2025-2026 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 employees and their eligible family members. This package is designed to provide you with choice, flexibility and value.

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

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

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

This guide is an overview

The benefits in this summary are effective

October 1, 2025

through

September 30, 2026

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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CHANGE TO HEALTH INSURANCE CARRIER

2025/2026 BENEFITS

Includes Medical & Daycare Flexible Spending

- Health Insurance rates will be discussed.
- Retirees have a special session and are encouraged to attend
- Spouses are invited

Insurance Meetings

Date	Time	Location
Thursday, 9/11/25	10:00 AM	DOB- ASPEN

ALL ENROLLMENT INFORMATION IS DUE *NO LATER* THAN FRIDAY, SEPTEMBER 12, 2025

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.

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 2025-2026 School Year

Medical: Non-Medicare Retirees

- **GFPS is moving to a new TPA (Third Party Administrator) called First Choice Health Network, essentially the same network you had in prior years, just a new Customer Service and Claims processor.**
- There are small increases to monthly premiums, please see page 18 for details.

Base Medical Plan

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

Catastrophic Medical Plan

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

Prescription Drug Benefits

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

Medical: Medicare Retirees ACTION NEEDED.

- GFPS will renew the BCBSMT Medicare Advantage Plan and this will be the single offering for Medicare Retirees. Any members or dependents that qualify for Medicare will be automatically dropped from the District plan effective January 1, 2026. 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.

Medical Plan Options: Administered by First Choice

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

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

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

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

Alluvion Health Plan Summary
Non-Medicare Retiree Plan ONLY

Year	Health Insurance	Prepared By
2025-2026	First Choice with First Choice Health Network	Alluvion Health

Alluvion Health is excited to continue partnering with Great Falls Public Schools and First Choice to offer GFPS health plan members a comprehensive health benefit plan for the 2025-2026 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 First Choice; it is important to note that this is not a bill.

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

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

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

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

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

ALLUVION HEALTH

LOCATIONS

MAIN LOCATION
601 1st Ave N, Great Falls, MT 59401

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

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

ALLUVION HEALTH AT CCHD
115 4th St S, Great Falls, MT 59401

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

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

ALLUVION HEALTH CHOTEAU CLINIC
19 1st St NE, Choteau, MT 59422

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

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

ALLUVION HEALTH PHARMACY
105 6th St N, Great Falls, MT 59401

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

Monday-Friday: 7:30 am - 6:00 pm

ALLUVION HEALTH DENTAL CLINIC
202 2nd Ave S, Suite 203, Great Falls, MT 59401

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

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

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

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

QUALIFYING SERVICES

Appointment Types

- Office Visits (includes walk-in/same-day appointment availability)
- Telehealth appointments
- Office-based surgical procedures (skin tag removal, simple stitches, destruction of warts, ear wax removal with lavage)

Areas of Focus

- Men's and Women's Primary and Preventative Healthcare
- Pediatric Primary and Preventative Healthcare
- Behavioral and Mental Health
- Dental Care

Health Management and Conditions

- Primary and Preventative Needs
- Chronic Disease Management (Diabetes, Depression, High Blood Pressure)
- Stress management
- Mental Health Disorders (Depression, Anxiety, Mood Disorders)
- Individual Counseling
- Crisis Management
- ADHD Guidance/Therapy
- Allergy and Asthma Management
- Cardiology Consultations (EKG)
- MAT (Medication Assisted Treatment)

Wellness Exams/Routine Care

- Primary Care Follow-Ups
- Routine Health and Illness Visits
- Annual Comprehensive Wellness Visits
- Preventative Cancer Screenings (colorectal, breast, cervical, prostate, skin)
- Newborn Care
- Well Child Visits
- Physicals and Annual Exams (including sports, school, and workplace physicals)
- Nutrition and Weight Counseling
- Hospital follow-ups
- Pre-op exams
- Recommended Immunizations
- Referral(s) to Specialists

EXCLUDED SERVICES

Excluded services are any service not listed under Qualifying Services, including, but not limited to all procedures and appointments outside of Alluvion Health, all lab-work, allergy procedures and serums, and cost of prescription drugs.

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. www.fchn.com

Preventive care screening benefits

TYPICAL SCREENINGS FOR ADULTS

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

Preventive care for women should include breast and gynecological exams

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

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

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

What is Preventive Care?

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

Not all exams and tests are considered preventive

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

myFirstChoice

Member Portal

Find a Doctor: Locate a doctor/hospital/facility in your network

Select a PCP: Choose a Primary Care Physician

Cost & Quality: Compare cost and quality for providers based on procedure

Eligibility & Benefits: View people covered by your plan, benefits and eligibility, demographic information for you and your dependent(s), and benefit plan documents

Claims: View paid claims for yourself and any underage dependents and view/print Explanations of Benefits (EOBs)

Health Resources: Review additional health offerings, access procedure pricing, health tools, physician information, and other health information resources

ID Card: Order an ID card for yourself or your dependent(s)

Forms: Access Medical and Vision Claim forms, Release of Information, Authorized Representative, etc.

Electronic EOBs: Enroll in paperless statements*

News & Updates: Learn what's new

Contact Us: Access contact information

Account Settings: Reset your password, update your email, etc.

**Please Note: Dependents that are 18 and older need to enroll in paperless statements separately*

First

Go to www.fchn.com and click the green Sign In button at the top right corner to create an account. (Check your ID card for your member ID number - you'll need it to create an account.)

Contact a Customer Care Representative at the **phone number located on your ID Card** Monday through Friday, 8am to 5pm PST.

First Choice Health

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talkspace + First Choice Health

In-network behavioral health support through virtual counseling and psychiatry

HIPAA COMPLIANT · SOC 2 · SECURE SSL

Many First Choice Health members can now access Talkspace through their medical plan.

Talkspace offers private and convenient mental health support on your schedule. Engage in counseling and therapy from the convenience of your device (iOS, Android, web).

All care is delivered virtually by a behavioral health clinician or medical professional. Talkspace's network includes thousands of licensed, insured, and verified therapists who can treat a variety of needs.

The Talkspace difference

Our network stands out

Our diverse network includes full-time licensed providers in every state and represents over 184 areas of specialty.

Ready to get started?

- Register to confirm benefit availability. You can register on a web browser at talkspace.com/firstchoicehealth
- Register and search using your First Choice Health medical plan so services are appropriately applied under your medical plan
- Complete our QuickMatch™ provider finder tool to be matched with a dedicated clinician based on your preferences
- Schedule a live session or send a message right away

SCAN ME

Our unique member experience

Personalized matching

Our QuickMatch™ experience uses a brief questionnaire and algorithm to match you with the best available provider based on your location and needs.

Convenient access

Get matched with a licensed provider and begin communicating. Providers typically respond once per day during their set business hours.

Ease of communication

Send private messages or book live sessions at a time that works for you. Message and live session modalities can be text, voice, or video.

Self-guided exercises

Meditation, journaling, and in-app exercises are available for individuals, couples, and families to use anytime, anywhere.

CancerCARE

Right Care. Right Time. Right Place.

This benefit is embedded in the medical plan

A Benefit Specialized In Dealing with Cancer

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

Day One Help

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

Personalized Care

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

National Resources

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

Expert Medical Team

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

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

Mail Order Pharmacy Information

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

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

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

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

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

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

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

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

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

Prescription Drug Prior Authorizations

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

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

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

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

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

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

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

Prescription Drug Price Look-up

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

What if a member's drug is considered specialty?

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

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

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

SmithRx Connect

Connecting you to the lowest cost prescription solutions

SmithRx can help lower your drug costs

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

Patient Assistance Programs

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

CoPay Coupon Maximization

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

International Sourcing

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

Mark Cuban Cost Plus Drugs:

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

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

Prescribers can send prescriptions via electronic prescribing to:

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

Get your patients a no cost meter today!

OneTouch Verio Reflect® meter

OneTouch Verio Flex® meter

The OneTouch brand is #1 in preferred formulary coverage*

Pharmacists give your patients a OneTouch Verio® brand meter at no charge!

BIN:	RxPCN:	Group ID#:	ID#:
601341	OHS	LVNRU273	NOCHARGEMETR

There is no limit to the number of times you can use this code.

Submit this claim to IQVIA for reimbursement plus a dispensing fee. **Questions?** Call 1-800-364-4767.

- Requires a valid prescription. Offer valid for one meter per patient every 36 months.
- Offer good while supplies last. Void where prohibited by law.
- This offer from LifeScan, Inc. can only be redeemed where OneTouch® products are sold and prescriptions can be processed.
- By participating in this program or by otherwise processing a program voucher, you warrant that you will not submit a claim for reimbursement of any meter covered by this agreement with any commercial payor or state or federal government funded program (including but not limited to **Medicare, Medicare Advantage, Medicaid, Medigap, VA, DOD,** or **TriCare®**).

When Not Covered

OneTouch® Automatic Savings Program

Patient pays $25 for 100 test strips**

ONETOUCH®

* MMIT Formulary Report June 2022

** This program only works with a pharmacy benefit that does not cover OneTouch® test strips. Insurers may offer a lower cost option. Out of Pocket will not be applied to plan deductible. Those insured by any government healthcare program, such as Medicare, Medicaid, the military or VA, are NOT eligible for this offer. Program may be changed or discontinued at any time.This offer from LifeScan, Inc. can only be redeemed where OneTouch® products are sold and prescriptions can be processed.

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Medical Health Insurance Premiums 2025-2026

Under Age 65 Retiree Premiums - Catastrophic	Per Month
RETIREE	$947.51
RETIREE + SPOUSE	$1,990.38
RETIREE + CHILDREN	$1,775.24
RETIREE + FAMILY	$2,688.60

Under Age 65 Retiree Premiums - Base	Per Month
RETIREE	$1,066.59
RETIREE + SPOUSE	$2,228.79
RETIREE + CHILDREN	$1,969.72
RETIREE + FAMILY	$3,031.94

Medicare Retiree Plan Option (*Calendar Year Benefit*)

Monthly Premium: **$191.50**

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
Office Visit- Primary Care Physicians	$10 Copay
Preventive Care	100%
Outpatient Lab	$0 Copay
Outpatient Diagnostic Procedures	$10 Copay
Outpatient Therapeutic Radiology	$40 Copay
Outpatient Diagnostic Radiology Services / X-Ray	$20 Copay
Outpatient Advanced Imaging (MRI, MRA, CT Scan, PET)	$75 Copay
Emergency Care	$90 Copay
Ambulance	$150 Copay
Hospital (Inpatient – Acute Care)	$175/day (days 1-6) $0/day (days 7+)
Hospital (Outpatient)	Variable Copay Structure
Chiropractic (coverage limited to manual manipulation of the spine to correct for subluxation)	$20 Copay
Outpatient Cardiac Rehab	$40 Copay
Outpatient Pulmonary Rehabilitation Services	$20 Copay
Outpatient OT/PT/ST	$40 Copay
Dental Benefits No Deductible or Waiting Periods	
Preventive & Diagnostic	$5 Copay
Basic Restorative	0%
Major Restorative	0%
Vision Benefits	
Routine Eye Exam	$20 Copay ($40 allowance Out of Network)
Eyewear Allowance	$150 Materials Allowance
Eyewear Allowance Benefit Period	Once every 24 Months
Routine Hearing	
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					
		$250 Tiers 1-5					
		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
Tier 1	**Preferred Generic**	$0	$7	$0	$14	$0	$21
Tier 2	**Generic**	$6	$13	$12	$26	$18	$39
Tier 3	**Preferred Brand**	$26	$33	$52	$66	$78	$99
Tier 4	**Non-preferred Drug**	$56	$63	$112	$126	$168	$189
Tier 5	**Specialty**	25%	25%	25%	25%	25%	25%
		Phase 3: Coverage Gap					
		When member reaches the $2,100 maximum out-of-pocket limit, cost shares will no longer apply.					

Notes
[1]Rates are per member per month for persons who have Medicare as primary coverage. • Areas in **BOLD** indicate amounts required by the federal government to all 2022 Medicare Part D program and are not subject to negotiation. Amounts in **BOLD** are subject to change annually per CMS requirements. • All cost-sharing presumes eligible prescriptions filled at a network pharmacy or our mail-order vendor. • The Blue Cross Group MedicareRx (PDP) formulary is reviewed and approved annually by the Centers for Medicare & Medicaid Services (CMS), but is subject to change as maintenance updates are made throughout the year. 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

ENROLLMENT WEBSITE

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

MEDICAL

Customer Service
First Choice
www.fchn.com
(800) 467-5281

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

ASK WENDY - Medicare Assistance

Wendy Nelson
(406) 969-3000

PHARMACY BENEFIT MANAGER

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

Mail Order Rx

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

ADDITONAL RESOURCES

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

GFPS Human Resources Director
(406) 268-6010

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

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

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

GLOSSARY

-A-

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

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

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

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

-B-

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

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

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

-C-

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

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

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

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

-D-

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

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

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

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

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

-E-

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

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

-F-

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

-G-

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

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

-H-

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

-I-

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

GLOSSARY

-L-

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

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

-M-

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

-O-

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

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

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

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

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

-P-

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

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

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

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

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

-S-

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

-T-

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

-U-

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

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

-V-

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

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