiaries in Succession** – If the primary beneficiary dies, the second person named will receive the proceeds and is known as the contingent beneficiary.
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin.
- 5) **Three or More Beneficiaries in succession** – If the primary and secondary beneficiaries die, the third person named will receive the proceeds.
Sample: Martha Doe, wife, or, in the event of her death, Richard Doe, cousin, or in the event of his death, Jane Doe, niece.
- 6) **One Beneficiary Followed by Two Beneficiaries in Equal Shares** –
Sample: Martha Doe, wife, or, in the event of her death, Jane Doe and Mary Doe, cousins, in equal shares, or their survivors.
- 7) **One Beneficiary Followed by Three or More Beneficiaries in Equal Shares** –
Sample: John Doe, husband, or, in the event of his death, Jane Doe, Mary Doe, and Richard Doe, cousins, in equal shares, or their survivors.
- 8) **Two Beneficiaries Shown in Percentages** –
Sample: John Smith, cousin 40%, Sally Smith, aunt 60%.
- 9) **Two or More Beneficiaries Shown in Percentages** –
Sample: Mary Doe, wife 50%, Jane Doe, cousin 25%, John Doe, cousin 25%.
- 10) **Estate** – Do not identify the name of the executor of executrix since this name may change as wills are updated.
Sample: Estate of John Doe
- 11) **Custodian for Minor Children** – Please note any minor child beneficiary designation should nominate a custodian (i.e. bank, adult, trustee) followed by the words "as custodian for (*minor child's name*) under the (*child's residential state*) uniform transfers to minors act." This designation may avoid a court appointed guardianship for the payment of the death benefit.
Sample: John Doe as custodian for Jimmy Smith under the Indiana Uniform Transfers to Minors act.
- 12) **Trust Agreement** – State the name of the trust and the date of the trust agreement.
Sample: John Doe Trust dated _____. Payment to trustee shall discharge the company.
- 13) **Wife or Unnamed Children** –
Sample: Martha Doe, wife, or in the event of her death, our children, if any, or their survivors.
- 14) **Unnamed Children** –
Sample: Children, if any, in equal shares, or their survivors.
- 15) **Beneficiary - No Relationship** –
Sample: Mary Doe, friend
- 16) **To a Church or Organization** – It is preferable to indicate both the name and address and the wording "or its successors or assigns."
Sample: Christ Lutheran Church or its successors or assigns
- 17) **Irrevocable Beneficiary** – This is acceptable, but not preferable, as the beneficiary must then approve any future beneficiary change.
Sample: John Smith, husband, irrevocable beneficiary.
- 18) **Employee Unable to Sign** – This designation must contain the person's mark and be signed by two disinterested witnesses.

UNACCEPTABLE BENEFICIARY DESIGNATIONS

- 1) **Collateral assignments**, e.g. to banks, finance companies, etc. as creditors on a loan.
- 2) **The Employer**
- 3) **Funeral Homes**