



# Benefit Enrollment Guide

## 2024



# Table of Contents

A Message from HR at Kalispell Public Schools	3
Eligibility/Open Enrollment	4
Medical Insurance	6
Dental Insurance	8
Vision Insurance	9
Basic Life and Admin Life Insurance	10
Long Term Disability	10
Supplemental Life and AD&D Insurance	10
Medical, Dental, Vision, and Life Rates	11
Critical Illness Insurance	12
Accident Insurance	12
Health Savings Account (HSA)	13
Flexible Spending Account (FSA)	13
Tier 1: Consumer Choice Providers	14
Tier 1: Consumer Choice Providers	15
Medical Network Providers	16
What Are My Options for Care	17
Benefit Resources	18



## A Message from HR at Kalispell Public Schools

At Kalispell Public Schools we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view our benefit plans by accessing our website at <https://www.sd5.k12.mt.us/staff/hr-benefits-insurance>.



# Eligibility/Open Enrollment

## Eligible Employees:

You may enroll in the Kalispell Public Schools Employee Benefits Program if you work 20 hours or more a week at Kalispell Public Schools.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

## When Coverage Begins:

The effective date for your benefits is July 1, 2024. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family qualifying event. Plan year is July 1<sup>st</sup> to June 30<sup>th</sup>.

## Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

**EVERYONE MUST ENROLL OR WAIVE COVERAGE** if you work 20 hours or more each week! You will need to enroll, waive, or make changes to your benefits on the BenefitElect site from May 1<sup>st</sup> to May 15<sup>th</sup>, 2024, at 4:00 PM. Late enrollments cannot be accepted.



## Special Enrollment

### Qualifying Events:

A qualifying event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of some qualifying events include:

- Change of legal marital status (i.e., marriage, domestic partnership, divorce, death of spouse, legal separation dissolution of domestic partnership.)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)
- Loss of Coverage (i.e., Medicaid, spouse's plan, marketplace)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please email documentation with dates of your life event to HR.

# Medical Insurance

## Medical Benefits

Kalispell Public Schools has two plan options to choose from. A benefit eligible employee has the choice to elect a Traditional Health Plan or a High Deductible Health Plan with an optional Health Savings Account (HSA).

The medical plan is bundled with dental and life plans. If you enroll in the medical, then you automatically get dental coverage and the life benefit of \$15,000 life coverage on you.



Kalispell Public Schools medical program is with Allegiance and pharmacy is with Providence.

	Allegiance	
	Traditional Plan	High Deductible Health Plan (HDHP)
Annual Deductible		
Individual	\$3,000	\$3,200
Family	\$6,000	\$6,400
Coinsurance	Tier 1 – 90/10 after deductible Tier 2 – 70/30 after deductible Tier 3 – 50/50 after deductible	
Maximum Out-of-Pocket*		
Individual	\$6,000	\$6,000
Family	\$12,000	\$12,000
Office Visits (physician/chemical dependency/mental illness)		
Preventative and Well Child Care	\$0 for ACA Preventive Care for in-network providers No Benefit if Out-of-Network	\$0 for ACA Preventive Care for in-network providers No Benefit if Out-of-Network
Prenatal Care	\$25 Co-pay, Deductible Waived *\$0 Copay for Greater Valley	Deductible Applies, 90/70/50 Coinsurance
Primary Care	\$25 Co-pay, Deductible Waived *\$0 Copay for Greater Valley and \$10 Copay for Glacier Medical	Deductible Applies, 90/70/50 Coinsurance
Urgent Care	\$35 Co-pay, Deductible Waived *\$25 Copay for MedNorth Urgent Care	Deductible Applies, 90/70/50 Coinsurance
Specialty Care	\$100 Co-pay, Deductible Waived	Deductible Applies, 90/70/50 Coinsurance
Mental Health/Chemical Dependency	First three visits paid 100%, \$25 Copay Thereafter *\$0 Copay for Greater Valley	Deductible Applies, 90/90/50 Coinsurance
Emergency Room	\$250 Co-Pay, Deductible Applies, 70/30 Coinsurance	Deductible Applies, 70/30 Coinsurance
Autism Spectrum Disorders		
Deductible, benefit percentage	First three visits paid 100%, \$25 Copay Thereafter	Deductible Applies, 90/70/50 Coinsurance
Chemical Dependency (inpatient)		
Deductible, benefit percentage	Deductible Applies, 90/90/50 Coinsurance	Deductible Applies, 90/90/50 Coinsurance
Chiropractic/Acupuncture/Massage Visits & Chiropractic X-rays		
Deductible, benefit percentage	\$25 Copay, Deductible Waived	Deductible Applies, 90/70/50 Coinsurance
Maximum visits per benefit period (combined)	25	25
Chiropractic X-Rays (Limit of \$100)	Deductible Waived, 100%	Deductible Applies, 90/70/50 Coinsurance

## Allegiance

	Traditional Plan	High Deductible Health Plan (HDHP)
<b>Diagnostic Imaging</b>		
X-ray and Ultrasound Procedures	\$50 Co-pay, Deductible Waived, 90/70/50 Coinsurance <b>*\$0 for Big Sky Mobile if ordered at Greater Valley</b>	Deductible Applies, 90/70/50 Coinsurance
CT, MRI, and PET Scans	\$250 Co-pay, Deductible Waived, 90/70/50 Coinsurance <b>*\$0 for Big Sky Diagnostic if ordered at Greater Valley</b>	Deductible Applies, 90/70/50 Coinsurance
<b>Home Health/Hospice Care</b>		
Deductible, benefit percentage	Deductible Applies, 90/70/50 Coinsurance	Deductible Applies, 90/70/50 Coinsurance
<b>Hospital Services</b>		
Deductible, benefit percentage	Deductible Applies, 90/70/50 Coinsurance <b>*\$0 for NW Specialty Hospital</b>	Deductible Applies, 90/70/50 Coinsurance
<b>Lab Work</b>		
Diagnostic Lab	Deductible Applies, 90/70/50 Coinsurance <b>*\$0 for Greater Valley and \$10 Copay for Glacier Medical</b>	Deductible Applies, 90/70/50 Coinsurance
<b>Mental Illness (inpatient)</b>		
Deductible, benefit percentage	Deductible Applies, 90/90/50 Coinsurance	Deductible Applies, 90/90/50 Coinsurance
<b>Pharmacy Benefits (Providence)</b>		
Preventive Drugs	Covered in full if on Preventive Drug List	Covered in full if on Preventive Drug List
Mail Order: 90 Day Retail	3x Retail Price for 30 days <b>*\$0 if filled at Skyes Pharmacy</b>	Deductible Applies, 90/70/50 Coinsurance
Retail Generic	The lesser of the charge or \$10 <b>*\$0 if filled at Skyes Pharmacy</b>	Deductible Applies, 90/70/50 Coinsurance
Retail Brand: Preferred (Formulary) & Non-Preferred (Non-Formulary)	50% up to \$100 / 50% up to \$150 <b>*\$0 if filled at Skyes Pharmacy</b>	Deductible Applies, 90/70/50 Coinsurance
Specialty: Preferred (Formulary) & Non-Preferred (Non-Formulary)	50% up to \$250 / 50% up to \$400 <b>*\$0 if filled at Skyes Pharmacy</b>	Deductible Applies, 90/70/50 Coinsurance
<b>Preventive Services</b>		
Preventive Office Visit <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>	Covered in full	Covered in full if in-network. No Benefit if out-of-network.
Immunizations <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>	Covered in full	Covered in full if in-network. No Benefit if out-of-network.
<b>Rehabilitation Services/Physical, Speech, Occupational Therapy</b>		
Physical, Speech, Occupational Therapy, Cardiac rehabilitation	\$25 Copay, Deductible Waived	Deductible Applies, 90/70/50 Coinsurance

Allegiance Customer Service: Customer Care for Kalispell Public Schools is available from 6:00 am to 5:00 pm Monday through Friday MST, toll-free at 1-855-999-2261.

Allegiance Website: [www.askallegiance.com/KPS](http://www.askallegiance.com/KPS)

Providence Customer Service: If you have questions about your pharmacy benefits, please contact Providence directly at 1-877-216-3644.

Providence Website: [www.providencehealthplan.com/pharmacy](http://www.providencehealthplan.com/pharmacy)

Care Received Outside the Service Area: The Cigna Provider Network is provided for plan participants and/or their dependents who live or work outside of Montana. You may contact Allegiance at [www.askallegiance.com/KPS](http://www.askallegiance.com/KPS) or by phone at 1-855-999-2261 for questions.



# Dental Insurance

## Dental Benefits

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. Kalispell Public Schools dental program is with MetLife.

You may receive dental care from the licensed dentist of your choice, but you'll receive the highest level of benefits if you select a contracted dentist who has agreed to provide services at a negotiated rate. If you use a dentist that is not contracted with MetLife, they may bill you for the difference between what MetLife pays them and what the dentist usually charges.

	MetLife
Deductible (per benefit period beginning 07/01)	
Individual	\$50
Family	\$150
Benefit Maximum (per benefit period beginning 07/01)	
Per Person	\$1,500
Covered Services	
Preventive Services (Cleanings, Exams, X-rays, and Fluoride Treatments)	100%
Basic Services (Example – Fillings)	Deductible, 80%
Major Services (Example – Root Canals)	Deductible, 50%
Orthodontia	Not Covered

MetLife Customer Service: 1-800-275-4638.

MetLife Website: [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

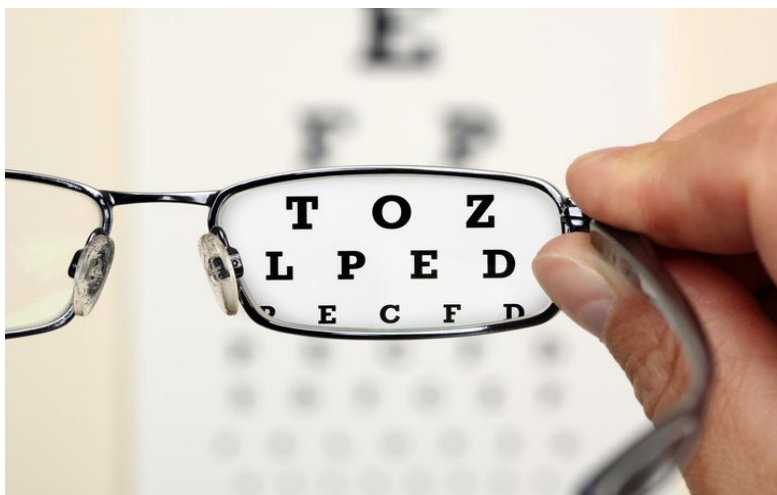
# Vision Insurance

## Vision Benefits

Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

You may receive vision care from the licensed provider of your choice, but you'll receive the highest level of benefits if you select a contracted provider who has agreed to provide services at a negotiated rate.

Kalispell Public Schools vision program is with Allegiance.



	Allegiance
Covered Services	
Exam (once every 12-months based on date of service)	100% up to \$100
Frames (once every 24-months based on date of service)	\$350 Allowance
Lenses (once every 12 months based on date of service)	
Contacts	

Allegiance Customer Service: Customer Care for Kalispell Public Schools is available from 6:00 am to 5:00 pm Monday through Friday MST, toll-free at 1-855-999-2261.

Allegiance Website: [www.askallegiance.com/KPS](http://www.askallegiance.com/KPS)





## Basic Life and Admin Life Insurance

All employees that enroll in the Medical and Dental Plans are automatically enrolled in the Basic Life Plan and get \$15,000 of life and AD&D.

Administrators, IT, and Non-Union Employees are automatically enrolled in the Admin Life Plan and get \$115,000 of life and AD&D.

Kalispell Public Schools Life Insurance is with National Insurance Services.

Basic Life	Coverage	Employer Rate
Employee	\$15,000	\$1.85 12 Month Rate \$2.22 10 Month Rate

Admin Life	Coverage	Employer Rate
Admin, IT, & Non-Union Employees Only	\$115,000	\$14.15 12 Month Rate \$16.98 10 Month Rate

## Long Term Disability

Administrators and KEA Employees are automatically enrolled in Long Term Disability (LTD). LTD provides income replacement to an employee that is unable to work due to an injury or illness. LTD is with National Insurance Services.

Basic Life	Coverage	Employer Rate
Employee	\$15,000	\$1.85 Monthly \$2.22 10 Month Rate

Admin Life	Coverage	Employer Rate
Admin, IT, & Non-Union Employees Only	\$115,000	\$14.15 Monthly \$16.98 10 Month Rate

## Supplemental Life and AD&D Insurance

Benefit-eligible employees have the opportunity to enroll in additional voluntary life insurance and AD&D policies.

Premiums are based on the age of the employee and coverage amount elected and are processed through payroll deduction.

Kalispell Public Schools Life Insurance is with National Insurance Services.

	Coverage Available	Guaranteed Issue Amount
Employee	\$10,000 increments to a maximum of \$500,000; not to exceed 5 times Annual Salary	\$150,000 if under 70; \$75,000 if age 70 or over at initial enrollment.
Spouse	\$10,000 increments to a maximum of \$250,000; not to exceed 100% of Employee Supplemental Life amount	\$30,000
Children	\$2,000 increments to a max of \$10,000	\$10,000

National Insurance Services: Customer Care is 1-800-627-3660.

NIS Website: [MNLCustomerCare@madisonlife.com](mailto:MNLCustomerCare@madisonlife.com)

# Medical, Dental, Vision, and Life Rates

Monthly payroll deductions are shown here. Those that have coverage all year starting in July will have a 10-month rate and anyone that started after July will have a 12-month rate.

Allegiance Medical – 10 Month Rates		
	Traditional Plan	High Deductible Health Plan (HDHP)
Employee	\$152.40	\$152.40
Employee & Spouse	\$617.84	\$617.84
Employee & Child(ren)	\$588.42	\$588.42
Employee & Spouse & Child(ren) (Family)	\$853.20	\$853.20

Allegiance Medical – 12 Month Rates		
	Traditional Plan	High Deductible Health Plan (HDHP)
Employee	\$127.00	\$127.00
Employee & Spouse	\$514.87	\$514.87
Employee & Child(ren)	\$490.35	\$490.35
Employee & Spouse & Child(ren) (Family)	\$711.00	\$711.00

MetLife Inc. Dental		
	10 Month Rates	12 Month Rates
Employee	\$0.00	\$0.00
Employee & Spouse	\$30.58	\$25.48
Employee & Child(ren)	\$28.27	\$23.56
Employee & Spouse & Child(ren) (Family)	\$43.55	\$36.29

Allegiance Vision		
	10 Month Rates	12 Month Rates
Employee	\$15.42	\$12.85
Employee & Spouse	\$24.65	\$20.54
Employee & Child(ren)	\$25.22	\$21.02
Employee & Spouse & Child(ren) (Family)	\$40.72	\$33.93

Life \$15,000 Coverage – For those enrolled in the Medical and Dental Plans		
	10 Month Rates	12 Month Rates
Employee	\$0.00	\$0.00
Employee & Spouse		
Employee & Child(ren)		
Employee & Spouse & Child(ren) (Family)		

Admin Life \$115,000 Coverage – For Admin, IT, and Non-Union		
	10 Month Rates	12 Month Rates
Employee	\$0.00	\$0.00
Employee & Spouse		
Employee & Child(ren)		
Employee & Spouse & Child(ren) (Family)		

# Critical Illness Insurance

## Critical Illness Benefits

Critical Illness Insurance provides additional coverage for covered major medical conditions that often incur greater than average medical costs, such as heart attacks, strokes, or kidney failure. These policies pay out an elected flat dollar amount to help cover these costs. All benefit-eligible employees may elect a critical illness policy and receive up to the guaranteed issue amounts for enrolled members and family. Covered conditions must be either experienced or diagnosed after the effective date of insurance. Premiums are processed through payroll deduction.

	Monthly Rates
Employee	\$11.38
Employee/Spouse	\$17.71
Employee/Dependent	\$14.05
Employee/Spouse/Dependent	\$20.06



# Accident Insurance

## Accident Benefits

Accident Insurance helps protect against the financial burden that accident-related costs can create. Claim payments are separate from the medical plan and processed in flat amounts based on services incurred during a covered accident.

For example, if a covered member experiences a covered accident and seeks care through an ER visit, there is eligibility for \$250 in reimbursement. All benefit-eligible employees may elect accident insurance. Enrollment is a guaranteed issue (no medical questions) with no required waiting period and premiums are processed through payroll deduction.

	Monthly Rates
Employee	\$4.27
Employee/Spouse	\$8.70
Employee/Dependent	\$11.53
Employee/Spouse/Dependent	\$17.81

NABCO: Customer Care is 1-800-537-4565.

NIS Website: <https://nabenefits.com/>

# Health Savings Account (HSA)

## HSA Benefits

A Health Savings Account is an account funded to help you save for future medical expenses. Unused HSA funds rollover from year to year and remain with the employee. Any adult can have an HSA if they:

- ✓ Are not enrolled in Medicare.
- ✓ Have coverage under an HSA-qualified, High deductible health plan.
- ✓ Cannot be claimed as dependent on someone else's tax return.
- ✓ Have no other first-dollar medical coverage. Other types of insurance, such as specific injury or accident, disability, dental care, vision care, or long-term care, are permitted.

Contribution Limits	2024
Employee Only	\$4,150
Employee + 1 or more	\$8,300
Age 55 + Catch-up Contribution	\$1,000

# Flexible Spending Account (FSA)

## FSA Benefits

FSA:

Funds are available for medical, dental, vision, prescription expenses and any other items that are on the IRS list of qualified medical expenses.

Dependent Care:

An employee may elect up to \$5000 per year if you are married and filing a joint tax return, \$2500 if you are single or married and filing a separate tax return from your spouse. Funds are available for reimbursement as deposited.

\*These accounts follow the "Use it or lose it" rule which means all claims MUST be submitted to Allegiance within the plan year. Any funds left unclaimed will be forfeited. Please keep this rule in mind when making elections.

Contribution Limits	2024
FSA	\$3,200
Dependent Care	\$5,000

This is a summary of the benefits; it is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, refer to the plan document on file with your group.








# Tier 1: Consumer Choice Providers

## Tier 1: Consumer Choice Providers List

Provider	Specialties	What to Expect
 <p>2427 US Hwy 2 East Kalispell, MT 59901 (855) 249-9729</p> <p>100 2<sup>nd</sup> St East, Suite 304 Whitefish, MT 59937 (855) 249-9729</p> <p><a href="https://bigskymobileimaging.com/">https://bigskymobileimaging.com/</a></p>	X-rays and Ultrasounds	NO COST on Traditional Plan if referred by Greater Valley Provider and High Deductible Plan applies to Deductible and 90/10 Coinsurance
 <p><b>Big Sky Diagnostic Imaging, LLC</b></p> <p>401 S Alabama Street, Suite 7 Butte, MT 59701 (406) 782-2997</p>	MRIs and CTs	NO COST on Traditional Plan if referred by Greater Valley Provider and High Deductible Plan applies to Deductible and 90/10 Coinsurance <b>DOES NOT INCLUDE TRAVEL BENEFIT</b>
 <p>1035 1st Ave West, Suite 310, Kalispell, MT 59901 (406)-607-4900</p> <p>2181 HWY 2 East, Suite 9 Kalispell, MT 59901 406)-607-4900</p> <p><a href="https://greatervalleyhealth.org/contact">https://greatervalleyhealth.org/contact</a></p>	Primary Care, Same Day Care, Behavioral Health, Prenatal Care & Delivery, Dental, Case Management, Substance Use Treatment, Reduced Cost Prescription Medications, and Sliding Fee Discounts.	NO COST on Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance
 <p><b>NORTHWEST SPECIALTY HOSPITAL</b> Patients first.</p> <p>1593 East Polston Ave Post Falls, ID 83854 (208) 262-2300</p> <p><a href="http://www.northwestspecialtyhospital.com">www.northwestspecialtyhospital.com</a></p>	General Surgery, Orthopedic Surgery, Sleep Center, Ear Nose & Throat, Family Medicine, Imaging, Occupational Medicine, Podiatry, Internal Medicine, Urgent Care, Women's Care	NO COST on Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance Travel Benefit Included <b>* MUST email HR to pre-arrange surgeries</b>
 <p>111 Baker Avenue Whitefish, MT 59937 (408) 862-2515</p> <p>500 12<sup>th</sup> Avenue West Columbia Falls, MT 59912 (408) 862-2515</p> <p><a href="http://www.glaciermedicalassociates.com">www.glaciermedicalassociates.com</a></p>	Primary Care, Walk-in Care, Pediatric/Newborn Care, Procedures; including Colonoscopies, Behavioral Health, Labs, X-rays	\$10 Copay for Office Visits on the Traditional Plan and High Deductible Plan applies to Deductible and 90/10 Coinsurance  All other services apply to Deductible and 90/10 Coinsurance

# Tier 1: Consumer Choice Providers

## Tier 1: Consumer Choice Provider List

Provider	Specialties	What to Expect
 <p>560 Cascade Lp Ste.1 Kalispell, MT 59901 (406) 752-0440 www.bigskyivcare.com</p>	IV Therapy/Infusions, Homer or In-Suite Infusions	Applies to Deductible and 90/10 Coinsurance for all services
 <p>Heart &amp; Hands MIDWIFERY   FAMILY HEALTHCARE 770 W Reserve #3 Kalispell, MT 59901 (406) 300-4511 www.hhmidwifery.com</p>	Obstetrics and Primary Care	\$25 Copay for Office Visits All other services apply to Deductible and 90/10 Coinsurance
 <p>2316 U.S. Hwy 93 North Kalispell, MT 59901 (406) 755-5661</p>	Urgent Care Services	\$25 Copay
 <p>2360 Mullan Road Missoula, MT 59808 (406) 721-4436 www.missoulaboneandjoint.com</p>	Orthopedics, Joint Replacement, Sports Medicine	\$100 Copay for Office Visits All other services, Applies to Deductible and 90/10 Coinsurance Imaging is \$250 Copay, Deductible Waived, 90/10 Coinsurance
 <p>1600 Hospital Way Whitefish, MT 59937 406-863-3500 www.krh.org/nvh</p>	All Hospital Services Provided	Applies to Deductible and 90/10 Coinsurance for most services. Imaging: \$250 Copay, Deductible Waived, 90/10 Coinsurance for CT, MRI, and PET scans \$50 Copay, Deductible Waived, 90/10 Coinsurance for Diagnostic Testing, including, X-ray and Ultrasound

**Tier 1: Consumer Choice Providers** -Consumer Choice providers are in-network providers who are at a lower cost and are focused upon improving the quality of care.

**Tier 2: Network Providers** - The health plans offered to you by Kalispell Public Schools use the Cigna Provider Network and you can search for providers at [www.askallegiance.com/KPS](http://www.askallegiance.com/KPS). You will experience lower out-of-pocket costs when utilizing providers that participate in the Cigna Provider Network.

**Tier 3: Out-of-Network Providers** - Since non-network providers are not contracted with Allegiance, payment will be based on the allowable amounts for non-network providers. You will be responsible for payment of any balances owed to your providers. These balance-billed amounts do not accrue towards your deductible or out-of-pocket maximum. Non-network providers are not obligated to submit claims forms for you.

# Medical Network Providers

## At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolled in medical benefits, make an appointment with your PCP- even if you're NOT sick once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

## Network Provider/Facility Search

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below or call 1-877-216-3644.

- Visit <https://www.askallegiance.com/KPS>
- Click on Find a Provider
- Click on Link for Allegiance Network
- Enter Participant ID, select search, and check (Accept)
- Click Allegiance Network and enter in search options.

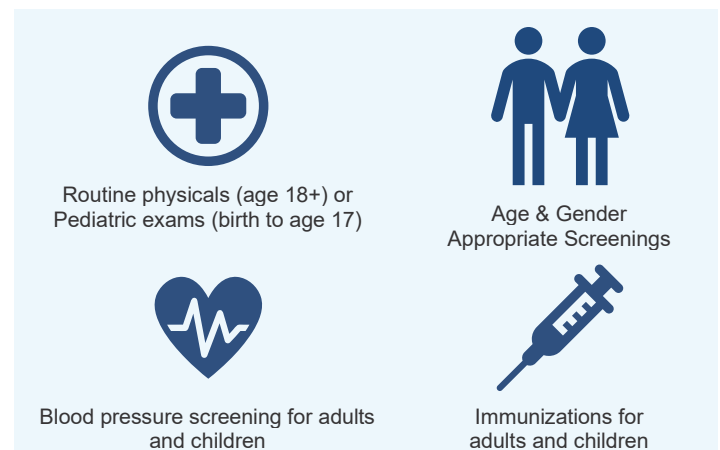


## Preventive Services

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the covered services please visit:

[www.healthcare.gov/coverage/preventive-care-benefits](http://www.healthcare.gov/coverage/preventive-care-benefits).

### Common preventive services include:



## Member Service Portal

Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access Allegiance portal at [www.askallegiance.com/kps](http://www.askallegiance.com/kps).






Once you are registered your personal information will be available to you 24/7, including:

- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details
- Online forms
- ID Card
- Explanation of Benefits

# What Are My Options for Care

## Care Options

You have many options for how and where you can receive care through your Allegiance medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
<b>NurseLine</b> 	<ul style="list-style-type: none"> <li>Staffed by registered nurses.</li> <li>Resource for guidance during natural catastrophes or health outbreaks.</li> <li><b>Available 24/7/365 days a year at NO COST.</b></li> </ul>	<ul style="list-style-type: none"> <li>Answer general questions like “how long should I ice my sprained ankle?”</li> <li>Give advice/referrals of where to go for treatment e.g. ER or primary care doctor</li> </ul>
<b>Telemedicine / Virtual Visits</b> 	<ul style="list-style-type: none"> <li>Convenient, low-cost option for treating common, non-urgent health concerns.</li> <li>A doctor will diagnose the issue over the phone and write a prescription, if necessary.</li> <li><b>Available 24/7/365 days a year, by web, phone, or mobile app.</b></li> </ul>	<ul style="list-style-type: none"> <li>Minor illnesses</li> <li>Minor infections</li> <li>Cold and flu symptoms</li> <li>Bronchitis</li> <li>Allergies</li> <li>Mental health</li> <li>Headaches/migraines</li> <li>And more...</li> </ul>
<b>Doctor's Office</b> 	<ul style="list-style-type: none"> <li>Routine care or treatment for a current health issue.</li> <li>Your primary doctor knows you and your health history.</li> <li>To manage your medications.</li> <li>To refer you to a specialist.</li> <li><b>Normally available Monday-Friday. Check with your provider for actual office hours.</b></li> </ul>	<ul style="list-style-type: none"> <li>Routine checkups and preventive services</li> <li>Immunizations</li> <li>Minor injuries, such as sprains</li> <li>Illnesses</li> <li>Manage your general health and chronic conditions</li> </ul>
<b>Urgent Care Clinic</b> 	<ul style="list-style-type: none"> <li>Treatment of non-life-threatening injuries or illnesses.</li> <li>Staffed by qualified physicians.</li> <li><b>Generally open night and weekends; some open 24/7.</b></li> </ul>	<ul style="list-style-type: none"> <li>Cold and flu symptoms</li> <li>Minor accidents or falls</li> <li>Minor sprains or fractures</li> <li>Minor cuts and burns</li> <li>Vomiting, diarrhea</li> </ul>
<b>Emergency Room</b> 	<ul style="list-style-type: none"> <li>Immediate treatment for serious, life-threatening conditions.</li> <li>Ready to treat any critical situation.</li> <li>Can be hospital-based or freestanding.</li> <li><b>Available 24/7/365 days a year.</b></li> </ul>	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Difficulty breathing</li> <li>Severe abdominal pain</li> <li>Broken bones</li> <li>Head injuries</li> <li>Uncontrolled bleeding</li> <li>Seizures</li> <li>Coughing or vomiting blood</li> </ul>



# Benefit Resources

## Carrier Contacts:

Additional information regarding your benefit plans is available on our website:

<https://www.sd5.k12.mt.us/staff/hr-benefits-insurance>.

Carrier	Plan	Contact Information
<b>Allegiance</b>	<b>Medical, Vision, Flexible Spending Accounts</b>	<b>1-855-999-2261</b> <a href="http://www.askallegiance.com/KPS">www.askallegiance.com/KPS</a>
<b>Providence</b>	<b>Pharmacy</b>	<b>1-877-216-3644</b> <a href="http://www.providencehealthplan.com/pharmacy">www.providencehealthplan.com/pharmacy</a>
<b>MetLife</b>	<b>Dental</b>	<b>1-800-942-0854</b> <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
<b>National Insurance Services</b>	<b>Basic Life, Admin Life, AD&amp;D, Supplemental Life, and LTD</b>	<b>1-800-627-3660</b> <a href="mailto:MNLCustomerCare@madisonlife.com">MNLCustomerCare@madisonlife.com</a>
<b>NABCO</b>	<b>Accident and Critical Illness</b>	<b>1-800-537-4565</b> <a href="https://nabenefits.com/">https://nabenefits.com/</a>

This brochure summarizes the benefit plans that are available to eligible Kalispell Public School employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.