2024-2025 School Year Employee Benefit Guide

This is only a summary of benefits. Please review full details within the carrier policies. If there is a discrepancy between the information contained within this summary and the policies, the policy prevails.

WELCOME TO YOUR BENEFITS GUIDE

Our District is proud to offer a comprehensive benefits package to its valued employees and their eligible family members. This package is designed to provide you with choice, flexibility and value.

This Benefits Guide will help you learn more about your benefits, review highlights of the available plans and make selections that best fit your lifestyle and budgetary needs. You can contact the Human Resources Department (406-268-6012) or our Insurance Broker, Alliant Employee Benefits, for help in understanding your benefits. After enrollment, you will have access to insurance plan booklets that provide more detailed information on each of the programs you have selected.

This information is also available on our District's website:
https://gfps.k12.mt.us/departments/human-resources/benefits

Please plan on attending one of the events on the following page. This will be your only chance to meet with our insurance representatives to answer your questions or to get further information and details.

This guide is an overview

The benefits in this summary are effective

October 1, 2024

through

September 30, 2025

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs) available on the GFPS website. The plan benefit booklets determine how all benefits are paid.

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2024-2025 plan year changes

All employees eligible for insurance, licensed and classified, are encouraged to attend. It is important to attend a meeting so employees can be wise consumers of health insurance and other benefits of employment. The health insurance rates will also be discussed. Employees can attend any of the scheduled meetings.

Do not log in until August 26, 2024

Spouses are invited to attend as well.

2024-2025 Insurance Meetings

Date	Time	Location
Tues, 8/20/2024	**10:00 AM**	**PGEC Cafeteria**
	1:00 PM	**PGEC Cafeteria**
	2:30 PM	**PGEC Cafeteria**
	4:00 PM	**PGEC Cafeteria**
Wed, 8/21/2024	**8:00 AM**	**PGEC Cafeteria**
	10:00 AM	**PGEC Cafeteria**
	1:00 PM	**PGEC Cafeteria**
	2:30 PM	**PGEC Cafeteria**
Wed, 9/11/2024	**7:00 AM**	**GFHS Auditorium**
	10:00 AM	**DOB – ASPEN_RETIREE MEETING**
	12:00 PM	**DOB-ASPEN**
	3:45 PM	**GFHS Auditorium**
Thurs, 9/12/2024	**7:00 AM**	**CMR Auditorium**
	10:00 AM	**DOB-ASPEN**
	1:00 PM	**DOB-ASPEN**
	3:45 PM	**CMR Auditorium**

ALL ENROLLMENT IS DUE NO LATER THAN FRIDAY, SEPTEMBER 13, 2024

WHO'S ELIGIBLE FOR BENEFITS?

Employees

You are eligible if you are a Regular Full-time or Regular Part- time employee working 30 or more hours per week. Teachers are eligible regardless of hours worked. Benefits for new hires are effective the first day of the month following date of hire. Teachers are effective on first day of work.

Eligible dependents

- Legally married spouse
- Natural, adopted or step children up to age 26.
- Children over age 26 who are disabled, incapable of self- supportive employment and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additionalinformation, please refer to the benefit booklets for each benefit.

When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason), unless you have a qualified life event (aka change in status), which is described on the next page.

Enrollment and changes can be completed through the Employee Self Service PlanSource portal.

CHANGING YOUR BENEFITS

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a significant change in your life, including:

- Change in legal marital status
- Change in number of dependentsor dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependentby marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event via PlanSource, see link below. Additional detail on Plan Source on the following page.

https://benefits.plansource.com/

ENROLLING FOR BENEFITS

DO I NEED TO ENROLL?

No, however GFPS is strongly recommending that all employees login and confirm benefits and dependent coverage. **FSA/DCAP elections must be elected each year if you wish to participate.**

Getting Started

So you're ready to enroll in your Great Falls Public Schools benefits! The new PlanSource enrollment experience will help you do just that, in an intuitive, educational and fun way.

Before you begin enrolling in your benefits, please make sure you have the following items.

- Social Security Number (SSN) for all legal dependents you wish to enroll in any coverage.
- Date of Birth (DOB) for all legal dependents you wish to enroll in any coverage

- Beneficiary Information for Life Insurance, which includes your beneficiaries' name(s), relationship & address.

Log in to PlanSource

Before you can do anything in the PlanSource system, you must first log in to PlanSource.

1. Type or paste this link into your web browser's search bar: https://benefits.plansource.com/

2. On the login page, type your username. *Your password will be reset to YYYYMMDD*. You will be prompted to create a new password.

3. Follow the instructions below for your user name and Password. Your Username consists of:

a. First initial of your First Name
b. First six characters of your Last Name
c. Date of Birth (Format YYYYMMDD)

Example: John Employee, with a birthdate of February 7, 1975, would have a login of JEMPLOY19750207.

Your Password is your birthdate in the format **YYYYMMDD**. Example: a birthdate of February 7, 1975 would look like this: 19750207.

Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format. Once you log in, you will be prompted to change your password. Be sure to keep this password in a safe place.

If you forgot your password, click "Forgot your password." If you have no email address on file for this process, contact Heather Spurzem at 406-268-6012.

Benefit Highlights for the 2024-2025 School Year

Medical

- GFPS will renew medical coverage with Lucent Health. Lucent Health utilizes the First Choice Health PPO network. There are small increases to monthly premiums, please see page 29-30 for details.
- Lucent Health also utilizes Narus Health for health care concierge services. Member should contact Narus Health for benefit, claims and eligibility information.

Base Medical Plan

- GFPS Health Plan members can receive routine primary and preventive care at no cost by using Alluvion Providers, see following pages for additional details on Alluvion services.
- Preventive care can be obtained at no cost by using any in network provider.
- GFPS Health Plan members can receive an annual routine vision exam at **no cost**.

Catastrophic Medical Plan

- GFPS Health Plan members can receive routine primary and preventive care at no cost by using Alluvion Providers, see following pages for additional details on Alluvion services.
- Preventive care can be obtained at no cost by using any in network provider.
- GFPS Health Plan members can receive an annual routine vision exam at **no cost**.

Prescription Drug Benefits

- GFPS will renew prescription drug services with SmithRx.
- Mail order pharmacy continues to process through **Amazon Pharmacy.**

The Standard Insurance Ancillary Coverages

All LifeMap coverages will be replaced by The Standard Insurance. If elected, the following ancillary coverages will begin October 1, 2024.

VSP Voluntary Vision Plan

- No benefit changes
- Same provider Network
- Reduction to premiums

Voluntary Dental Plans

- GFPS Members can now choose between two dental plan options; a high and a low plan
- Open Access Network 90th Percentile
- Reduction to premiums

Voluntary Life and AD&D

- No benefit Changes
- No rate changes
- True Open enrollment this renewal. Allows employees to elect up to 5x annual earnings or up to $400,000 without providing Medical evidence of insurability.

Long Term Disability

- Maximum benefit increasing to $6,000/month

Voluntary Critical Illness

- Employee Guaranteed Issue increased to $30,000
- Spouse Guaranteed Issue increased to $15,000
- Reduction in premiums

Voluntary Accident Only Insurance

- Annual Wellness increased to $100.
- Reduction to premiums

Medical Plan Options: Administered by Lucent Health

Plan	Comprehensive Major Plan Base		Comprehensive Major Plan Catastrophic	
Network	In Network	Out of Network	In Network	Out of Network
Medical Deductible	$1,000 person / $2,000 family		$3,000 person / $6,000 family	
Rx Deductible	$200 per person		$200 per person	
Coinsurance	75%	60%	60%	50%
Medical out of Pocket Max (includes deductible	$6,500 person / $13,000 family		$7,000 person / $14,000 family	
Alluvion Clinic Visit	$0 copay (no charge to member)		$0 copay (no charge to member)	
Office Visit	$40 copay (dw)	60%	60%	50%
Preventive Care ***	100% (dw)	60%	$100% (dw)	50%
Outpatient (lab/X-ray)	100% (dw)	60%	Deductible & Coinsurance	
	Advanced Imaging 100% (dw)		Advanced Imaging Deductible & Coinsurance	
Emergency Care*	$200 Copay		$200 copay then Coinsurance (dw)	
Ambulance	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Inpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Outpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Spinal Manipulation Visits	20 days combined with Outpatient Rehab		20 days combined with Outpatient Rehab	
Rehab – Outpatient (PT, OT, ST, PR, CT, Chiro)	$40 copay (dw)	60%	Deductible & Coinsurance	
	See Inpatient Hospital		See Inpatient Hospital	
Rehab – Inpatient (PT, OT, ST, PR, CT, Chiro)	Limitations may apply		Limitations may apply	
	See Inpatient Hospital		See Inpatient Hospital	
Prescriptions (in-network)	**Retail**	**Mail/90 day at Retail**	**Retail**	**Mail/90 day at Retail**
Deductible	$200 (waived for generics)		$200 (waived for generics)	
Generic	$10	$20	$10	$20
Brand	20% up to a max of $100/script	20% up to a max of $200/script	20% up to a max of $100/script	20% up to a max of $200/script
Non-Preferred Brand	40% no max		40% no max	
Specialty	$100		$100	

***Preventive Services as defined by the Affordable Care Act
*Copay waived if admitted to hospital
**Annual routine vision exam included at no cost

This is a general description of benefits and not to be interpreted as all inclusive. Balance billing may occur for Non-Participating Providers.

(dw) = Deductible Waived
OT=Occupational Therapy
PT=Physical Therapy
ST=Speech Therapy
PR=Pulmonary Rehab
CT=Cognitive Therapy

Alluvion Health Plan Summary

Year	Health Insurance	Prepared By
2024-2025	Lucent Health (First Choice Health Network)	Alluvion Health

Alluvion Health is excited to continue partnering with Great Falls Public Schools and Lucent Health to offer GFPS health plan members a comprehensive health benefit plan for the 2024-2025 school year. To help you better understand the benefit available to you, we have outlined services that are waived through Alluvion Health.

Alluvion Health Services available at no out-of-pocket expense to GFPS plan members:

MEDICAL SERVICE	MEMBER CO-PAY/COINSURANCE
Adult and children's primary, acute, comprehensive and preventative care	Waived, Plan pays 100%
Annual physicals, screenings, immunizations and exams	Waived, Plan pays 100%
Management of chronic illnesses such as diabetes, depression & high blood pressure	Waived, Plan pays 100%
Examples of in-house labs, not sent to outside organizations include RSV, flu, strep, blood hemoglobin, hemoglobin A1c, finger stick glucose and urine dip	Waived, Plan pays 100%
Referral(s) to specialists (cost sharing may apply to specialist services)	Waived, Plan pays 100%
Cardiology services	Waived, Plan pays 100%
Pediatric exams	Waived, Plan pays 100%

BEHAVIORAL HEALTH SERVICES	MEMBER CO-PAY COINSURANCE
Individualcounselling, crisis management and brief therapy	Waived, Plan pays 100%
Substance use disorder therapy	Waived, Plan pays 100%
Referral(s) to community resources	Waived, Plan pays 100%

ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES PROVIDED BY ALLUVION HEALTH TO GFPS HEALTH PLAN MEMBERS WILL HAVE ZERO CO-PAY/COINSURANCE AND WILL NOT BE APPLIED TO PARTICIPANT'S DEDUCTIBLE.

This means the participant will have no out of pocket cost for services provided by Alluvion Health. The member will receive an Explanation of Benefits (EOB) from Lucent Health; it is important to note that this is not a bill.

SERVICES PROVIDED FROM OUTSIDE ORGANIZATIONS MAY INCUR CO-PAYS OR MAY BE APPLIED TO DEDUCTIBLES.

Examples would include labs that are sent to an outside organization such as lab panels, PAP specimens, biopsies, urine drug screens, urine cultures, confirmatory cultures for rapid testing, stool testing, advanced imaging, etc.

Participants should check with their provider on whether their labs will be sent to an outside organization.

If you are referred to a provider outside of Alluvion Health, then your health plan's cost sharing provisions apply to those non-Alluvion services.

Alluvion Health Services are available at no out-of-pocket expense to GFPS plan members for COVERED SERVICES outlined in the Plan Document only.

ALLUVION HEALTH

LOCATIONS

MAIN LOCATION

601 1st Ave N, Great Falls, MT 59401

Phone: 406-454-6973
Fax: 406-791-9277

Monday-Friday: 7:00am-6:00pm
Saturday: 8:00am-5:00pm

ALLUVION HEALTH CHOTEAU CLINIC

19 1st St NE, Choteau, MT 59422

Phone: 406-466-3574
Fax: 406-466-2536

Monday-Friday: 8:00am-5:00pm

ALLUVION HEALTH DENTAL CLINIC

202 2nd Ave S, Suite 203, Great Falls,

MT 59401 Phone: 406-791-9267
Fax: 406-454-7724

Monday-Friday: 7:00am-6:00pm

ALLUVION HEALTH AT CCHD

115 4th St S, Great Falls, MT 59401

Phone: 406-454-6973
Fax: 406-791-9277

Monday-Thursday: 7:00am-6:00pm

ALLUVION HEALTH PHARMACY

105 6th St N, Great Falls, MT 59401

Phone: 406-791-7903
Fax: 406-791-7998

Monday-Friday: 7:00am-5:00pm

All hours subject to change

SCHOOL-BASED CLINIC SITES

LONGFELLOW ELEMENTARY MEDICAL CLINIC*

1100 7th Ave S, Great Falls, MT 59405

Phone: 406-454-6973
Fax: 406-791-9277

Monday-Thursday: 7:00am-6:00pm
Friday: 7:00am-5:00pm

Open to all staff, students, parents, and the public.

Medical Insurance and Preferred Provider Organization

Comprehensive and preventive health care coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. Our District offers you a choice of two plans. Both plans cover the same benefits, but your out-of- pocket costs vary. Please review the plans available, then review the highlights of what each plan covers on the following pages.

Preferred Provider Organization (PPO)

These plan types contract with a large number of providers. If you choose to receive your care through a preferred provider, the insurance company will pay a higher percentage of the charges. If you choose to receive your care through a non-preferred provider, then the insurance company will pay a lower percentage of the charges and you may receive a balance bill for outstanding amounts owed.

Your PPO plan options are available through the First Choice Health PPO network.

To find a preferred provider through First Choice Health, visit https://www.fchn.com/ProviderSearch

You may also login to the member portal to find a provider directory. lucenthealth.com/members/

Preventive care screening benefits

TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer
- Depression
- STIs

Preventive care for women should include breast and gynecological exams

For men, preventive care should include prostate cancer screening and a testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, gender and medical history. Visit **cdc.gov/prevention** for recommended guidelines. **Preventive care is covered in full only when obtained from an IN-NETWORK provider.**

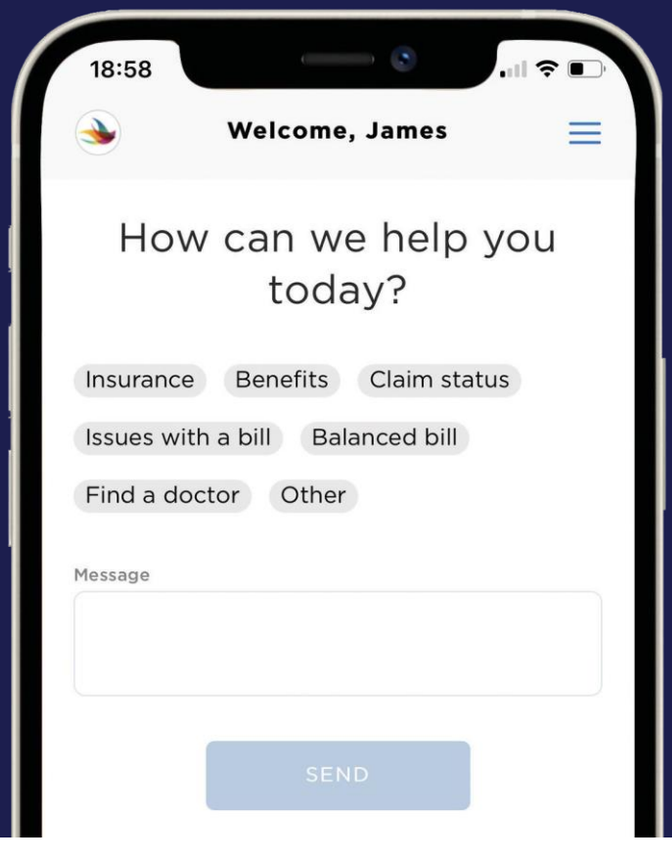
Not all exams and tests are considered preventive

Exams performed by specialists are not generally considered preventive and may not be covered at 100 percent. Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services. If you have a question about whether a service will be covered as preventive care, contact Narus Health at (888-585-3309)

Narus Health Concierge Care

Narus Health's Concierge Care program helps members navigate the complexities of healthcare—all through one number. We work for you and coordinate your care needs with your doctors, caregivers and pharmacists.

Narus Health
YOUR LIFE. YOUR WAY.



Your Narus Health Concierge:
Call 888-585-3309

Members get a dedicated phone number and can talk to a care team member Monday–Friday from 7 a.m. to 7 p.m. CST and get direct help with various healthcare-related needs.

Members have access to the Narus Health Concierge Care team to:

- Find a doctor or specialist
- Discuss a health concern
- Get help with a bill or explanation of benefits (EOB)
- Request a medication refill
- Ask questions about co-pays and claims
- Get assistance with various provider issues (e.g. list of network providers, scheduling appointments, providing VOB, nominate provider for network, etc.)
- Find a facility that will accept Lucent Health-contracted insurance benefits
- Navigate pre-certification issues
- Get support when a facility pushes back on accepting coverage
- Coordinate with Lucent Health resources to conduct payment at point of scheduling
- Request a new or replacement ID card

The Concierge Care Program is designed for direct member engagement—the Care Support Team is available to respond to plan member needs securely and confidentially, as they reach out via phone or mobile text messaging.

The Care Support Team also has direct access to internal Lucent Health resources to help resolve matters efficiently and effectively.

Concierge:
Member #: **888-585-3309**
Website: **www.narushealth.com/concierge**

Our purpose at ProgenyHealth is to improve the health and well-being of the next generation, one infant and one family at a time.

Ellen Stang, MD - Founder & CEO

ProgenyHealth is addressing the challenges facing the NICU population where 14% of births drive 60+% of health plan spend[1]

$64,815
is the average cost of a preterm birth, an increase by 25 percent[2]

1 in 10
infants in the US are born premature: trending up 4 years in a row[3]

1 in 9
families experience food insecurity[4]

15 minutes
one infant is born with Neonatal Abstinence Syndrome every 15 minutes, on average, in the United States[5]

ProgenyHealth is the only company **exclusively dedicated to NICU** Care Management. Our integrated services start when an infant is admitted to the NICU and continue through a baby's first birthday, and beyond, delivering on average a **2-to-1 or greater ROI** to health plans and employers. ProgenyHealth actively solves for Social Determinants of Health impacting the NICU population.

Delivering better outcomes by optimizing savings levers

Length of stay
ProgenyHealth standard of 10% or greater reduction in length of stay

ER visits
Case Management support to prevent unnecessary ER visits

Leveling of care
Direct savings across all payment methodologies

Readmissions
Reduction in hospital readmissions through focused Case Management

DRG assignments
Correct diagnosis codes to ensure appropriate assignment and weights

Social Determinants of Health
Solving for shelter, food insecurity, health literacy, transportation, and other SDoH concerns

ProgenyHealth by the numbers

125+	NICU-centric clinical team	1,400+	hospitals served throughout the U.S.
70K+	NICU cases to date	55%+	reduction in hospital readmission rates
90%	member satisfaction	10-15%	reduction in NICU spend

This benefit is embedded in the medical plan

Making a difference *every single day*!

ProgenyHealth's approach improves outcomes for premature and medically complex infants while reducing NICU case costs and increasing member satisfaction.

Process:

From admission to the NICU through first birthday, and beyond, our focus is on infant health outcomes and the well-being of families/caregivers by affirming standardization of care, following best practices and engaging in peer-to-peer conversations with providers.

Platform:

Built on nearly 17 years of proprietary data, Baby Trax® NICU-centric EHR informs Utilization and Case Management teams and supports clinical workflows with real-time predictive analytics.

People:

Our solely-focused NICU staff consists of 125+ clinical FTEs, including neonatologists, pediatric intensivists, and RNs with an average of 12 years NICU experience caring for vulnerable infants and familes/caregivers.

Providing a single source of truth for NICU comprehensive Care Management, Baby Trax® algorithms prescribe next steps and flag inconsistencies through predictive analytics.

Managing quality NICU care for infants, families and health plans

Improved outcomes

Promoting evidence-based best practices so NICU infants receive quality health care in the hospital and come home sooner – safely.

Provider collaboration

Proactively reduce the volume of denials and appeals. Trusted, timely provider/network interactions advance our shared goals to optimize NICU infant health outcomes.

Reduced costs

Consistent, quantifiable results managing the complex variables that drive up NICU case costs. Review cases with payment integrity in any contracting or payment environment.

Delivering high satisfaction across the continuum of care

"Our medical management team worked closely with the experts at ProgenyHealth to deploy this integrated and very effective program. We're very pleased with the outcomes of this initiative."

- Dr. Michael Genord, Chief Medical Officer
Health Alliance Plan

"ProgenyHealth has been an outstanding partner. Their clinical expertise in the NICU arena has helped us to manage the care of these infants effectively."

- Marge Angello, Market President
AmeriHealth Caritas

This benefit is embedded in the medical plan

CancerCARE

Right Care. Right Time. Right Place.

This benefit is embedded in the medical plan

A Benefit Specialized In Dealing with Cancer

The CancerCARE Program is an additional benefit, provided by your health plan, that focuses on helping members diagnosed with cancer. Our passionate medical team will oversee your cancer treatment and ensure the optimal treatment path with proven results is being followed. **Weare your cancer advocates and will strive to lead you and your dependents to survivorship!**

Day One Help

Weare available to help you from the day of your diagnosis and beyond. You can register for the program at any point in your cancer journey to gain access to our resources and support. Registration is available through our website or by phone.

Personalized Care

Once you are part of the program, **a dedicated nurse will be with you every step of the way.** This nurse will be available to answer any questions you might have as well as make sure you are **receiving ideal treatment for your diagnosis.**

National Resources

Through CancerCARE, **you will have access to some of the best doctors, hospitals, and technology nationwide.** We will work with your local oncologist to make sure all treatment options are considered, not just local ones.

Expert Medical Team

Our medical staf has decades of experience treating cancer and we pride ourselves on staying up-to-date with the latest cancer treatments and technology. Each medical staffer has unique cancer expertise and background.

+1877 640 9610 cancermanagement@cancercareprogram.net cancercareprogram.net

Mail Order Pharmacy Information

Your mail order pharmacy is Amazon Pharmacy. To enroll with Amazon Pharmacy, please follow the steps below:

What do you need to do?
To sign-up for Amazon Pharmacy— it's as easy as 1-2-3...

1. Visit www.amazon.com/smithrx and click on "Get Started". If you are already an Amazon customer, then follow the simple sign-up process. If you're not yet an Amazon customer you'll need to sign-up, validate yourself and then follow the instructions. You can also use this QR code. (1) Open the camera app (2) Frame the QR code (3) Click the pop-up to quickly access the sign-up page.

2. Verify and/or add your insurance: you may find an additional 2-digits to your pre-populated member ID. It is important to verify your full member ID on your card against the insurance profile. Reminder: please have your insurance member ID card ready to double check all of your information.

3. Once you are signed-up and your medication(s) are processed, you will receive a notification from Amazon Pharmacy that your medications are ready to order and you will need to go back to your account to check out.

What benefits does Amazon Pharmacy offer?
We chose Amazon Pharmacy for their reliability, ease-of-use and convenience. With Amazon Pharmacy, you can expect:

- Easy online sign-up with a familiar Amazon shopping experience
- Clear pricing and easy, automatic refills (an option)
- 24/7 access to a pharmacist
- An Amazon shopping experience with free home delivery: Amazon Prime members get free 2-day delivery, 5-day delivery without Amazon Prime
- Ability to manage your medication and order history online

What medications does Amazon Pharmacy not dispense?
Amazon Pharmacy does not dispense some medications. For example, Amazon Pharmacy does not dispense Schedule II controlled substance medications and more than a 30-day supply of Schedule 3-5 controlled substances. You might find a few others that are applicable to you; therefore, if you have a medication that is not able to be filled by Amazon Pharmacy, please contact SmithRx directly about how to obtain your medication.

Need Further Assistance?
As always, the SmithRx Member Support team is here to help. You can reach our team at 844-454-0123, or email us at help@smithrx.com. We now also offer the option to chat with an agent at www.smithrx.com. For Amazon Pharmacy Customer Care assistance, please visit: amazon.com/pharmacy-contact-us or call 855-745-5725. Customer Care is available Monday through Friday 8:00 a.m. – 10:00 p.m. ET and Saturday and Sunday 10:00 a.m. – 8:00 p.m. ET. And pharmacists are always available 24/7/365.

Prescription Drug Prior Authorizations

Members can identify PA drugs using the formulary lookup tool on the member portal.

Members should advise their doctor to fax completed PA forms to SmithRx. 866-642-5620

Prescribers should call SmithRx with any questions. 844-512-3030

If members have questions about the PA, they should reach out to the SmithRx member support team. Online chat at www.smithrx.com, email help@smithrx.com, or call 844-454-5201.

What if a drug has a step therapy (ST) requirement and the member wants to understand the process?

Members can identify ST drugs using the formulary lookup tool on the member portal.

Members should reach out to the SmithRx member support team. Online chat at www.smithrx.com, email help@smithrx.com, or call 844-454-5201.

Prescription Drug Price Look-up

Members can access the ***Find My Meds*** pricing tool by registering for the SmithRx member portal at www.mysmithrx.com. Within the tool, they can enter various drug details (ex: name, strength, quantity, and day supply) and find the price of the drug at pharmacies within a selected zip code or city.

What if a member's drug is considered specialty?

Members can identify specialty drugs using the ***Formulary Lookup*** tool on the member portal. Members should advise their doctor to send the script to Kroger Specialty or Senderra Rx.

> **Kroger Specialty Pharmacy:** Patients can reach Kroger Specialty Pharmacy for enrollment assistance by calling 888-355-4191. Prescribers can visit www.krogerspecialtypharmacy.com and fill out the appropriate forms for the appropriate department.
>
> **Senderra Rx:** Patients can reach Senderra for enrollment assistance by calling 888-777-5547. Prescribers can visit https://senderrarx.com/prescribers and fill out the appropriate forms for the appropriate department.

Once the member's prescriber has sent the script to the specialty pharmacy, the member should call the pharmacy to provide their insurance information and to schedule delivery.

SmithRx Connect

Connecting you to the lowest cost prescription solutions

SmithRx can help lower your drug costs

Did you know your local retail pharmacy may not always be the lowest cost option?
SmithRx Connect can help you navigate alternative sources and supports you throughout the process. The result, you will save money as many of these programs require little to no co-payment on your medication. We'll do the work so you can stay healthy and happy.

Patient Assistance Programs

Many high cost specialty medications can be accessed through Patient Assistance Programs. SmithRx will help you navigate through the process while you reduce out of pocket costs on the medications that work for you.

CoPay Coupon Maximization

Did you know it's possible to leverage additional savings on traditional branded medications? If Patient Assistance is not available, our team will work with preferred pharmacy partners to capture coupon savings through our Copay Max program.

International Sourcing

Our contracted network of international pharmacies helps members obtain medications at a lower cost. The international network dispenses select medications from first-tier countries to ensure product purity and safety. If you are using a medication that qualifies, our team can work with you on the potential to source your medication internationally.

Mark Cuban Cost Plus Drugs:

Members can see whether their medications are available at https://costplusdrugs.com/medications contact the pharmacy by completing the form at costplustdrugs.com/contact/support or contact Truepill (NPI: 1851947139) at (650) 353-5495

Once your script has been sent by your prescriber to Mark Cuban Cost Plus Drug Company, you can register at costplusdrugs.com

Prescribers can send prescriptions via electronic prescribing to:

- Name/E-scribe: Mark Cuban Cost Plus Drug Company (MCCPD)

Choose the OneTouch® meter that's right for you at no charge

As the preferred* brand with SmithRx, the OneTouch® brand offers the best coverage on your drug benefit.

Everyone manages diabetes differently. That is why the OneTouch® brand offers you a variety of meters to fit your lifestyle.

OneTouch Verio Reflect® meter

- Blood Sugar Mentor™ messages provide personalized guidance, insight and encouragement
- ColorSure® Dynamic Range Indicator instantly shows if results are in or out of range, and when they are near-low or near-high levels
- Connect to the OneTouch Reveal® mobile app for even more insights.

OneTouch Verio Flex® meter

- ColorSure® technology shows if results are in or out of range
- Connect to the OneTouch Reveal® mobile app for even more insights

To order a OneTouch® system at no charge:
Visit www.OneTouch.orderpoints.com and input brochure code 568MTS002 or call 1-800-668-7148 and provide brochure code 568MTS002.

While your meter is being shipped, contact your health care provider for your OneTouch Verio® test strip prescription.

ONETOUCH®
every touch is a step forward®

Treatment decisions should be based on current numerical result and healthcare professional's recommendation.

* **Preferred** For most plans, products that are usually covered at the lowest co-payment or co-insurance.

Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues.

In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Financial expertise

Consultation and planning with a financial counselor.

Legal consultation

By phone or in-person with a local attorney.

Short-term counseling

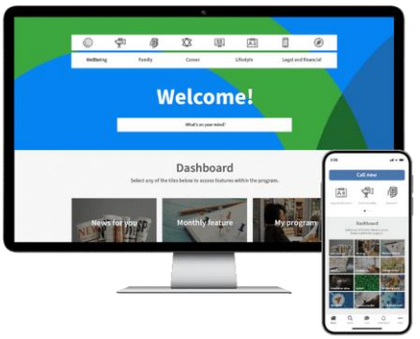
Access up to **eight (8) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.

Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
  Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**
  Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
  Moderated group support sessions on an anonymous, chat-based platform

Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.

supportlinc
EMPLOYEE ASSISTANCE

Download the mobile app today!

1-888-881-5462

supportlinc.com
group code:
gfps

Life happens.

Your SupportLinc program offers emotional wellbeing and work-life balance resources to help you be your best

Call anytime, 24/7/365, for in-the-moment support and guidance

- Dependent care
- Depression
- Financial or legal issues
- Grief and loss
- Relationship problems
- Stress and anxiety
- Substance use

Download the mobile app today!

1-888-881-LINC (5462)

supportlinc.com

supportlinc

Support for everyday issues. Every day.

Mandatory Life and AD&D Insurance

All eligible employees will be covered by our District's Life and AD&D Policy through The Standard Insurance. A brief description of plan benefits are below.

	Benefit Amount
Administrators	4x annual earnings to $300,000 w/AD&D
Certificated Classroom, Admin Support	$50,000 (no AD&D)
Warehouse Teamsters, Electricians and Carpenters, Local Union 400 IUSE, AFL-CIO, Plumber & Fitters Local #41, Painters Local #260	$20,000 (no AD&D)
Benefit Reduction Schedule* Benefits will be reduced by the following percentage *Does not apply to retirees	At Age 70 – 35% At Age 75 – 50%
Spouse Life Benefit (Administrators only, no AD&D)	$10,000
Child Life Benefit (Administrators only, no AD&D)	$5,000

There are other benefits and restrictions on these benefits. Please review the Plan Summary for details.

Mandatory Long Term Disability Insurance

Eligible employees will be covered by our District's Long Term Disability Policy provided by The Standard Insurance. This plan provides financial assistance if you are not able to return to work due to a qualified disabling condition. Plan benefits listed below by bargaining unit.

	Benefit Amount
Administrators, Certified Classroom	60% of basic income to a maximum of $6,000/month
Guarantee Issue	Full Benefit
Waiting/Elimination Period	90 days from onset of disability
Benefit Duration	Up to Age 65; 60 months for your own Occupation * and Any Occupation ** 24 months mental/nervous and alcohol/drugrelated disabilities

*Own Occupation: Unable to perform each material duty of your regular occupation.

**Any Occupation: Unable to perform each material duty of any occupation for which you are reasonably fit by education, training and experience.

A variety of other benefits are available with this policy such as Survivor Benefits, Partial and Residual Benefits and Recurrent Disability Benefits. Please review the plan documents for further details on these benefits.

Voluntary Benefits

Our District offers a variety of voluntary benefits to Eligible Employees working a minimum of 30 hours per week through the following pages. All Teachers are eligible regardless of hours.

Voluntary Dental Insurance

Our District provides dental coverage through The Standard Insurance. The below is a summary of benefits.

Dental	Low Plan	High Plan
Plan Year Maximum (January 1 - December 31)	$1,000	$1,500
Preventive Services (Exams, X-Rays, Cleanings etc.)	100% (deductible waived)	100% (deductible waived)
Basic Services (Fillings, Extractions, Perio, Endo, etc.)	80%	80%
Major Services (Dentures, Partials, Bridges, Crowns)	50%	50%
Deductible(Individual/Family)	$50 / $150	$50 / $150
Orthodontia (Children only)	Not Covered	50% up to a lifetime maximum of $1,500
Waiting Period	None	None

Voluntary Vision Benefits

Our District provides vision coverage through The Standard Insurance in partnership with VSP. The below is a summary of in-network benefits provided by contracted providers. For out of network benefits, consult the plan contract

	Frequency	Benefit Amount
Copayment for services		$10.00 exams $25.00 materials
Exams	Once per 12 months	Paid at 100%
Lenses (pair)	Once per 12 months	Paid at 100%
Frames	Once per 24 months	$150 max allowance
Contacts - elective (in lieu of lenses and frames)	Once per 12 months	$150 max allowance in lieu of glasses

Voluntary Member Discounts

The Standard Insurance along with VSP offer some member discounts:
Lasler VisionCare – through VSP members receive an average discount of 15% off or 5% off of a promotional LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

Voluntary Life/AD&D Insurance

This coverage is provided by The Standard Insurance to All Eligible Employees.

	Benefits
Benefit Amount:	**Employee:** Life/AD&D insurance up to 5x annual salary max $500,000 (in $10,000 increments). Up to $400,000 can be elected without EOI. **Spouse:** Life/AD&D insurance up to $300,000 (in $10,000 increments). Up to $50,000 can be elected without EOI (not to exceed 100% of Employee Life Amount) **Dependent Children:** Life/AD&D insurance up to $10,000 (in $2,000 increments)
Life Insurance Benefits	Living Benefit, Waiver of Premium due to total disability prior to age 60. Policy is portable and convertible.
AD&D Benefits	100% of Life Benefit Amount for Loss of Life due to Accidental Death. Accidental Dismemberment of hand, foot, sight in one eye, speech, hearing can result in partial benefit.

Voluntary Critical Illness Insurance

This coverage is provided by The Standard Insurance to All Eligible Employees.

	Benefit Amount
Maximum Coverage Amount – Employee / Spouse / Child(ren)	$30,000 / $15,000 / 50% of Employee Amount
Benefit Increments	$5,000
Guaranteed Issue	Full Benefit
Pre-Existing Conditions	None
Plan Benefits Include	Cancer, Heart Attack, Stroke, Major Organ Failure, ALS, ESRD, Carcinoma in Situ, Coronary Artery Bypass Surgery, Coma, Paralysis, Loss of Sight, Alzheimer's, MS, Parkinson's, Brain Tumor.

Voluntary Accident Only Insurance

This coverage is provided by The Standard Insurance to All Eligible Employees.

	Benefits include, but not limited to:
Annual Health Screening	$100
Hospital Admission	$1,500
Emergency Room Benefit	$200
Ground Ambulance	$600
Accidental Death – Employee/Spouse/Child	$100,000 / $50,000 / $25,000

FLEXIBLE SPENDING ACCOUNT (FSA)

ARE YOU ELIGIBLE?

If you are eligible to enroll in the medical plan you may participate in the healthcare FSA.

Grace Period: The Health and Dependent Care FSA allows for a 75 day grace period immediately following the end of each plan year. During the grace period, unused account balances remaining from the previous plan year may be used to reimburse eligible medical expenses incurred during the grace period. The plan also allows for a 120 day run-out period after the end of the plan year during which the participant can submit eligible Health FSA or Dependent Day Care FSA claims incurred during the preceding plan year (and, for the Health FSA, the grace period) for reimbursement.

To take advantage of either or both of the Flexible Spending Accounts, you must complete your election via the on-line enrollment system (PlanSource) prior to the due date. Employees currently participating in either of the Flexible Spending Accounts also need to submit a new election form for October 2024 through September 2025 through on-line enrollment system (Plan Source).

Set aside medical, dental and vision dollars for the coming year

A FSA allows you to set aside tax-free money to pay for medical, prescription, dental and vision expenses you expect to have over the coming year.

How the FSA works

- You estimate what you and your family's medical, prescription, dental and vision out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as medications, glasses, orthodontia, etc.
- **You can contribute up to $3,200 (taken over 9 months Oct-June)** the 2024 annual limit set by the IRS. Contributions are deducted from your pay pretax, meaning no federal or state tax on that amount.
- Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.
- IRS regulations do not allow domestic partner claims to be submitted for reimbursement through the Flex plan unless they qualify as a tax dependent under Code Section 152.

Estimate carefully!

If you don't spend all the money in your account by the 75 day grace period, you will forfeit the balance. You have until December 15 to incur claims and April 10 to submit claims.

FSA SAVINGS EXAMPLE

	Without FSA	With FSA
Annual Pay	$60,000	$60,000
Pre-Tax FSA Contributions for Healthcare Expenses	$0	($2,000)
Taxable Income	$60,000	$58,000
Federal Taxes	($10,852)	($10,259)
After-Tax Medical, Dental and Vision Expenses	($2,000)	$0
NET INCOME	**$47,148**	**$47,741**

Your savings will depend on your income, tax bracket and FSA contribution amount

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to $5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Allegiance Benefit Plan Management.

Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only child care, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to $5,000 per household per year or $2,500 if married filing separately **(taken over 9 months Oct-June)** . You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.

Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Contributions made to a dependentcare FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

Helpful Information

COBRA and Continuation Coverage

If you or a qualifying family member have any questions about notices provided to you by your employer or questions about

COBRA please contact:

Heather Spurzem

Human Resources Benefit Analyst

Heather_Spurzem@gfps.k12.mt.us

406-268-6012 (phone/text)

OR Luke Diekhans

Human Resources Director

Luke_Diekhans@gfps.k12.mt.us

Family Medical Leave Act of 1993 (FMLA)

The information on the following pages is presented for your information. If you have any questions on this information, please contact Human Resources.

Family Medical Leave Act of 1993 (FMLA)

The Federal Family and Medical Leave Act (FMLA) was signed into law in February 1993. The law took effect on August 5, 1993 and guarantees up to 12 weeks of unpaid leave each year to workers who need time off for birth or adoption of a child, to care for a spouse or immediate family member with a serious illness, or who are unable to work because of a serious health condition. Employees are eligible if they worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months.

The FMLA is an employer law; it covers employers with 50 or more employees and affects many job-related rights of employees. Among other things, this law also affects the health benefit plans maintained by employers who are required to comply. Employers are required by FMLA to continue to provide group health benefits at the same level and under the same conditions as if the employee had continued to be actively at work. A person who does not return from an FMLA leave may be entitled to continuation of coverage under COBRA.

An employee will be required to reimburse Great Falls Public Schools for employer paid group insurance premiums during unpaid FMLA if they terminate employment less than 30 days after returning to work. This condition applies unless the termination is a result of at least one of the following:

- A continuation, recurrence or onset of a serious health condition.
- Other circumstances as defined by the Family and Medical Leave Act of 1993.

For specific questions, contact Heather Spurzem in the Human Resources Department @ (406) 268-6012 or contact the

Department of Labor for a copy of the FMLA law.

TIME AWAY FROM WORK

Paid time off policies

There is no perfect, one-size-fits-all balance between work and home. We provide time off so you can take some "me time" to relax, recover from illness, and take care of personal and family business. Our time off benefits include:

- Paid time off for vacation and illness
- Time off for jury duty
- Bereavement

Refer to the Great Falls Public Schools personnel policy or your Collective Bargaining Agreement for information on eligibility and specific leave policies.

Medical Health Insurance Premiums 2024-2025

Base/Main Employee Premiums *Based on 12 month deductions	Employee Rates
Employee	$517.55
EMPLOYEE + SPOUSE (ES)	$1,031.48
EMPLOYEE + CHILDREN (EC)	$999.77
EMPLOYEE + FAMILY (EF)	$1,071.59

Catastrophic Employee Premiums *Based on 12 month deductions	Employee Rates
Employee	$225.28
EMPLOYEE + SPOUSE (ES)	$516.91
EMPLOYEE + CHILDREN (EC)	$434.78
EMPLOYEE + FAMILY (EF)	$568.88

Base/Main Employee Premiums *Based on 10 month deductions	Employee Rates
Employee	$621.06
EMPLOYEE + SPOUSE (ES)	$1,237.78
EMPLOYEE + CHILDREN (EC)	$1,199.72
EMPLOYEE + FAMILY (EF)	$1,285.91

Catastrophic Employee Premiums *Based on 10 month deductions	Employee Rates
Employee	$270.34
EMPLOYEE + SPOUSE (ES)	$620.29
EMPLOYEE + CHILDREN (EC)	$521.74
EMPLOYEE + FAMILY (EF)	$682.66

Premiums are based on 1.0 FTE and are pre-tax unless you choose to opt-out. Contact HR for more information.
*Carpenters & electricians cannot participate in the GFPS health plan per the negotiated agreement.

Voluntary Benefit Rates
(all rates based on 12-months of deductions)

Vision	Low
Employee	$6.76
Employee & Spouse	$13.51
Employee & Child(ren)	$14.46
Employee & Family	$23.11

Dental	Low	High
Employee	$40.11	$51.27
Employee & Spouse	$80.21	$102.27
Employee & Child(ren)	$84.23	$111.13
Employee & Family	$118.30	$154.88

Accident Only	Accident
Employee	$12.70
EMPLOYEE + SPOUSE	$20.19
EMPLOYEE + CHILDREN	$23.87
EMPLOYEE + FAMILY	$37.51

Life/AD&D*

Monthly Rates – Age Rates, per $1,000 of Benefit (Uni-Tobacco)

Age	Life	AD&D
24 and Under	$0.082	$0.03
25-29	$0.077	$0.03
30-34	$0.089	$0.03
35-39	$0.119	$0.03
40-44	$0.175	$0.03
45-49	$0.271	$0.03
50-54	$0.430	$0.03
55-59	$0.675	$0.03
60-64	$0.946	$0.03
65-69	$1.532	$0.03
70-74	$3.039	$0.03
75 and Over	$6.259	$0.03
Dependent Child	$0.128	$0.02

Critical Illness (employee & spouse)

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$1.07	$1.42	$1.83	$2.64	$4.02	$6.10	$9.30	$13.17	$19.11	$26.99	$53.99
$10,000	$2.13	$2.85	$3.66	$5.29	$8.03	$12.20	$18.61	$26.33	$38.23	$53.99	$107.97
$15,000	$3.20	$4.27	$5.49	$7.93	$12.05	$18.30	$27.91	$39.50	$57.34	$80.98	$161.96
$20,000-$30,000 Benefits are available for Employee Only											
$20,000	$4.27	$5.69	$7.32	$10.57	$16.06	$24.40	$37.21	$52.67	$76.46	$107.97	$215.95
$25,000	$5.34	$7.12	$9.15	$13.22	$20.08	$30.50	$46.51	$65.83	$95.57	$134.97	$269.93
$30,000	$6.41	$8.54	$10.98	$15.86	$24.10	$36.60	$55.82	$79.00	$114.68	$161.98	$323.92

It is recommended that all employees read this page. Because of rate increases, you may now have payroll deduction costs or your current costs may increase with your present plan elections.

PLAN CONTACTS

HELPFUL RESOURCES

ENROLLMENT WEBSITE
Open Enrollment and Life Events **Plan Source**
https://benefits.plansource.com

MEDICAL
Health Care Concierge
Narus Health
info@narushealth.com
(888) 585-3309
Group Policy # N81

Cancer Care
www.cancercareprogram.net
(877) 640 9610

Progeny Health
Maternity Program
(610) 832 2001

PHARMACY BENEFIT MANAGER
SmithRx
www.mysmithrx.com/login
(844) 454 5201
(Member Services)

Mail Order Rx
Amazon Pharmacy
Phone: (855) 206-3605
Fax: (512) 884-5981
www.amazon.com/smithrx

EMPLOYEE ASSISTANCE PROGRAM
Supportlinc
https://www.supportlinc.com

DENTAL AND VISION
The Standard Insurance
www.standard.com
Member Services
(888) 547-9515

VOLUNTARY LIFE AND AD&D/ CRITICAL ILLNESS/ACCIDENT
The Standard Insurance
www.standard.com Member Services
Life (800) 628.8600
Disability (800) 368-2859

FLEXIBLE SPENDING ACCOUNTS (FSA) and DEPENDENT CARE
Allegiance
www.allegianceflexadvantage.com (877) 424-3570
Group Policy # 5158

ADDITONAL RESOURCES

Great Falls Public Schools
Heather Spurzem
HR Benefit Analyst/HR Lead
(406) 268-6012 (call/text)
Heather_Spurzem@gfps.k12.mt.us

Luke Diekhans
Human Resources Director
(406) 268-6011
Luke_Diekhans@gfps.k12.mt.us

Alliant Insurance Services
Mike Bonville
First Vice President,
Producer
(406) 224-7576
Mike.Bonville@alliant.com

Sarah Harne
Account Executive
(406) 438-3344
Sarah.Harne@alliant.com

Krysta Theriault
Account Lead
(406) 461-6055
Krysta.Theriault@alliant.com

GLOSSARY

-A-

AD&D Insurance
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount
The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.
After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balancebilling. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference.

Beneficiary
The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any shareyour employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsuranceresponsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.
Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)
An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service
A service that your health plan doesn't pay for or cover.

-F-

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug
A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Healthcare Flexible Spending Account (FSA)
A health accountthrough your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

-I-

In-Network
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

GLOSSARY

-L-

Life Insurance
An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance
Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-daywaiting period.

-M-

Mail Order
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of- network services at all.

Out-of-Pocket Cost
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Outpatient Care
Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc
A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

This is only a summary of benefits. Please review full details within the carrier policies. If there is a discrepancy between the information contained within this summary and the policies, the policy prevails.