



Employee Benefits

2025 - 2026



 **Alliant**

Table of Contents

Welcome	2
Eligibility	3
Qualifying Life Event	4
How Do I Enroll?	5
Benefit Administration	6
Choose Your Medical Plan	8
Medical Plan Comparison	9
Pharmacy	10
Telehealth Benefits	11
Where To Go For Care	12
Important Terms	13
Which Plan is Right For You?	14
Dental Plan	15
Vision Plan	16
Health Savings Account (HSA)	18
Flexible Spending Accounts (FSA)	19
Life Insurance	21
Disability Coverage	22
Employee Assistance Program	23
Voluntary Benefits	24
Understanding Medicare	28
Employee Contributions	29
Contacts	32



This benefit summary describes the benefit plans available to you as an employee of Billings Public School District. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts.

This summary is meant only to cover the highlights of each plan; It does not contain all the details that are included in your carrier plan documents. Your carrier plan documents supersede any information in this Benefit Guide.

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Billings Public School District.

Welcome!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs.

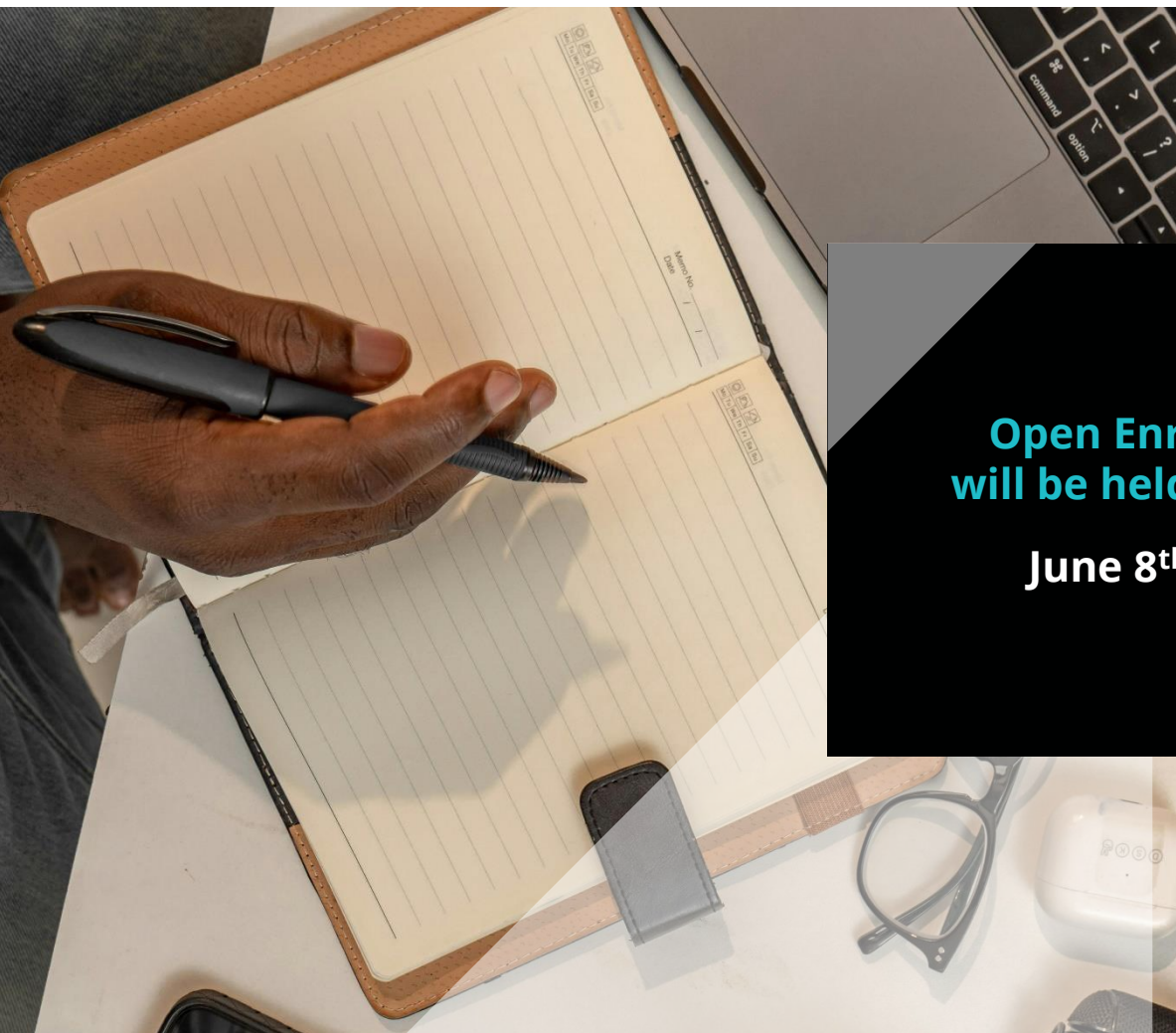
Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

Open Enrollment: Take Action!

This Open Enrollment is an **Active Enrollment** meaning if you will need to take action and confirm your benefit elections in the Employee Navigator System. The District also needs you to complete and/or update your Beneficiary Information. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to **one of our Benefits Specialists at benefits@billingsschools.org**.

REQUIRED: If you are married to another employee in the District, you must go into the Benefits Office to ensure you get the correct premium.



**Open Enrollment
will be held through:**

June 8th, 2025

Eligibility

Benefit Eligibility

You and your eligible family members may participate in the 2025 employee benefits program if you meet the minimum work-hour requirements.

- Teachers/Administrators working 0.5 hours
- BCEA Local #7770 and Contract Support Employees working more than 17 hours/week

Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

- Your legal spouse in which the marriage was formalized
- Children up to age 26*
- A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of disabled status must be provided)

Dependent Verification (if applicable)

New dependents enrolled in medical plans will be reviewed and verified by the plan administrator.

This process will help reduce the escalation of benefit plan rate increases, which is good for everyone, including you as a member.

A partial list of documents you may be asked to provide includes:

- Marriage Certificate
- Federal Tax Return
- Birth Certificate
- Adoption Certificate
- Court Order/QMCSO



***Enrolled children lose coverage when they turn 26. Coverage will end the last day of the month in which they turn 26. You must inform HR 30 days prior to your dependent reaching their 26th birthday.**

New-Hire Eligibility

New hires can join the plan the:

- BCEA Local #7770 (Temporary Staff) First of the month following 90 working days.
- Teachers/Administrators effective upon contract date.
- All other employees effective first working day of the month in which they are hired.

Spouses and dependent children of the eligible employee are also eligible to participate in our benefit plans.

Qualifying Life Event

Your benefit elections made during Open Enrollment will be effective July 1, 2025. You may not make changes to your elections unless you experience a qualifying life event.

Common qualifying events include:

- Change in the number of your dependents (through birth or adoption or if a child is no longer an eligible dependent)
- Change in spouse's employment status (resulting in a loss or gain of coverage)
- Change in legal marital status (marriage, divorce, or legal separation)
- Change in employment status from full-time to part-time or part-time to full-time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Entitlement to Medicare or Medicaid
- A court order to provide health coverage for your eligible dependent (QMSCO)

Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)



IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation WITHIN 60 DAYS of the qualifying life change event.

Login to Employee Navigator to process a Qualifying Life Event.

How Do I Enroll?

LOG IN

Log into Employee Navigator at
www.employeenavigator.com

Company Code: BPS2

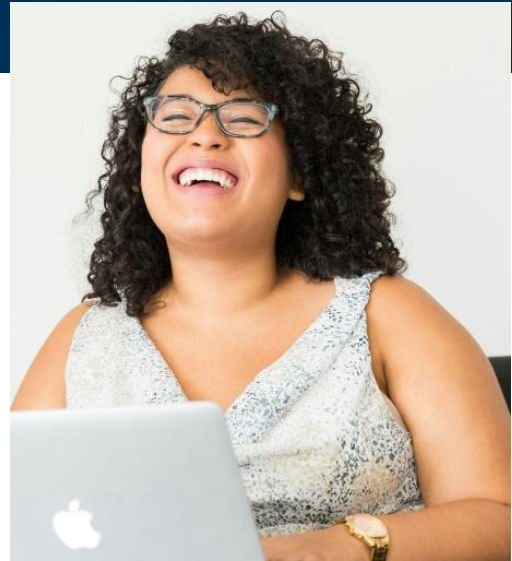
CHOOSE YOUR PLAN

Electing coverage for you and your family members is one of the most important decisions you will make as a new hire or during Open Enrollment. ENROLL

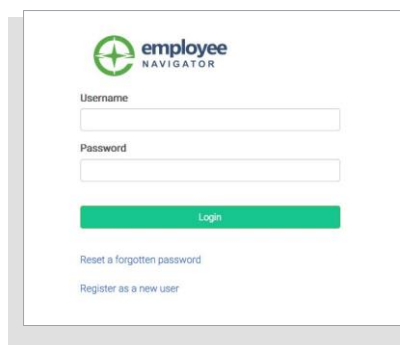
Based off of the best value plan for your needs, enroll in your benefits.

REMINDER!

Benefits enrollment must be completed by June 8th. Make sure you click 'submit' to save your elections before closing the window.



ENROLL IN YOUR BENEFITS: One step at a time



employee NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

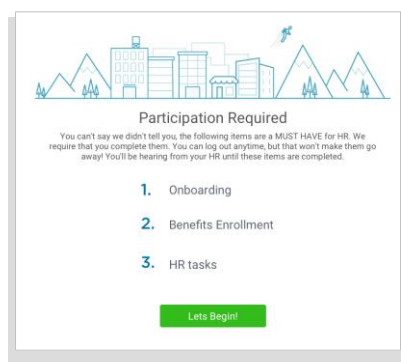
[Register as a new user](#)

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

Company ID : BPS2



Participation Required

You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

Let's Begin!

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

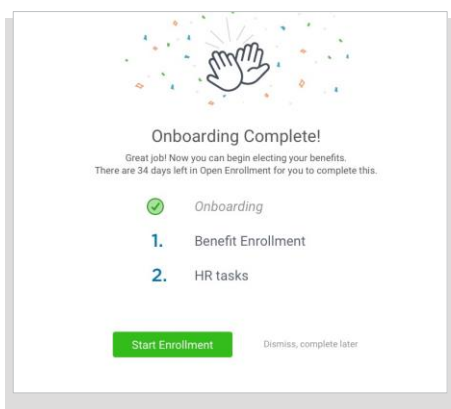
Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits.

Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

Onboarding

1. Benefit Enrollment
2. HR tasks

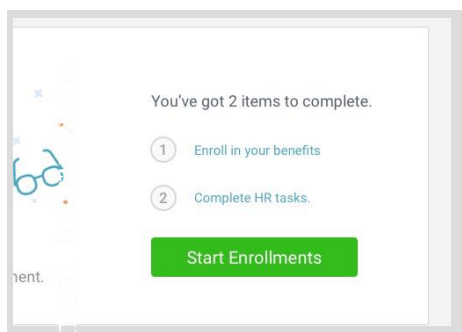
Start Enrollment Dismiss, complete later

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



You've got 2 items to complete.

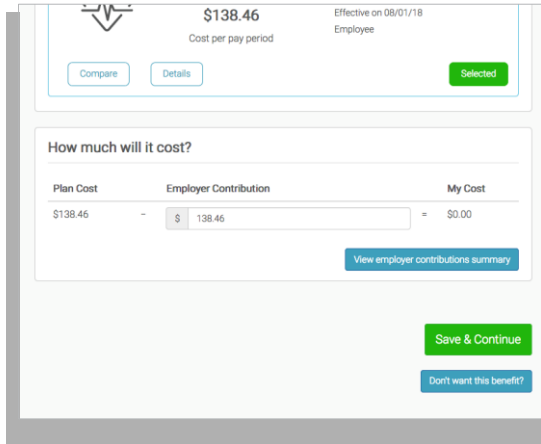
- 1 Enroll in your benefits
- 2 Complete HR tasks.

Start Enrollments

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



The screenshot shows a benefit election interface. At the top, it displays a cost of \$138.46 per pay period, effective on 08/01/18 for an employee. Below this, there are buttons for 'Compare', 'Details', and 'Selected'. A section titled 'How much will it cost?' shows a table with 'Plan Cost' at \$138.46, 'Employer Contribution' at \$138.46, and 'My Cost' at \$0.00. A 'View employer contributions summary' button is present. At the bottom, there are 'Save & Continue' and 'Don't want this benefit?' buttons.

Click **Save & Continue** at the bottom of each screen to save your elections.

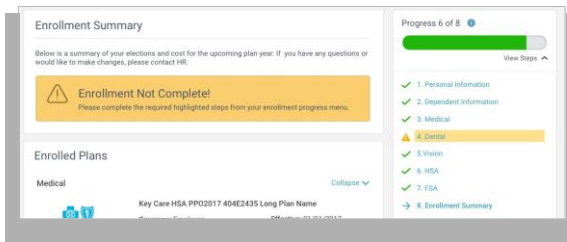
If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



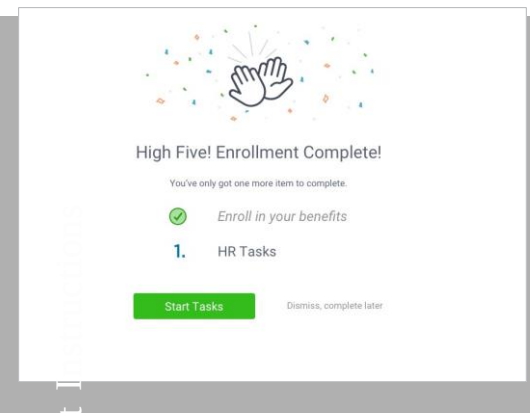
The screenshot shows the 'Enrollment Summary' page. It includes a progress bar indicating 'Progress 6 of 8'. A warning message states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a list of 'Enrolled Plans' including 'Medical' and 'Key Care HSA PPO2017 40ME2435 Long Plan Name'. A sidebar on the right shows a checklist of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental, 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary. Step 4, 'Dental', is highlighted in yellow.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' Below this, there is a checklist with 'Enroll in your benefits' and '1. HR Tasks'. A green 'Start Tasks' button is prominently displayed, along with a 'Dismiss, complete later' link.



You can login to review your benefits 24/7

Choose Your Medical Plan



Understanding Your Plan Options

Your medical plans will be offered through EBMS. Please review your plan summaries or SBCs for coverage information and full plan details located on the BPS Homepage.

Elections you make during Open Enrollment will be effective July 1, 2025 and remain in effect until June 30, 2026 unless you experience a Qualified Life Event.

Plan 1: Traditional \$1,000 (individual) / \$2,000 (family)

The Traditional Plan is Embedded which means that each individual will have their own individual deductible to satisfy, one or more members may satisfy the family deductible or out-of-pocket maximum. This plan covers generic medications at 100% through HealthDyne (transitioning to Costco Mail in 2025).

Plan 2: HDHP \$1,650 (individual) / \$3,300 (family)

The HDHP plan is Non-Embedded which means that if you are enrolled in family coverage, all family members must satisfy the family deductible and out-of-pocket maximum. The individual amounts only qualify for a single enrollee/Employee Only Coverage.

Register Online*

Your connection to great healthcare is only a click away. Register for an online account at www.miBenefits.EBMS.com so you can access time- saving tools, tips for healthy living, view lab results, choose a doctor, manage your EOBs, and more!

www.miBenefits.EBMS.com

Download the Mobile App*

With the miBenefits mobile app, you've got the tools you need to manage your healthcare all from your smartphone. The mobile app is available in the Apple and Google Play store.

*Employees will need their carrier-assigned ID number to register for online services and mobile app.

Embedded vs Aggregate Deductibles

Embedded

The deductible on the BPS, as well as the out-of-pocket maximum uses an "individual" approach. This means that the family amount can be met by any combination of family members, but each individual will never be subject to more than the individual amount.

Medical Plan Comparison



PLAN 1: Traditional

In-Network

PLAN 2: Qualified High Deductible

In-Network

PLAN FEATURES

Annual Deductible
(Individual/Family)

\$1,000
/ \$2,000

\$1,650
/ \$3,300

Annual Out-of-Pocket Maximum
(Individual/Family)

\$3,000
/ \$6,000

\$3,600
/ \$7,200

Embedded

Non-Embedded

YOUR COSTS FOR CARE

Coinsurance

30%*

30%*

Preventive Care

No cost

No cost

Primary Care Physician (PCP)

\$25 copay

30%*

Virtual Visits

No cost / \$0

No cost / \$0

Specialist Visit

30%*

30%*

Urgent Care

\$25 copay

30%*

Emergency Room

30% Coinsurance*

30% Coinsurance*

Ambulance

30% Coinsurance*

30% Coinsurance*

Inpatient Hospital

30% & \$300 copay/admission

30% & \$300 copay/admission

Outpatient Hospital

30%*

30%*

Mental Health

30%*

30%*

Outpatient Surgery

30%*

30%*

Lab/X-Ray (Outpatient)

30%*

30%*

* After deductible

Embedded: Each individual will have their own individual deductible to satisfy, one or more members may satisfy the family deductible or out-of-pocket maximum.

Non-Embedded: If enrolled in family coverage, all family members must satisfy the family deductible and out-of-pocket maximum. The individual amounts only qualify for a single enrollee.

Deductible & Out-of-Pocket Accumulates begin on July 1st and end on June 30th

Pharmacy

Prescription drug coverage through EBMS is included with all of our medical plans. You can also purchase a 90-day supply through Costco mail order pharmacy powered by Costco. Review the chart for the amount you will pay for a 30-day supply of the prescription drug category listed. Your medical ID card will also include information on your prescription drug coverage.

	PLAN 1: Traditional	PLAN 2: Qualified High Deductible
	In-Network	In-Network
PHARMACY COSTS		
RETAIL 30-DAY SUPPLY		
Generic	30%*	30%*
Preferred Brand	30%*	30%*
Non-preferred Brand	30%*	30%*
Specialty	30%*	30%*
MAIL ORDER 90-DAY SUPPLY		
Generic	0%, deductible waived	30%*
Preferred Brand	30%*	30%*
Non-preferred Brand	30%*	30%*
Specialty	30%*	30%*

* After medical deductible is met

Access Your Prescription Drug Coverage

To view a list of covered drugs, find cost estimates, locate an in-network pharmacy, register for mail-order delivery, and review other important information about your prescription drug coverage.

Visit www.ebms.com
Call 1.866.248.7204 or
Call Navitus at
1.866.333.2757



Telehealth Benefits



We've all been there - it's the middle of the night and you have a sick child or maybe you are trying to get an appointment with your primary care provider, but the first appointment isn't for two weeks. Good news... there's an easier way!

Telehealth provided by Recuro Health is a convenient option for scheduling virtual doctor visits from your own home. With telehealth, you don't have to drive to the doctor's office or sit in a waiting room when you're sick - you can see your doctor from the comfort of your own bed or sofa.

With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatrician's who can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections



In addition, you can:

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Avoid the costly copays and deductibles of the ER and Urgent Care Clinic.

Register and get started today:

www.member.recurohealth.com

Or contact (855) 6RECURO

(855) 673-2876

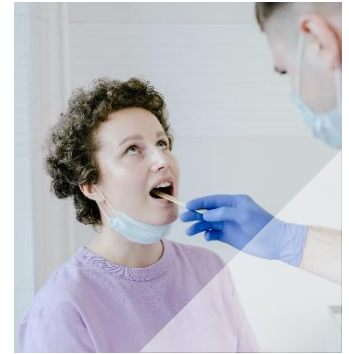
Costs

\$0 consult Fee

Where To Go For Care

Choose the right care option to save time & money

When you need care, it's important to select a care option that meets your needs while reducing your out-of-pocket cost.



CARE TYPE	CARE OPTIONS				
	EAP (Employee Assistance Program)	Reкуро Virtual Care	Doctor Visit	Urgent Care	Emergency Room
	No Cost	\$0 Consult	\$	\$\$	\$\$\$
	USE THIS CARE OPTION FOR:				
	No-cost support for any life concern you or your household members are facing	Minor conditions or concerns that don't require to see a doctor in-person	Conditions and concerns that require in-person treatment	Non-emergency concerns that cannot wait for your primary doctor	Life threatening conditions or illnesses
Substance Dependency	X	X	X	X	
Stress, Anxiety, and Depression	X	X	X	X	
Minor Headache		X	X	X	
Nausea, Vomiting, Diarrhea		X	X	X	
Bumps & Scrapes		X	X	X	
Cough, Sore Throat, Congestion		X	X	X	
Urinary Burning		X	X	X	
Mild Abdominal Pain		X	X	X	
Earache			X	X	
Rash			X	X	
Back Pain			X	X	
Sprain & Strain			X	X	
Vaccination			X	X	
High Blood Pressure			X	X	
Cuts & Stitches				X	
Severe Pain				X	
Broken Bone				X	
Ongoing Blood Loss					X
Chest Pain and Numbness in Face, Arm, or Leg					X
Sharp Abdominal Pain with High Fever					X
Loss of Consciousness					X
Life Threatening Injury or Illness					X

Important Terms

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles.

An example

If your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe.

An example

If the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.



Out-of-Pocket Maximum

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

In-Network Provider

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

Out-of-Network Provider

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."



Which Plan is Right For You?

When choosing between a Traditional and an HDHP (High Deductible Health Plan) there are several factors to consider.

High Deductible Health Plan:

Higher deductible:

As the name suggests, HDHPs have a higher deductible compared to other plans. This means you'll need to pay more out of pocket before your insurance coverage kicks in.

Lower premiums:

HDHPs typically come with lower monthly premiums. This can be advantageous if you want to save on your regular health insurance costs.

Health Savings Account (HSA):

With an HDHP, you're eligible to open an HSA. An HSA allows you to make tax-free contributions, accumulate tax-free growth, and use the money tax-free for medical expenses.

Employer Contribution:

BPS BEA/ADMIN

Employees working 1.0 FTE will receive \$75 per plan year toward their HSA or FSA. Employees must choose one of these options. This amount will be prorated for employees under 1.0 FTE.

BCEA/LOCAL #7770 and 1.0 Contract Support

Employees working 20+ hours per week and that have Employee Only HDHP medical coverage qualify to receive \$89 per month.

Traditional Health Plan:

Lower deductible:

Traditional Health Plans have a lower deductible compared to HDHPs.

Higher premiums:

Traditional Health Plans come with higher monthly premiums.

Cost-sharing:

Traditional Health Plans typically have cost-sharing arrangements, where you pay a percentage of the cost for services (such as copayments or coinsurance).

NOTE: Both options above have coverage for out-of-network:

You have coverage when seeking services out of network but your cost-share can be higher as out of network providers are not obligated to accept the contracted rates and can balance bill for services.

Consider an HDHP if:

- You're relatively healthy and don't visit the doctor frequently.
- You want to take advantage of the tax benefits of an HSA.
- You're comfortable with higher out-of-pocket costs when you need medical care.

Consider a Traditional if:

- You want a lower deductible and lower out-of-pocket maximum.
- You're willing to pay higher premiums for lower out-of-pocket costs.

Remember

Your decision should align with your overall health needs, financial situation, and preferences. Assess your own health history, anticipated medical expenses, and comfort level with risk to determine which plan best suits your needs.



Dental Plan



Dental Plan*	Plan 1
Annual Deductible Individual/Family	\$50/\$100
Annual Maximum Per Person	\$2,000
Preventive Care Routine Cleanings, Exams (twice a year)	100%
Basic Services Fillings, Routine Extractions	20% after deductible
Major Services Crowns, Dentures, Bridges	50% after deductible
Orthodontia	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	\$2,000

*You have the option to visit any dental provider you wish, but you will pay less by utilizing in-network care.



In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage is offered for basic and major services.

The dental plan also includes 100% coverage for preventive care. You and your eligible dependents may enroll in dental coverage option administered by MetLife.

Access your dental coverage

To review your benefits and eligibility information, track claims, get cost estimates, print additional copies of your ID card, and more, please see the contact information below.

Visit www.metlife.com
Call 1-800-942-0854

Voluntary Vision Plan



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by VSP and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



Vision Plan**	Plan 1
WellVision Exam (Once Every 12 Months)	\$10 copay
Routine retinal screening	Up to \$39
Lenses (Once Every 12 Months) Single Vision - Bifocal - Trifocal - Impact Resistant for children -	\$25 copay
Frames (Once Every 12 Months)	Up to \$170 allowance for Featured Frames/\$150 frame Allowance: plus 20% off any amount above allowance \$85 Allowance at Costco, Walmart & SamsClub
Contact Lenses* (Once Every 12]Months) Medically Necessary - Elective -	Covered in full \$25 copay for fitting, up to \$150 allowance
Additional Service Sunglasses, protective eyewear, etc.	You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sams Club.

* In lieu of glasses

** You have the option to visit any vision provider you wish, but you will pay less by utilizing in-network care with the VSP Signature Network.

Access your vision coverage

To check your coverage, access your vision card, find in-network eye doctors, view special offers and discounts, shop eyewear fashions, and more, please visit www.metlife.com scroll to the "how can we help you" section and click on "find a provider", select "VSP Choice" as your network.

www.vsp.com
Choice Network
800-877-7195
Download the app

MetLife Member Resources

Mobile Resources:

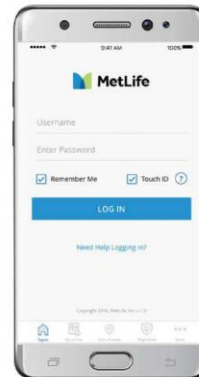
Your Member mobile app allows you convenience in the palm of your hands – anytime, anywhere.

Dental:

- Find a dentist
- Get estimates on most procedures
- View your Plan Summary
- View your Claims
- Track your brushing & flossing

Vision:

- Find a provider
- View your ID card



Online Resources:

Members can create a member account online at www.online.metlife.com/benefits or mybenefits.metlife.com

Enter your employer name at the upper-right corner of the page, from there a drop down menu will appear and you will have options to choose from that will allow you to Create a New Account or Register.

Health Savings Account (HSA)

What is a Health Savings Account?

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, co-insurance, prescriptions, vision and dental expenses. They are paired with high deductible health plans that have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- Lower paycheck costs
- Tax-advantaged savings account

Who is Eligible for an HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- Cannot be enrolled in a traditional health care FSA, but you can still participate in the limited health care FSA.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months

How Much Can I Contribute to an HSA?

The 2025 IRS maximums set out below will include any employer contributions.

- Employee only coverage: \$4,300 per calendar year
- Employee plus dependents coverage: \$8,550 per calendar year
- If you are 55 or older, you can make an additional annual catch-up contribution of \$1,000

To learn more, see IRS Publication 502 at www.irs.gov

How Much Does BPS Contribute to my HSA?

Employees must contribute to an HSA account to receive an upfront contribution. New hires will receive a pro-rated upfront contribution and additional pro-rated matches throughout the year.

BPS BEA/ADMIN

Employees working 1.0 FTE will receive \$75 per plan year if they elect the High Deductible Health Plan option.

BCEA/LOCAL #7770 and 1.0 Contract Support

Employees working 20+ hours per week and that have Employee Only HDHP medical coverage qualify to receive \$89 per month.

HSAs and Your Taxes

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty - you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note:

You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.



Flexible Spending Accounts (FSA)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Health Care FSA (HCFSA)

What does it cover?

Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.

Who can participate?

Employees not enrolled in a medical plan, or employees enrolled in the company PPO Plan. You cannot participate in the healthcare FSA if you are enrolled in a HDHP.

What are the contribution limits?

Employees can contribute up to \$3,300 per plan year for the year 2025.

What happens at the end of the year?

FSA funds expire at the end of each year; they are use it or lose it funds with the exception of a carryover allowance of \$660 (the IRS maximum)

The Health Care FSA as of the end of any Plan Year (and after the processing of all claims for such Plan Year) shall be forfeited.

Limited Purpose FSA (LPFSA)

What does it cover?

You can use the funds for any qualified dental or vision expenses. No medical plan co-pays, deductibles, prescription drugs or alternative healthcare are eligible expenses through a Limited Purpose FSA.

Who can participate

Employees enrolled in a HDHP high-deductible health plan.

What are the contribution limits?

Employees can contribute up to \$3,300 per plan year for the year 2025.

What happens at the end of the year?

FSA funds expire at the end of each year; they are use it or lose it funds with the exception of a carryover allowance of \$660 (the IRS maximum)

Choosing the Correct FSA

Your chosen medical plan determines which type of Health Care FSA you can elect. If you get it wrong, we will automatically convert your enrollment choice.

Employer Contribution:

BPS BEA/ADMIN

Employees working 1.0 FTE will receive \$75 per plan year if Traditional Plan is elected.

FSA Account Management

Provided by EBMS, Members can access accounts through the following services:



EBMS CDH Member Online Portal

- Visit www.ebms.com and click on the green Login button to access your miBenefit account and then click on register now



EBMS CDH Mobile App

- If you already have an EBMS CDH mobile user ID, you can enter it and tap login.
- If this is your first-time logging into the EBMS CDH app you must register before you can access the application.

To learn more, see IRS Publication 502 at www.irs.gov

Flexible Spending Accounts (FSA)

If you care for a child or adult who is incapable of self-care, who lives in your home for at least eight hours each day, and whom you can claim as a dependent on your income taxes, you may be able to take advantage of dependent care through a flexible spending account (FSA).

Dependent Care FSA (DCFSA)

What does it cover?

Qualified day care expenses for children younger than age 13 and adult dependents who are incapable of caring for themselves.

Typical eligible expenses you can use your DCFSA to pay for include, adult day care facilities, application fees for daycare, babysitting (work-related), extended care (before or after regular school hours), late pickup fees for daycare, licensed nursery schools and preschool tuition.



Who can participate?

Any eligible employee.

What are the contribution limits?

Employees can contribute up to \$5,000 annually per family or \$2,500 if filing separately.

Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

Does being divorced affect use of a DCFSA?

Yes, if you are divorced, only the custodial parent may use a DCFSA.

What is the reimbursement process?

Instead of using FSA money to pay for expenses directly, you pay those costs out-of-pocket and then apply for reimbursement. You'll need to complete a claim form provided by your employer and attach receipts or proof of payment.

Remember to keep your receipts and other supporting documentation related to your DCFSA expenses, as the IRS may request itemized receipts to verify the eligibility of your expenses.

What happens at the end of the year?

If you don't spend all the money in your account, you forfeit the leftover balance at the end of the year.

DCFSA claims must be submitted within a 90 day period following the plan year.

To learn more, see IRS
Publication 503 at
www.irs.gov

Life Insurance

Employer Paid Basic Life and Accidental Death and Dismemberment (AD&D)

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by BPS, so you will automatically be enrolled at no cost to you. Your coverage will be a fixed amount of

Superintendent: \$200,000

Admin/Certified/Non-Cert: \$50,000

Voluntary Life and AD&D Insurance

You may purchase additional life insurance at group rates:

- **NEW!!! INCREASE GUARANTEED ISSUE AMOUNT available in increments of \$25,000 up to \$200,000**
- You pay the full cost of this plan and the amount deducted depends on the age of the employee and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over \$200,000 is made, you are subject to medical underwriting by the carrier
- Your Maximum Benefit elected cannot exceed \$500,000 or 7x's your annual salary, whichever is lower.

Voluntary Spousal and Child Life Insurance

You may purchase additional dependent life insurance at group rates:

- Spousal and child coverage is only available in addition to voluntary employee coverage
- **NEW!!!! INCREASED Spousal life is available in increments of \$5,000 up to a max of \$50,000 or 100% of the employee amount**
- Spousal life can be elected up to \$35,000 without medical underwriting as a new hire
- **NEW!!! INCREASED Child life is available at a flat benefit of \$10,000**
- Children are not subject to medical underwriting
- The cost remains the same regardless of the number of children you have

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI).

If the amount requested is more than the GI, you will need to provide EOI before the amount over GI becomes effective.

For those who previously waived coverage or those who wish to increase their cover you will need to provide EOI.

Voluntary Life Insurance Premiums

Please visit www.employeenavigator.com to calculate your monthly premium amount and elect this coverage.



Don't forget to update your beneficiary in Employee Navigator! Your beneficiary is the person who will receive the cash benefit should you experience a covered incident. Many states require that a spouse be named as the beneficiary unless they sign a waiver.

Benefit amounts are subject to age reduction when a covered person reaches and/or exceeds the age of 65. See the plan document for full details.

Disability Coverage

We want to do everything we can to protect you and your family. That's why BPS pays for the full cost of long-term disability insurance - meaning that you owe nothing out of pocket and offers a Voluntary Short-Term Disability option.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Voluntary Short-Term Disability (STD) Plan

The STD plan* provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your exemption/union status.

Weekly benefit amount:

60% of your total covered weekly earnings, up to a maximum of \$1,500 per week.

Benefits begin:

After 7 days of time off unless admitted to hospital

Maximum payment period:

12 weeks

Filing a Short-Term Disability Claim

In order to receive benefits, you must report your disability claim to UNUM if you will be out of work for more than three days.

You can contact UNUM by phone, website, or through their app or by reaching out to HR.

Group Paid Long-Term Disability (LTD) Plan*

If you are enrolled in the LTD plan*, and are disabled and out of work for 90 days or more, you may be eligible for a LTD benefit each month.

Total covered earnings is your basic salary not including commissions, bonus or overtime.

This benefit continues until you recover or reach your Social Security normal retirement age, whichever is sooner.

Monthly benefit amount:

Admin/Certified/Non-Certified:

60% of your total covered earnings up to a maximum of \$2,500 per month.

Superintendent:

50% of your total covered earnings up to a maximum of \$5,000 month

Benefits begin:

The day after the 90 day elimination period ends

Maximum payment period:

Social Security normal retirement age



Notes

*You will automatically be enrolled in the Long-term Disability coverages for the calendar year.

* LTD is provided at no cost to eligible employees.

Employee Assistance Program

Employee Assistance Program is your go-to support line whenever you're facing a life situation and are unsure about how to proceed. Whether you or a family member are dealing with stress, anxiety, depression, chemical dependency, care concerns, financial concerns, legal concerns, or anything else, the EAP offers you confidential 24/7 support. All employees are eligible for this no-cost benefit.

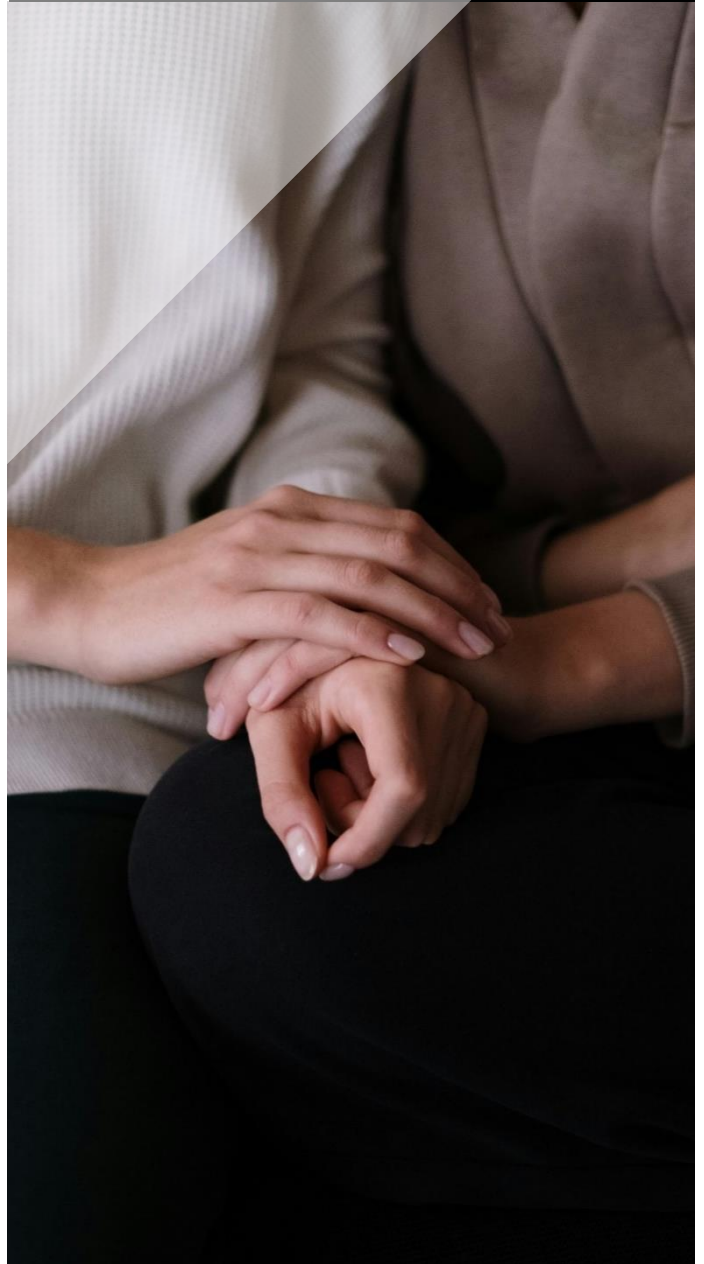
Contact the EAP for support with:

- Family concerns including going through a divorce, caring for an elderly family member, and returning to work after having a baby
- Work concerns including job relocation, building relationships with co-workers and managers, and navigating reorganization
- Money matters including budgeting, financial guidance, retirement planning, buying or selling a home, and tax issues
- Legal services including issues relating to civil, personal and family law, financial matters, real estate and estate planning
- Identity theft recovery including ID theft prevention tips and help from a financial counselor if you are victimized
- Health concerns including coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- Everyday life concerns including moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, and training a new pet

And more!

In addition to over the phone counselor support, you and your family members also have access to in-person sessions for face-to-face support.

Please reach out to benefits@billingschools.org for more information!



Voluntary Benefits

Accident Insurance

Accident Insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

How does Accident Insurance work?

Accident Insurance provides you an additional level of financial protection if you experience a covered non-work-related accident such as a broken bone, concussion, or laceration.

Example scenario - Regina breaks her ankle

Regina loves to hike but slips and breaks her ankle. To treat her condition, she undergoes a number of care services including x-rays, surgery, medical equipment, and ongoing physical therapy. Because Regina had Accident Insurance, she receives a cash payment of \$3,345 which she uses towards her monthly bills and expenses.*

Covered expenses typically include:

- Emergency room visits
- Hospital stays
- Fractures and dislocations
- Medical exams
- Physical therapy
- Transportation and lodging

Critical Illness Insurance

Critical Illness provides you a cash payment if you or a covered person experiences a covered condition such as heart attack, cancer, and/or stroke. You can purchase a benefit amount of \$5,000 to \$50,000 for you, and \$2,500 up to \$25,000 of your coverage for your spouse and/or dependent children (not to exceed 50% of the employee amount).

Example scenario - Dave has a stroke.

Thankfully, he's expected to make a full recovery. Because he was signed up for \$20,000 of Critical Illness Insurance, he receives a check for \$20,000 which he uses to cover his out-of-pocket medical expenses. The rest he deposits into his savings for later use.*

Covered conditions typically include:

- Heart attack
- Major Organ Failure
- Stroke
- Invasive Cancer
- End Stage Renal Disease

*All scenarios are for illustrative purposes only. Actual payments may vary.



Voluntary Benefits

Whole Life Plus Insurance

Whole Life Insurance to provide your family peace of mind and coverage for final expenses. Whole life insurance stays the same throughout the life of the policy.

Benefits and Features:

- Choose the age when your premium payment ends age 70 or age 100
- Stand-alone spouse policy available even if you do not buy a policy for yourself
- Ability to keep the policy regardless of job attachment
- Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses.
- Build-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness.
- Premiums do not change throughout the lifetime of the policy regardless of age or health
- Accumulates case value based on a non-forfeiture interest rate of 3.75
- Policy loans available which can be used for emergencies

Accidental Death Rider

- The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70.

Chronic Care Accelerated Death Benefit Rider

- If certified that you have a chronic illness, you may receive an advance on all or a portion of the death benefits.

Critical Illness Accelerated Death Benefit Rider

- If you suffer a heart attack (myocardial infarction), stroke or end stage renal (kidney) failure, a \$5,000 benefit is payable.

Guaranteed Purchase Option Rider

- Can purchase additional whole life coverage – without having to answer health questions – at 3 different points in the future. The rider may only be added if you are age 50 or younger when you purchase the policy.

Waiver of Premium Benefit Rider

- Premiums are waived (for the policy & riders) if you become totally disabled before the policy anniversary following your 65th birthday and satisfy the 6-month elimination period.

To Obtain a Premium Quote

- Please visit Employee Navigator to see options and per pay period premiums.



Voluntary Benefits



Hospital Indemnity Insurance

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

Covered events typically include:

- Hospital admission
- Hospital confinement
- Hospital intensive care

How does Hospital Indemnity Insurance work?

Hospital Indemnity insurance provides you a cash payment due to hospitalization. You have three plan options to choose from to fit your needs.

Example scenario - Emily has a baby

Emily and her spouse are excited to have their second child. Emily knows she will be hospitalized for the delivery, so she enrolls in the High Plan. Everything goes according to plan and after three days in the hospital, Emily and her new baby are on their way home. Because Emily had Hospital Indemnity Insurance, she receives a cash payment of \$650 which she uses for a new baby swing and other items for the nursery.*

*All scenarios are for illustrative purposes only. Actual payments may vary.

Covered Events	Benefit Limit	Your Benefit Payments
Hospital Confinement	One day per covered person per calendar year	\$1,000 per day
Daily Hospital Confinement Benefit	365 Days per person per confinement	\$100 per day
Well Baby Hospital Confinement	5 days per confinement per covered person	\$25 per day
Wellbeing Assistance	One day(s) per covered person per calendar year	\$50 per day

Voluntary Benefits

Legal Insurance

Whether you need a simple will or your legal needs are more extensive, this program, provided by Legal Shield offers affordable legal services for a wide variety of legal matters.

Telephone and in-person legal consultations are available. And your coverage is portable, so you can continue to take advantage of low rates even if you leave BPS.

Plan benefits

- Personal Legal Consultation and Advice
- Contract & document review
- IRS Audit Assistance
- Trial Defence
- Uncontested Divorce, Separation, Adoption
- Legal Document Preparation and Review
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Access for covered situations



Website:

www.legalshield.com/info.legalplan

Get legal help when and where you need it.

With the app, you can:

- Directly access a dedicated provider law firm
- Upload speeding tickets and other legal documents for review
- Access 24/7 emergency help

Contact Info:

Rick Halmes
rmhalmes@hotmail.com
406.208.8142

Understanding Medicare

Turning 65? Understand Your Medicare Options

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

Call Alliant Medicare Solutions at 1-877-888-0165 to speak to a licensed insurance agent. Have your current medical coverage information available when you call.

Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.

If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

AlliantMedicareSolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Additional Online Resources

Your guide to Medicare



Medicare 101 video



Social Security planning video



Total Monthly Premiums

BEA/Administration

Employees working 1.0 FTE will receive the full employee medical contribution of \$1,017 towards the medical plan of their choosing. Employees with less than a 1.0 FTE will receive a prorated medical contribution. In place of a dental contribution BEA/Admin employees will receive \$75 per plan year in either an HSA or FSA depending on what medical plan you choose.

		PLAN 1 Traditional	PLAN 2 HDHP
Medical Premiums Monthly			
Employee		\$1,106	\$1,017
Employee + One		\$1,760	\$1,619
Employee & Children		\$1,823	\$1,678
Family		\$2,125	\$1,955

	
Dental Monthly	
Employee	\$65.64
Employee + Spouse	\$111.43
Employee & Children	\$124.14
Family	\$143.81

	
Vision Premiums Monthly	
Employee	\$8.67
Employee + Spouse	\$17.36
Employee & Children	\$18.54
Family	\$29.63



Total Monthly Premiums

BCEA/Local #7770/Contract Support

Employees working 20+ hours per week qualify for the employee medical contribution of \$1,106 & employee dental contribution of \$65.64 per month. Members with employee only HDHP medical coverage will receive \$89 per month into an HSA, FSA or limited FSA. Employees working 17-20 hours per week are eligible for benefits on a self-pay basis.

		
	PLAN 1 Traditional	PLAN 2 HDHP
Medical Premiums Monthly		
Employee	\$1,106	\$1,017
Employee + One	\$1,760	\$1,619
Employee & Children	\$1,823	\$1,678
Family	\$2,125	\$1,955

	
Dental Premiums Monthly	
Employee	\$65.64
Employee + One	\$111.43
Employee & Children	\$124.14
Family	\$143.81

 	
Vision Premiums Monthly	
Employee	\$8.67
Employee + One	\$17.36
Employee & Children	\$18.54
Family	\$29.63



Employee Contributions- Ancillary

UNUM

Rates are based on
\$1,000 selection basis

	Employee	Spouse
Voluntary Life Premiums Monthly		
Under 25	\$0.050	\$0.050
25 – 29	\$0.060	\$0.060
30 – 34	\$0.080	\$0.080
35 – 39	\$0.090	\$0.090
40 – 44	\$0.120	\$0.120
45 – 49	\$0.200	\$0.200
50 – 54	\$0.340	\$0.340
55 – 59	\$0.530	\$0.530
60 – 64	\$0.820	\$0.820
65 – 69	\$1.460	\$1.460
70 – 74	\$1.460	\$1.460
75-79	\$2.040	\$2.040
80+	\$2.040	\$2.040
Child	\$0.206	

Sample Calculation: 29 year old, elects \$50,000

- Election / per \$1,000 scale x rate = Monthly
- \$50,000 / 1,000 x \$0.060 = \$3.00 per month
- Please Note: The rates are estimated as they are converted to a per paycheck basis.

Legal Shield

Legal Protection Premiums Monthly	
Employee	\$16.95
Employee + Family	\$18.95

Colonial

Accident Premiums Monthly	
Employee	\$11.07
Employee & Spouse	\$17.37
Employee & Child(ren)	\$22.94
Family	\$29.40

Hospital Indemnity Premiums Monthly	
Employee	\$17.79
Employee & Spouse	\$37.89
Employee & Child(ren)	\$23.87
Family	\$43.97

Colonial

	Tier	17-24	25-29	30 – 34	35-39	40-44	45-49
Critical Illness Premiums Monthly							
Per \$1,000 Unit	EE Only	\$0.13	\$0.17	\$0.23	\$0.48	\$0.76	\$1.18
	EE + SP	\$0.19	\$0.25	\$0.35	\$0.71	\$1.13	\$1.76
	One-Parent Family	\$0.13	\$0.17	\$0.23	\$0.48	\$0.76	\$1.18
	Two-Parent Family	\$0.19	\$0.25	\$0.35	\$0.71	\$1.13	\$1.76

	Tier	50-54	55-59	60-64	65-69	70-74
Per \$1,000 Unit	EE Only	\$1.67	\$2.39	\$3.29	\$4.19	\$5.40
	EE + SP	\$2.51	\$3.57	\$4.93	\$6.28	\$8.10
	One-Parent Family	\$1.67	\$2.39	\$3.29	\$4.19	\$5.40
	Two-Parent Family	\$2.51	\$3.57	\$4.93	\$6.28	\$8.10

Critical Illness Benefit Rider premiums differ from rates shown here, please visit Employee Navigator for quote with Riders

UNUM

	Tier	15-24	25-29	30 – 34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Voluntary Short-Term Disability											
	EE Only	\$0.372	\$1.018	\$1.419	\$0.966	\$0.400	\$0.331	\$0.397	\$0.477	\$0.611	\$0.736

Contacts

Coverage	Contact	Phone	Website/Email
Medical	EBMS	800.777.3575	www.ebms.com
Dental	MetLife	800.300.4296	www.metlife.com
Vision	VSP through MetLife	800.438.6388	www.metlife.com www.vsp.com
Critical Illness	Colonial	800.325.4368	www.coloniallife.com
Accident Insurance	Colonial	800.325.4368	www.coloniallife.com
Hospital Insurance	Colonial	800.325.4368	www.coloniallife.com
Whole Life Insurance	Colonial	800.325.4368	www.coloniallife.com
Telemedicine	Recuro	855.6RECURO	www.recurohealth.com
Health Savings Account	EBMS	800.777.3575	www.ebms.com
Flexible Spending Accounts	EBMS	800.777.3575	www.ebms.com
Life and AD&D	UNUM	866.679.3054	www.unum.com
Voluntary Short-Term Disability	UNUM	866.679.3054	www.unum.com
Group Long-Term Disability	UNUM	866.679.3054	www.unum.com
Legal Assistance Program	Legal Shield-Rick Halmes	406.208.8142	www.legalshield.com
BPS Human Resources	BPS Benefits Specialists	406.281.5987	benefits@billingssschools.org
Alliant Insurance Services	Sarah Harne Krysta Theriault	406.438.3344 509.343-9548	Sarah.Harne@alliant.com Krysta.Theriault@alliant.com

