



Belgrade School District

2025 Benefit Guide

September 1st 2025 to August 31st 2026

WELCOME TO YOUR BENEFITS GUIDE

| | |
|------------------------------|-----|
| WHO'S ELIGIBLE FOR BENEFITS? | 3 |
| CHANGING YOUR BENEFITS | 3 |
| NEW FOR 2025! | 4 |
| ENROLLING FOR BENEFITS | 5 |
| EMPLOYEE NAVIGATOR | 6-7 |

MEDICAL

| | |
|--|-------|
| MEDICAL & PRESCRIPTION PLAN | 9-10 |
| MEDICAL PLAN ID CARD | 11 |
| OUT OF NETWORK ASSISTANCE – ELAP | 12 |
| RECURO – TELEHEALTH | 13-16 |
| ARE PRESCRIPTION DRUGS BREAKING YOUR BUDGET? | 17 |
| SMITHRX CONNECT | 18 |
| PREVENTIVE CARE SCREENING BENEFITS | 19 |
| FLEXIBLE SPENDING ACCOUNT | 20 |
| PAYING FOR DAYCARE? MAKE IT TAX-FREE! | 21 |
| HEALTH SAVINGS ACCOUNT | 22 |
| MEDICARE ASSISTANCE | 23 |
| IN-NETWORK PROVIDER NETWORK | 24 |
| MI-BENEFITS MEMBER PORTAL | 25 |
| 24/7 365 TELEMEDICINE CARE | 26 |

DENTAL

| | |
|-------------|----|
| DENTAL PLAN | 27 |
|-------------|----|

VISION

28

MEDICAL, DENTAL, VISION PREMIUMS

29-31

DISABILITY

32

| | |
|----------------------|----|
| LONG TERM DISABILITY | 33 |
|----------------------|----|

VOLUNTARY LIFE

34

WORKSITE BENEFITS

| | |
|----------------------------|-------|
| VOLUNTARY CRITICAL ILLNESS | 35 |
| VOLUNTARY ACCIDENT | 36 |
| VOLUNTARY Premiums | 37-38 |

IMPORTANT PLAN INFORMATION

| | |
|----------------------------|-------|
| PLAN CONTACTS AND GLOSSARY | 39-41 |
|----------------------------|-------|

CONTENTS



WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are a Regular Full-time or Regular Part-time employee working 17.5 or more hours per week.

Eligible dependents

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

For additional information, please refer to the benefit booklets for each benefit.

When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following your Date of Hire as long as you enroll within 30 days of eligibility.

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

Enrollment and changes can be completed through the Employee Navigator Portal.

CHANGING YOUR BENEFITS

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

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child

You must submit your change within 30 days after the event via Employee Navigator.

New for 2025!

This is a Summary of Material Modifications

This is a summary of changes, for complete benefit details, please reference the carrier's policy documents. If there is a discrepancy between the information in this Benefit Guide and the carrier's policy documents, the policy documents will prevail.



Below is a summary of the 2025/2026 changes effective September 1st, 2025:

- Medical Carrier – JPT through EBMS
 - Medical premium increases and contribution changes
- Dental & Vision carrier is MetLife
 - No changes to Dental or Vision premium
- Life & Disability carrier is Lincoln Financial
- Worksite Benefits changing to MetLife
- FSA and HSA Administration changing to Peak1 Benefits
- The annual FSA limit for 2025 is \$3,300, per IRS regulations; you must re-elect this benefit each year.

ENROLLING FOR BENEFITS

Employee Navigator

Employee Navigator is an online system that enables you to make all your benefit elections in one place.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year

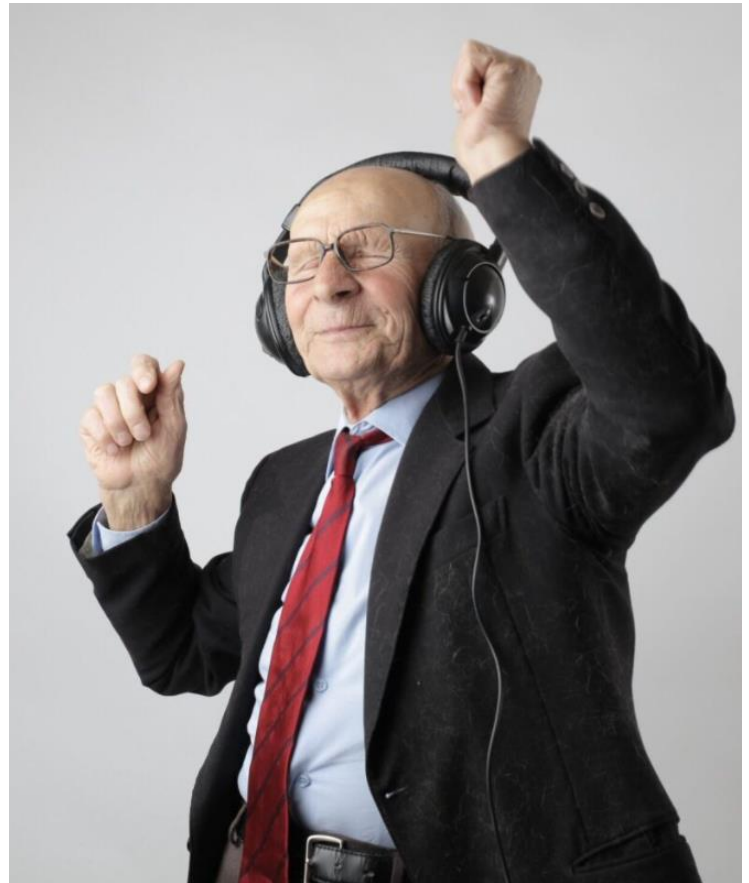
Getting started

Follow the instructions below to begin your Employee Navigator enrollment & election process

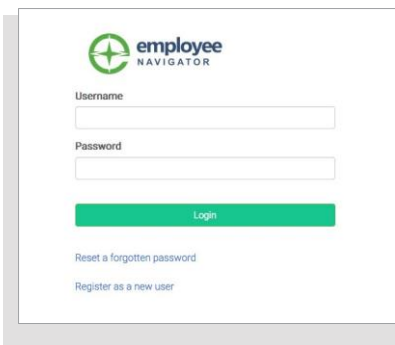
Go online to: [Register](#)
(employeenavigator.com)

Employee will need:

- Use Company ID: BSD44
- Employee's last 4 of SSN
- Employee's First and Last Name
- Employee's Date of Birth



ENROLL IN YOUR BENEFITS: One step at a time

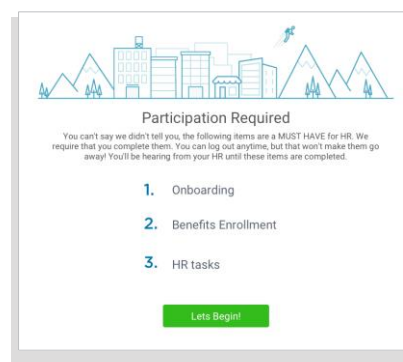


Step 1: Log In

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

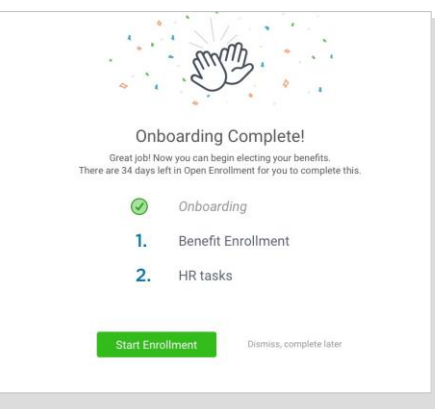
- **Returning users:** Log in with the username and password you selected.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user.** Create an account, and create your own username and password.

Company ID : BSD44



Step 2: Welcome!

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



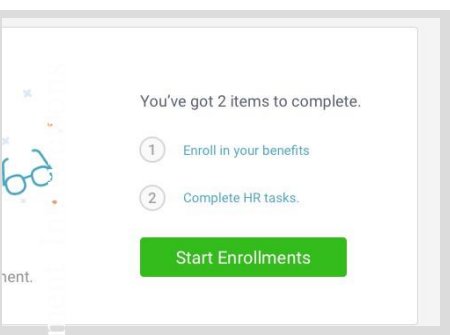
Step 3: Onboarding (For first time users, if applicable)

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**"



Step 4: Start Enrollments

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

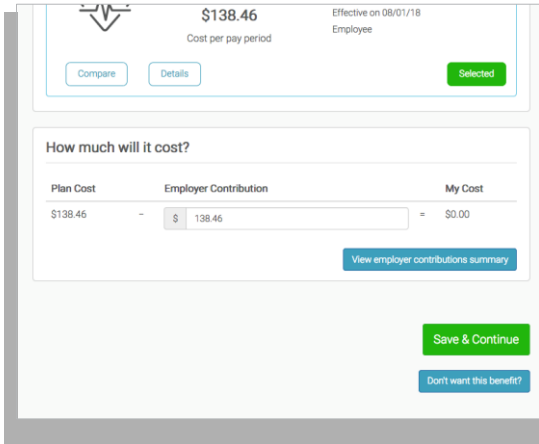
TIP

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

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. There are buttons for 'Compare', 'Details', and 'Selected'. Below this, a section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a 'View employer contributions summary' button. At the bottom right, there are buttons for 'Save & Continue' and 'Don't want this benefit?'.

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

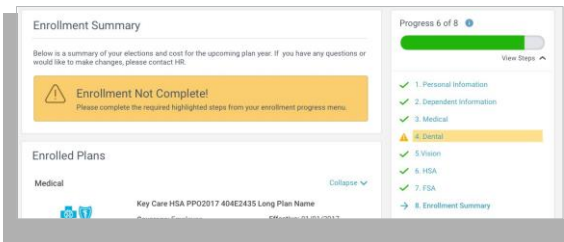
If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

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.



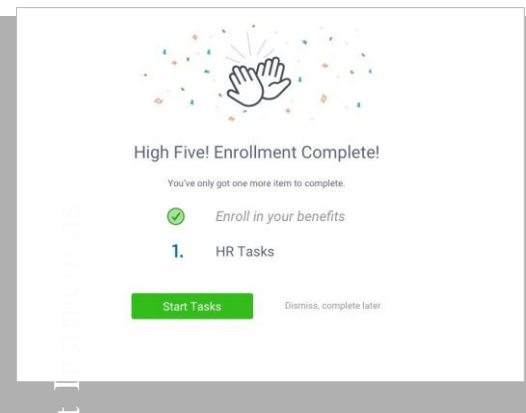
The screenshot shows the 'Enrollment Summary' page. It features a progress bar indicating 'Progress 6 of 8'. A yellow warning box states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a section for 'Enrolled Plans' with a 'Medical' plan listed. On the right, a list of steps is shown: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental (highlighted in yellow), 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary.

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 message: 'High Five! Enrollment Complete! You've only got one more item to complete.' Below this, there is a list of tasks: 'Enroll in your benefits' (with a green checkmark) and '1. HR Tasks'. A green 'Start Tasks' button is prominently displayed, along with a link to 'Dismiss, complete later'.



You can login to review your benefits 24/7



HEALTHCARE

MAKE TIME FOR HEALTH

OUR COMMITMENT

We believe that our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Eligible employees and their eligible dependents can enroll in medical, dental, and vision coverage through the Belgrade Schools benefits program.

Medical

We offer four medical plans. Preventive care is fully covered if obtained in-network. Review the network provider information and benefit guide so you can understand how the plan works. Please remember, you can lower your out-of-pocket expenses for healthcare when you and your covered family members have services performed by In-Network, Participating Providers.

Dental

Some people don't like going to the dentist, but no one likes big dental bills. Regular checkups and cleanings are covered at 100% and can identify issues before they become serious. If you do need dental services, our dental coverage helps cover the cost for fillings, root canals, gum disease, child-orthodontia, and more. Belgrade Schools offers two voluntary dental plans through Metlife.

Vision

An eye exam can uncover health conditions you may not know you have, such as glaucoma, or even high blood pressure. Belgrade Schools offers vision coverage through Metlife/VSP which includes a free annual vision exam.

Belgrade Schools Medical Plan Options

You always pay the deductible, unless otherwise stated. The coinsurance (%) shows what you will pay after the deductible.

| Plan Year Sept 1 – Aug 31 | Option 1: 1500 PPO | Option 2: 3000 PPO | Option 3: HDHP 4000 | Option 4: HDHP 6000 |
|---|--|--|-------------------------------------|--------------------------------------|
| Annual Medical Deductible | \$1,500 Individual / 3,000 Family | \$3,000 Individual / \$6,000 Family | \$4,000 Individual / \$8,000 Family | \$6,000 Individual / \$12,000 Family |
| Annual Medical Out-of-Pocket Maximum | \$3,000 Individual / \$6,000 Family | \$6,000 Individual / \$12,000 Family | \$4,000 Individual / \$8,000 Family | \$6,000 Individual / \$12,000 Family |
| Office Visit | \$25 Copay | \$25 Copay | 0% after Deductible | 0% after Deductible |
| Specialist Visit | \$25 copay | \$25 copay | 0% after Deductible | 0% after Deductible |
| Preventive Care – In Network | Deductible waived, paid at 100% per ACA regulation | | | |
| Lab and X-ray | 20% after Deductible | 20% after Deductible | 0% after Deductible | 0% after Deductible |
| Urgent Care | \$25 Copay | \$25 Copay | 0% after Deductible | 0% after Deductible |
| Emergency Room | 20% after Deductible | 20% after Deductible | 0% after Deductible | 0% after Deductible |
| Inpatient Care | 20% after Deductible | 20% after Deductible | 0% after Deductible | 0% after Deductible |
| Outpatient Mental Health | \$25 Copay | \$25 Copay | 0% after Deductible | 0% after Deductible |
| Outpatient Physical Therapy, Speech Therapy & Cardiac Rehab | 80% after Deductible (50 maximum visits per year combined) | 80% after Deductible (50 maximum visits per year combined) | 0% after Deductible | 0% after Deductible |

In-Network benefits shown above, please refer to full contract for out of network benefits.

Belgrade Schools Medical Plan Options Continued

You always pay the deductible, unless otherwise stated. The coinsurance (%) shows what you will pay after the deductible.

| | Option 1: | Option 2: | Option 3: | Option 4: |
|---|----------------------|----------------------|---------------------|---------------------|
| Durable Medical Equipment | 20% after Deductible | 20% after Deductible | 0% after Deductible | 0% after Deductible |
| Chiro/ Acupuncture (10 visits combined) | \$25 Copay | \$25 Copay | 0% after Deductible | 0% after Deductible |

| PRESCRIPTION DRUGS | | | | |
|---------------------------|---------------------------------------|---------------------------------------|----------------------------|-------------------------|
| Deductible | n/a | n/a | Medical Deductible Applies | |
| Out-of-Pocket Maximum | Individual: \$1,650 / Family: \$3,300 | Individual: \$1,650 / Family: \$3,300 | n/a | n/a |
| Generic | \$0 copay | \$0 copay | 0% after Deductible | 0% after Deductible |
| Non-Preferred Generic | \$30 copay | \$30 copay | 0% after Deductible | 0% after Deductible |
| Brand Name Formulary | \$50 copay | \$50 copay | 0% after Deductible | 0% after Deductible |
| Brand Name Non-Formulary | \$150 copay | \$150 copay | 0% after Deductible | 0% after Deductible |
| Preferred Specialty | \$100 copay | \$100 copay | 0% after Deductible | 0% after Deductible |
| Mail Order | 2x retail copay | 2x retail copay | 2x standard retail cost | 2x standard retail cost |

Option 3 & 4 – HDHP Members: Preventive Medications deemed essential by your plan will process before deductible. Please see approved list for qualifying medications. Potential copays dependent on tier the preventative medication falls on.

Your Medical Plan ID Card

Important information for you and your providers

When you go to a provider, always bring your card with you. It has all your health plan details, including:

Front:



Back:



Scan here to view, print or order your Benefits ID card.

- 1 Health System Access:** See physician networks and/or health systems included in your plan. Visit the websites listed to find providers, or use the provider search on miBenefits.EBMS.com.
- 2 Telehealth Services:** Take advantage of 24/7 access to quality medical professionals for virtual urgent care and mental health.* (*Not available on all health plans.)
- 3 Group & Member Information:** Provides unique identifying information – your group number, member ID and enrolled members(s) – that providers use to verify coverage and submit claims.
- 4 Member Services:** Use this contact information to get personalized service and support from EBMS.
- 5 For Providers:** Ask providers to call us at this number if they have questions or want to verify coverage. Also has the information providers need to submit claims.
- 6 Out-of-Pocket Responsibility:** View your plan deductible, copay amounts and out-of-pocket maximums, if applicable.
- 7 Pharmacy Plan:** Get pharmacy plan details, if your plan includes this benefit.

24/7 access to your health benefits: miBenefits.EBMS.com

We're here to help. Call the number on your Benefits ID card.
Mon - Thurs: 6 a.m. - 8 p.m. MT | Fri: 6 a.m. - 6 p.m. MT



Your health plan's partner for fairness and affordability.




Overinflated hospital bills cause health plans to raise rates and members to pay more. ELAP eliminates this problem so that everyone pays only what's fair.

When life takes you here...



- Hospital
- Emergency Room
- Outpatient Surgery

ELAP eases the financial pain...

-  **Supporting claim limits:** ELAP helps your plan set fair limits on what it will pay for healthcare services to avoid wasteful spending.
-  **Reviewing every hospital and facility bill:** ELAP examines every bill line-by-line to catch overcharging.
-  **Resolving billing issues:** If your plan is overcharged, we will let you know that we're reducing payment. That's when we need you to look out for **balance billing**....

Know what you owe.

Make sure your EXPLANATION OF BENEFITS (EOB)...



From your health plan (not a bill)

Shows you what your plan covered and what you'll owe. If you owe money, you'll get a bill from the hospital/provider.

...Matches your BILL



From the hospital/facility

If this does not match your EOB, **simply contact ELAP.** We'll take care of it.

Most of the time, you'll never have a reason to contact us about a bill. But if you do, our advocacy team is here to support you.



Your health plan's affordability partner.

TEL 1-800-977-7381 9 a.m. - 7 p.m. ET
FAX 1-888-560-2447 • bb@elapservices.com

181225-0019

Virtual Urgent Care

Recuro's Virtual Urgent Care solution offers 24/7 access to board-certified doctors, enabling patients and their families to quickly address common medical concerns with personalized, ongoing communication for follow-up care. This seamless, cost-effective service ensures expert guidance is just a touch away, providing a smoother and more accessible healthcare experience.

What's Included

- 24/7 Access
- Phone, Video, Mobile, Web, Desktop
- Primary Care Coordination



Scan QR Code

For more info on our product webpage

Example Conditions Treated

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Respiratory Issues
- UTI's / Vaginitis



Service Highlights

- **24/7 Access:** Recuro physicians are available whenever patients need them, day or night. This ensures timely care for urgent medical concerns, reducing the need for in-person visits or emergency room trips.
- **Multi-Channel Options:** Live video and phone options let each patient receive care the way they like. These flexible options accommodate diverse patient preferences and make accessing care more convenient than ever.
- **HITRUST Certified:** HITRUST plays a crucial role in ensuring the highest level of IT protection for patient data through an in-depth systems analysis of Recuro's infrastructure, platform, and services.
- **Consult Transcription:** Consults can be recorded and transcribed, allowing patients continuous access to information. This feature helps patients review their care plans and share details with family or caregivers as needed.





Virtual Behavioral Health

Comprehensive therapy, counseling, psychiatry and medication management

Recuro's Virtual Behavioral Health solution gives you virtual access to connect with a psychiatrist or licensed counselor through secure and private online video and phone sessions, whenever and wherever you need it. Services include ongoing counseling, medication management, and assessments – see below for our top topics our providers can help you and your family with.

Top Conditions & Topics Treated

| | | |
|--------------------|--------------------|--------------|
| ADHD / ADD | Sleeping Disorders | Grief & Loss |
| Anger Mgmt. | Substance Abuse | PTSD |
| Anxiety/Depression | Stress | OCD |
| Bipolar Disorder | Eating Disorders | And More |

Disclaimer: Disclaimer: Recuro services are for non-emergency conditions only. Recuro services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

What's Included in Your Plan



Scan to Download App

Psychiatry

Psychiatry and behavioral health medication management

Therapy & Counseling

Access to therapy and counseling services from social workers and psychologists

Easy Prescription Pickup

Your physician will send any prescribed prescriptions to your preferred pharmacy for easy pickup

Health Assessment

Behavioral health-focused health assessment including common issues such as depression and anxiety

Dedicated Physician

Choose your preferred physician and see them for every visit, with easy information sharing between all your Recuro physicians



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download



Product Highlights

3 of 4

Mental Health Issues are Common

Over three quarters (76%) of U.S. workers reported at least one symptom of a mental health condition that would benefit from a behavioral health solution

48
hours

See a Doctor Quickly

Seeing a Mental Health professional in person typically means waiting an average of 26 days before getting care, with Recuro you only wait about 48 hours for your appointment

56%

Half of Adults Don't Get Treatment

Over half of adults with a mental illness receive no treatment due to access issues, financial burden, or social stigma

86%

See Promising Results

Nearly all (86%) of our members see improvements from Virtual Behavioral Health and say they have boosted their productivity both at home and work

2 of 3

More Doctors Have Gone Virtual

Since the pandemic began, nearly two thirds of behavioral health care is now performed virtually, resulting in faster appointment times, meaning you get care when you need it



Scan to Get
Started



**Get Started Online
or in the App**

Scan QR Code



**Request a
Doctors Visit**

www.recurohealth.com



**Speak with
Customer Service**

1.855.6RECURO

Need Immediate Help?

Recuro doctors are available 24/7/365 by phone, mobile app, or online.



Are prescription drugs breaking your budget?



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$ Generic Drug

\$\$ Preferred Brand Name Drug

\$\$\$ Non-Preferred Brand Name Drug

\$\$\$\$ Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers". These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts.

To find out if a drug is on your plan's formulary, login to your Member portal at www.smithrx.com

or call customer service at 844.454.0123.

Are you taking a Specialty Medical – High Dollar Medication?

SmithRx can help you navigate alternative sources and hold your hand through locating the most cost-efficient source for your medication through...

- Patient Assistance Programs
- Copay Coupon Maximization

To get started contact SmithRx at 844.385.7612 or by emailing connect@smithrx.com

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 hold your hand through the process. The result will save you money since many of these programs require little to no copayment 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 assists in navigating the process while you reduce out of pocket costs on the medications that work!

Copay Coupon Maximization

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

Frequently Asked Questions

What is SmithRx Connect?

SmithRx Connect is a program that helps you navigate the pharmacy system to lower your out of pocket expenses on medications.

Who is eligible for SmithRx Connect?

Anyone on your prescription benefit plan taking a medication under the program is eligible for SmithRx Connect!

What are the costs associated with SmithRx Connect?

There are no costs to participate in SmithRx Connect if you are enrolled with SmithRx's pharmacy

benefits plan. Prescriptions obtained through this service could be free for you and your dependents. Sometimes a co-pay or out of pocket amount will be required, but this cost may be substantially less than what you are paying now.

How do I know if my prescription qualifies for SmithRx Connect?

Our Member Support Specialists can help you find coverage information for your medications, including if your medication is eligible for SmithRx Connect. You can reach a Member Support Specialist by calling 1-844-385-7612. Your medication may require prior authorization before being eligible for SmithRx Connect.

We are here to help!

The SmithRx Member Support team is dedicated to connecting you with the tools and resources needed to lower your out-of-pocket costs for medications. We can answer your questions and support you throughout the process. Our goal is to simplify the pharmacy benefit and connect you to savings on your prescriptions! You can reach us by calling us at 1-844-385-7612 or emailing us at connect@smithrx.com.



If there are any questions, contact SmithRx by calling 1-844-385-7612 or emailing connect@smithrx.com

Preventive care screening benefits

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

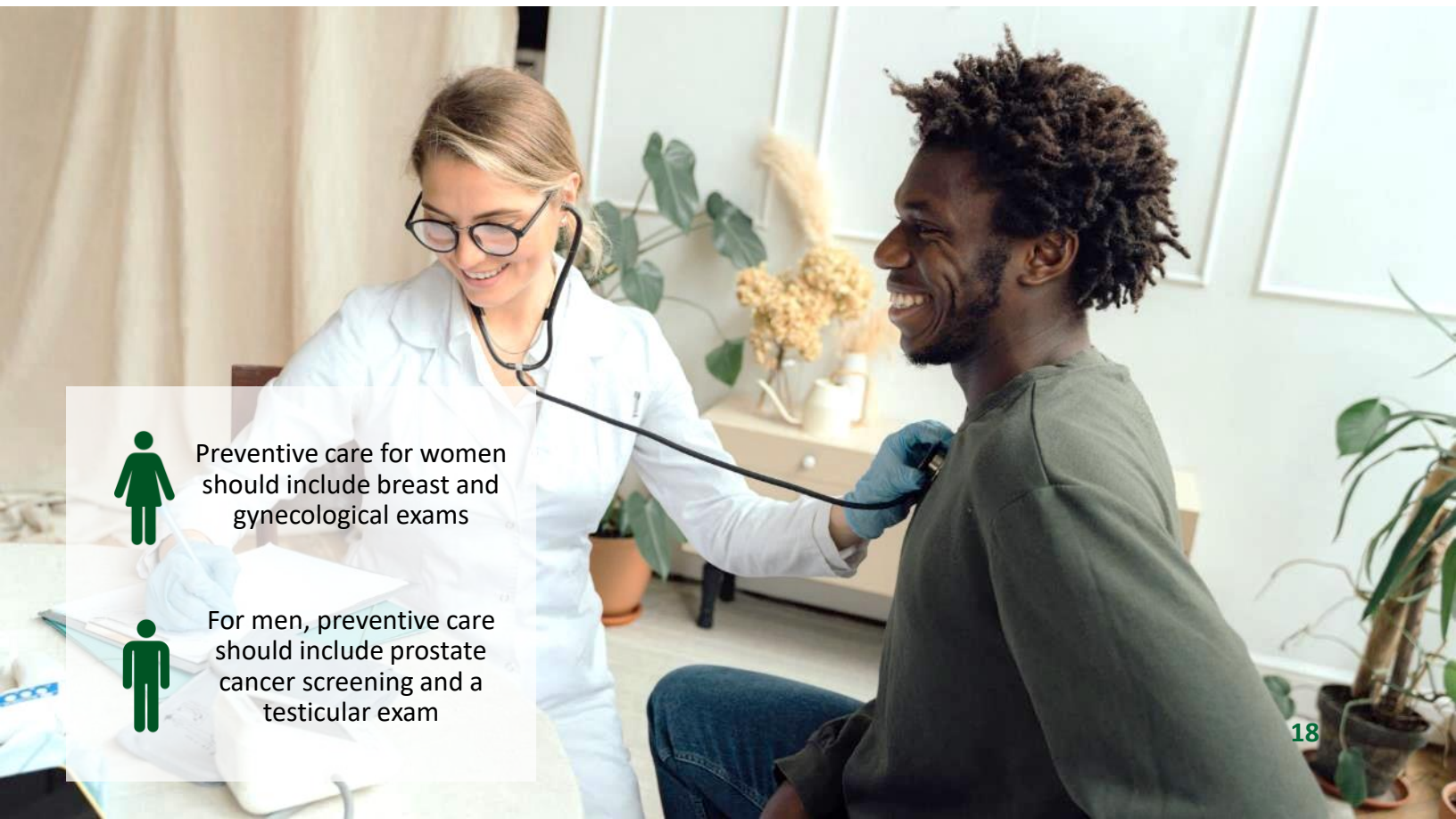
Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

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

Not all exams and tests are considered preventive

Exams performed by specialists are not generally considered preventive and may not be covered at 100%. Additionally, certain screenings & labs 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 your medical plan.



Preventive care for women should include breast and gynecological exams



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

FLEXIBLE SPENDING ACCOUNT (FSA)

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

A FSA allows you to set aside tax-free money to pay for medical, prescription, dental and vision expenses you expect to have over the coming year. **Belgrade Schools works with Peak One Administrators to administer your Employee FSA plan.**

How the FSA works

- You estimate what you and your family’s medical, prescription, dental and vision out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as medications, glasses, orthodontia, etc.
- **You can contribute up to \$3,300**, the 2025 annual limit set by the IRS. Contributions are deducted from your pay pretax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they’re for eligible healthcare expenses.

Estimate carefully!

If you don’t spend all the money in your account, up to \$660 of unused funds will roll-over to the new plan year. Any flex dollars over the \$660 threshold will be forfeited.

FSA SAVINGS EXAMPLE

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

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

ARE YOU ELIGIBLE?

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

Do you pay for dependent care?

See page 14 for information on tax savings through the Dependent Care FSA.

Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)

PAYING FOR DAYCARE? MAKE IT TAX-FREE!



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

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Peak One Administrators.

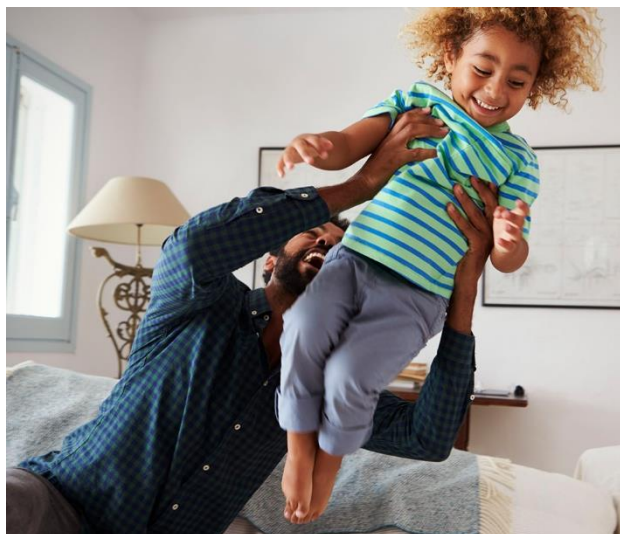
Here's how the Dependent Care FSA works

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

You can set aside up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

EVERY OPPORTUNITY TO SAVE

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



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

HEALTH SAVINGS ACCOUNT (HSA)



ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in Option 3 or 4 High Deductible Health Plans (HDHP)
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare
3. Not a tax dependent
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses

Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the HSA works

- Your HSA account can be set up after you enroll in a qualified High Deductible Health Plan
- You can contribute up to the limit set by the IRS each year (includes company amount)

2025 Limits

Individual: \$4,300 per year

Family: \$8,550 per year

Are you age 55 +? You can contribute an additional \$1,000 per year

- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



This is a no cost service available to you, your family members, and friends nearing age 65.

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

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. McLeod Insurance & Financial Services 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?

1. Belgrade School District offers a group Medicare Advantage Plan.
2. Call McLeod Insurance & Financial Services, Inc. Have your current medical coverage information available when you call.
3. Discuss with McLeod Insurance & Financial Services, Inc. your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.

McLeod Insurance & Financial Services, Inc.

2055 N. 22nd, Suite 2A

Bozeman, MT 59718

406-586-4367 phone

406-586-7616 fax

mike@mcleodinsuranceservices.com



PROVIDER NETWORK

Where you get care matters.

Your medical, dental and vision plans have contracted Provider Networks which provide it's members which contracted savings and prevents you from being balance billed. It is in your best interest to know if your provider services process toward In-Network or Out of Network benefits. The following links will assist you in finding In-Network Providers.

MEDICAL – First Choice Health

- Go online to: www.fchn.com
- Select “find care”
- Search by: Provider Name, City, Specialty

DENTAL- MetLife

- Go online to: www.metlife.com/dental-insurance
- Select “find a Dentist”
- Select Network: PDP Plus

Vision- VSP Choice through MetLife

- Go online to: www.vsp.com
- Select “find a doctor”
- Search by: Provider Name, City, State
- Be sure to click “Advanced Search+ ” and select your network as Choice

miBenefits member portal

Manage your benefits online, right from your browser with the miBenefits portal.

Fast, simple and frustration-free

Like a digital helping hand, this next generation portal makes your life easier. The days of struggling to make sense of a confusing benefit statement are gone. With the miBenefits portal, you'll login to a dynamic dashboard that puts everything you need right at your fingertips. We think you'll find it's even easier than calling the customer service center.

What you'll find in the miBenefits portal:

- One login for everything
 - Medical
 - Prescription
- Simplified navigation – get 80% of what you need right from the home page
- Quick-links to find a physician, order an ID card and perform other common tasks

Other features to check out:

- Claims Status in real time
- Separate tabs for each family member on your plan
- At-a-glance tracking of where you are in terms of deductible and out-of-pocket maximums

Be an empowered healthcare consumer

Comparison shopping has always been nearly impossible in healthcare. We're changing the game with a new transparency tool available to you through the miBenefits portal.

You can compare hospitals and doctors based on quality measures and typical costs. You can easily identify the provider that have the best outcomes and the fewest complications.

To Access

Visit online:

www.ebms.com

Click on "Login" at the top of the page

New Users: Select "[Register Now](#)" at the bottom of the page

24/7 Telemedicine Care

Access board-certified physicians 24/7 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

Examples of Conditions Treated

- Acne/Rash
- Allergies
- Cold/Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And more...

How to Access

1. Sign up with the Recuro Care app or visit the webpage below to access:
<https://member.recurohealth.com>
2. Enter your employer member id
3. Create your username & password
4. Complete your medical history
5. Schedule your consult



Customerservice@recurohealth.com • 855.6RECURO

Scan QR Code to Download





DENTAL

OUR PLANS

Belgrade Schools will continue to offer two dental plans with Metlife. Belgrade Schools will continue to offer a low & high plan. Please refer to the benefit summary for a list of covered services.

Why sign up for Dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings and gum disease treatment, root canals
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

2025 Metlife High Dental Coverage

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

| | Network: PDP Plus/ Out-of-Network: 90 th UCR* |
|-------------------------|--|
| Annual Deductible | \$25 individual/ \$75 Family |
| Annual Plan Maximum | \$2,500 per covered member annually |
| Diagnostic & Preventive | Deductible waived, paid at 100% |
| Basic Services | Paid at 80% |
| Major Services | Paid at 50% |
| Orthodontia- To Age 19 | 50% up to lifetime maximum of \$2,000 per person |

2025 Metlife Low Dental Coverage

| | Network: PDP Plus/ Out-of-Network: 90 th UCR* |
|-------------------------|--|
| Annual Deductible | \$25 individual/ \$75 Family |
| Annual Plan Maximum | \$1,500 per covered member annually |
| Diagnostic & Preventive | Deductible waived, paid at 100% |
| Basic Services | Paid at 80% |
| Major Services | Paid at 50% |
| Orthodontia- To Age 19 | 50% up to lifetime maximum of \$2,000 per person |

Metlife does not issue ID cards, you can login to the website and download an ID card to print.

*90th UCR means that 9 out of 10 dentists accept the reimbursement, it is possible to be balance billed.

Pre-treatment estimate: You can ask for a pre-treatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. **We recommend that you request a pre-treatment estimate for services in excess of \$300.** Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Metlife MyBenefits provides you with a personalized, integrated and secure view of your MetLife delivered benefits. You can take advantage of a number of self-service capabilities as well as easy to access information. To register, please go to **mybenefits.metlife.com**.

Please refer to the policy certificate for detailed coverage information.

DENTAL Customer Service
(800) GET-MET8

2025 MetLife Vision Coverage

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

| | Frequency | In-Network | Out of Network |
|----------------------|-----------------------------------|--|---|
| Exam | Once per year | \$0 Copay (Up to \$39 copay for retinal screenings as an enhancement to an exam) | Up to \$45 reimbursement |
| Frames | Once per year | \$0 Copay, covered up to \$150 for a wide selection of frames, 20% savings after allowance | Up to \$70 reimbursement |
| Lenses | Once per year | <ul style="list-style-type: none"> • Single vision, lined bifocal & lined trifocal, lenticular lenses are covered in full • Standard progressive | <ul style="list-style-type: none"> • Single vision – up to \$30 • Lined bifocal – up to \$50 • Lined trifocal – up to \$65 • Lenticular – up to \$100 • Progressive – up to \$50 |
| Lens Enhancements | Once per year | <ul style="list-style-type: none"> • Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: At no additional cost • Progressive Standard, Progressive Premium/Custom/Polycarbonate (adult) Photochromic, Anti-reflective, scratch-resistant coatings and tints : Your Cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits | |
| Contacts (Elective) | Once per year, in lieu of glasses | \$0 Copay, \$150 allowance for contacts in lieu of glasses. \$60 copay for evaluation and fitting. | Up to \$105 reimbursement |
| Contacts (Necessary) | Once per year | Covered in full | Up to \$210 reimbursement |

MetLife uses the VSP Choice Network

Vision Customer Service
(855) MET-EYE1

MEDICAL PREMIUM COSTS

| Medical Plans - 9 MONTH | | | | |
|--------------------------------|--------------------|--------------------|--------------------|--------------------|
| | 1500 DEDUCTIBLE | 3000 DEDUCTIBLE | 4000 DEDUCTIBLE | 6000 DEDUCTIBLE |
| Employee | \$1,197.51 | \$1,113.68 | \$1,029.96 | \$916.28 |
| Employee & Spouse | \$2,399.00 | \$2,231.08 | \$2,063.92 | \$1,836.55 |
| Employee & Child(ren) | \$1,978.96 | \$1,840.44 | \$1,702.52 | \$1,514.64 |
| Employee & Family | \$3,240.29 | \$3,013.47 | \$2,787.95 | \$2,480.39 |

| Medical Plans – 12 MONTH | | | | |
|---------------------------------|--------------------|--------------------|--------------------|--------------------|
| | 1500 DEDUCTIBLE | 3000 DEDUCTIBLE | 4000 DEDUCTIBLE | 6000 DEDUCTIBLE |
| Employee | \$898.13 | \$835.26 | \$772.47 | \$687.21 |
| Employee & Spouse | \$1,799.25 | \$1,673.31 | \$1,547.94 | \$1,377.41 |
| Employee & Child(ren) | \$1,484.22 | \$1,380.33 | \$1,276.89 | \$1,135.98 |
| Employee & Family | \$2,430.22 | \$2,260.10 | \$2,090.96 | \$1,860.29 |

| FTE | Dist. Cont. |
|------|-------------|
| 1 | \$800 |
| 0.98 | \$784 |
| 0.96 | \$768 |
| 0.94 | \$752 |
| 0.92 | \$736 |
| 0.9 | \$720 |
| 0.88 | \$704 |
| 0.86 | \$688 |
| 0.84 | \$672 |
| 0.82 | \$656 |
| 0.8 | \$640 |
| 0.78 | \$624 |
| 0.76 | \$608 |
| 0.74 | \$592 |
| 0.72 | \$576 |
| 0.7 | \$560 |
| 0.68 | \$544 |
| 0.66 | \$528 |
| 0.64 | \$512 |
| 0.62 | \$496 |
| 0.6 | \$480 |
| 0.58 | \$464 |
| 0.56 | \$448 |
| 0.54 | \$432 |
| 0.52 | \$416 |
| 0.5 | \$400 |
| 0.48 | \$384 |
| 0.46 | \$368 |
| 0.44 | \$352 |
| 0.42 | \$336 |

IMPORTANT NOTES:

- The District will contribute up to \$800 per month to all 1.0 FTE employees.
- You must elect medical benefits in order to receive the \$800 per month District Contribution.
- The 9-month rate is a prorated schedule to guarantee the 9-month employee has coverage through the summer months and is the same annual rate as a 12-month employee.
- The monthly District Contribution will also be prorated based on hours worked. Please see chart above to determine your FTE status and monthly contribution.
- Calculate your FTE by dividing the hours you are scheduled weekly by 40. If you are scheduled 4 hours a day, multiply 4 hours a day times 5 days a week, take that 20 and divide by 40 which give you 0.5 FTE

DENTAL & VISION COSTS

9 Month Employee Rate

| | Employee Dental (high) | Employee Dental (low) | Employee Vision |
|-----------------------|------------------------|-----------------------|-----------------|
| Employee | \$56.48 | \$49.91 | \$13.97 |
| Employee & Spouse | \$111.64 | \$98.51 | \$29.36 |
| Employee & Child(ren) | \$115.57 | \$102.44 | \$19.57 |
| Employee & Family | \$172.05 | \$152.35 | \$30.76 |

*The 9 month rate is a prorated schedule to guarantee the employee has coverage through the summer months and is the same annual rate as a 12 month employee.

12 Month Employee Rate

| | Employee Dental (high) | Employee Dental (low) | Employee Vision |
|-----------------------|------------------------|-----------------------|-----------------|
| Employee | \$42.36 | \$37.43 | \$10.48 |
| Employee & Spouse | \$83.73 | \$73.88 | \$22.02 |
| Employee & Child(ren) | \$86.68 | \$76.83 | \$14.68 |
| Employee & Family | \$129.04 | \$114.26 | \$23.07 |





LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details

Is your family protected?

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during an illness-related disability leave, or how you would manage large expenses (rent or mortgage, children’s education, debt, etc.) after the death of a spouse.

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by Belgrade Schools.

We provide long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

Belgrade Schools will offer Life and Disability coverage through Lincoln Financial.

Basic Life & ADD

Employee Life Insurance: Flat \$25,000

Employee AD&D Insurance: Flat \$25,000

The benefit amounts above will be reduced if you are age 65 or older, Refer to the plan document for details.

2025 Lincoln Long Term Disability Coverage

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after a 90 day elimination period. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Belgrade Schools pays the cost of this coverage.

| | |
|--|--|
| Monthly benefit amount | 50% of base monthly pay up to a monthly maximum of \$5,000 |
| Benefits begin | After 90 days |
| Maximum payment period | Social Security Normal Retirement Age |
| Mental & Nervous Limitation | 24 months |
| Substance Abuse Limitation | 24 months |



2025 Lincoln Voluntary Life and AD&D Insurance

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

This benefit is a post-tax payroll deduction.



Voluntary Life and AD&D Coverage Amounts:

| | |
|-------------------|--|
| Employee | \$10,000 up to \$500,000 or 5 times annual earnings, whichever is less. Guaranteed issue of \$200,000. |
| Spouse | Up to 100% of the employee's amount in increments of \$5,000 up to \$250,000. Guaranteed issue of \$30,000. |
| Child(ren) | Flat options: \$2,000, \$5,000, \$10,000. Guaranteed issue of \$10,000. Unmarried dependent children from birth to age 26. |



GUARANTEED ISSUE

IMPORTANT: In 2025 all Employees may elect up to \$200,000 which is the Guaranteed Issue (GI) amount without providing Evidence of Health.

If you purchase life insurance coverage above the GI amount or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

AD&D COVERAGE:

According to the CDC, accidental death is the single greatest risk between the ages of 25-42. AD&D coverage doubles the inforce coverage amount if a death is related to an accident and not an illness. Certain risks, such as extreme sports, may not be covered.

In the event of a covered serious injury, AD&D coverage pays a percentage of the death benefit, depending on the type of injury.

AD&D Benefit must mirror the life benefit. Life must be elected to add AD&D

2025 MetLife Voluntary Critical Illness Insurance



THINGS TO CONSIDER

Guarantee Issue/Conditional Issue- The “Guarantee/Conditional” means that you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the *initial enrollment period* or the *annual enrollment period*.



Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

Summary of Benefits

Benefit Amount(s)

- Employee may choose a lump sum benefit of \$15,000 or \$30,000.
- Spouses and Domestic partners are offered 50% of the Employee’s lump sum benefit.
- Children can have 50% of the employee’s lump sum benefit.
- Wellness Benefit: \$50 per covered member per year

Covered Conditions - The following conditions are payable at 100% of your benefit amount for first occurrences, and at 50% for a second occurrence:

- Invasive Cancer
- Heart Attack
- Stroke
- Organ Failure
- Kidney Failure
- Multiple Sclerosis
- Parkinson’s Disease
- ALS
- Alzheimer’s Disease
- Many Childhood Diseases (e.g., Cerebral Palsy and Cystic Fibrosis)

This list is not all inclusive. Please reference the policy for full details, to include limitations and exclusions not listed here.

2025 MetLife Voluntary Accident Insurance



A Financial Cushion when Accidents Happen

Accident insurance through The Standard pays cash benefits for the treatments and injuries associated with an accidental injury such as fractures, dislocations, burns, emergency room, or urgent care visit, and physical therapy. If you or a covered family member suffers an accident, the plan will pay a lump sum benefit based on a predetermined schedule of benefits. By enrolling in the Accident plan, you and your enrolled dependents are also eligible for an annual \$50 Wellness Benefit for keeping up with your preventive care.

The below list is not exhaustive. Please refer to the plan documents for a comprehensive list of covered benefits and eligible wellness tests.

| BENEFIT TYPE | Benefits |
|---|--|
| Accidental Death | \$50,000 |
| Ambulance (ground/air) | \$400/\$1,250 |
| Burn | Schedule up to \$15,000 |
| Coma | \$10,000 |
| Concussion | \$500 |
| Emergency Room | \$200 |
| Fracture | Schedule up to \$10,000 |
| Hospital Admission | \$1,500 |
| Hospital Confinement | \$300 |
| Laceration | Schedule up to \$700 |
| Therapy Services (Physical Therapy, Occupational) | \$50 per visit up to 10 times per accident |
| Surgery | Schedule up to \$2,000 |
| Lodging | \$200 per day up to 15 days |
| Health Screening Benefit | \$50 per calendar year |

VOLUNTARY LIFE INSURANCE COSTS

If you elect Voluntary Life Insurance, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck. Your rate is based on your actual age as of the effective date of the group policy or effective date of coverage. Your rate will increase as you age and move to the next age band.

EMPLOYEE AND SPOUSE LIFE RATES

| AGE | EMPLOYEE RATE per \$1,000 of coverage | SPOUSE RATE per \$1,000 of coverage* |
|-------|---------------------------------------|--------------------------------------|
| <20 | \$0.053 | \$0.053 |
| 20-24 | \$0.053 | \$0.053 |
| 25-29 | \$0.053 | \$0.053 |
| 30-34 | \$0.071 | \$0.071 |
| 35-39 | \$0.080 | \$0.080 |
| 40-44 | \$0.088 | \$0.088 |
| 45-49 | \$0.177 | \$0.177 |
| 50-54 | \$0.327 | \$0.327 |
| 55-59 | \$0.628 | \$0.628 |
| 60-64 | \$0.919 | \$0.919 |
| 65-69 | \$1.582 | \$1.582 |
| 70-74 | \$2.607 | \$2.607 |
| 75-99 | \$2.607 | \$2.607 |

*Spouse rate based on Spouse Age

Voluntary Life and AD&D amounts will mirror each other and are not separate elections.

Eligible children include dependent unmarried children under age 26 as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children.

TO CALCULATE YOUR PREMIUM (do this for both the life and AD&D)

1. Desired Coverage (\$1,000 increments)

| | | |
|------|---------|-----------|
| You: | Spouse: | Children: |
|------|---------|-----------|

2. Step 1 Divided by 1,000 =

| | | |
|------|---------|-----------|
| You: | Spouse: | Children: |
|------|---------|-----------|

3. Step 2 Multiplied by Rate for Age (or child coverage) =

| | | |
|------|---------|-----------|
| You: | Spouse: | Children: |
|------|---------|-----------|

TOTAL COST PER MONTH:

| |
|------------------------------------|
| You + Spouse + Child from Step 3 = |
|------------------------------------|

EMPLOYEE AND SPOUSE AD&D

| Age Band | RATE per \$1,000 of coverage |
|----------|------------------------------|
| All Ages | \$0.019 |

AD&D Benefit must mirror Voluntary Life Benefit Election

DEPENDENT CHILDREN

| COVERAGE AMOUNT | RATE per \$1,000 of coverage |
|-----------------|------------------------------|
| Life | \$0.200 |

This is a post-tax payroll deduction.

VOLUNTARY METLIFE CRITICAL ILLNESS

Premium per \$1,000 of Coverage

| AGE | Employee | Employee & Spouse | Employee & Child | Employee & Family |
|-------|----------|-------------------|------------------|-------------------|
| <25 | \$0.37 | \$0.62 | \$0.62 | \$0.86 |
| 25-29 | \$0.42 | \$0.68 | \$0.66 | \$0.93 |
| 30-34 | \$0.48 | \$0.78 | \$0.73 | \$1.03 |
| 35-39 | \$0.65 | \$1.01 | \$0.89 | \$1.26 |
| 40-44 | \$0.86 | \$1.31 | \$1.10 | \$1.56 |
| 45-49 | \$1.13 | \$1.73 | \$1.37 | \$1.97 |
| 50-54 | \$1.44 | \$2.26 | \$1.68 | \$2.51 |
| 55-59 | \$1.89 | \$3.03 | \$2.13 | \$3.27 |
| 60-64 | \$2.40 | \$3.90 | \$2.64 | \$4.14 |
| 65-69 | \$3.01 | \$4.89 | \$3.25 | \$5.14 |
| 70-74 | \$3.93 | \$6.36 | \$4.18 | \$6.60 |
| 75+ | \$5.52 | \$8.74 | \$5.77 | \$8.99 |

VOLUNTARY METLIFE ACCIDENT

Monthly Premiums

| | |
|-----------------------|---------|
| Employee Only | \$10.95 |
| Employee + Spouse | \$21.62 |
| Employee + Child(ren) | \$25.84 |
| Family | \$30.60 |



IMPORTANT PLAN INFORMATION

ENROLLMENT WEBSITE

Open Enrollment and Life Events

Employee Navigator

<https://www.employeenavigator.com/Benefits/Account/Register>

MEDICAL

EBMS

www.ebms.com

Customer Service

(800) 777-3575

PHARMACY

SmithRx

www.smithrx.com

Member Services

(844) 454-5201

MEMBER MED/RX PORTAL

miBenefits

www.ebms.com

Click "Register Now"

24/7 TELEMEDICINE CARE

Recuro

<https://recurohealth.com>

customerservice@recurohealth.com

DENTAL & VISION

Metlife

mybenefits.metlife.com

General Services (800) 438-6388

Dental (888) 466-8673

Vision (855) 632-3931

VOLUNTARY LIFE/AD&D/LTD

Lincoln Financial Group

www.lincolnfinancial.com

Member Services

(800)423-2765

VOLUNTARY CRITICAL ILLNESS & ACCIDENT

MetLife

www.metlife.com

Member Services

Dental: (800) 300-4296

Vision: (800) 438-6388

MEDICARE ASSISTANCE

McCleod Insurance & Financial Services

Mike McCleod

(406) 586.4367

mike@mcleodinsuranceservices.com

FSA, DEPENDENT CARE & HSA

PeakOne

(866) 315-1777

www.peakoneadmin.com

ADDITIONAL RESOURCES

Belgrade Schools

Ruth Hardesty, Benefits Coordinator

(406) 924-2023

Rhardesty@bsd44.org

Alliant Insurance Services

Sarah Harne

Account Executive

(406) 438-3344

Sarah.Harne@Alliant.com

Krysta Theriault

Account Lead

(509) 343-9548

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 balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference.

Beneficiary

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

Brand Name Drug

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

-C-

COBRA

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

Claim

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

Coinsurance

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

Copayment

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

-D-

Deductible

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

Dental Basic Services

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

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

Dental Major Services

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

Dependent Care Flexible Spending Account (FSA)

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

-E-

Eligible Expense

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

Excluded Service

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

-F-

Formulary

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

-G-

Generic Drug

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

Grandfathered

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

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP)

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

-I-

In-Network

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

GLOSSARY

-L-

Life Insurance

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

Long Term Disability Insurance

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

-M-

Mail Order

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

-O-

Open Enrollment

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

Out-of-Network

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

Out-of-Pocket Cost

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

Out-of-Pocket Maximum

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

Outpatient Care

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

-P-

Participating Pharmacy

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

Plan Year

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

Preferred Drug

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

Preventive Care Services

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

Primary Care Provider (PCP)

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

-S-

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

-T-

Telehealth / Telemedicine / Teledoc

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

-U-

UCR (Usual, Customary, and Reasonable)

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

Urgent Care

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

-V-

Vaccinations

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

Voluntary Benefit

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



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.