



## EMPLOYEE ENROLLMENT GUIDE 2026-2027

Medical  
Dental  
Vision  
Life and AD&D  
Voluntary Accident  
Voluntary Critical Illness  
Voluntary Short Term Disability  
FSA & HSA  
Wellness

**Prepared by  
Marsh McLennan Agency**

# Medical, Dental, & Vision Insurance

Insured by: Blue Cross Blue Shield of Montana (BCBSMT)

| Benefit Description                     |                                | Option 1<br>\$2,000 Traditional                                                              | Option 2<br>\$5,000 HDHP              | Option 3<br>\$8,050 HDHP              |
|-----------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| Deductible - Embedded (plan year)       |                                | \$2,000 Individual<br>\$4,000 Family                                                         | \$5,000 Individual<br>\$10,000 Family | \$8,050 Individual<br>\$16,100 Family |
| Coinsurance (deductible applies)        |                                | 70/30%                                                                                       | 100%                                  | 100%                                  |
| Out of Pocket Max (includes deductible) |                                | \$4,000 Individual<br>\$8,000 Family                                                         | \$5,000 Individual<br>\$10,000 Family | \$8,050 Individual<br>\$16,100 Family |
| Office Visit                            |                                | Office Visit Copay<br>Primary Care Physician: \$50<br>Specialist: \$100<br>Urgent Care: \$75 | Deductible Applies                    | Deductible Applies                    |
| Virtual Visits                          | MDLIVE                         | \$40 Copay                                                                                   | \$48 Copay                            | \$48 Copay                            |
|                                         | Behavioral Health (counseling) | \$80                                                                                         | \$80                                  | \$80                                  |
| Adult and Well Child Preventive Care    |                                | Covered 100%; Deductible Waived                                                              |                                       |                                       |

## Prescription Benefits

|               |                  |                                                                                      |
|---------------|------------------|--------------------------------------------------------------------------------------|
| Generic       | Covered 100%     | Generic: Applies to Deductible then Covered 100%<br>Preventive Generic: Covered 100% |
| Formulary     | Deductible + 30% | Preventive: \$40 Copay                                                               |
| Non-Formulary | Deductible + 30% | Preventive: 50% Copay                                                                |

## Vision (Must be enrolled in health plan to receive vision benefits)

|          |                                                               |
|----------|---------------------------------------------------------------|
| Benefits | 75% of all services up to \$250 annual benefit per individual |
|----------|---------------------------------------------------------------|

## Dental (Reimbursement plan administered by Bozeman School District)

|          |                                                       |
|----------|-------------------------------------------------------|
| Benefits | 100% of the first \$200; 50% up to a maximum of \$800 |
|----------|-------------------------------------------------------|

**NOTE:** Upon the birth of a baby, if you wish to add the baby to the plan, you must notify Bozeman School District's Benefits & Wellness Coordinator within 31 days. If you miss this time frame, you will have to wait for the next Open Enrollment.

## Member Rewards – Get Cash Back for Shopping Smart

Don't forget members enrolled in the Bozeman School District's BCBS medical plan can earn cash rewards by shopping for certain medical services. Through the **Member Rewards** program, you can compare provider costs and quality before receiving care—and if you choose a cost-effective, in-network provider, you'll receive a check in the mail. It's real money back in your pocket.

This program not only helps lower your out-of-pocket costs but also supports the overall health of our self-funded plan.

To use Member Rewards:

1. Log in to your **Blue Access for Members (BAM)** account at [www.bcbsmt.com](http://www.bcbsmt.com).
2. Click **Find Care**, then choose **Cost Estimates / Get Started**.
3. Enter your **city, state, or ZIP code** in the upper-right corner, and click **Cost Estimates**.
4. Search for your procedure by description.

For example, an **MRI with contrast** in Bozeman may cost \$478 at one provider and \$704 at another. Choosing the lower-cost, high-quality provider could reduce your out-of-pocket costs **and** earn you up to a **20% cash incentive**—sent directly to you.

You must log in to BAM or call BCBS Member Services at [800-447-7828](tel:800-447-7828) to complete the process and qualify for the reward.

We're excited to offer gain this year, this valuable tool to help you save and earn—whether you're seeking care locally or nationwide.



Search online via "Provider Finder" or call to find a reward-eligible location for your procedure or service



Get the procedure or service at your chosen reward-eligible location



Receive a cash reward by check, which will be mailed directly to your home, after your claim is paid and the location is verified as reward-eligible

## MDLIVE Virtual Visits

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor, who is available 24/7/365, or schedule an appointment at a time that works best for you.

**Virtual visits doctors can treat a variety of health conditions, including:**

- Allergies
- Asthma
- Cold/flu
- Ear problems (age 12+)
- Fever (age 3+)
- Nausea
- Pink eye
- Rash
- Sinus infections

### Talk Therapy

Speak with a licensed counselor, therapist or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma and loss or relationship problems.

### Activate your account or schedule a virtual visit

- Go to Blue Access for Members<sup>SM</sup> or [MDLIVE.com/bcbsmt](http://MDLIVE.com/bcbsmt).
- Download the MDLIVE app from Apple's App Store<sup>SM</sup> or Google Play<sup>TM</sup>.
- Call MDLIVE at (888) 684-4233.
- Text BCBSMT to 635-483 (MDLIVE's online assistant Sophie will help you activate your account).

# BCBS Blue Access for Members (BAM)

## Your Online Resource

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? BAM, the secure member portal from Blue Cross Blue Shield of Montana, gives immediate online access to health and wellness information.

Getting Started with BAM by visiting <https://www.bcbsmt.com/member>

1. Click the Register Now button in the BAM section. Click the Member Online Services link for registration information.
2. Use the information on your BCBS ID card to complete the registration process.

## Group Life Insurance

Insured by: Mutual of Omaha

|                                             | Life and AD&D Benefit Amount          |
|---------------------------------------------|---------------------------------------|
| Administrators                              | 3 times annual salary up to \$500,000 |
| Certified Drivers & Education Staff         | \$80,000                              |
| Certified Staff Working More Than Half Time | \$50,000                              |
| Certified Staff Half Time or Less           | \$25,000                              |
| Classified Staff Half Time or More          | \$20,000                              |

This policy is at no cost to the employee and they designate the beneficiary. Please update your beneficiary online if necessary.

## Voluntary Life Insurance

Insured by: Mutual of Omaha

| Benefits         | Employee** | Spouse    | Child(ren) |
|------------------|------------|-----------|------------|
| Increments       | \$10,000   | \$5,000   | \$2,000    |
| Benefit Maximum  | \$500,000  | \$250,000 | \$25,000   |
| Guarantee Issue* | \$200,000  | \$50,000  | \$25,000   |

\*Guarantee issue amounts listed (employee, spouse, children) are for new hires within 31 days of hire.

\*\*Established employees have the ability to increase their existing coverage by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change. **Amounts over the Guarantee Issue will require evidence of insurability for medical underwriting.**

**Reminder:** Don't forget to add or update your life insurance beneficiary information.

## Voluntary AD&D Insurance

Insured by: Mutual of Omaha

This accidental death and dismemberment (AD&D) insurance plan offers protection on a worldwide basis against any covered accident in the course of business or pleasure, whether on or off the job, or in or away from home. This protection is available 24 hours a day, everyday.

This accidental death and dismemberment (AD&D) insurance plan benefits are payable if you (or your dependent, if covered) are injured as a result of an accident, the injury is independent of sickness and all other causes, and a loss occurs within 365 days after the date of the accident. See the enclosed life benefit packet for additional information.

| Benefits        | Employee                        | + Spouse & Child(ren)                                                                                       | + Spouse Only                                                               | + Child(ren) Only            |
|-----------------|---------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------|
| Benefit Minimum | \$10,000                        | Spouse Benefit:<br>\$5,000 Increments<br>up to \$250,000<br><br>Child Benefit: 10% of<br>Employee's benefit | \$5,000 up to<br>\$250,000<br>(Cannot exceed<br>100% of Employee<br>amount) | 10% of Employee's<br>benefit |
| Benefit Maximum | \$500,000<br>(up to 10x salary) |                                                                                                             |                                                                             |                              |
| Increments      | \$10,000                        |                                                                                                             |                                                                             |                              |

Educational Video: <https://youtu.be/wDWrZXdlIO4>

# Voluntary Critical Illness, Voluntary Accident & Voluntary Short Term Disability

## Insured by: Mutual of Omaha

These lines are all voluntary, which means if you wish to enroll yourself and your family members, you pay the premium to do so. Please review the provided information below, as well as the additional slicks provided with your open enrollment materials.

### Voluntary Accident

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or a covered family member may sustain due to an accident either on or off the job (examples: cuts, broken bones, burns, ER visits, etc). This benefit can be used to pay for out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work. This plan does not coordinate with your medical plan and you can use the funds to cover out of pocket expenses or any other household need you may have. As an active employee, you may purchase this insurance for yourself, and your immediate family members.

**Please review the accident policy document included in your open enrollment packet for benefits payable under this policy.**

**Educational Video:** <https://youtu.be/5bT-ENKDiwU>

### Voluntary Critical Illness

As an active employee of Bozeman School District No. 7, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company. A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit may be used to pay out-of-pocket expenses or to supplement your daily cost of living.

If you did not elect Critical Illness when first eligible or you wish to increase your coverage, you can elect for 9/1/2026, but a 6/12 pre-existing exclusion will apply.

**Please review the critical illness document included in your open enrollment packet for benefits payable under this policy.**

**Educational Video:** <https://youtu.be/uvflmui25nk>

### Voluntary Short Term Disability

Short Term Disability (STD) replaces part of your income (Employees of BSD are eligible to participate - family members are not) if you are injured or ill and are not able to work for a period of time. Surgeries, extended illnesses, maternity (the time when you are deemed 'disabled' by your doctor and cannot work after pregnancy) are all qualifying medical conditions for which you would receive this benefit.

STD has a 14 day waiting period prior to paying any benefit. During this time, you will use any paid leave available within your BSD7 leave banks. If you still have BSD7 leave time available (once STD begins the 60% of salary payment) you will continue to use your BSD7 leave banks to account for the additional 40% of your salary. Once your doctor signs off on your medical form that you can return to work, STD will cease payment, even if you extend your time off.

If you did not elect Short Term Disability when first eligible, you can elect for 9/1/2026, but a 3/6 pre-existing exclusion will apply.

If you are covered under the Family Medical Leave Act (FMLA) while utilizing your STD, the District will continue to pay their portion of all health and dental benefits during this time

**Educational Video:** <https://youtu.be/A6bmKarnkUw>

**If you DO NOT qualify for FMLA while you're utilizing your STD, you will be responsible to pay both your portion and the District's portion of the health and dental premiums while on leave. Because the STD benefit is not paid by Bozeman School District, it is considered a leave without pay status.**

**For more information on insurance coverages and access to our health plan support tool, please visit the Employees Page of the district website:** <https://www.bsd7.org/employees>

# Tax Advantaged Accounts

## Flexible Spending Account

*Must be elected or declined for 9/1/2026 through the online enrollment portal.*

Flexible Spending Accounts (FSA) provide employees with an important tax advantage that can help pay medical care expenses on a pre-tax basis. An FSA can help lower taxable income by anticipating health care costs for the next plan year and electing to place that money in this account. The maximum amount you can contribute in a year is \$3,400. A healthcare payment card, similar to a credit card, can be utilized with this account at qualified merchants. Explanation of Benefits or invoices still need to be submitted for proof of claim. This is a use-it-or-lose-it plan.

## Dependent Care Account

*Must be elected or declined for 9/1/2026 through the online enrollment portal.*

The purpose of a Dependent Care Flexible Spending Account is to allow payment for child care, elder care or handicapped dependent care required for any employees or dependents on a pre-tax basis. The maximum amount you can contribute in a year is \$7,000 per household. This is a use-it-or-lose-it plan.

## What is an FSA?

Click on the link below to access information about FSA's under Optum Health.

[Optum Financial FSA Resources](https://openenrollment365.com/content/optumfinancial/openenrollment365/en/FSA/Employee.html)  ([openenrollment365.com/content/optumfinancial/openenrollment365/en/FSA/Employee.html](https://openenrollment365.com/content/optumfinancial/openenrollment365/en/FSA/Employee.html))

## Health Savings Account

A Health Savings Account (HSA) is available for eligible employees enrolled in a High Deductible Health Plans (HDHP). Under the HSA, pre-tax contributions are placed into an employee's account to allow payment for out-of-pocket eligible expenses for medical, prescription, dental, and vision costs. A healthcare payment card, similar to a credit card, can be utilized with this account at qualified merchants.

| Contribution Limits  | 2026    | 2027    |
|----------------------|---------|---------|
| Individual Employee  | \$4,400 | \$4,500 |
| Employee + 1 or more | \$8,750 | \$9,000 |
| Age 55+ Catch-up     | \$1,000 | \$1,000 |

## BenefitHub - Discount Marketplace

Click on the blue link below to view the web page.

[BenefitHub - Discount Marketplace](https://mmanwrewards.benefithub.com)  (<https://mmanwrewards.benefithub.com>)

**A WORLD OF DISCOUNTS IS WAITING. SAVE BIG EVERY DAY.**

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- » Travel
- » Auto
- » Electronics
- » Apparel
- » Local Deals
- » Education
- » Entertainment
- » Restaurants
- » Health and Wellness
- » Beauty and Spa
- » Tickets
- » Home & Auto Insurance



# Earn up to \$400 through Wellness!

## COMPLETE THE WELLNESS PROGRAM KNOWLEDGE QUIZ - \$25.00

- Navigate the Benefits Webpage, and complete the quiz with 100% accuracy during the month of August and September.
- Any employee eligible for insurance, and any spouse on the District health insurance may participate.
- This Educational Quiz is not mandatory in order to be eligible for the incentive plans.
- Payable on the December 2026 payroll.



**Wellness for Peak Performance**  
**Bozeman Public Schools**

## **INCENTIVE LEVEL #1 – DOCUMENTATION OF PREVENTIVE WELLNESS EXAM**

### **Participation Requirements**

- Any employee eligible for the District's health insurance and/or spouse on the District medical must submit the preventive check-up affidavit (signed by their doctor) to the Benefit & Wellness Coordinator no later than April 30, 2026.

### **Annual Incentive Breakdown**

- 1st Year – WORTH \$250.00 (One time)
- Every 5th Consecutive Year – WORTH \$275.00 (\$175.00 + \$100.00 Bonus)
- Consecutive Years - WORTH \$175.00
- Non-Consecutive Years of Participation – WORTH \$150.00

### **Payable on:**

- If the preventive wellness exam form is submitted between May 1, 2026– November 30, 2026, the incentive will be paid on the December 2026 payroll.
- If the preventive wellness exam form is submitted between December 1, 2026 – April 30, 2027, the incentive will be paid on the June 2026 payroll. No forms will be accepted after April 30, 2027.

## **INCENTIVE LEVEL #2 - \$100.00 – PROGRAM PARTICIPATION**

**Any employee and/or spouse on the District medical plan is eligible if they have completed the following:**

- Complete Incentive Level #1 – Preventive Wellness Exam Form
- Earn \$ through any combination of activities
- Payable on the June 2027 payroll

| <b>Program Incentive Offerings</b>                                                                                   | <b>\$</b>              |
|----------------------------------------------------------------------------------------------------------------------|------------------------|
| Lipid Panel Blood Draw                                                                                               | \$50                   |
| Attend the Health Fair                                                                                               | \$30                   |
| Attend Wellness Event(s) - 10 pts./event (limit 2)<br>BSD sponsored wellness events, workshops or at home challenges | 2 events x \$10 = \$20 |
| Complete a SafeSchools Training                                                                                      | \$10                   |
| Attend your building's wellness event                                                                                | \$10                   |
| Volunteer for a local Organization (Send selfie or sign up confirmation)                                             | \$10                   |
| Maximum Possible                                                                                                     | \$100                  |

**\*Stay updated on current wellness events on the webpage → [www.bsd7.org/our-district/departments/business-services](http://www.bsd7.org/our-district/departments/business-services)**

# Wellness For Peak Performance Bozeman Public Schools

If you meet any of the following criteria, you are eligible to participate:

- All Administrators, Professionals, and Certified employees
- Classified employees with .5 FTE or higher
- Spouses of Employees that are currently enrolled in the District Medical Insurance
- Retirees and their Spouses that are on the District Medical Insurance

## Important Notice:

Bozeman School District Wellness Program is a voluntary wellness program available to eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a preventive annual exam with a Primary Care Provider. You are not required to complete the medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$150-\$275 for completing an annual preventive exam. Although you are not required to complete annual preventive exam, only employees who do so will receive the \$150-\$275 incentive.

Additional incentives of up to \$125 may be available for employees who participate in certain health-related activities pertaining to educational quizzes, and the points model. If you are unable to participate in any of the health-related activities or to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard.

You may request a reasonable accommodation or an alternative standard by contacting Hannah Hancox at [hannah.hancox@bsd7.org](mailto:hannah.hancox@bsd7.org).

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Bozeman School District may use aggregate information it collects to design a program based on identified health risks in the workplace, they will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Hannah Hancox at [hannah.hancox@bsd7.org](mailto:hannah.hancox@bsd7.org)

**\*Exercise - For substantial health benefits, [www.health.gov](http://www.health.gov) recommends adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate – and vigorous – intensity aerobic activity.**

Please Note - this form is for personal use to help keep track of your point total - do not send to wellness for verification.

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Notes

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across the entire width of the page, typical of notebook or composition paper. There are no margins, text, or other markings present.

## Plan Administrators

Click on the links below to open the website or send an email.

|                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <b>Medical</b>                                                                                                                                                                                                           | <b>Blue Cross Blue Shield of Montana</b><br>(800) 447-7828<br><a href="https://www.bcbsmt.com">https://www.bcbsmt.com</a>                                                          |
|    | <b>Virtual Visits</b>                                                                                                                                                                                                    | <b>MDLIVE</b><br>(888) 684-4233<br><a href="http://MDLIVE.com/bcbsmt">http://MDLIVE.com/bcbsmt</a>                                                                                 |
|    | <b>Group Life</b><br><b>Voluntary Life</b><br><b>Voluntary Critical Illness</b><br><b>Voluntary Accident</b><br><b>Voluntary Short Term Disability</b><br><b>Travel Assistance</b><br><b>Employee Assistance Program</b> | <b>Mutual of Omaha</b><br>(800) 655-5142<br><a href="mailto:pacnw.service@mutualofomaha.com">pacnw.service@mutualofomaha.com</a>                                                   |
|    | <b>Flexible Spending Account (FSA)</b>                                                                                                                                                                                   | <b>ConnectYourCare</b><br>(877) 292-4040<br><a href="https://www.connectyourcare.com">https://www.connectyourcare.com</a>                                                          |
|  | <b>Health Savings Account (HSA)</b>                                                                                                                                                                                      | <b>First Security Bank</b><br>(800) 555-3800<br>208 E. Main Street<br>Bozeman, MT 59715                                                                                            |
|  | <b>Benefits &amp; Wellness Coordinator</b><br><b>Dental/Vision Administrator</b>                                                                                                                                         | <b>Bozeman School District</b><br>Hannah Hancox<br>(406) 522-6046<br><a href="mailto:hannah.hancox@bsd7.org">hannah.hancox@bsd7.org</a>                                            |
|  | <b>Benefit Contact</b>                                                                                                                                                                                                   | <b>Marsh McLennan Agency</b><br>Beth Wardell<br><i>Client Executive / Consultant</i><br>(406) 327-6427<br><a href="mailto:Beth.Wardell@MarshMMA.com">Beth.Wardell@MarshMMA.com</a> |



## Disclaimers

- This information is only a summary of benefits and does not supersede the actual summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.
- All eligible employee contributions will be deducted on a pre-tax basis unless otherwise requested.
- Premiums deducted on a pre-tax basis can not be changed except during the open enrollment period unless the employee experiences a qualifying event.
- Employees who do not request a change in their coverage will be automatically re-enrolled in the coverage closest to the existing coverage with corresponding payroll deductions as shown.