

A large landscape photograph serves as the background for the right side of the page. It depicts a calm body of water in the foreground, with tall green and yellow reeds along the shoreline. In the background, there are rolling hills and mountains under a blue sky with scattered white clouds. A dark red horizontal bar is positioned over the middle of the image, containing the title text.

EMPLOYEE ENROLLMENT GUIDE 2022-2023

Medical
Dental
Vision
Life and AD&D
Voluntary Accident
Voluntary Critical Illness
Voluntary Short Term Disability
FSA & HSA
Wellness

**Prepared by
PayneWest Insurance**

Medical, Dental, & Vision Insurance

Insured by: Blue Cross Blue Shield of Montana (BCBSMT)

Benefit Description		Option 1 *Plan Changes - New Deductible* \$2,000 Traditional	Option 2 \$5,000 HDHP	Option 3 *Deductible Change* \$7,050 HDHP
Deductible - Embedded (plan year)		\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family	\$7,050 Individual \$14,100 Family
Coinsurance (deductible applies)		70/30%	100%	100%
Out of Pocket Max (includes deductible)		\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family	\$7,050 Individual \$14,100 Family
Office Visit		Office Visit Copay Primary Care Physician: \$50 Specialist: \$100 Urgent Care: \$75	Deductible Applies	Deductible Applies
Virtual Visits	MDLIVE	\$40 Copay	\$44 Copay	\$44 Copay
	Behavioral Health (counseling)	\$80	\$80	\$80
Adult and Well Child Preventive Care		Covered 100%; Deductible Waived		

Prescription Benefits

Generic	Covered 100%	Generic: Applies to Deductible then Covered 100% Preventive Generic: Covered 100%
Formulary	Deductible + 20%	Preventive: \$40 Copay
Non-Formulary	Deductible + 20%	Preventive: 50% Copay

Vision (Must be enrolled in health plan to receive vision benefits)

Benefits	75% of all services up to \$250 annual benefit per individual
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Dental (Reimbursement plan administered by Bozeman School District)

Benefits	100% of the first \$200; 50% up to a maximum of \$800
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New Expanded Preventive prescriptions covered on Plans 2 & 3. Thyroid, Migraine, Ulcer & Estrogen.
***Specific medications covered - contact BCBS CS to confirm medication coverage.**

MDLIVE Virtual Visits

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor, who is available 24/7/365, or schedule an appointment at a time that works best for you.

Virtual visits doctors can treat a variety of health conditions, including:

- Allergies
- Asthma
- Cold/flu
- Ear problems (age 12+)
- Fever (age 3+)
- Nausea
- Pink eye
- Rash
- Sinus infections

Talk Therapy

Speak with a licensed counselor, therapist or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma and loss or relationship problems.

Activate your account or schedule a virtual visit

- Go to Blue Access for MembersSM or MDLIVE.com/bcbsmt.
- Download the MDLIVE app from Apple's App StoreSM or Google PlayTM.
- Call MDLIVE at (888) 684-4233.
- Text BCBSMT to 635-483 (MDLIVE's online assistant Sophie will help you activate your account).

BCBS Blue Access for Members (BAM)

Your Online Resource

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? BAM, the secure member portal from Blue Cross Blue Shield of Montana, gives immediate online access to health and wellness information.

Getting Started with BAM by visiting <https://www.bcbsmt.com/member>

1. Click the Register Now button in the BAM section. Click the Member Online Services link for registration information.
2. Use the information on your BCBS ID card to complete the registration process.

Group Life Insurance

Insured by: Mutual of Omaha

	Life and AD&D Benefit Amount
Administrators	3 times annual salary up to \$500,000
Certified Drivers & Education Staff	\$80,000
Certified Staff Working More Than Half Time	\$50,000
Certified Staff Half Time or Less	\$25,000
Classified Staff Half Time or More	\$20,000

This policy is at no cost to the employee and they designate the beneficiary. Please update your beneficiary online if necessary.

Voluntary Life Insurance

Insured by: Mutual of Omaha

Benefits	Employee**	Spouse	Child(ren)
Increments	\$10,000	\$5,000	\$2,000
Benefit Maximum	\$500,000	\$250,000	\$25,000
Guarantee Issue*	\$200,000	\$50,000	\$25,000

*Guarantee issue amounts listed (employee, spouse, children) are for new hires within 31 days of hire.

Established employees have the ability to increase their existing coverage by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change. **Amounts over the Guarantee Issue will require evidence of insurability for medical underwriting.

Reminder: Don't forget to add or update your life insurance beneficiary information.

Voluntary AD&D Insurance

Insured by: Mutual of Omaha

This accidental death and dismemberment (AD&D) insurance plan offers protection on a worldwide basis against any covered accident in the course of business or pleasure, whether on or off the job, or in or away from home. This protection is available 24 hours a day, everyday.

This accidental death and dismemberment (AD&D) insurance plan benefits are payable if you (or your dependent, if covered) are injured as a result of an accident, the injury is independent of sickness and all other causes, and a loss occurs within 365 days after the date of the accident. See the enclosed life benefit packet for additional information.

Benefits	Employee	+ Spouse & Child(ren)	+ Spouse Only	+ Child(ren) Only
Benefit Minimum	\$10,000	Spouse Benefit: \$5,000 Increments up to \$250,000 Child Benefit: 10% of Employee's benefit	\$5,000 up to \$250,000 (Cannot exceed 100% of Employee amount)	10% of Employee's benefit
Benefit Maximum	\$500,000 (up to 10x salary)			
Increments	\$10,000			

Voluntary Critical Illness, Voluntary Accident & Voluntary Short Term Disability

Insured by: Mutual of Omaha

These lines are all voluntary, which means if you wish to enroll yourself and your family members, you pay the premium to do so. Please review the provided information below, as well as the additional slicks provided with your open enrollment materials. Representatives from Mutual of Omaha will be available during the upcoming webinars to answer questions and provide additional education.

Voluntary Accident

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or a covered family member may sustain due to an accident either on or off the job (examples: cuts, broken bones, burns, ER visits, etc). This benefit can be used to pay for out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work. This plan does not coordinate with your medical plan and you can use the funds to cover out of pocket expenses or any other household need you may have. As an active employee, you may purchase this insurance for yourself, and your immediate family members.

Please review the accident policy document included in your open enrollment packet for benefits payable under this policy.

Voluntary Critical Illness

As an active employee of Bozeman School District No. 7, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company. A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit may be used to pay out-of-pocket expenses or to supplement your daily cost of living.

If you did not elect Critical Illness when first eligible or you wish to increase your coverage, you can elect for 9/1/2022, but a 6/12 pre-existing exclusion will apply.

Please review the critical illness document included in your open enrollment packet for benefits payable under this policy.

Voluntary Short Term Disability

Short Term Disability (STD) replaces part of your income (Employees of BSD are eligible to participate - family members are not) if you are injured or ill and are not able to work for a period of time. Surgeries, extended illnesses, maternity (the time when you are deemed 'disabled' by your doctor and cannot work after pregnancy) are all qualifying medical conditions for which you would receive this benefit.

STD has a 14 day waiting period prior to paying any benefit. During this time, you will use any paid leave available within your BSD7 leave banks. If you still have BSD7 leave time available (once STD begins the 60% of salary payment) you will continue to use your BSD7 leave banks to account for the additional 40% of your salary. Once your doctor signs off on your medical form that you can return to work, STD will cease payment, even if you extend your time off.

If you did not elect Short Term Disability when first eligible, you can elect for 9/1/22, but a 3/6 pre-existing exclusion will apply.

If you are covered under the Family Medical Leave Act (FMLA) while utilizing your STD, the District will continue to pay their portion of all health and dental benefits during this time.

If you DO NOT qualify for FMLA while you're utilizing your STD, you will be responsible to pay both your portion and the District's portion of the health and dental premiums while on leave. Because the STD benefit is not paid by Bozeman School District, it is considered a leave without pay status.

Tax Advantaged Accounts

Flexible Spending Account

Must be elected or declined for 9/1/22 through the online enrollment portal.

Flexible Spending Accounts (FSA) provide employees with an important tax advantage that can help pay medical care expenses on a pre-tax basis. An FSA can help lower taxable income by anticipating health care costs for the next plan year and electing to place that money in this account. The maximum amount you can contribute in a year is \$2,850. A healthcare payment card, similar to a credit card, can be utilized with this account at qualified merchants. Explanation of Benefits or invoices still need to be submitted for proof of claim. This is a use-it-or-lose-it plan.

Dependent Care Account

Must be elected or declined for 9/1/22 through the online enrollment portal.

The purpose of a Dependent Care Flexible Spending Account is to allow payment for child care, elder care or handicapped dependent care required for any employees or dependents on a pre-tax basis. The maximum amount you can contribute in a year is \$5,000 per household. This is a use-it-or-lose-it plan.

Health Savings Account

A Health Savings Account (HSA) is available for eligible employees enrolled in a High Deductible Health Plans (HDHP). Under the HSA, pre-tax contributions are placed into an employee's account to allow payment for out-of-pocket eligible expenses for medical, prescription, dental, and vision costs. A healthcare payment card, similar to a credit card, can be utilized with this account at qualified merchants.

Contribution Limits	2022	2023
Individual Employee	\$3,650	\$3,850
Employee + 1 or more	\$7,300	\$7,750
Age 55+ Catch-up	\$1,000	\$1,000

What is an FSA?

Click on the blue link below or scan the QR code to view the video

[What is an FSA Video](https://www.connectyourcare.com/resource/what-is-fsa-video)  (<https://www.connectyourcare.com/resource/what-is-fsa-video>)



BenefitHub - Discount Marketplace

Click on the blue link below to view the web page.

[BenefitHub - Discount Marketplace](https://paynewestrewards.benefithub.com)  (<https://paynewestrewards.benefithub.com>)

A WORLD OF DISCOUNTS IS WAITING.

SAVE BIG EVERY DAY.

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

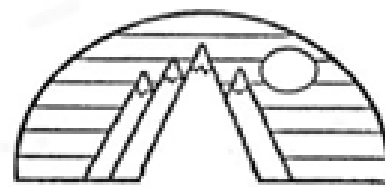
- » Travel
- » Auto
- » Electronics
- » Apparel
- » Local Deals
- » Education
- » Entertainment
- » Restaurants
- » Health and Wellness
- » Beauty and Spa
- » Tickets
- » Sports & Outdoors



Earn up to \$400 through Wellness!

Complete the wellness program knowledge quiz - \$25.00

- Watch the educational Wellness video, and complete the Wellness quiz with 100% accuracy during the month of September.
- Any employee eligible for insurance, and any spouse on the District health insurance may participate.
- This Educational Quiz is not mandatory in order to be eligible for the incentive plans.



**Wellness for Peak Performance
Bozeman Public Schools**

Incentive Level #1 – Documentation of Preventive Wellness Exam

Participation Requirements

- Any employee and/or spouse on the District medical plan must complete and return the Total Health Management (THM) form and BCBS consent form to BCBS of MT no later than **April 30, 2023**.
- Any employee eligible for the District's health insurance but not enrolled in the District health plan must submit the preventive check-up affidavit (signed by their doctor) to the Benefit & Wellness Coordinator no later than **April 30, 2023**.

Annual Incentive Breakdown

- 1st Year – WORTH \$250.00 (One time)
- Consecutive Years - WORTH \$175.00
- Every 5th Consecutive Year – WORTH \$275.00 (\$175.00 + \$100.00 Bonus)
- Non-Consecutive Years of Participation – WORTH \$150.00

Payable on:

- If the preventative wellness exam form is submitted between May 1, 2022 – November 30, 2022, the incentive will be paid on the December 2022 payroll.
- If the preventive wellness exam form is submitted between December 1, 2022 – April 30, 2023, the incentive will be paid on the June 2023 payroll. No forms will be accepted after April 30, 2023.

Incentive Level #2 - \$100.00 – Point Model Participation

Any employee and/or spouse on the District medical plan is eligible if they have completed the following:

- Complete Incentive Level #1 – Total Health Management Form
- Complete and return the affidavit for exercise level and tobacco use by April 30, 2023
- Accrue 200 points by April 30, 2023 – See point model below
- Payable on the June 2023 payroll

Program Incentive Offerings	Points
Lipid Panel Blood Draw	50
Level 1 – Exercise minimum of three (3) days per week or Level 2 – Exercise five (5) or more days per week	50 or 75
Non-tobacco user or Tobacco Cessation program	50
Attend the Health Fair	30
Attend Wellness event(s) – 10 pts/event (limit 2) BSD sponsored wellness events put on thru the District Wellness program OR other Wellness related events that are completed on an individual basis. Confirmation of participation in the individual events is required on the spring wellness affidavit (example: registration form, receipt, facilitator signature).	20 (max)
Register for MDLive	10
Blood Pressure/Temperature/O2 Check 5 points/check (limit 2)	10 (max)
Total (200 points required):	

Wellness For Peak Performance Bozeman Public Schools

If you meet any of the following criteria, you are eligible to participate:

- All Administrators, Professionals, and Certified employees
- Classified employees with .5 FTE or higher
- Spouses of Employees that are currently enrolled in the District Medical Insurance
- Retirees and their Spouses that are on the District Medical Insurance

Important Notice:

Bozeman School District Wellness Program is a voluntary wellness program available to eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a preventive annual exam with a Primary Care Provider. You are not required to complete the medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$150-\$275 for completing an annual preventive exam. Although you are not required to complete annual preventive exam, only employees who do so will receive the \$150-\$275 incentive.

Additional incentives of up to \$125 may be available for employees who participate in certain health-related activities pertaining to educational quizzes, and the points model. If you are unable to participate in any of the health-related activities or to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Danni Anderson at danni.anderson@bsd7.org.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Bozeman School District may use aggregate information it collects to design a program based on identified health risks in the workplace Total Health Management will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Danni Anderson at danni.anderson@bsd7.org.

***Exercise -** For substantial health benefits, www.health.gov recommends adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate – and vigorous – intensity aerobic activity.

Please Note - this form is for personal use to help keep track of your point total - do not send to wellness for verification.

Plan Administrators

Click on the links below to open the website or send an email.

 BlueCross BlueShield of Montana	Medical	Blue Cross Blue Shield of Montana (800) 447-7828 https://www.bcbsmt.com
	Virtual Visits	MDLIVE (888) 684-4233 http://MDLIVE.com/bcbsmt
	Group Life Voluntary Life Voluntary Critical Illness Voluntary Accident Voluntary Short Term Disability Travel Assistance Employee Assistance Program	Mutual of Omaha (800) 655-5142 pacnw.service@mutualofomaha.com
	Flexible Spending Account (FSA)	ConnectYourCare (877) 292-4040 https://www.connectyourcare.com
	Health Savings Account (HSA)	First Security Bank (800) 555-3800 208 E. Main Street Bozeman, MT 59715
	Budget & Risk Management Coordinator Dental/Vision Administrator	Bozeman School District Danni Anderson (406) 522-6046 danni.anderson@bsd7.org
 A Marsh & McLennan Agency LLC company	Benefit Contact	PayneWest Insurance Becky Byrne <i>Benefit Consultant</i> Beth Wardell <i>Client Manager</i> (406) 327-6427 bwardell@paynewest.com

Disclaimers

- This information is only a summary of benefits and does not supersede the actual summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.
- All eligible employee contributions will be deducted on a pre-tax basis unless otherwise requested.
- Premiums deducted on a pre-tax basis can not be changed except during the open enrollment period unless the employee experiences a qualifying event.
- Employees who do not request a change in their coverage will be automatically re-enrolled in the coverage closest to the existing coverage with corresponding payroll deductions as shown.