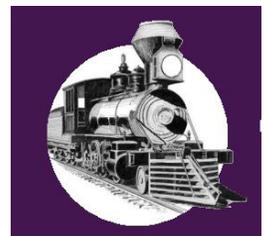




2021-2022 Benefit Guide

LAUREL PUBLIC SCHOOLS



 Leavitt Group

Laurel Public Schools strives to provide you and your family with a comprehensive and valuable benefits package.

We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefits Guide.

Laurel Public Schools invests significant resources into our faculty and staff's health and wellbeing. We hope you will take the opportunity to carefully review these benefits and take advantage of the services offered to you and your family.

Elections you make during open enrollment will become effective on September 1. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

Open Enrollment

Medical Benefits for the 2021-2022 plan year will continue with the Join Powers Trust. Enrollment must be completed before the end of the Open Enrollment period.

Open enrollment for medical, dental, vision & life insurance is held annually in May. During the time period, employees will have the option to make changes to their current benefits for the new plan year.

Open Enrollment Process

Meetings will be held one-on-one to review benefits and complete our online all inclusive enrollment and sign off in understanding of the 2021-2022 Billings Clinic Directional Contract. An electronic appointment scheduler will be sent via school email.

- ▶ Enroll/drop coverage in the medical, dental, vision, or voluntary life plans
- ▶ Add/drop dependents coverage
- ▶ Change your medical plan election
- ▶ Complete Flex elections for the plan year September 2021 thru August 2022
- ▶ Complete HSA elections for 2021-2022

Upon initial hire, employees will work with the Laurel Public Schools benefits personnel to make elections.

Life Insurance

- ▶ Changes will be made through the HR Department
- ▶ Change of beneficiary—Life insurance beneficiary form.
- ▶ Increasing voluntary life insurance—Evidence of insurability and Mutual of Omaha enrollment form.

WHEN CAN I MAKE CHANGES?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:



Marriage, divorce or legal separation



Birth or adoption of a child



Change in child's dependent status



Death of a spouse, child or other qualified dependent



Change in residence



Change in employment status or a change in coverage under another employer-sponsored plan

Your Benefits Plan

Laurel Public Schools is pleased to offer a comprehensive benefits program to our valued employees.

In the following pages, you will learn more about the benefits Laurel Public Schools offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

CARRIER	PLAN	WEBSITE	PHONE #
EBMS	Medical	www.ebms.com	(866) 753-1491
miCave	Health & Wellness Clinic	410 Colorado Ave. Laurel, MT 59044	(866) 888-8035
Delta Dental	Dental	www.deltadentalins.com	(800) 521-2651
VSP	Vision	www.vsp.com	(800) 877-7915
Mutual of Omaha	Life, AD&D, Disability, EAP	www.mutualofomaha.com	(877) 999-2330
Sapphire Resource Connection	EAP	www.sr-connection.com	(406) 240-9118
American Fidelity Assurance Company	HSA, Flex, Voluntary Benefits	HSA www.afhsa.com Flex, Annuity, & Voluntary Benefits www.afadvantage.com	Local Contact: Jim Simkins jim.simkins@americanfidelity.com (405) 212-2627 HSA: (800) 662-1113 Flex: (800) 325-0654 Annuity: (800) 662-1106 Voluntary: (800) 323-3748
Laurel Public Schools	Human Resources	—	Joseph Patton joseph_patton@laurel.k12.met.us Maggie Lowell lpspayroll@laurel.k12.met.us
Leavitt Group	Benefits Contact	—	Cindy Zipperian cindy-zipperian@leavitt.com (406) 443-1060 Erin Weenum erin-weenum@leavitt.com (406) 281-7970



Medical Insurance

INSURED BY: JOINT POWERS TRUST & EBMS

BENEFIT	TRADITIONAL COVERAGE		HDHP COVERAGE	
Pre-Tax Savings	Flex		HSA	
Deductible	\$1,500 Individual	\$3,000 Family	\$2,800 Individual	\$5,600 Family
Coinsurance	80/20%		100/0%	
*Out-of-Pocket Max <i>Includes Deductible & Copays</i>	\$3,500 Individual	\$7,000 Family	\$2,800 Individual	\$5,600 Family
Office Visit	\$35 copay		Deductible + Coinsurance	
Emergency Room	\$100 copay		Deductible + Coinsurance	
Preventative Care	Covered 100% — deductible waived			
PRESCRIPTION BENEFITS				
Deductible	\$150; waived for generics			
Generic	\$0			
Preferred	\$40			
Non-Preferred	60% to \$200			
Specialty	Formulary	\$100	\$200	<i>Subject to medical plan deductible.</i>
	Non-Formulary			
Mail Order	2 times retail co-pay for 90-day supply			

Coverage through the Joint Powers Trust requires the use of Billings Clinic for any facility based services. Services including, but not limited to, surgery, labor and delivery, high tech imaging, or hospitalization will ONLY be covered at Billings Clinic. Using any other facility will result in nonpayment of medical claims. In the event a patient is transferred to another facility during an emergency, services will be considered but transfer to Billings Clinic will be coordinated as soon as medically possible.

NEW – July 1, 2021

Pharmacy Benefit Manager (PBM) – SmithRx

Effective July 1, 2021, all members will receive their prescription medications through SmithRx.

- ▶ Best pricing on prescription drugs.
- ▶ Potential cost saving alternatives.
- ▶ Mail order options and forms.
- ▶ A record of Rx purchases under the LPS plan.

Visit www.mysmithrx.com or call **844-454-5201** for more information.

miBenefits

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? miBenefits, the secure member portal from EBMS, can help. Get immediate online access to health and wellness information.

GET STARTED:

- ▶ Go to www.ebms.com.
- ▶ Click “Login” in upper left corner.
- ▶ Click “Not a Registered User” and input information exactly as it appears on your ID card.
- ▶ Username must be an email address.



Dental Insurance

INSURED BY: DELTA DENTAL

We offer a choice between two dental plans. You can choose the Base Dental PPO or upgrade to the Buy-Up Dental PPO. Both plans are administered by MODA.

BENEFIT DESCRIPTION	PREVENTIVE COVERAGE		BUY-UP COVERAGE	
Deductible	\$50 Individual	\$150 Family	\$50 Individual	\$150 Family
Maximum Annual Benefit		\$500		\$1,500
Preventive Services		100%		100%
Basic		50%		80%
Major		0%		50% - no waiting period



Vision Insurance

INSURED BY: VSP

All employees and dependents enrolled in the medical plan are automatically enrolled in the vision plan.

BENEFIT DESCRIPTION		PREVENTIVE IN-NETWORK COVERAGE	BUY-UP IN-NETWORK COVERAGE	FREQUENCY OF SERVICE
Exam		\$10	\$10	12 months
Lenses (single, bifocal, trifocal, lenticular)		20% discount on lenses/frames 15% discount lens fitting and evaluation	Covered in Full after \$25 copay	12 months
Frames			\$130 allowance + 20% off balance	12 months
Contacts	Elective	Not available	\$130 allowance	12 months (in lieu of glasses)

Life and AD&D Insurance

INSURED BY: MUTUAL OF OMAHA

COVERAGE	
Life Amount	\$15,000
AD&D Amount	\$15,000
Benefit Reduction	75% at age 65 / 50% at age 70

*Paid for by Laurel Public Schools out of the base benefit.

Long-Term Disability Insurance

INSURED BY: MUTUAL OF OMAHA

COVERAGE	
Maximum Monthly Benefit	60% of pre-disability earnings up to \$5,000 per month
Elimination Period	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age

*Paid for by Laurel Public Schools out of the base benefit.

Voluntary Life and AD&D Insurance

INSURED BY: MUTUAL OF OMAHA

BENEFITS	EMPLOYEE	SPOUSE	DEPENDENT
Increments	\$10,000	\$5,000	\$1,000/\$5,000,\$10,000
Guarantee Issue	\$130,000	\$50,000	\$10,000
Benefit Maximum	\$500,000	\$250,000 (not to exceed 50% of employee amount)	\$10,000 (not to exceed 50% of employee amount)
Age Reduction	33%-70	33%-75	19 years/25 if full-time student

*Employee pays premiums.

Employee Rates

All rates are shown as 12-month payroll cycle deductions. Please contact the HR department for alternative payroll cycle calculations.

Laurel Public Schools contributes \$745 to each employee's benefit package. The contribution is applied in this order: base dental, base vision, basic life and AD&D, long term disability, with any remaining funds applying to medical premiums.

MEDICAL	HDHP 2800	TRADITIONAL (1500)
Single	\$721.54	\$835.23
Two Party	\$1,098.22	\$1,276.33
Employee + Child(ren)	\$1,055.78	\$1,225.60
Family	\$1,440.72	\$1,677.69
Medicare 1-Party	\$538.33	\$620.57
Medicare 2-Party	\$878.32	\$1,019.50
1 > 1 < 65	\$1,061.52	\$1,233.35

DENTAL	PREVENTIVE DENTAL	BUY UP DENTAL
Employee	\$18.30*	\$49.37
Employee + Spouse	\$35.75	\$95.34
Employee + Child(ren)	\$61.05	\$121.58
Employee + Family	\$78.51	\$167.55

* All premiums will be reduced by employee preventive dental rate.

VISION	PREVENTIVE VISION	BUY UP VISION
Employee	\$2.31*	\$14.51
Employee + Spouse	\$3.70	\$23.22
Employee + Child(ren)	\$3.78	\$23.70
Employee + Family	\$6.10	\$38.21

* All premiums will be reduced by employee preventive vision rate.

Health Savings Account

ADMINISTRATOR: AMERICAN FIDELITY

	2021	2022
Employee Only	\$3,600	\$3,650
Employee +1 or more	\$7,200	\$7,300
Age 55+ Catch-up Contribution	\$1,000	\$1,000

What is an HSA?

A Health Savings Account is an individually owned, earnings-bearing account to help pay for future qualified medical expenses with taxfree dollars.

Where do I open my HSA?

It is up to you to determine where you would like to open your Health Savings Account. Most banks have the option and if you choose your employer-sponsored program through American Fidelity, you can contribute to your HSA on a pre-tax basis through payroll deductions.

What expenses are eligible for reimbursement?

HSA dollars may be used for qualified medical expenses incurred by the account holder and his or her spouse and IRS dependents. Qualified medical expenses are outlined within IRS Section 213(d) which states that “the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.”



WHO QUALIFIES?

An HSA owner must be enrolled in an HSA-eligible High-Deductible Health Plan (HDHP). You cannot be enrolled in Medicare or another plan that is not qualified, or a tax dependent on someone else's taxes.



HOW DO I MANAGE MY HSA?

Your HSA is your account and the dollars are your dollars. Since you are the account holder, you manage your HSA account. You may choose when to use your HSA dollars or when not to use your HSA dollars. HSA dollars pay for any eligible medical expense.

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- ▶ COBRA premiums.
- ▶ Health insurance premiums while receiving unemployment benefits.
- ▶ Qualified long-term care premiums.
- ▶ Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals ages 65 and over.

Are dental and vision care considered qualified medical expenses under HSA?

Yes, as long as these are deductible under the current rules. For example, cosmetic procedures, like cosmetic dentistry, would not be considered qualified medical expenses.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20% tax penalty. The exception to this rule is if the account holder is over age 65, disabled, or upon death of the account holder.

When can I start using my HSA dollars?

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.

When do I contribute to my HSA account, and how often?

You, your employer, or others can contribute to your HSA account through payroll deductions or as a lump sum deposit. You can contribute as often as you like, provided you and your employer's total annual contributions do not exceed the contribution limits shown above.

What if I have HSA dollars left in my account at the end of the year?

The money is yours to keep. It will continue to earn interest and will be available for you and your healthcare costs next year. Any dollars left in your HSA account at year-end will automatically roll over.

What happens to my HSA dollars if I leave my employer?

The funds are yours to keep! It is your account and you manage it as you see appropriate.

Can I use my money in my account to pay for my dependents' medical expenses?

You can use the money in the account to pay for the medical expenses of yourself, your spouse, and your dependents. You can pay for expenses for your spouse and dependents even if they are not covered by your HDHP.

Who qualifies as a dependent?

A person generally qualifies as your dependent for HSA purposes if you claim them as an exemption on your Federal tax return. Please see IRS publication 502 for exceptions. www.irs.gov/pub/irs-pdf/

Can couples establish a "joint" account and both make contributions to the account, including "catch-up" contributions?

"Joint" HSA accounts are not permitted. Each spouse should consider establishing an account in his or her own name. This allows you to both make catch-up contributions when you are 55 or older.

Flexible Spending Account

ADMINISTRATOR: AMERICAN FIDELITY

Medical Flex Spending Accounts offer the opportunity to pay for known healthcare expenses on a pre-tax basis and is available to those that enroll in the Traditional PPO (not HSA qualified) Plan. The maximum annual contribution you can make to the medical FSA is \$2,750. The amount you choose to contribute is an irrevocable annual election without a qualifying event. The annual amount elected is deducted in equal installments via payroll on a pre-tax basis, but the entire amount is available at the beginning of each year. This is a use-it-or-lose-it account, so be sure to estimate your expenses accordingly.

Dependent Care Flex offers the opportunity to pay for qualified daycare on a pre-tax basis in the same fashion as the medical FSA. The maximum annual contribution to this account is \$5,000. The purpose is to allow you to pay for qualified child care, elder care or handicapped dependent care required while you or your spouse are employed. This is also a use-it-or-lose-it plan.

REMINDER: Debit card users are still required by the IRS to submit proof of flex claims:

Visit www.AmericanFidelity.com/MyMoneyFaster to learn more about:

- ▶ Submitting flex claims online.
- ▶ Submitting receipts for debit card swipes (IRS requirements).
- ▶ Getting your flex reimbursements faster.
- ▶ Learn more about all your flex plan options.

Voluntary Benefits

ADMINISTRATOR: AMERICAN FIDELITY

American Fidelity offers the following voluntary benefits:

- ▶ Short Term Disability
- ▶ Long Term Disability
 - » Only for benefit-eligible employees not covered by the Mutual of Omaha group long term disability policy.
- ▶ Long Term Care
- ▶ 403B Annuities
- ▶ Cancer
- ▶ Accident



Employee Assistance Program (EAP)

ADMINISTRATOR: MUTUAL OF OMAHA/SAPPHIRE RESOURCE CONNECTION

You and your household dependents have access to confidential counseling at no cost to you through the employer sponsored Employee Assistance Programs. The programs are there to assist you with personal concerns such as stress, anxiety, grief, relationship and family counseling.

Mutual of Omaha

(800) 316-2796

www.mutualofomaha.com/eap

- ▶ 24/7 hotlines
- ▶ 3 in-person counseling visits per household per year

Sapphire Resource Connection

(406) 240-9118

www.sr-connection.com

- ▶ 24/7 hotlines
- ▶ 4 in-person counseling visits per person per year



Employees can utilize benefits from both vendors in the same calendar year, providing up to 7 visits if both vendors approve services.

Health & Wellness Clinic

ADMINISTRATOR: MICARE

Your clinic will provide quality and convenient health care at no cost to you for you and your dependents that are covered on the traditional plan or for a low cost if you are on the HDHP plan.

The miCare Health and Wellness Clinic allows you to make 20-minute appointments with no waiting, no paperwork, and no hassle - just care, when you need it. The clinic is staffed by Primary Care Providers to help take care of your health needs.

Traditional Plan

miCare Services = No Charge, No Copay

Primary Care

- ▶ Ordinary and routine care
- ▶ Follow up visits
- ▶ Lab testing

Acute Care

- ▶ Strains/sprains/ injuries
- ▶ Urinary complaints
- ▶ Abdominal or chest pain
- ▶ Sore throat/ear pain/ headache
- ▶ Flu or cold symptoms
- ▶ Sinus problems or allergic responses

Chronic Disease Diagnosis & Management

- ▶ High blood pressure
- ▶ High cholesterol
- ▶ Diabetes
- ▶ Asthma
- ▶ Obesity



The below listed wellness services are provided free of charge for both Traditional and the HDHP plan by micare:

- ▶ Health risk assessment
- ▶ Comprehensive blood analysis (biometrics)
- ▶ Immunizations (limited to flu shots, TDAP, etc.)
- ▶ Smoking cessation
- ▶ Annual physicals
- ▶ Sports physicals
- ▶ Annual well-woman exam
- ▶ Contraceptive counseling
- ▶ HPV and HIV screening

MICARE CONTACT INFORMATION

miCare
410 Colorado Ave
Laurel, MT 59044
(866) 888-8035

Minor Surgical Procedures

- ▶ Mole or skin tag removal
- ▶ Sutures
- ▶ Ingrown toenail removal

HDHP Plan

All services outside of Wellness Services listed above are subject to the following co-pays:

\$8.00 Lab* / \$35.00 Office Visit*

- ▶ Primary care
- ▶ Acute care
- ▶ Chronic disease diagnosis and mgmt
- ▶ Minor surgical procedures

Co-pay due at time of visit - cash, check, debit/credit card payments accepted. Appointments requiring a copay must be made at the Laurel miCare clinic only.

**Applies to your EBMS deductible.*

Clinic Hours

Monday: 11am - 2pm

Thursday: 7am - 10am

Wednesday: 3pm-6pm

Friday: 12pm - 3pm

miCare does NOT provide the following services: Obstetrics, Chronic Pain Management, Radiology/X-rays, Mammograms, Emergency Care, Work Comp, Allergy testing, Physical therapy.

* Prescriptions are subject to Plan Benefits and Co-Pays

** Please note the abbreviated lists above are not comprehensive and questions regarding services can be directed to your Laurel Public Schools miCare clinic at (406) 628-3340.

Accessing miCare Health and Wellness Clinic

ADMINISTRATOR: MICARE

The miCare Health and Wellness Clinic is an on-site clinic sponsored by your employer, Laurel Public Schools.

You can schedule 20-minute appointments and receive any primary care services available at other Family Practice clinics.



How to Schedule an Appointment

1. Go to www.EBMS.com
2. Click on the “Login” tab.
3. Enter your username and password.
4. Click the “miCare” box towards the bottom, left-hand side of the page.
5. Select the appropriate member for the appointment (for employees it will link automatically).
6. Select the reason for your visit from the drop-down box.
7. Select the date and time to display available appointments.
8. Enter details about your symptoms, if desired.
9. If you would like an email or text reminder, select corresponding boxes.
10. Click “Confirm” to book your appointment.
11. If you do not have online access or have difficulties scheduling an appointment, please contact your HR department or call (866) 888-8035 for assistance. Additionally, you can reach Laurel Public Schools’ miCare at 406-628-3340.

Making an Appointment for a Dependent Child

When making an appointment for your dependent child, log in to www.EBMS.com using your username and password. Click on the miCare link and then select the dependent for which you would like to make the appointment for. You may also call toll free at (866) 888-8035.

NOTE: HIPAA regulations require that your spouse and dependent children over the age of 18 receive their own username and password. All of this information will be mailed to you as separate documents.

Contact Information

Questions regarding any
of this information can be directed to:

LAUREL PUBLIC SCHOOLS
BENEFIT ADMINISTRATION

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