



City of Cascade

Employee Health Benefits Manual

Effective October 1, 2023



Shared Strength • Trusted Care

Benefits Line: 208-938-8199

Contact Information

III-A lines are open 24/7/365 to serve you!

III-A Benefits Line: (208) 938-8199

Translation services: (208) 938-8199

Benefits@iii-a.org

III-A Medical Telehealth (call or text):

Dustin Reno, NP (208) 203-0783

Velma Seabolt, NP (208) 271-4460

III-A Benefits Line

Scan QR Code and Add to Contacts



Nicole Tuttle

Benefits Manager

NicoleTuttle@iii-a.org



Tami Testa

Benefits Specialist

TamiTesta@iii-a.org



Megan Smith

Wellness Manager

MeganSmith@iii-a.org



Scan QR Code & Sign Up for III-A Communications:

Benefit changes, updates, wellness challenges, CE/training opportunities, events, drawings, etc.

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

About III-A

Welcome to 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.

Understanding your benefits:

III-A members use the BCI PPO network for medical benefits and ProAct for prescriptions.

Your provider will need a copy of BOTH your BCI insurance card and your ProAct prescription card. Your ProAct card is what you will provide to your pharmacy. If you have questions about your prescription benefits, a prior authorization or denial, or the cost of a medication, please call the III-A Benefit Line.

List of benefit changes effective October 1, 2023:

- Virtual Physical Therapy and Personal Training—Hinge Health & BCI
- Breast Ultrasounds - Covered 100%
- Dermatological Skin Biopsies & Pertaining Pathology - Covered 100%
- Hearing Testing and Exams - Diagnostic and Wellness Exams Covered at Member Copay
- Specialty Medication Program
- Acupuncture Benefit - Administered Internally Only
- Bariatric Surgery Program - Administered Internally Only
- Hearing Aid Frequency Every Three Years

If you have questions or concerns about your health benefits, a prior authorization, or a bill you receive from a provider, call the III-A Benefit Line at 208-938-8199. The III-A staff is available 24/7/365 to assist you.

Sincerely,
Your III-A Team

Board of Trustees

Dan Hammond, Chairman City of American Falls	Ruth Bailes, Vice-Chairman Minidoka Irrigation District	Danielle Painter, Secretary City of New Plymouth		
Gilbert Hofmeister, Power Co. Highway Dist.	Chad Shepard, Nampa Police Department	Lori Yarbrough, City of Athol	Stuart Grimes, City of Fruitland	Suzanne McNeel, City of Blackfoot
Todd Thomas, City of Preston	Traci Malvich, City of McCall	Tyler Lewis, Eagle Fire Protection Dist.	Pat Riley, NLFD	Patty Parkinson, City of St. Anthony

III-A Administered Benefits

EMPLOYEE ASSISTANCE PROGRAM (EAP):

Members and families receive up to 10 free visits per incident/per year for counseling services with a 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/mental-health-eap/> to access the in-network EAP Provider list.
- Choose a provider and schedule your appointment.
- Tell them you're using your III-A EAP benefit.

****No prior authorization is required.****

MEDICAL TELEHEALTH:

This is a no-cost program available 24/7/365.

Dustin Reno, Nurse Practitioner
Phone: **(208) 203-0783**

Velma Seabolt, Nurse Practitioner
Phone: **(208) 271-4460**

- Call or text provider and leave a message with your name, DOB, and agency. You will receive a call back within two hours.
- Do not call the other provider, you will receive a call back.

****Telehealth providers may refer members for a higher level of care.****

HEARING AIDS:

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

Go to iii-a.org for a III-A Claim Form to submit for reimbursement or payment to provider.

HEARING PROTECTION DEVICES:

Protective hearing devices are covered for all members up to \$150 once every five calendar years.

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

Go to iii-a.org for a III-A Claim Form to submit for reimbursement or payment to provider.

III-A Administered Benefits

MEDICATION INFUSION BENEFIT PROGRAM:

Members who receive infusion treatments for the listed medical conditions may receive reimbursement for each infusion and other allowed travel expenses if infusion treatment is at a III-A Preferred Infusion Facility.

Call the III-A Benefits Line to check eligibility. All medications may not be eligible.

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

BEHAVIORAL HEALTH MANAGEMENT PROGRAM:

This program will reimburse eligible members for their deductible and coinsurance and other allowed travel expenses when inpatient treatment is at a III-A Preferred Behavioral Health Facility.

Call the III-A Benefits Line to locate a III-A Preferred Behavioral Health Facility; enter treatment and successfully complete the recommended length of stay.

Member **MUST COMPLETE** the Program per Shift Wellness to be eligible for reimbursement. Member is only eligible for one reimbursement per lifetime.

ST. ALPHONSUS MATERNITY BENEFIT PROGRAM:

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

Go to iii-a.org for a III-A Claim Form to submit for reimbursement.

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

BARIATRIC SURGERY PROGRAM:

The program will reimburse eligible members for the self-pay option (maximum \$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 enrollee or spouse 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 self-pay 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 payment to the member for eligible expenses.

III-A Administered 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.

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

III-A Network Acupuncturist

(Best Option)

III-A Direct-Pay Acupuncturists invoice III-A directly.

Member pays any amount over \$80.

Out-of-Network Acupuncturist

Acupuncturist collects payment at the time of service.

Go to iii-a.org and complete the III-A Claim Form.

AIR AMBULANCE:

If you or your family member have a medically necessary air ambulance transport, the claim will be submitted and processed through Blue Cross of Idaho.

III-A will reimburse the member’s deductible and/or out of pocket for this claim upon receipt of the member’s Explanation of Benefits (EOB) for any remaining balance.

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

Dependents NOT enrolled in the III-A Plan:

Claim will process through dependent’s medical insurance, then submit EOB to III-A for reimbursement.

Go to iii-a.org and complete the III-A Claim Form.

Eligible dependents without any insurance coverage:

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

Go to iii-a.org and complete the III-A Claim Form.

WIGS:

Reimburse up to \$300 per calendar year, based on medical necessity.

Go to iii-a.org and complete the III-A Claim Form to submit for reimbursement.

No-Cost Wellness Benefits

WONDR HEALTH: DIGITAL WEIGHT LOSS PROGRAM

Wondr Health is a personalized weight loss program backed by science and taught by renowned experts. It is tailored specifically to the user. It is a fully digital program.

Upcoming program start dates:

- January 29, 2024
- August 26, 2024

Join the waitlist for the upcoming session:

<https://wondrhealth.com/iiia>

VIRTUAL PHYSICAL THERAPY & PERSONAL TRAINING

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal (back, muscle, and joint) health.

It is a virtual Physical Therapy Program for those that are 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. No referral or diagnosis needed from a doctor.

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

If you don't 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.****

TOBACCO CESSATION

Work with a certified tobacco cessation coach.

Blue Cross of Idaho Tobacco Cessation Coaching

Email BCI coaches directly at wellbeingcoach@bcidaho.com or call 208-286-3807

Quit Aids: available at no cost with a prescription

HEALTH COACHING

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

Nutrition, physical activity and exercise, stress management, sleep, weight loss/maintenance, diabetes prevention, blood pressure, and/or cholesterol management, and tobacco cessation.

To enroll, call or email MeganSmith@iii-a.org and 208-860-1979.

No-Cost Wellness Benefits

ONSITE WELLNESS SCREENINGS, FLU SHOTS, AND SKIN CHECKS

Annually in Fall, III-A will bring a Nurse Practitioner and Dermatologist PA onsite for a no-cost annual wellness screening.

Any member or spouse covered under the III-A medical plan may participate and children age 10 and over may receive a flu vaccine.

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.

MONTHLY WELLNESS WEDNESDAY WEBINARS

Every month III-A features a wellness webinar that is either brain or body wellness-focused.

12pm PT/1pm MT via zoom. Go to iii-a.org and visit the calendar to register.

10/18/23: Boost Your Immunity
11/05/23: Emotional Intelligence
12/20/23: Mindfulness and Meditation
1/17/24: Time vs. Task Management
2/21/24: Unpacking Pain: Factors & How to Help
3/20/24: Mental Health Mayday (anxiety/stress)
4/17/24: Swappportunities and Food Hacks
5/15/24: Suicide Prevention and Intervention
6/26/24: Weighing in on Weight Management
7/17/24: Ask the Expert! NP Q & A Panel
8/21/24: Addiction and Recreational Drug Use
9/25/24: Fueling the Mind
10/16/24: Mental Health & Movement
**Dates are subject to change.*

QUARTERLY WELLNESS CHALLENGES

February 2024 - 28 Days of Heart Health
May 2024 - MindFULLNESS Challenge
July 2024 - Hydration Challenge
October 2024 - WALKtober
Fall 2024 - Wellness Screenings

DIABETES PREVENTION PROGRAM

If you qualify for this weight loss program, you'll also get the tools you need to be successful—all at no cost to you! A Fitbit activity tracker, health coaching, meal planning, and a wireless scale.

Visit the link to see if you qualify for a no-cost virtual or in-person Diabetes Prevention Program:

<http://solera4me.com/bcidaho>

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

No-Cost Wellness Benefits

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.

ON-SITE PEER SUPPORT TRAINING

Basic Peer Support and Advanced Crisis Management Training are available.

Members can attend an in-person Peer Support Training and receive ID POST credits and/or CE hours (meets NFPA Standard 1500).

CRISIS RESPONSE AVAILABLE FOR CISM/CISD

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.

MENTAL HEALTH TRAININGS (ONSITE AND VIRTUAL)

Can be requested by an agency at any time. Contact the Marketing & Education Manager to request a training or a list of available trainings.

KandiceDickinson@iii-a.org



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 80-A 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	\$1,000		
Family <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i>	\$2,000		
Out-of-Pocket Limits (per Benefit Period) <i>(See Plan for services that do not apply to the limit)</i> <i>(Includes applicable Deductible, Cost Sharing and Copayments)</i>			
	Individual	\$2,500	\$4,000
	Family <i>(No Participant may contribute more than the Individual Out-of-Pocket Limit amount toward the Family Out-of-Pocket Limit)</i>	\$5,000	\$8,000
Cost Sharing <i>Unless specified otherwise below, the Participant pays the following Cost Sharing amount</i>	20% of Maximum Allowance after Deductible	40% 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>	\$20 Copayment per visit	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.</i> <i>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; 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>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), and Zoster.</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 BCI when Medically Necessary.</p>	<p>Deductible and Cost Sharing</p> <p>No Charge (Deductible does not apply)</p> <p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p> <p>No Charge (Deductible does not apply)</p> <p>Deductible and Cost Sharing</p>
<p>TELEHEALTH SERVICES</p>		
<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.</i>	Deductible and Cost Sharing	Deductible and Cost Sharing
Chiropractic Care Services <i>Up to a combined In-Network and Out of-Network total of 18 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>	\$20 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	\$20 Copayment	Deductible and Cost Sharing
Diagnostic Services - Laboratory and X-ray	Deductible and Cost Sharing	Deductible and Cost Sharing
Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances	Deductible and Cost Sharing	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.	
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	\$20 Copayment per visit (Deductible does not apply)	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>	
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	\$20 Copayment per visit 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>	\$20 Copayment per visit 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>	\$20 Copayment per visit	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 20 visits per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	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>	\$20 Copayment per visit	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 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 20 visits per Participant, per Benefit Period.</i>	Deductible and Cost Sharing	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 this 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 Blue Cross of Idaho, 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.

What is Hinge Health?

How does the program work?

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal (back, muscle, and joint) health.

How does Hinge Health help?

They assess your condition and match you to a care team to help personalize your treatment to you.

Who is in my care team?

Depending on your treatment plan, your care team could include a physical therapist and a health coach. You will keep the same care team throughout your experience.

What could be included in my treatment plan?

1. Access to the Hinge Health app with guided exercise therapy
2. Virtual visits with members of your care team
3. Kit with a tablet and tools to assist in guiding exercise therapy

How much does the program cost?

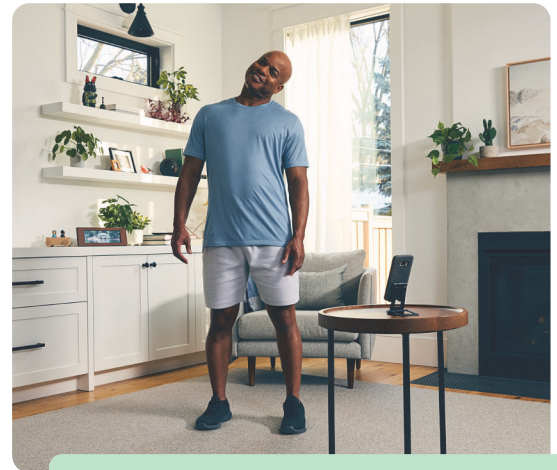
It's free for eligible members. This includes access to your care team, the Hinge Health app, and any materials that we send to assist in your care.

Who is eligible?

Members and dependents 18+ enrolled in a III-A medical plan through Blue Cross of Idaho are eligible.

How do I apply?

Take a short online questionnaire following the link below, telling us about your pain. No referral or diagnosis needed from a doctor.



Exercise therapy made easy

Follow along in the app for simple, 10-minute exercise therapy sessions.



Treatment from your care team

Get help overcoming pain, recovering from an injury, preparing for surgery, and more!



Scan the QR code to learn more or apply at hinge.health/iiiA or call (855) 902-2777



Sign up for the waitlist today!



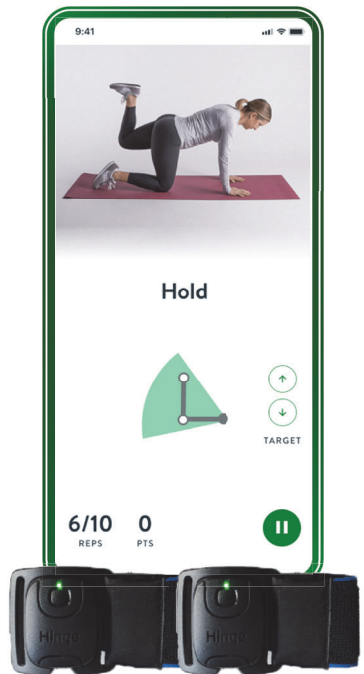
Conquer back and joint pain without drugs or surgery

You and your eligible family members get access to Hinge Health's programs for back, knee, neck, hip, shoulder, foot, ankle, pelvic floor, elbow, wrist and hand. **All at zero cost to you**, which can include:

- Technology for instant feedback in the app
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

On average, Hinge Health has helped over **300K** participants reduce their pain as much as **68%***

Hinge Health will be available beginning **October 1, 2023**. Sign up for the waitlist today!



Scan the QR code to learn more or apply at hinge.health/iii-a-oe or call (855) 902-2777

Eligibility: Members and dependents 18+ enrolled in the Blue Cross of Idaho medical plan through III-A are eligible.
*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).

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 (limited to three visits per participant, per benefit period)
- 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 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:

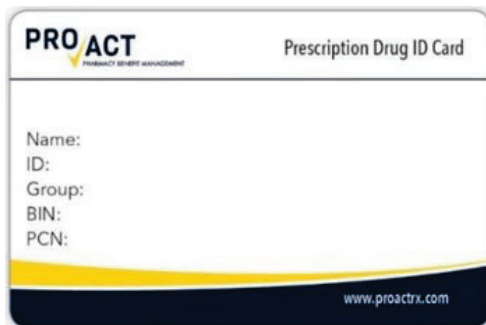
- Acellular pertussis
- Diphtheria
- Hemophilus influenzae B
- Hepatitis B
- Influenza
- Measles
- Mumps
- Pneumococcal/pneumonia
- Poliomyelitis/polio
- Rotavirus
- Rubella
- Tetanus
- Varicella (chicken pox)
- Hepatitis A
- Meningococcal
- Human Papillomavirus (HPV)
- Zoster
- Coronavirus-19

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

ProAct Prescription Drug Benefits



Save \$\$\$ on your
maintenance medications through
mail order with ProAct!



ProAct Mail-Order Pharmacy: ProActPharmacyServices.com (866) 287-9885
Noble Specialty Pharmacy (Specialty Medications): (888) 843-2040

III-A Pharmacy Benefit 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

MAIL ORDER PHARMACY: 90 DAY SUPPLY *MOST COST SAVINGS

Generic (Tier 1): Up to \$20

Brand Name (Tier 2): Up to \$50

Non-Preferred Drugs (Tier 3): Up to \$80

SPECIALITY PHARMACY: 30 DAY SUPPLY LIMIT

Contact the III-A Benefits Line to discuss the specialty med options and savings opportunity.

DIABETIC MEMBERS: Call the III-A Benefits Line to discuss cost-saving benefits that may be available to you.

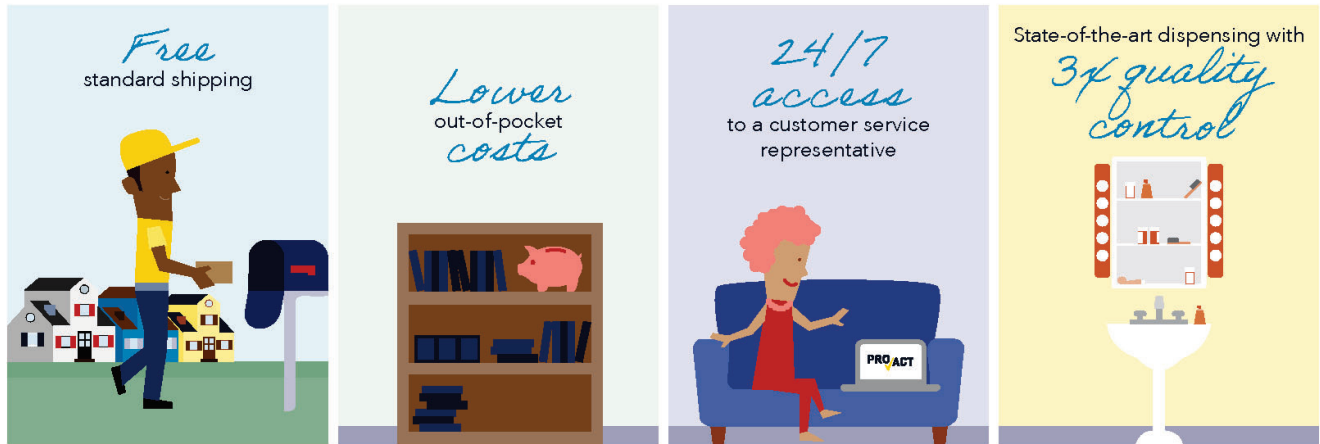


NEVER LEAVE THE PHARMACY WITHOUT YOUR PRESCRIBED MEDICATIONS. Call the III-A Benefits Line if something is incorrect.

HERE'S WHAT YOU SHOULD KNOW ABOUT PROACT PHARMACY SERVICES'

MAIL ORDER PROGRAM

ProAct Pharmacy Services will deliver maintenance prescriptions, up to a 90 day supply, directly to your door for the cost of your mail order pharmacy copay. You will need a new prescription from your doctor to begin using the mail service. Your doctor can e-scribe, call in, or fax your prescription to "ProAct Pharmacy Services". You may also mail a prescription along with a completed profile form. To get started, call a Customer Service Representative to set up your account.



■ HOW DO I GET STARTED?

To enroll in ProAct's mail order program, simply call **866-287-9885** to speak to a Customer Service Representative. They will assist you in setting up a patient profile including a payment method. You may set up automatic billing to a credit card of your choice.

■ WHAT IF MY MEDICATION NEEDS TO BE REFRIGERATED?

If your medication requires refrigeration, our team will call you to schedule the delivery at a time when you will be home. Your medication is packaged with special ice packs and ventilation that can last up to 48 hours. All refrigerated medication is delivered UPS Overnight to ensure the integrity of the medication.

■ HOW LONG WILL IT TAKE FOR ME TO RECEIVE MY MEDICATION(S)?

You can expect to receive your medication(s) within 7-10 days after we have received the order.

■ WHAT IF I AM NOT HOME TO RECEIVE MY MEDICATION(S)?

If your medication(s) are being sent USPS (non-refrigerated medication), they will be delivered to your mailbox just like normal mail.

If you are receiving a controlled substance, a signature will be required in order for the medication to be left at your home. You may provide us with an alternate address in which to ship the medication, where you know someone is present to sign for it.

If you are leaving your residence for an extended period of time, simply provide us with an alternate address or a one-time-use address in which to ship your medications.

■ DO I NEED TO CALL EVERY 90 DAYS TO MAKE SURE MY PRESCRIPTION IS FILLED AND BEING MAILED?

You have the option of utilizing our Automatic Refill Program. This will push maintenance prescription(s) with remaining refills into process 10 days before they are due to fill.

If you have a prescription that is enrolled on the program, but there are no refills remaining, the system will automatically send a refill renewal request to your doctor. We strongly encourage you to reach out to your doctor as well to inform them you are out of refills in order to avoid any possible interruptions.

You can also utilize our website, www.proactrx.com, or automated phone system to call in your prescription(s) up to 21 days in advance to ensure timely delivery of your medications.

Prescriptions for controlled substances are excluded from the auto refill program and doctor renewal requests.

YOUR EXCLUSIVE PROVIDER OF MAIL ORDER PRESCRIPTIONS

1226 US Highway 11, Gouverneur, New York 13642 | 866-287-9885 tel | 315-287-3330 fax | MailOrder@ProActPharmacyServices.com

****Medication Prior-Authorizations must be submitted to ProAct.****



Vision Benefit Summary

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 	\$0	
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.			



Summary of Benefits - Group #6425

BENEFITS PLAN	Plan # 2	
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>	\$25/\$75	\$25/\$75
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>	\$1,500	\$1,500

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.

Additional Resources



Life Insurance

Benefit Amount: \$20,000

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.

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

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

Other:

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

Call: (855) 387-9727

Online: guidanceresources.com

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.employeefits.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): _____ 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**