

**EMPLOYEE**  
**BENEFITS GUIDE**  
March 1, 2025 to  
February 28, 2026

# Classic Foods



# Classic Food, Inc.

## March 1, 2025 - February 28, 2026

### 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)

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#### Medical/Vision

Blue Cross  
Group #

(888) 675-6570

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

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#### Dental

Delta Dental of Idaho  
Group #2309

(208) 489-3582

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

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#### Open Enrollment, Escalated

Claims & Benefits  
Questions

GBS Benefits of Idaho

(208) 529-3541

[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.*

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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.

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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](https://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





Services You May Need			Limitations, Exceptions, & Other Important Information
	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>Primary care</b> visit to treat an injury or illness	ChoiceDocs = \$20 Copay/visit; All other In-Network = \$40 Copay/visit; Deductible does not apply	50% Coinsurance after Deductible	Copay does not apply to additional services. Cost Sharing may not apply for pediatric physician office visit. Telehealth services may be provided by your Provider.
<b>Specialist</b> visit	ChoiceDocs = \$40 Copay/visit; All other In-Network = \$60 Copay/visit, Deductible does not apply	50% Coinsurance after Deductible	Copay does not apply to additional services.
<b>Preventive care/Screening/immunization</b>	No charge for listed preventive, Screening & immunization services. Deductible does not apply	No charge for listed immunizations, 50% Coinsurance after Deductible for preventive and Screening	You may have to pay for services that aren't preventive. Ask your Provider if the services needed are preventive. Then check what your Plan will pay for.
<b>Diagnostic test</b> (x-ray, blood work)	30% Coinsurance after Deductible	50% Coinsurance after Deductible	-----none-----
<b>Imaging</b> (CT/PET scans, MRIs)	\$250 Copay/procedure, 30% Coinsurance after Deductible	\$250 Copay/procedure, 50% Coinsurance after Deductible	Preauthorization required.
<b>Generic drugs</b>	Preferred=\$15 Copay/prescription Non-preferred=\$25 Copay/prescription (retail and mail order)	Preferred=\$15 Copay/prescription Non-preferred=\$25 Copay/prescription (retail and mail order)	Deductible does not apply. Covers up to a 90 day supply with multiple Copays. Additional Out-of-Network charges may apply.
<b>Preferred brand drugs</b>	\$45 Copay/prescription (retail and mail order)	\$45 Copay/prescription (retail and mail order)	Deductible does not apply. Covers up to a 90 day supply with multiple Copays. Additional Out-of-Network charge may apply.
<b>Non-preferred brand drugs</b>	\$60 Copay/prescription (retail and mail order)	\$60 Copay/prescription (retail and mail order)	Subject to prescription Deductible. Covers up to a 90 day supply with multiple Copays. Additional charges may apply.
<b>Specialty Drugs</b>	Preferred=30% Coinsurance Non-preferred=50% Coinsurance (retail and mail order)	Preferred=30% Coinsurance Non-preferred=50% Coinsurance (retail and mail order)	Subject to prescription Deductible. Coverage may include limitations and Preauthorization may be required. Additional Out-of-Network charges may apply.

# How to reduce your Deductible from \$4500 to \$1000

When you receive Explanation of Benefits (EOB) send them to NBS (The buy down company)



Test  
Test  
IDAHO FALLS, ID 83402

## EXPLANATION OF BENEFITS THIS IS NOT A BILL

If you have a question about your claim, please call Customer Service at 208-331-7347 or 800-627-1188  
www.bcidaho.com

### MEDICAL CLAIM SUMMARY

For claims processed through Date X

Member	Enrollee #	Group 10037023 - Classic Foods Inc			
SERVICES SUBMITTED BY	CHARGES	NETWORK SAVINGS <small>Amount saved by using a provider contracted with Blue Cross of Idaho</small>	OTHER INSURANCE <small>Payment reduction due to primary insurance</small>	AMOUNT WE PAID <small>Payment made to Provider</small>	WHAT YOU OWE OR MAY HAVE PAID THE PROVIDER
Sample	575.00	64.47	0.00	180.00	330.53
Sample	20.00	20.00	0.00	0.00	0.00
TOTAL	595.00	84.47	0.00	180.00	330.53

### MEDICAL CLAIM DETAIL

Billing Provider									
Provider Patient Account							Claim #		
Service Date	Service Description	Charges	Network Savings	Other Insurance	Non Covered	Deductible	Copayment/Insurance	Amount We Paid	Notes
07/18/23	Medical Services	45.00	7.35	0.00	0.00	37.65	0.00	0.00	
07/18/23	Medical Services	120.00	57.12	0.00	0.00	62.88	0.00	0.00	
07/18/23	Medical Services	200.00	0.00	0.00	0.00	200.00	0.00	0.00	
07/18/23	Medical Services	210.00	0.00	0.00	0.00	0.00	30.00	180.00	
	CLAIM TOTAL	575.00	64.47	0.00	0.00	300.53	30.00	180.00	

Billing Provider									
Provider Patient Account							Claim # 232851359700		
Service Date	Service Description	Charges	Network Savings	Other Insurance	Non Covered	Deductible	Copayment/Insurance	Amount We Paid	Notes
10/11/23	Therapy	20.00	20.00	0.00	0.00	0.00	0.00	0.00	
	CLAIM TOTAL	20.00	20.00	0.00	0.00	0.00	0.00	0.00	

➡ Download NBS , register for the APP and enter the information after

you get the welcome e-mail on 3/1/24



OR download the Claim Form (<https://courses.gbsbenefits.com/ClassicFoods2024?page=4>) and email both to mynbsbenefits.com or Fax to 844-438-1496

After your first \$1000, NBS (the buy down company) will reimburse you 90% of the deductible up to \$3150. Then Blue Cross will begin to cover 70% of the deductibles.

More detailed information can be found at....

- 1- [www.wendysidaho.com](http://www.wendysidaho.com) under Health Benefits
- 2- [www.paycor.com](http://www.paycor.com) log into your benefits to see documents
- 3- <https://courses.gbsbenefits.com/ClassicFoods2024>
- 4- <https://benefitguides.gbsbenefits.com/classic-foods-benefit-guide-2024/full-view.html>



# Dental

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Delta Dental of Idaho

## Delta Dental of Idaho

## Delta Dental Pays

	PPO	Premier	Non-Participating
Diagnostic and Preventive Radiographs	100% 100%	80% 80%	80% 80%
Oral Surgery Services	80%	70%	70%
Endodontic Services	80%	70%	70%
Periodontic Services	80%	70%	70%
Minor Restorative Services	80%	70%	70%
Major Restorative Services	50%	40%	40%
Prosthodontic Services	50%	40%	40%
Orthodontic Services	0%	0%	0%
<b>Deductible</b>			
Per Person	\$50	\$50	\$50
Family	\$150	\$150	\$150
<b>Maximum Benefit</b>	\$4,000	\$1,000	\$1,000

### *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.*

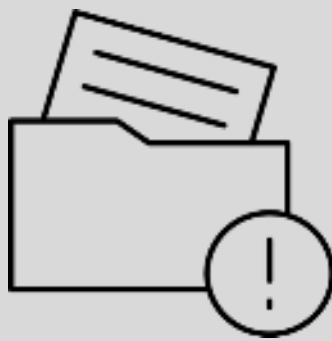
*If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state 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.*



# Vision



For Covered Providers Services Copayment	Insured pays \$0 per eye exam and/or \$25 per Frame and Lenses or Medically Necessary Contact Lenses.
Service Frequency Limitations	Insured may receive: <ul style="list-style-type: none"><li>✓ one eye exam every twelve months.</li><li>✓ one pair of Lenses or one pair of Medically Necessary Contact Lenses (in lieu of eyeglasses) or one pair of Elective Contact Lenses (in lieu of eyeglasses) every twelve months.</li><li>✓ one Frame every twelve months.</li></ul>
In-Network Services (*Participating Providers) Payment for Services Rendered and Allowances:	
Exam—Insured pays Copayment, as applicable, then BCI pays 100% of Maximum Allowance	
Prescription Glasses—Insured pays Copayment, as applicable, then BCI pays 100% of Maximum Allowance for Basic Lenses and Medically Necessary Contact Lenses (in lieu of glasses). Includes Frame allowance of \$130.	
Elective Contact Lenses—Includes a Contact Lens fitting and evaluation and \$130 allowance for materials in place of benefits for Prescribed Lenses and Frame.	
Out-of-Network Services Reimbursement Allowances	
Professional Fees	
Eye Exam: BCI pays up to \$45	
Materials—Lenses per pair	
Frame: BCI pays up to \$47	
Single Vision Lenses: BCI pays \$45	
Lined Bifocals Lenses: BCI pays up to \$65	
Lined Trifocals Lenses: BCI pays up to \$90	
Progressives Lenses: BCI pays up to \$90	
Contact Lenses per pair: \$120	
Medically Necessary, up to Maximum Allowance: \$210	
Elective Contact Lenses—includes a Contact Lens fitting and evaluation and an allowance for materials in place of benefits for Prescribed Lenses and Frame.	



# 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 \$4,500 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.



## Savings For You and Your Employees

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- ① Lower insurance premiums
- ② Tax savings
- ③ Extra money for out-of-pocket healthcare expenses
- ④ Rollover options for amounts not used




Help Make Medical  
Costs Painless.

Find out more at  
[info@nbsbenefits.com](mailto:info@nbsbenefits.com)

## What is a Health Reimbursement Account (HRA)?



8523 South Redwood Road  
West Jordan, Utah 84088  
1-855-399-3035  
[info@nbsbenefits.com](mailto:info@nbsbenefits.com)



## Health Reimbursement Arrangement (HRA)

### What is a Health Reimbursement Arrangement (HRA)?

HRAs go by many names, such as personal care accounts, or consumer-driven healthcare plans. Whatever label you give them, HRAs allow an employer to fund an account to pay employees' healthcare expenses that are not covered by insurance.

An HRA account may pay any or all of the same expenses as a Section 125 Health Flexible Spending Account (FSA). Unlike an FSA, only employers can make contributions to an HRA.

### What Happens to the Money that an Employer Puts into the HRA?

Once you establish an HRA, the plan pays for eligible expenses incurred by participants. Unlike an FSA, there is no requirement that the entire annual allocation be available on the first day of the plan year. HRA funds can be made available all at once or in equal portions throughout the year. Employers can allow employees to carry over unused dollars to the next year, or have unused balances forfeited at the end of each year.

## HRA Plan Design Options

**Bridge:** The Bridge Plan complements a higher-deductible insurance product. It pays only for deductible items covered by insurance and provides a "bridge" between out-of-pocket expenses and insurance coverage.

**Comprehensive:** The Comprehensive Plan pays all medical expenses that are not covered by insurance. These expenses include, but are not limited to, dental and vision fees, chiropractic services, copays, deductibles, and insurance premiums. Over-the-counter drugs may also be paid through your plan. This plan could be coupled with a higher-deductible limited coverage insurance arrangement or as a stand-alone employee benefit.

**Limited:** A limited HRA covers only a group of expenses, such as dental or vision. It can also be restricted to a single medical expense, such as prescriptions.

**Insurance Only:** The Insurance Only Plan allows employees to pay the premiums for employer-provided insurance, individual dental and vision-only insurance, or long-term care insurance.



## Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.



## NBS mobile app

- ✓ View account balances
- ✓ Submit claims
- ✓ View claims
- ✓ Edit personal information
- ✓ View plan information
- ✓ View reimbursement history
- ✓ Contact us
- ✓ Pay providers



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.)

The screenshot shows the NBS Web Portal home page. At the top left is the NBS logo (national benefit services) and contact information: 855-399-3035 and service@nbsbenefits.com. On the top right are two buttons: "SIGN IN" (blue) and "REGISTER" (red). Below these is a welcome message: "Welcome to our new portal. To use the legacy portal, click here. The legacy portal will be retired on October 28th." A large photo of a smiling family (mother, father, and two children) is in the center. Below the photo is a "QuickLinks" section with six icons and text: "Which Plan is Right for Me?", "Documents & Forms", "Frequently Asked Questions", "Short Term Savings", "Calculate your Tax Savings", and "Enroll Here". To the right of the QuickLinks is a section for the mobile app, showing a smartphone and tablet displaying the app interface, with the text "TRY OUR MOBILE APP" and "Available on the Google play" and "Available on the App Store".

## 2 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

Username \*

Password \*

Password Strength

Confirm Password \*

First Name \*

Initial

Last Name \*

Email \*

Registration ID \*

Employee ID \*

I accept [Terms of Use](#) ☐

Next Cancel

**Username requirements:**  
Username must be between 6 and 12 characters long alphanumeric value

**Password requirements:**  
A valid password must contain between 8 and 16 characters.  
A password must contain 3 of the following types of characters:

- AN UPPER CASE LETTER
- lower case letter
- Special Character (% , ! , @ , etc.)
- A number

A password cannot contain:

- The same character repeating 3 or more times
- The word "password"
- The username
- Spaces

**ID requirements:**  
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.  
If you do not know your ID or were not provided an ID, please contact your Administrator.



Making it Easy

# NBS Mobile App

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.

## 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?

## 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



Download on the  
App Store

GET IT ON



Google Play



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

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



### For Self-Service

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

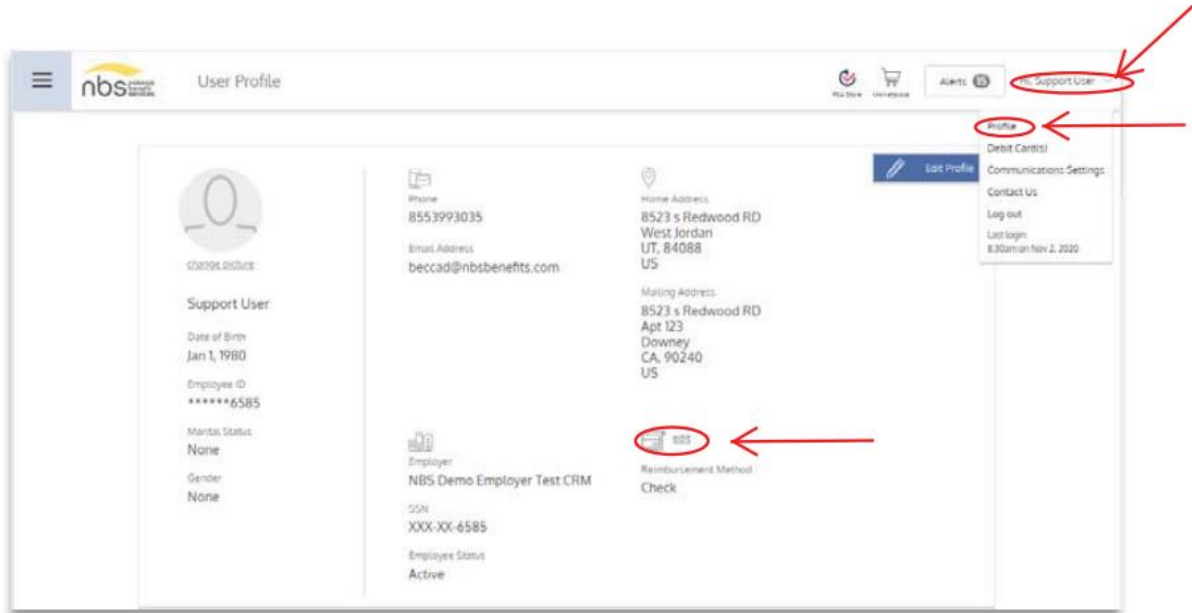
- View account balances
- Access transaction history
- Submit Claims
- Send receipts for debit card transactions
- Pay Providers
- Report and re-issue lost or stolen Benefits Cards

Or download the NBS Mobile App

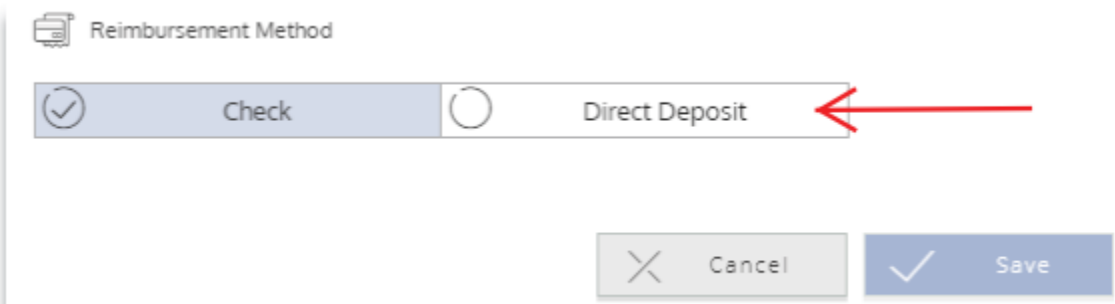


## Adding Direct Deposit Information Online

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 Saving

Account Status Validation Required

VALIDATE ACCOUNT

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

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.

Routing Number 23456789123 Check # 23456789123 Account Number 123456789123

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](https://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

	Date of Service			Provider	Service Rendered	Person Receiving Service	Amount
	MM	DD	YY				
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



Premiums

# Premiums Class 1

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## Medical/Vision

Blue Cross

### Silver Choice PPO (Including Vision)

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (26)
Employee	\$534.98	\$481.48	\$53.50	\$24.69
Employee & Spouse	\$1,069.96	\$962.96	\$107.00	\$49.38
Employee + Children	\$1,012.54	\$911.29	\$101.25	\$46.73
Family	\$1,547.52	\$1,392.77	\$154.75	\$71.42

## Dental

Delta Dental

### PPO/Premier Provider Network

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (26)
Employee	\$53.16	\$47.84	\$5.32	\$2.46
Employee + Spouse	\$106.34	\$95.71	\$10.63	\$4.91
Employee + Children	\$124.86	\$112.37	\$12.49	\$5.76
Family	\$174.36	\$156.92	\$17.44	\$8.05

# Premiums Class 2

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## Medical/Vision

Blue Cross

Silver Choice PPO (Including Vision)				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (26)
Employee	\$534.98	\$427.98	\$107.00	\$49.38
Employee & Spouse	\$1,069.96	\$855.96	\$214.00	\$98.77
Employee + Children	\$1,012.54	\$810.04	\$202.50	\$93.46
Family	\$1,547.52	\$1,238.02	\$309.50	\$142.85

## Dental

Delta Dental

PPO/Premier Provider Network				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (26)
Employee	\$53.16	\$42.53	\$10.63	\$4.91
Employee + Spouse	\$106.34	\$85.07	\$21.27	\$9.82
Employee + Children	\$124.86	\$99.89	\$24.97	\$11.52
Family	\$174.36	\$139.49	\$34.87	\$16.09

# Premiums Class 3

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## Medical/Vision

Blue Cross

Silver Choice PPO (Including Vision)				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (26)
Employee	\$534.98	\$427.98	\$107.00	\$49.38
Employee & Spouse	\$1,069.96	\$427.98	\$641.98	\$296.30
Employee + Children	\$1,012.54	\$427.98	\$584.56	\$269.80
Family	\$1,547.52	\$427.98	\$1,119.54	\$516.71

## Dental

Delta Dental

PPO/Premier Provider Network				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month	Employee Cost Per Paycheck (26)
Employee	\$53.16	\$42.53	\$10.63	\$4.91
Employee + Spouse	\$106.34	\$42.53	\$63.81	\$29.45
Employee + Children	\$124.86	\$42.53	\$82.33	\$38.00
Family	\$174.36	\$42.53	\$131.83	\$60.84

