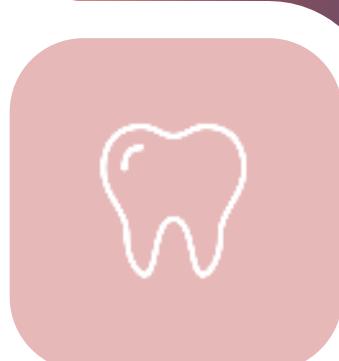
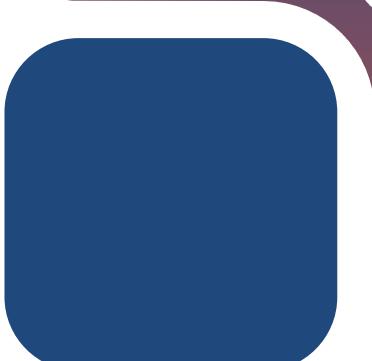
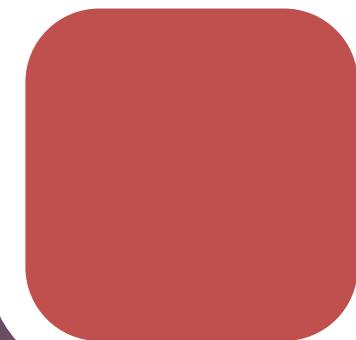


# Classic Foods



# Employee Benefits

Everything you need to know about your [employee benefits](#) for the 2026-2027 plan year.



# Classic Food, Inc.

## March 1, 2026 - February 28, 2027

### Employee Benefits Guide

If you have questions  
regarding...

Call

Click

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#### Classic Foods, Inc.

1585 N Skyline Dr.  
Idaho Falls, ID 83402

[office@wendysidaho.com](mailto:office@wendysidaho.com)

---

#### Medical/Vision

Select Health

(855) 442-3234

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

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#### Dental

Delta Dental of Idaho

(208) 489-3582

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

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#### Open Enrollment, Escalated

Claims & Benefits  
Questions

(208) 529-3541

GBS Benefits of Idaho

[aj.argyle@gbsbenefits.com](mailto:aj.argyle@gbsbenefits.com)  
[magen.smith@gbsbenefits.com](mailto:magen.smith@gbsbenefits.com)

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#### HRA

NBS

(800) 274-0503

[service@nbsbenefits.com](mailto:service@nbsbenefits.com)

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*This communication highlights some of your benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. We reserve the right to change any benefit plan without notice. Benefits are not a guarantee of employment.*

# Table of Contents

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## What's Inside

This guide provides information for consideration when newly enrolling, changing your elections, or reenrolling in our benefit programs.

## 4      Important Information

8      **Medical**  
Select Health

11     **Dental**  
Delta Dental

14     **Vision**  
Select Health

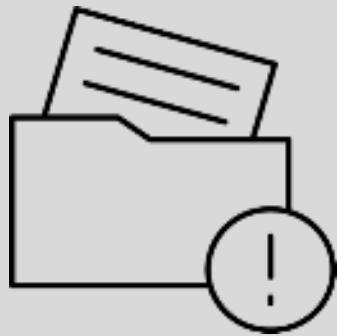
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## Classifications

**Class III - Hourly Crew**

**Class II - Hourly Management / Shift Manager**

**Class I - Owners and Salaried Management**



## Important Information

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# Wendy's of Idaho's Benefits and You

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## Welcome

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

## Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is "shop" for benefits carefully, using the same type of decision-making process you use for other major purchases.

### › Take Advantage Of The Tools Available

That includes this guide, access to plan information, provider directories, and enrollment materials. For up to date information, visit [www.wendysidaho.com](http://www.wendysidaho.com)

### › Be a Smart Shopper

If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits.

### › Don't Miss the Deadline and Keep Record of Your Enrollment

Pay attention to the enrollment deadline and be sure to provide us with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify us immediately if there are any discrepancies. **Remember:** Once the enrollment period has ended, you may not make or change your benefit elections, unless you experience a qualified life event.

## Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC annually during open enrollment.

For the most up-to-date information regarding the ACA, please visit [www.healthcare.gov](http://www.healthcare.gov).

# Enrollment & Eligibility

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## Who is Eligible?

If you are hired as a full-time Class III employee working 30 or more hours per week, coverage will begin on the first day of the month following 12 months of qualified employment. If you are hired as a full-time Class II employee working 30 or more hours per week, coverage will begin on the first day of the month following 60 days of qualified employment. If you are hired as a Class I employee, coverage will begin on date of hire. You may also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include your legal spouse and your natural, adopted or step-child(ren). The dependent age limit for children on your medical plan is age 26, but may vary for other benefits offered.

## When to Enroll

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of the annual open enrollment period, the only time you can change your coverage is if you experience a qualifying life event.

## How to Make Changes

Once you enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- › Change in your legal marital status
- › Birth, adoption, placement for adoption or legal guardianship of a child
- › Death of a dependent
- › Change in child's dependent status
- › You or your dependent(s) become eligible or lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- › Change in your dependent's employment resulting in loss or gain of eligibility for employer coverage
- › A court or administrative order

If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to complete the necessary enrollment forms and return them to us. All other qualified life events must be reported to us within 30 days of the event. It is your responsibility to notify us when you have a qualified life event and would like to make changes to your benefit elections. Please do not miss this important deadline!

## When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible. Certain benefits may terminate on the date of event.

# Stretching Your Rx Dollar

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## **GoodRx Comparison Tool**

Stop paying too much for your prescriptions! With the GBS Benefits Rx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

### **Isn't health insurance all I need?**

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

### **How can I find these savings?**

The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

#### › **On the Web:** <https://www.goodrx.com/>

Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

#### **Please Note:**

- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

#### › **On Your Phone**

Available on the app store or with Android on Google play. Or, just go to m.goodrx.com from any mobile phone.

## **Generic Prescriptions**

### **\$4 30-Day Supply or a \$10 90-Day Supply**

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

### **Did You Know?**

Even if the generic substitute for one of your prescription drugs is not on one of the \$4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at [www.crbestbuydrugs.org](http://www.crbestbuydrugs.org), a Consumer Reports site.

### **Tips**

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the \$4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

### **How can I find out if my prescription is on the \$4-Generic Drug List?**

Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price. The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.

You may search for the generic medication on the pharmacy's website or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's \$4-Generic Drug List.



Medical



Administered by Select Health

**MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET<sup>5,6</sup>**

<b>SCHEDULE OF BENEFITS</b>		
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET<sup>5,6</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$3,000	\$6,000
Out-of-Pocket Maximum	\$6,000	\$12,000
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible - per person/family	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-Pocket Maximum - per person/family	\$6,000/\$12,000	\$12,000/\$24,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
<b>INPATIENT SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Medical, Surgical and Hospice <sup>4</sup>	30% after Deductible	50% after Deductible
Medical, Surgical and Hospice (Mountain View or Idaho Falls Community Hospitals) <sup>4</sup>	20% after Deductible	Not Applicable
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per calendar Year	30% after Deductible	50% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup>	30% after Deductible	50% after Deductible
Up to 40 days per calendar Year for all therapy types combined		
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	30% after Deductible	50% after Deductible
<b>PROFESSIONAL SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) <sup>1</sup>	\$25	50% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100%	50% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	\$75	50% after Deductible
Allergy Tests	See Office Visits Above	50% after Deductible
Allergy Treatment and Serum	30%	50% after Deductible
Major Surgery	30%	50% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	30% after Deductible	50% after Deductible
<b>PREVENTIVE SERVICES AS OUTLINED BY THE ACA<sup>2,3</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	50% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%	50% after Deductible
Adult and Pediatric Immunizations	Covered 100%	50% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	50% after Deductible
Diagnostic Tests: Minor	Covered 100%	50% after Deductible
Other Preventive Services	Covered 100%	50% after Deductible
<b>VISION SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	\$75	50% after Deductible
<b>OUTPATIENT SERVICES<sup>4</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Outpatient Facility and Ambulatory Surgical	30% after Deductible	50% after Deductible
Outpatient Facility and Ambulatory Surgical (Mountain View or Idaho Falls Community Hospitals)	20% after Deductible	Not Applicable
Ambulance (Air or Ground) - <i>Emergencies Only</i>	30% after Deductible	See In-Network Benefit
Emergency Room	\$500 after Deductible	See In-Network Benefit
Urgent Care Facilities	\$75	50% after Deductible
Intermountain Connect Care <sup>®</sup>	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Radiation	30% after Deductible	50% after Deductible
Dialysis	30% after Deductible	50% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100%	50% after Deductible
Diagnostic Tests: Major <sup>2</sup>	30% after Deductible	50% after Deductible
Home Health, Hospice, Outpatient Private Nurse	30% after Deductible	50% after Deductible
Outpatient Cardiac Rehab	Covered 100%	50% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$75 after Deductible	50% after Deductible



Administered by Select Health

SCHEDULE OF BENEFITS		
	IN-NETWORK	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	30% after Deductible	50% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	30% after Deductible	50% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity <sup>4</sup>	See Professional, Inpatient or Outpatient	50% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices <sup>2,4</sup> <i>One device every 36 months per ear. Up to 45 language/speech therapy visits during the 12 months after the delivery of the covered device.</i>	See Professional, Inpatient or Outpatient	50% after Deductible
Infertility - <i>Select Services</i>	50% after Deductible	*50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Substance Use Disorder <sup>4</sup>		
Office Visits	\$25	50% after Deductible
Virtual Visits	Covered 100%	50% after Deductible
Inpatient	30% after Deductible	50% after Deductible
Outpatient	30%	50% after Deductible
Residential Treatment <sup>2</sup>	30% after Deductible	50% after Deductible
Chiropractic <i>(up to 20 visits per calendar Year)</i>	\$25	*50% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs <sup>4</sup>	30% after Deductible	50% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> <sup>4</sup>	See Professional, Inpatient or Outpatient	50% after Deductible
<b>PRESCRIPTION DRUGS</b>		
Pharmacy Deductible - Per Person per calendar Year		\$300
Prescription Drug List (formulary)		RxSelect®
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>		
Tier 1	\$15	
Tier 2	\$35 after pharmacy Deductible	
Tier 3	\$70 after pharmacy Deductible	
Tier 4	\$250 after pharmacy Deductible	
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90®)-selected drugs</i> <sup>4</sup>		
Tier 1	\$15	
Tier 2	\$70 after pharmacy Deductible	
Tier 3	\$210 after pharmacy Deductible	
Generic Substitution Required		Generic required or must pay Copay plus cost difference between name brand and generic

1 Refer to [selecthealth.org/find-care](http://selecthealth.org/find-care) to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Summary Plan Description for more information.

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

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

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

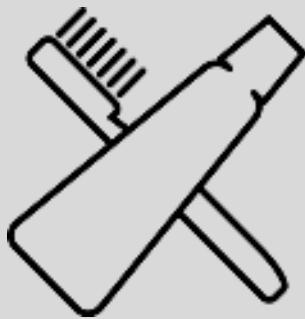
6 Certain Services as noted on this document and in your Summary Plan Description are not subject to the Deductible.

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

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

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

*Benefits are administered by Select Health.*



**Dental**

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# Benefit Summary

## GENERAL BENEFIT PLAN SUMMARY

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic and Preventive services per benefit year	\$50	\$50	\$50
Family Deductible Excluding Diagnostic and Preventive services per benefit year	\$150	\$150	\$150
Maximum Benefit Per eligible person per benefit year	\$2,000	\$1,000	\$1,000

Services	You pay the % below		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	20%	20%
Basic Services Fillings, extractions, oral surgery	20%	30%	30%
Major Services Crowns, implants, onlays, bridges, dentures, root canals Late enrollee waiting period is 12 months	50%	60%	60%

### PARTICIPATING AND NON-PARTICIPATING DENTISTS

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

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

## Benefits and Limitations

### Class I Preventive and Diagnostic Services

Periodic exam is allowed 2 times every calendar year.

Single bitewing x-ray is allowed 1 time every 12 months from last date of service.

Full mouth series or panoramic x-rays are allowed 1 time every 5 years from last date of service .

Adult and child cleanings are allowed 2 times every calendar year (restricts against periodontal maintenance within the same time period).

Fluoride treatment is allowed 2 times every 1 year from last date of service through age 18.

### Class II Basic Services

Fillings restricted to same tooth/surface are allowed 1 time every 24 months .

Periodontal surgeries per quadrant are allowed 1 time every 3 years from last date of service .

Periodontal scaling and root planing-per quadrant is allowed 1 time every 24 months from last date of service.

Periodontal maintenance procedure is allowed 4 times every 12 months (if patient has had previously treated periodontal disease).

### Class III Major Restorative Services

Porcelain, porcelain substrate, and cast restorations are not payable for children less than 12 years of age.

Crowns, stainless steel crowns, onlays, or bridges on same tooth are allowed 1 time every 7 years from last date of service .

Partials or dentures per arch are allowed 1 time every 7 years from last date of service for ages 16 and older.

### Implants

Implants are a covered benefit per tooth with a maximum lifetime benefit of \$1,200 or the plan's annual maximum, whichever is less. Ages 19 and over.

### Dependents

Eligible children must be under age 26.



# Vision



Plan G

POWERED BY  
**eyemed**

Vision Care Services	In-Network Member Cost	Out-of Network Reimbursement
<b>Exam with Dilation as Necessary</b>	\$0 Copay	\$35
<b>Retinal Imaging Benefit</b>	Up to \$39	N/A
<b>Frames</b> Any available frame at provider location.	\$0 Copay; \$250 Allowance, 20% off balance over \$250	\$125
<b>Standard Plastic Lenses</b> Single vision Bifocal Trifocal Standard Progressive Lens Premium Progressive Lens <sup>2</sup>	\$25 Copay \$25 Copay \$25 Copay \$90 Copay \$90 Copay, 80% of Charge less \$120 Allowance	\$25 \$40 \$55 \$40 \$40
<b>Lens Options</b> UV Treatment Tint (solid and gradient) Standard plastic scratch coating Standard polycarbonate - adults Standard polycarbonate - kids under 19 Standard anti-reflective coating Polarized Other add-ons and services	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price 20% off Retail Price	N/A N/A N/A N/A N/A N/A N/A N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only.)		
Conventional Disposable Medically necessary	\$0 Copay; \$250 allowance, 15% off balance over \$250 \$0 Copay; \$250 allowance, plus balance over \$250 \$0 Copay, Paid-in-Full	\$125 \$125 \$210
<b>Laser Vision Correction</b> LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Additional Pairs Benefit</b>	Members also receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
<b>Frequency</b> Examination Lenses or Contact Lenses Frame Laser Vision Correction	Once every 12 months Once every 12 months Once every 24 months Once per lifetime	N/A N/A N/A N/A

**Additional Discounts:**

- 40% off complete pair of prescription eyeglasses\*
- 20% off non-prescription sunglasses\*
- 20% off remaining balance beyond plan coverage\*

INDEPENDENT  
PROVIDER  
NETWORK

LENSCRAFTERS

PEARLE  
EST. 1961  
VISION

OPTICAL<sup>®</sup>

**You're on the EyeMed ACCESS network.** For a complete list of providers near you, use our Provider Locator on [eyemedvisioncare.com](http://eyemedvisioncare.com) or call 1-877-298-2971. For LASIK providers, call 1-877-5LASER6.

\*These discounts are for in-network providers only. Two premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. All providers are not required to carry all brands at all levels. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment; services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training; subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plans (non-prescription) lenses; plans (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. See the Provider Locator to find participating providers who offer the discounted rate. © 2020 SelectHealth. All rights reserved. 3372130 8/24



**HRA**

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# CLASSIC FOODS BUY-DOWN PROGRAM

## **What is the purpose of the Buy-Down Program?**

The most important purpose of the plan is to provide medical deductible expenses reimbursement to employees and dependents in a way that allows the benefits to be excluded from gross income for federal income tax.

## **How do you join the plan?**

If you are currently enrolled in medical benefits PPO Blue Cross plan, you will automatically be enrolled.

## **How do I receive reimbursements from Buy-Down program for my deductible expenses?**

Claims for benefits under the Classic Foods, LLC plan are based on the Explanation of Benefits (EOB's) you receive from your insurance carrier (Blue Cross of Idaho) after medical services. To receive reimbursements, you will need to make sure you turn in **ALL** your Explanation of Benefits from your health carrier to the Buy-Down Administrator NBS with a claim form. Explanations of Benefits are mailed to you after your medical provider submits claims to your insurance carrier. You can also call the 1-800-627-1188 on back of your health insurance card and request claims printouts periodically.

## **How do I submit a claim?**

You can go online and do it through the participant portal at [mynbsbenefits.com](http://mynbsbenefits.com)

You can email your claim form and EOB's to [service@nbsbenefits.com](mailto:service@nbsbenefits.com)

Instruction on how to do so are available from GBS of Idaho or are located in your Benefit Guide, provided by Classic Foods.

## **How will benefits be paid to you?**

NBS will reimburse you by check, or they offer direct deposit as claims are processed.

## **What happens if I do not submit my Explanation of Benefits from the health carrier?**

If you do not submit your Explanation of Benefits to MERP administrator your deductible will be \$3,000 individual instead of \$1,000.

## **What is the cost of the Buy-Down Program?**

There is no additional cost to participate in the Buy-Down Program. It is an added benefit your employer has provided to keep your health plan deductible low.

## **Will all my submitted health information be privacy protected?**

Yes. Your Classic Foods, LLC HIPAA privacy officer will follow all privacy laws to ensure your private health information is protected. The administrator of the program also has thorough HIPAA compliance training.

## **Can I view my claims online?**

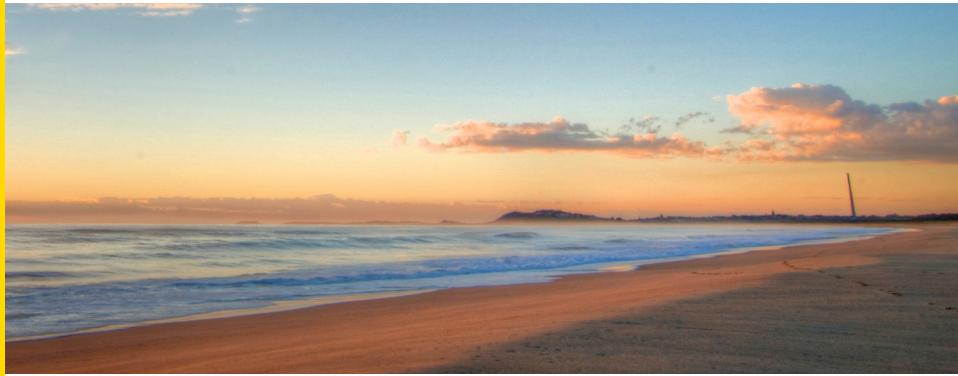
Yes, if you follow the participant portal instructions available on the NBS website.

## **Do you have a mobile app?**

Yes, NBS Benefits Mobile.

First Time Login

# NBS Web Portal



## How Do I Access My Online Account?

Registering for and logging into your account online is easy. Just follow the instructions below.

### 1 Get to the website

- ▶ Using your Internet browser, navigate to: <http://my.nbsbenefits.com>
- ▶ Click "Register" on the home page. (Highlighted in red below.)

Welcome to our new portal. To use the legacy portal, [click here](#).  
The legacy portal will be retired on October 28th.

If you have an existing username and password, click "Sign In" - there is no need to register again. If you have never registered, click "Register."

[SIGN IN](#) [REGISTER](#)

[QuickLinks](#)

Which Plan is Right for Me?	Documents & Forms	Frequently Asked Questions
Short Term Savings	Calculate your Tax Savings	Enroll Here

TRY OUR MOBILE APP

Available on the Google play App Store

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## Complete the required fields of the registration form

- ▶ Username and password
- ▶ Personal information - name and email address
- ▶ Employee ID: Please enter your **Social Security Number**
- ▶ Employer ID OR NBS Benefits Card Number.
  - Employer ID is a 9 digit code given to you in your welcome email from NBS, or may be obtained through your employer or by contacting NBS at (855) 399-3035
- ▶ Accept the Terms of Use
- ▶ After completing all required fields, click "Register"

**Registration**

STEP 1 > STEP 2 > STEP 3 > STEP 4

 <b>Username *</b>	<input type="text"/>	 Username must be between 6 and 12 characters long alphanumeric value
 <b>Password *</b>	<input type="password"/>	 A valid password must contain between 8 and 16 characters. A password must contain 3 of the following types of characters: <ul style="list-style-type: none"><li>• AN UPPER CASE LETTER</li><li>• lower case letter</li><li>• Special Character (% , ! , @, etc.)</li><li>• A number</li></ul>  A password cannot contain: <ul style="list-style-type: none"><li>• The same character repeating 3 or more times</li><li>• The word "password"</li><li>• The username</li><li>• Spaces</li></ul>
Password Strength		
 <b>Confirm Password *</b>	<input type="password"/>	
<b>First Name *</b>	<input type="text"/>	
<b>Initial</b>	<input type="text"/>	
<b>Last Name *</b>	<input type="text"/>	
 <b>Email *</b>	<input type="text"/>	
<b>Registration ID *</b>	<input type="text"/> Card Number	 To register with this site, you must have an Employee ID which could be your Health Plan Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator, and a Registration ID which could be your Benefit Debit Card Number or your Employer.
 <b>Employee ID *</b>	<input type="text"/>	 If you do not know your ID or were not provided an ID, please contact your Administrator.
<b>I accept <u>Terms of Use</u></b> <input type="checkbox"/>		
 <b>Next</b>  <b>Cancel</b>		

Making it Easy

# NBS Mobile App

## Easy and secure

- Shares user authentication with the NBS portal. Registered users can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.
- No sensitive account information is ever stored on your mobile device and all transmissions use encryption.

## Includes virtual assistant 'Emma'

- The first voice-activated intelligent assistant for consumer-driven healthcare.
- Ask Emma questions about your account such as:
  - How much is my account balance?
  - What is the annual contribution limit?
  - Can I change my election amount?

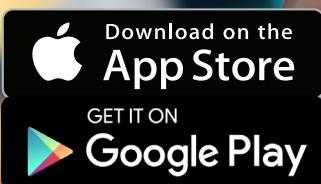
When you're on the go, save time and hassle with the NBS Mobile App.

Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

## Mobile app features

The NBS mobile app supports a wide variety of features, empowering you to proactively manage your account.

- View account balances
- View claims
- View reimbursement history
- Submit claims
- Submit documentation using your device's camera
- Pay providers
- Setup a variety of SMS alerts
- Edit your personal information
- View contribution details
- View plan information
- View calendar deadlines
- Contact a service representative
- View Benefits Card information
- Eligible Expense Barcode Scanner





## Manual Claims

Congratulations on your new Benefit with NBS! We look forward to serving you!

With your NBS benefit, paying out of pocket for your qualified medical expenses does not have to be inconvenient. Our simple processes and fast adjudication means you can file within seconds and can receive your reimbursement within 3 business days.

### Methods of Filing

- **Your Personal Online Account** – log into your NBS Benefits account, where you can file the claim online.
- **Your Mobile App** – once you have established an online account, the same user name and password grants you access to our mobile app. Filing a manual claim is as easy as taking a picture of your EOB or receipt, filling in a few details about the transactions, and submitting the claim.
- **Email** – you may complete and sign a manual claim form, then email it to us at [service@nbsbenefits.com](mailto:service@nbsbenefits.com).
- **Fax** – you may complete and sign a manual claim form, then fax it to us at (844) 438-1496.
- **Postal Service** – you may complete and sign a manual claim form, then send it to us at NBS Claims, PO Box 6980, West Jordan, UT 84084.

Manual forms need to be completed in accordance with the instructions on the top of the form. The form must be itemized, signed, and accompanied by the appropriate supporting documentation. If manual claim forms are received incomplete or without proper documentation, we will contact you to request necessary items and your reimbursement will be delayed.

Claim reimbursements are processed daily and will be completed within 2 business days of receipt. Please allow 5-7 business days to receive your reimbursement. To receive your funds faster, sign up for direct deposit through your online account.

If you have questions regarding your Benefit or claim reimbursement, please contact our Service Center to speak with a Customer Representative.

Thank you and Welcome!

Multiple Resources to Help You

# Manage Your Account

Does managing your new HSA, FSA, or HRA sound complicated? Don't worry, our dedicated service center is available to help with any of your individual needs including accessing your account or requesting new debit cards.

## We look forward to serving you!

**Hours of Operation:** 6:00 a.m. - 6:00 p.m. MST Mon - Fri

**Phone:** (800) 274-0503

**Fax:** (844) 438-1496

**Email:** service@nbsbenefits.com

Our IVR is accessible 24/7 for account balance information.



### For Self-Service

Visit [my.nbsbenefits.com](http://my.nbsbenefits.com)

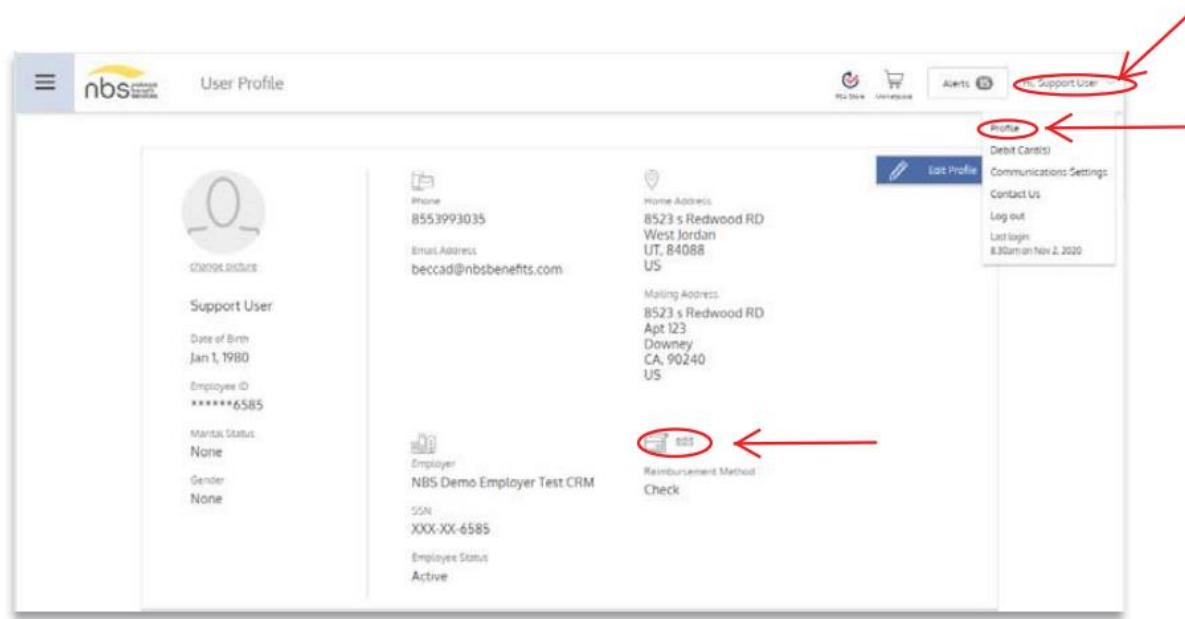
- View account balances
- Access transaction history
- Submit Claims
- Send receipts for debit card transactions
- Pay Providers
- Report and re-issue lost or stolen Benefits Cards

Or download the NBS Mobile App

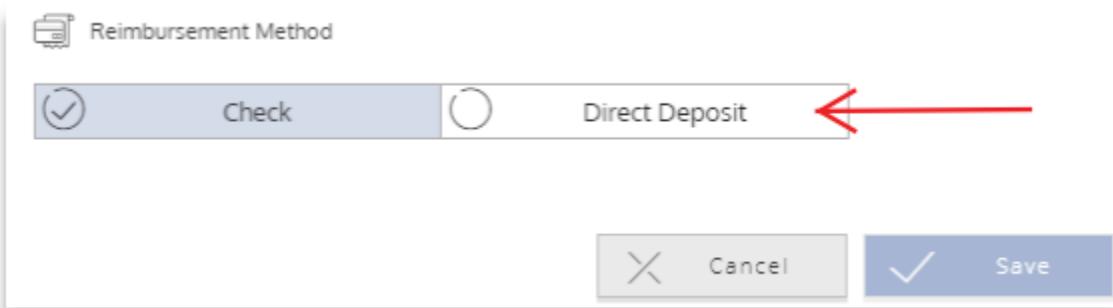


## Adding Direct Deposit Information Online

Navigate to the Reimbursement method section of the portal by clicking on the drop down next to your username. Then click Profile followed by Edit above the Reimbursement Method section.



On the popup window, click on Direct Deposit. This will take you to a screen to add your account details.



Please read the terms and conditions, check the Certification box, and then you will need to validate your account. Validation will include two small credits and one offsetting withdrawal to your bank account. You will validate your account by selecting the "Validate Account" box.

Account Routing \* 021000021

Re-enter Routing \*

Bank Account Type: Savings

Account Status: Validation Required

VALIDATE ACCOUNT

Please note: The order of Routing, Account and Check numbers will vary from financial institution to financial institutions and will not necessarily be in the same order as shown above.

By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my accounts. I understand that I can change this directive at any time.

EDIT SAVE CANCEL

### Reimbursement Method

Enter the amounts to validate bank account

Amount 1 \* 0.00

Amount 2 \* 0.00

Amount 3 \* 0.00

SUBMIT CANCEL

Once you enter in the correct amounts you will get a message letting you know that your validation was successful. Your direct deposit account status will then show as active.

If you have further questions, feel free to reach out to us via phone at 855-399-3035 or email at [service@nbsbenefits.com](mailto:service@nbsbenefits.com)

# HRA Claim Form



## Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must include a date, description, and amount of the service
- Please list one expense per line
- Please print in blue or black ink when using this form
- Please allow 2 business days for claims to be processed

For Account Balance:  
Go to [my.nbsbenefits.com](http://my.nbsbenefits.com)  
or call (855) 399-3035

## 1 Personal Information

Employee Name (First Name, Last Name)

Company Name

Street Address

City

State

Zip Code

No  Yes

Address Change?

Phone Number

Social Security Number

## 2 HRA Claims

	MM	DD	YY	Provider	Service Rendered	Person Receiving Service	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
<b>Total Health Care Expense</b>							

## 3 Eligible Expenses

Please see your current SPD for a summary of your benefit

## 4 Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature

Date



A Leavitt Group Company