

JANUARY 2024 – DECEMBER 2024

# 2024 BENEFITS ENROLLMENT

## YOUR BENEFITS, YOUR STORY

Benefits to fit your unique situation

## 5 WAYS TO SAVE

On healthcare expenses

## 3 TIPS

For an easy enrollment

## OPEN ENROLLMENT

10/9-10/13



WARREN COUNTY  
COMMUNITIES OF CHOICE





# OUR BENEFITS OFFERINGS

Medical

Health Savings Accounts &  
Flexible Spending Accounts

Dental & Vision

Accident &  
Critical Illness

Basic & Voluntary Life

Disability

Employee Assistance Program  
(EAP)

## THINGS TO KNOW

### 5 WAYS TO SAVE

#### 1. THINK ABOUT HOW YOU WILL USE YOUR BENEFITS.

- Do you have a chronic condition?
- Do you have surgery planned for this year?
- Are you adding any new dependents to your plan?

Consider these questions when choosing a plan.

#### 2. MANAGE MEDICATION COSTS.

Ask your doctor to prescribe you generic medications. They can be just as effective and typically cheaper!

#### 3. TRY TELEMEDICINE OR URGENT CARE.

Telemedicine and urgent care can cost you much less than going to the ER and usually save you a lot of time.

#### 4. STAY IN-NETWORK FOR CARE.

Think of it as an exclusive club. You may pay higher amounts if you go Out-of-Network.

#### 5. PREVENTION IS KEY.

Prevention is key to catching disease or illness early on. Plus, preventive exams are often free or cost less than a normal doctor's visit.

### 3 TIPS FOR EASY ENROLLMENT

#### 1. DON'T WAIT!

This is your one chance to choose your benefits until our annual enrollment period. After this enrollment period, the only way you'll be able to change your plans before the following enrollment period is if you have a **qualifying life event**, such as getting married or having a baby.

#### 2. TO ENROLL OR NOT TO ENROLL?

This year you are required to enroll in and/or waive your benefits.

- **Please note:** All those who are enrolled in the Health Savings Account (HSA) and/or Flexible Spending Accounts (FSAs) **MUST RE-ENROLL IN THESE PLANS EVERY YEAR** no matter what!

#### 3. UP YOUR BENEFITS IQ

Have questions about your benefit options? Not sure what is right for you? Make sure to check out your benefits website at: [www.mywarrencounty.com](http://www.mywarrencounty.com) and use code: **wcounty**. And don't forget about the TrueAdvocate Team! They are available from 7:30 a.m. - 5 p.m. CST to answer your benefits questions. Just call 888-655-9980 OR email [trueadvocate@truenorthcompanies.com](mailto:trueadvocate@truenorthcompanies.com).

The plan information outlined in this enrollment guide is intended to be a snapshot of the benefits and does not provide full plan details. For complete plan information and any policy restrictions, refer to your plan document. If any discrepancy exists between the summary displayed in this guide and the policy, the policy will govern.

# BENEFITS BASICS

## WELCOME TO YOUR 2024 BENEFITS!

Warren County benefits add value beyond your paycheck. They can make health care more affordable, provide income during a disability, and help you achieve financial goals.

As an employee of Warren County, you have a total compensation package - a combination of pay and benefit programs that is among the best in our industry. This guide describes the key features of our health, life and additional program offerings. They are designed to give you choices about the types and levels of protection that you want. As your needs change, you can continue to design a benefits program that best fits your life. Each year, you have the opportunity to review your choices and make new decisions.

This guide provides a brief summary of your Warren County benefits. Please take the time to review your options and learn about the coverages that will best work for you and your family!

This information is a highlight of our benefit program. In the event of any discrepancy or omission, actual benefits will be determined by the applicable governing plan documents. Warren County reserves the right to change or end any benefit at any time to the extent allowed by the law.

## ELIGIBILITY

As a full-time employee of Warren County, you are eligible for benefits if you work at least 30 hours per week. Your dependents can also enroll for coverage, including:

- Your legal spouse.
- Your children up to age 26.

## DEPENDENT ELIGIBILITY

As part of the responsibility and management of our benefit plan, we have to ensure that all covered dependents meet the eligibility requirements. We are asking all employees to certify that their dependents meet the definition of an eligible dependent prior to adding them to our plans.

Benefit Basics Definition of an eligible dependent:

- A lawful spouse of an employee, including a common law spouse if recognized by your state
- Children of an employee up to age 26
- Children age 26 or older who are mentally or physically handicapped
- A legally adopted child, a step-child, or a child placed in your care by court order, all under 26 years of age.

You will be required to verify your dependent's eligibility in ADP online enrollment system. Falsification of the eligibility verification form will result in coverage for the dependent being rescinded and may result in medical claims being denied.

## QUALIFYING LIFE EVENTS

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Gain or loss of other coverage
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for health coverages
- New entitlement to Medicare or Medicaid

*Go to [healthcare.gov](https://www.healthcare.gov) for a full list of qualifying life events.*

You must **notify Human Resources within 30 days** of a qualifying life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes.



# Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

GROUP NUMBER: 568930003

BENEFITS	\$1,000 HMO Plan*	\$1,500 HMO Plan*	\$3,000 HDHP**
<b>Deductible</b>	\$1,000 Single \$2,000 Family	\$1,500 Single \$3,000 Family	\$3,200 Single \$5,600 Family
<b>Coinsurance</b>	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%	You pay 0%, plan pays 100%
<b>Out of Pocket Maximum</b>	\$3,500 Single \$7,000 Family	\$5,000 Single \$10,000 Family	\$3,200 Single \$5,600 Family
<b>Office Visit</b>	\$25 PCP \$50 Specialist \$10 Doctor on Demand	\$25 PCP \$50 Specialist \$10 Doctor on Demand	Deductible Applies \$59 Doctor on Demand
<b>Preventive Office</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Emergency Room</b>	\$150 copay	\$150 copay	Deductible Applies
<b>Prescription Drug</b>	Deductible: \$100 Single / \$200 Family Tier 1: \$15 Tier 2: \$30 Tier 3: \$50 Preferred Specialty: \$150 Non-Preferred Specialty: \$300	Deductible: \$100 Single / \$200 Family Tier 1: \$15 Tier 2: \$30 Tier 3: \$50 Preferred Specialty: \$150 Non-Preferred Specialty: \$300	Deductible Applies

PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
<b>\$1,000 HMO Plan</b>	Wellness: \$65.06 Standard: \$115.06	Wellness: \$251.50 Standard: \$301.50	Wellness: \$228.93 Standard: \$278.93	Wellness: \$400.16 Standard: \$450.16
<b>\$1,500 HMO Plan</b>	Wellness: \$27.85 Standard: \$77.85	Wellness: \$173.19 Standard: \$223.19	Wellness: \$156.49 Standard: \$206.49	Wellness: \$283.18 Standard: \$333.18
<b>\$3,000 HDHP</b>	Wellness: \$0.00 Standard: \$13.00	Wellness: \$42.10 Standard: \$92.10	Wellness: \$35.21 Standard: \$85.21	Wellness: \$87.49 Standard: \$137.49

\*The \$1,000 and \$1,500 HMO are limited network plans. There are no out-of-network or out of state benefits except for emergencies. Out-of-network services on this plan may be paid at the in-network level in certain circumstances.

\*\*when you enroll in the HDHP you qualify to enroll in a Health Savings Account (HSA).

# Virtual Doctor Visits – Doctor on Demand

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

## USE TELEMEDICINE WHEN:

- You don't have time to wait a week to see a doctor
- You don't want to infect (or be infected by) another person
- You need a lower-cost option.

## USE TELEMEDICINE FOR:

- Urgent care issues like colds, coughs, and stomach aches
- Mental health treatment, including online therapy, counseling, and medication management
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management



## How To Register

### 1 BE READY TO ACCESS

To get started, visit [www.DoctorsOnDemand.com](http://www.DoctorsOnDemand.com) or phone 800-997-6196 to **register and set up your account**

### 2 DOWNLOAD THE DOCTORS ON DEMAND APP to your mobile device and access your new account.

### 3 WHEN YOU NEED CARE

- find a well-lit, private spot with good signal on your device
- Have your Wellmark member ID card ready
- Create an account or sign in



Watch the video to learn more.

<https://flimp.live/telemedicine2021>

# Health Saving Account and Flexible Spending Accounts

HSA BANK | 800-357-6246

WWW.HSABANK.COM

GROUP NUMBER: WARRENCOUNTY

FSA - ISOLVED | 515-224-9400

WWW.ISOLVEDBENEFITSERVICES.COM

GROUP NUMBER: 0144

## IF YOU COULD BUY HEALTH CARE SERVICES DURING A 30% OFF SALE, WOULD YOU?

There are programs available that save you money on health-related expenses, no strings attached. Health Savings Accounts and Flexible Spending Accounts. These two accounts are similar, but there are some key differences.

	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	HEALTH SAVINGS ACCOUNT (HSA)
Specific health insurance coverage required to contribute?	No, BUT if you are enrolled in a High Deductible Health Plan you can only enroll in a Limited Flexible Spending Account	Yes, you must be enrolled in a High Deductible Health Plan (HDHP)
Pre-tax contributions	Yes	
Eligible Expenses	Most qualified health care expenses (medical, dental, vision, prescription drug expenses your plans do not cover)	
Availability of funds in account	Available on day 1	Funds must accumulate before using
Use it or lose it	Yes, you lose money you haven't used or claimed by certain annual deadlines	No, unused funds roll over to the next year
Can take it with you if you leave the company	No	Yes
Maximum Contributions	Healthcare: \$3,050 Dependent Care: \$5,000	Single: \$4,150 Family: \$8,300 Catch-up: \$1,000 (those 55 +)

**Health Savings Account (HSA):** Warren County will contribute between **\$600 and \$900 per year** to your Health Savings Account depending on coverage level.

- **Employee:** \$600/year
- **Employee/Spouse:** \$750/year
- **Employee/Child(ren):** \$750/year
- **Family:** \$900/year

**Health Savings Account (HSA):** Contributions for the Health Savings Account are made on a **quarterly basis** (January, April, July & October).

**Flexible Spending Accounts (FSAs):** If you have expenses related to dependents, including daycare, think about enrolling in the Dependent Care Flexible Spending Account to save money.

# Dental Plan

DELTA DENTAL | 800-544-0718  
 WWW.DELTADENTAIA.COM  
 GROUP NUMBER: 33379000100



**MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.**

That's why we offer you the option to enroll in a separate dental plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

SERVICES	PPO NETWORK	PREMIER NETWORK
<b>Preventive Services</b>	100% covered	You pay 10% coinsurance, Deductible waived
<b>Deductible</b>	\$50 Single / \$100 Family	\$75 Single / \$150 Family
<b>Basic Services</b>	You pay 20% coinsurance (after deductible), plan pays 80%	You pay 30% coinsurance (after deductible), plan pays 70%
<b>Major Services</b>	You pay 50% coinsurance (after deductible), plan pays 50%	You pay 50% coinsurance (after deductible), plan pays 50%
<b>Annual Maximum</b>	\$1,000 per person per year	\$1,000 per person per year
<b>Orthodontic</b> <i>Only for dependent children to age 19</i>	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of \$1,500	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of \$1,500

PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
<b>Contributions</b> <i>Monthly</i>	\$0.86	\$12.68	\$15.47	\$25.57

# Hearing Aid Discount

## Worried about your hearing? We have you covered.

If you think you may have hearing loss, don't worry. Delta Dental of Iowa has teamed up with Amplifon to offer you quality hearing care.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995/ear	\$1,495/ear	\$1,795/ear	\$2,195/ear	\$2,645/ear

**Complimentary Aftercare\***

**Risk-free trial** - find your right fit by trying your hearing aids for 60 days

**Follow-up care** - ensures a smooth transition to your new hearing aids

**Battery support** - battery supply or charging station to keep you powered

**Warranty** - 3 year coverage for loss, repairs, or damage

# Vision Plan

AVESIS | 855-214-6777

WWW.AVESIS.COM

GROUP NUMBER: 60790-376

## MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate vision plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.



SERVICES	AMOUNT YOU PAY IN-NETWORK
<b>Exam</b>	Covered under the medical plan.
<b>Contacts</b>	When you choose contacts instead of glasses, you will have a \$130 allowance applied to the cost of your contacts every 12 months. Medically necessary contacts are covered in full.
<b>Frames</b>	\$150 retail allowance
<b>Lenses</b>	Lenses covered in full every 12 months.
<b>New Enhanced Benefit!</b> Polycarbonate Standard Scratch-resistant Standard Anti-Reflective UV Screening	\$0 copay
<b>New Enhanced Benefit!</b> Level 1 & 2 Progressives	\$75-\$110
<b>Laser Vision Correction</b>	Provider discount up to 25%, one-time/lifetime allowance of \$150.

PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
<b>Contributions</b> <i>Monthly</i>	\$0.84	\$5.98	\$5.98	\$5.98

# Life and AD&D Insurance

SYMETRA | 877-377-6773

WWW.SYMETRA.COM

GROUP NUMBER: 01-020488-00



## BASIC LIFE AND AD&D

Life insurance pays a benefit (called a death benefit, which is usually a lump sum) to a **beneficiary** (whomever you choose to receive the benefit) **after your death**. If you have a life insurance policy on a family member (such as your spouse or your child(ren)), you would receive the money if that family member died. This money can help replace your income.

BASIC LIFE AND AD&D BENEFIT	
Life and AD&D	\$20,000
Age Reduction	50% at age 70 Benefits terminate when you retire
Who pays for this coverage?	Warren County

## VOLUNTARY LIFE AND AD&D

You have the option to purchase a greater amount of Life and AD&D coverage. Decide whether this extra benefit is worth the cost of coverage for you and your family. To figure this out, ask a few questions:  
 How would your family's finances be affected if you died?  
 How much of your paycheck is used for monthly living expenses?

**New Hire Guaranteed Issue** is the amount you can elect before you are required to complete a health questionnaire, otherwise known as **Evidence of Insurability (EOI)**. If you are not a new hire and wish to increase or enroll for the first time you will need to complete a health questionnaire for approval.

VOLUNTARY LIFE AND AD&D BENEFITS	
Employee	Increments of \$10,000 up to \$500,000 or 5 times earnings. Guarantee Issue up to \$100,000.
Spouse	Increments of \$10,000 up to \$150,000 or 50% of employee. Guarantee Issue up to \$30,000.
Children (up to age 19 unless full time student. Then up to age 23)	Increments of \$2,000 for children 6 months and older. Maximum benefit \$10,000. \$500 benefit for children 14 days to 6 months.
Who pays for this coverage?	You, if you decide to enroll in this benefit

# Income Replacement



SYMETRA | 877-377-6773

WWW.SYMETRA.COM

GROUP NUMBER: 01-020488-00

If you are unable to work, disability insurance can help replace your income so you can pay your bills and protect your savings.

## SHORT-TERM DISABILITY

Short-term benefits pay a weekly benefit when you are unable to work for a certain amount of time.

## LONG-TERM DISABILITY

Long-term benefits usually take over when Short-term benefits end. This is often a monthly benefit, either a percentage of your salary or a flat amount.

BENEFITS	SHORT-TERM	LONG-TERM
<b>Coverage amount</b>	60% of weekly income up to \$350 per week	60% of monthly income Up to \$3,000 per month
<b>Maximum payment period</b>	7 weeks	Social Security Normal Retirement Age (SSNRA)
<b>Accident &amp; Illness benefits begin</b>	Day 15	Day 61
<b>Pre-existing conditions</b>	3 months / 12 months look back	3 months / 12 months look back
<b>Who pays for this benefit?</b>	Warren County	Warren County

# Additional Protection

SYMETRA | 877-377-6773

WWW.SYMETRA.COM

GROUP NUMBER: 01-020488-00



## ACCIDENT

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.



## CRITICAL ILLNESS

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke, heart attack or cancer) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare.

PLAN RATES PER MONTH		
	Low	High
Employee (EE)	\$6.26	\$9.68
EE & Spouse	\$10.34	\$16.71
EE & Child(ren)	\$11.43	\$18.97
EE & Family	\$15.51	\$26.00

	COVERAGE INCREMENTS	BENEFIT OPTIONS
EE	\$5,000	\$5,000 - \$20,000
SP*	\$2,500	\$2,500 - \$10,000
CH*	\$2,500	\$2,500 or \$5,000

\*You must enroll in employee coverage to enroll in spouse or child coverage

# Employee Assistance Programs

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more



**CALL: SYMETRA**  
**888-327-9573**

# Digital Discussion

## VISIT THE SITE AT:

URL: [www.mywarrencounty.com](http://www.mywarrencounty.com)

Login Name: wcounty



HOME

MYHEALTH

MYLIFE

MYHR

CORONAVIRUS COVID-19

### 2022 Annual Enrollment: November 15th - 23rd, 2022

It's that time of year again, annual enrollment! Annual enrollment begins on November 15th and ends on November 23rd. Please click below for important information regarding your benefits for 2023.

[CLICK HERE TO LEARN MORE!](#)

Open  
Enrollment

[FAQs](#) | [Life Events Checklist](#) | [Log Out](#)

Search



BENEFITS ENROLLMENT

Annual Enrollment:  
November 15th - 23rd



BENEFITS TOOL

Which Plan is Right for  
Me?



WHAT TO KNOW ABOUT COVID-19

Coronavirus 101: Click  
Here to Stay Informed

## ACCESS YOUR PLAN INFO 24/7

Don't forget that Warren County provides you with a custom website specifically to educate you about the benefits offered.

### When you access your benefits portal, you will find:

- Benefit plan details, rates & forms
- Payroll information
- Links to provider resources
- Contact information when you need help

## You will also find answers to questions such as.....

- "What benefits are offered by the company?"
- "What is my deductible and copay?"
- "How do I add a spouse or child to my plan?"

# YOUR ENROLLMENT BLUEPRINT

Remember, your annual enrollment period is from October 9 to October 13<sup>th</sup>.

Here are some last-minute reminders:



## EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

## NEED HELP DECIDING?

Contact TrueNorth's  
TRUEADVOCATE TEAM

Phone: 888-655-9980

[trueadvocate@truenorthcompanies.com](mailto:trueadvocate@truenorthcompanies.com)

## STEP 01

### VISIT YOUR BENEFITS PORTAL

Website:

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

Login: wcounty



## STEP 02

### ENROLL IN YOUR BENEFITS

1. Go to <https://workforcenow.adp.com>
2. Enter your user ID and password
3. When you login, you will see a box labeled "START THIS ENROLLMENT"
4. Follow the enrollment prompts & hit "SUBMIT ENROLLMENT" to complete the process



## STEP 03

# IMPORTANT CONTACTS

## MEDICAL AND PRESCRIPTION DRUG

Wellmark Blue Cross Blue Shield of Iowa  
Phone: 800-524-9242  
Website: [www.wellmark.com](http://www.wellmark.com)

## DENTAL

Delta Dental  
Phone: 800-544-0718  
Website: [www.deltadentalia.com](http://www.deltadentalia.com)

## FLEXIBLE SPENDING ACCOUNTS

iSolved Benefit Services  
Phone: 515-224-9400  
Website:  
[www.isolvedbenefitservices.com/kabel](http://www.isolvedbenefitservices.com/kabel)

## DISABILITY

Symetra  
Phone: 877-377-6773  
Website: [www.Symetra.com](http://www.Symetra.com)

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Symetra  
Phone: 888-327-9573

## HEALTH SAVINGS ACCOUNT (HSA)

HSA Bank  
Phone: 800-357-6246 (English)  
Phone: 866-357-6232 (Spanish)  
Website: [www.hsabank.com](http://www.hsabank.com)

## VISION

Avesis  
Phone: 855-214-6777  
Website: [www.avesis.com](http://www.avesis.com)

## BASIC & VOLUNTARY LIFE AND AD&D

Symetra  
Phone: 877-377-6773  
Website: [www.Symetra.com](http://www.Symetra.com)

## ACCIDENT & CRITICAL ILLNESS

Symetra  
Phone: 877-377-6773  
Website: [www.Symetra.com](http://www.Symetra.com)

## BENEFITS PORTAL

Website: [www.mywarrencounty.com](http://www.mywarrencounty.com)  
Login: wcounty

### Disclaimer

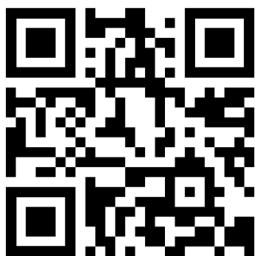
*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract. The information in this booklet is proprietary. Please do not copy or distribute to others.*

**Created by TrueNorth Companies, LC for Warren County**

# REQUIRED ANNUAL NOTICES

## IMPORTANT NOTICES FROM WARREN COUNTY REGARDING THE GROUP HEALTH PLAN

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.



**DOWNLOAD YOUR COPY AT  
[WWW.MYWARRENCOUNTY.COM](http://WWW.MYWARRENCOUNTY.COM)**



**DO YOU HAVE QUESTIONS ABOUT YOUR BENEFIT PROGRAMS AND AREN'T SURE WHO TO CONTACT?**

## **The TrueNorth TRUEAdvocate Team is here to help!**

Monday - Friday | 7:30 a.m. to 5:00 p.m. CT  
For Spanish, please select option 4

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and research
- Filing a claim
- Finding a provider
- Choosing a plan that works for you



**(888) 655-9980**



**trueadvocate**  
@truenorthcompanies.com





