



# 2024-2025 School Year Retiree 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 retirees 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.

## Table of Contents

### 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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## ***A lot of changes for the 2024-2025 plan year***



Retirees are encouraged to attend the Retiree Specific Education Sessions. It is important to attend a meeting so you can be wise consumers of health insurance and other benefits of employment. The health insurance rates will also be discussed.

***Do not log in until August 26, 2024***

*Spouses are invited to attend as well.*

### ***2024-2025 Insurance Meetings***

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

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**ALL ENROLLMENT IS DUE NO LATER  
THAN MONDAY, SEPTEMBER 13, 2024**

# ENROLLING FOR BENEFITS

## DO I NEED TO ENROLL?

No, however GFPS is strongly recommending that all retiree's 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. **If this is the first time you are using this site or have forgotten your username 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: Non-Medicare Retirees**

- 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 18 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.
  - Your Mail order pharmacy will change to with **Amazon Pharmacy effective 9-1-23**.  
  
Visit **Amazon Pharmacy** at [www.amazon.com/smithrx](http://www.amazon.com/smithrx) and click on “Get Started” to set up your account. Your provider can easily send your prescriptions to Amazon Pharmacy via e-scribe (Amazon Pharmacy Home Delivery), phone (855) 206-3605, or fax (512) 884-5981.
  - Members will be able to obtain 3 month supply of medication at retail for 2x monthly copay amount at participating pharmacies.

## **Medical: Medicare Retirees ACTION NEEDED.**

- GFPS will renew the BCBSMT Medicare Advantage Plan and this will be the single offering for Medicare Retirees effective January 1, 2025. Any members or dependents that qualify for Medicare will be automatically dropped from the District plan effective January 1, 2025. If the retiree is Medicare eligible and their dependent is not AND they would like the dependent to remain on the GFPS plan, please contact Heather Spurzem.

# Non-Medicare Retiree Medical Plans

Administered by Lucent Health

Plan	Comprehensive Major Plan Base		Comprehensive Major Plan Catastrophic	
	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	
4 <sup>th</sup> Qtr. Carry Over	Does NOT Apply		Does NOT Apply	
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	
<b>Prescriptions (in-network)</b>	<b>Retail</b>	<b>Mail/90 day at Retail</b>	<b>Retail</b>	<b>Mail/90 day at Retail</b>
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% up to a max of \$200/script	40% up to a max of \$400/script	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

(dw) = Deductible Waived

OT=Occupational Therapy **6**

PT=Physical Therapy

ST=Speech Therapy

PR=Pulmonary Rehab

CT=Cognitive Therapy

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

# Alluvion Health Plan Summary: Non-Medicare Retiree Plan ONLY

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
Individual counselling, 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

## 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 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 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 PHARMACY

105 6th St N, Great Falls, MT 59401

Phone: 406-791-7903

Fax: 406-791-7998

Monday-Friday: 7:00am-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

*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/](https://www.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](https://www.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)

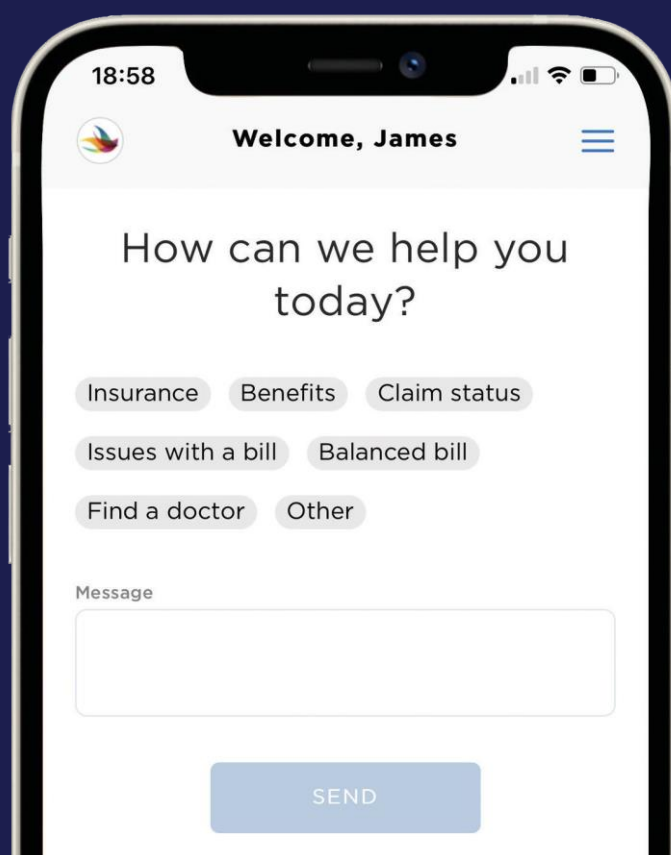


<p><b>Member</b></p> <p><b>Plan Name:</b> COMPANY NAME HEALTH PLAN</p> <p><b>Group Number:</b> NOO</p> <p><b>Employee Name:</b> JOHN SAMPLE</p> <p><b>Employee ID Number:</b> PL0001</p> <p><b>Effective Date:</b> 10/18/2014</p> <p><b>Medical Coverage:</b> Family</p>	<p><b>Your Health Concierge</b></p> <p> <b>Narus Health</b> Call 888-585-3309</p> <p>Employees and members should contact Narus Health with inquiries regarding eligibility, plan benefits, claims, or any healthcare related question.</p>
	<p><b>Coverage</b></p> <p>Providers are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to reference pricing). Only Physician &amp; Ancillary services may be subject to a PPO Network. The Plan will only consider an Assignment of Benefits (AOB) valid under the condition that the Provider accepts the payment received from the Plan as consideration in full for the services, supplies and/or treatment rendered, less any required deductibles/copay/coinsurance.</p>



# 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.



**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](http://www.narushealth.com/concierge)



# 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. **We are your cancer advocates and will strive to lead you and your dependents to survivorship!**



### Day One Help

**We are 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 staff 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.

## 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?**

You need to sign-up for Amazon Pharmacy on, or after September 1, 2024 — it's as easy as 1-2-3...

1. Visit [www.amazon.com/smithrx](http://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](mailto:help@smithrx.com). We now also offer the option to chat with an agent at [www.smithrx.com](http://www.smithrx.com). For Amazon Pharmacy Customer Care assistance, please visit: [amazon.com/pharmacy-contact-us](http://amazon.com/pharmacy-contact-us). 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.

We look forward to continuing to serve you and our goal is to ensure you receive your prescriptions when and where you need them.

## 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](http://www.smithrx.com), email [help@smithrx.com](mailto: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](http://www.smithrx.com), email [help@smithrx.com](mailto: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](http://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](http://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.

## We are here to help

The SmithRx Member Support Team is dedicated to connecting you with the tools and resources needed to lower your out of pocket costs for medications.

We can answer your questions and support you throughout the process.

Our goal is to simplify your pharmacy benefits and connect your savings on your prescriptions.

# 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.

The only meter with  
**Blood Sugar  
Mentor™**



## 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](http://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.



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

The Bluetooth® word mark and logos are registered trademarks owned by Bluetooth SIG, Inc. and any use of such marks by LifeScan Scotland Ltd. and its affiliates is under license. Other trademarks and trade names are those of their respective owners.

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

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Great Falls Public Schools 2024-2025 Benefits Guide





# Medical Health Insurance Premiums 2024-2025

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Under Age 65 Retiree Premiums - Catastrophic	
	Per Month
RETIREE	\$838.50
RETIREE + SPOUSE	\$1,761.40
RETIREE + CHILDREN	\$1,571.01
RETIREE + FAMILY	\$2,379.29

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Under Age 65 Retiree Premiums - Base	
	Per Month
RETIREE	\$943.88
RETIREE + SPOUSE	\$1,972.38
RETIREE + CHILDREN	\$1,743.11
RETIREE + FAMILY	\$2,683.13

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# Medicare Retiree Plan Option *(Calendar Year Benefit)*

Monthly Premium: **\$149.60**

Plan	BCBSMT Medicare Advantage Plan
Network	In Network and Out of Network Benefits
Medical Deductible	\$250
Rx Deductible	\$250
Coinsurance	20%
Medical out of Pocket Max (includes deductible)	\$2,500
<b>Office Visit</b>	
Office Visit	\$10 Copay
<b>Preventive Care</b>	
Preventive Care	100%
<b>Outpatient Lab</b>	
Outpatient Lab	\$0 Copay
<b>Outpatient Diagnostic Procedures</b>	
Outpatient Diagnostic Procedures	\$10 Copay
<b>Outpatient Therapeutic Radiology</b>	
Outpatient Therapeutic Radiology	\$40 Copay
<b>Outpatient Diagnostic Radiology Services / X-Ray</b>	
Outpatient Diagnostic Radiology Services / X-Ray	\$20 Copay
<b>Outpatient Advanced Imaging (MRI, MRA, CT Scan, PET)</b>	
Outpatient Advanced Imaging (MRI, MRA, CT Scan, PET)	\$75 Copay
<b>Emergency Care</b>	
Emergency Care	\$90 Copay
<b>Ambulance</b>	
Ambulance	\$150 Copay
<b>Hospital (Inpatient – Acute Care)</b>	
Hospital (Inpatient – Acute Care)	\$175/day (days 1-6) \$0/day (days 7+)
<b>Hospital (Outpatient)</b>	
Hospital (Outpatient)	Variable Copay Structure
<b>Chiropractic (coverage limited to manual manipulation of the spine to correct for subluxation)</b>	
Chiropractic (coverage limited to manual manipulation of the spine to correct for subluxation)	\$20 Copay
<b>Outpatient Cardiac Rehab</b>	
Outpatient Cardiac Rehab	\$40 Copay
<b>Outpatient Pulmonary Rehabilitation Services</b>	
Outpatient Pulmonary Rehabilitation Services	\$20 Copay
<b>Outpatient OT/PT/ST</b>	
Outpatient OT/PT/ST	\$40 Copay
<b>Dental Benefits No Deductible or Waiting Periods</b>	
Preventive & Diagnostic	\$5 Copay
Basic Restorative	0%
Major Restorative	0%
<b>Vision Benefits</b>	
Routine Eye Exam	\$20 Copay (\$40 allowance Out of Network)
Eyewear Allowance	\$150 Materials Allowance
Eyewear Allowance Benefit Period	Once every 24 Months
<b>Routine Hearing</b>	
Routine Hearing Exam	\$15 Copay
Hearing Aids Allowance	\$1,000 Allowance
Benefit per Ear or Combined	Combined
Hearing Aid Allowance Benefit Period	Once every 36 Months

# Medicare Advantage Prescription Drug Benefits

		Phase 1: Deductible					
		<b>\$250 Tiers 1-5</b>					
		Phase 2: Initial Coverage Limit (ICL)					
		The following cost shares will apply up to the ICL amount: \$5,030					
		Retail Pharmacy and Mail Order					
		30-day supply		60-day supply		90-day supply	
		Preferred	Standard	Preferred	Standard	Preferred	Standard
<b>Tier 1</b>	<b>Preferred Generic</b>	\$0	\$7	\$0	\$14	\$0	\$21
<b>Tier 2</b>	<b>Generic</b>	\$6	\$13	\$12	\$26	\$18	\$39
<b>Tier 3</b>	<b>Preferred Brand</b>	\$26	\$33	\$52	\$66	\$78	\$99
<b>Tier 4</b>	<b>Non-preferred Drug</b>	\$56	\$63	\$112	\$126	\$168	\$189
<b>Tier 5</b>	<b>Specialty</b>	25%	25%	25%	25%	25%	25%
		Phase 3: Coverage Gap					
		When member reaches the \$2,000 maximum out-of-pocket limit, cost shares will no longer apply.					

Notes	
<sup>1</sup> Rates are per member per month for persons who have Medicare as primary coverage. <ul style="list-style-type: none"> <li>• Areas in <b>BOLD</b> indicate amounts required by the federal government to all 2022 Medicare Part D program and are not subject to negotiation. Amounts in <b>BOLD</b> are subject to change annually per CMS requirements.</li> <li>• All cost-sharing presumes eligible prescriptions filled at a network pharmacy or our mail-order vendor.</li> <li>• The Blue Cross Group MedicareRx (PDP) formulary is reviewed and approved annually by the Centers for Medicare &amp; Medicaid Services (CMS), but is subject to change as maintenance updates are made throughout the year.</li> </ul> Prescription drug plans provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.	

# PLAN CONTACTS

## HELPFUL RESOURCES

### Non-Medicare Retiree ENROLLMENT WEBSITE

Open Enrollment and Life Events **Plan Source**  
<https://benefits.plansource.com>

### Non-Medicare Retiree MEDICAL

#### Health Care Concierge

**Narus Health** [info@narushealth.com](mailto:info@narushealth.com) (888-585-3309)  
Group Policy # N81

### Cancer Care

[www.cancercareprogram.net](http://www.cancercareprogram.net) (877) 640  
9610

### Non-Medicare Retiree

#### PHARMACY BENEFIT MANAGER

**SmithRx** [www.mysmithrx.com/login](http://www.mysmithrx.com/login) (800) 759-3203 (Mail Order)  
(844) 454 5201 (Member Services)

### MAIL ORDER

#### AmazonRx

[www.amazon.com/smithrx](http://www.amazon.com/smithrx)  
(855) 206-3605

### Medicare Retiree

#### BCBSMT MEDICARE ADVANTAGE RETIREE PLAN

#### Ask Insurance

Wendy Nelson  
Medicare Specialist  
(406) 969-3000  
[wendy@justaskwendy.com](mailto:wendy@justaskwendy.com)

## ADDITIONAL RESOURCES

### Great Falls Public Schools

Heather Spurzem  
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(406) 268-6012 (call/text)  
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### Alliant Insurance Services

#### Alliant Insurance Services

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# 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 balance billing. 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 share your 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 coinsurance responsibility 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 account through 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-day waiting 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.