2026-2027 School Year Employee Benefit Guide

This is only a summary of benefits. Please review full details within the carrier policies. If there is a discrepancy between the information contained within this summary and the policies, the policy prevails.

WELCOME TO YOUR BENEFITS GUIDE

Our District is proud to offer a comprehensive benefits package to its valued employees and their eligible family members. This package is designed to provide you with choice, flexibility and value.

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

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

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

This guide is an overview

The benefits in this summary are effective

October 1, 2026

through

September 30, 2027

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs) available on the GFPS website. The plan benefit booklets determine how all benefits are paid.

Table of Contents

2026/2027 BENEFITS

Includes Medical & Daycare Flexible Spending

<u>All</u> employees eligible for insurance (6+ hours/day), licensed and classified, are encouraged to attend. It is important to attend a meeting so employees can be wise consumers of health insurance and other benefits of employment.

- Health insurance rates will be discussed.
- Employees can attend ***any*** of the scheduled meetings.
- Spouses are invited to attend

Insurance Meetings

Date	Time	Location
Tues, 8/18/2026	10:00 AM	PGEC The Hub
	1:00 PM	PGEC The Hub
	2:30 PM	PGEC The Hub
	4:00 PM	PGEC The Hub
Wed, 8/19/2026	8:00 AM	GFHS Auditorium
	10:00 AM	GFHS Auditorium
	1:00 PM	GFHS Auditorium
	2:30 PM	GFHS Auditorium
Wed, 9/9/2026	7:00 AM	GFHS Auditorium
	10:00 AM	DOB- Aspen- RETIREE Meeting
	12:00 PM	DOB- Aspen
	3:45 PM	GFHS Auditorium
Thurs, 9/10/2026	7:00 AM	NMS Cafeteria
	10:00 AM	DOB- Aspen
	1:00 PM	DOB- Aspen
	3:45 PM	NMS Cafeteria

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ALL ENROLLMENT INFORMATION IS DUE <u>NO LATER THAN</u> FRIDAY, SEPTEMBER 11, 2026!
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WHO'S ELIGIBLE FOR BENEFITS?

Employees

You are eligible if you are a Regular Full-time or Regular Part- time employee working 30 or more hours per week. Teachers are eligible regardless of hours worked. Benefits for new hires are effective the first day of the month following date of hire. Teachers are effective on first day of work.

Eligible dependents

- Legally married spouse
- Natural, adopted or step children 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.

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).

Enrollment and changes can be completed through the Employee Self Service PlanSource 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 dependentsor 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
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 30 days after the event via PlanSource, see link below. Additional detail on Plan Source on the following page.

https://benefits.plansource.com/

ENROLLING FOR BENEFITS

DO I NEED TO ENROLL?

No, however GFPS is strongly recommending that all employees login and confirm benefits and dependent coverage. **FSA/DCAP elections must be elected each year if you wish to participate.**

Getting Started

So you're ready to enroll in your Great Falls Public Schools benefits! The new PlanSource enrollment experience will help you do just that, in an intuitive, educational and fun way.

Before you begin enrolling in your benefits, please make sure you have the following items.

- Social Security Number (SSN) for all legal dependents you wish to enroll in any coverage.
- Date of Birth (DOB) for all legal dependents you wish to enroll in any coverage

- Beneficiary Information for Life Insurance, which includes your beneficiaries' name(s), relationship & address.

Log in to PlanSource

Before you can do anything in the PlanSource system, you must first log in to PlanSource.

1. Type or paste this link into your web browser's search bar: https://benefits.plansource.com/

2. On the login page, type your username. *Your password will be reset to YYYYMMDD*. You will be prompted to create a new password.

3. Follow the instructions below for your user name and Password. Your Username consists of:

a. First initial of your First Name
b. First six characters of your Last Name
c. Date of Birth (Format YYYYMMDD)

Example: John Employee, with a birthdate of February 7, 1975, would have a login of JEMPLOY19750207.

Your Password is your birthdate in the format **YYYYMMDD**. Example: a birthdate of February 7, 1975 would look like this: 19750207.

Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format. Once you log in, you will be prompted to change your password. Be sure to keep this password in a safe place.

If you forgot your password, click "Forgot your password." If you have no email address on file for this process, contact De Anndrea Bobo at 406-268-6012.

Benefit Highlights for the 2026-2027 School Year

Medical

- **GFPS is renewing with First Choice Health Network.**

Base Medical Plan

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

Catastrophic Medical Plan

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

Prescription Drug Benefits

- GFPS will renew prescription drug services with SmithRx.
- Mail order pharmacy continues to process through **Amazon Pharmacy. In special circumstances Walmart mail order may be recommended.**
- **NEW: Rx Copays are being adjusted effective October 1, 2026 (see next page)**

The Standard Insurance Ancillary Coverages

The Standard Insurance will continue to administer all ancillary coverages.

VSP Voluntary Vision Plan

- No benefit changes
- Same provider Network
- No Rate change

Voluntary Dental Plans

- GFPS Members can continue to choose between two dental plan options; a high and a low plan
- Open Access Network 90th Percentile
- Rates increased by 14%

Voluntary Life and AD&D

- No benefit Changes
- No rate changes
- Employees who initially waived this coverage will be subject to medical underwriting. If you have already purchased some amount of voluntary life, you can increase by $10,000 at Open Enrollment with no health underwriting as long as it does not exceed the Guaranteed Issue amount.

Long Term Disability

- Maximum benefit $6,000/month

Voluntary Critical Illness

- Employee Guaranteed Issue increased to $30,000
- Spouse Guaranteed Issue increased to $15,000
- No Rate Change

Voluntary Accident Only Insurance

- Annual Wellness increased to $100.
- No Rate Change

Medical Plan Options: Administered by First Choice

Plan	Comprehensive Major Plan Base		Comprehensive Major Plan Catastrophic	
Network	In Network	Out of Network	In Network	Out of Network
Medical Deductible	$1,000 person / $2,000 family		$3,000 person / $6,000 family	
Rx Deductible	$200 per person / $400 family		$200 person / $400 family	
Coinsurance	75%	60%	60%	50%
Medical out of Pocket Max (includes deductible	$6,500 person / $13,000 family		$7,000 person / $14,000 family	
Alluvion Clinic Visit	$0 copay (no charge to member)		$0 copay (no charge to member)	
Office Visit	$40 copay (dw)	60%	60%	50%
Preventive Care ***	100% (dw)	60%	100% (dw)	50%
Outpatient (lab/X-ray)	100% (dw)	60%	Deductible & Coinsurance	
Emergency Care*	$200 Copay (dw)		$200 Copay (dw)	
Ambulance	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Inpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Outpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Spinal Manipulation (20 visits)	$40 copay (dw)	60%	Deductible & Coinsurance	
Rehab – Outpatient (PT, OT, ST, PR, CT, Chiro)	$40 copay (dw)	60%	Deductible & Coinsurance	
	180 visits (combined Home Health & Rehabilitation)		180 visits (combined Home Health & Rehabilitation)	
Rehab – Inpatient (PT, OT, ST, PR, CT, Chiro)	Deductible & Coinsurance		Deductible & Coinsurance	
	180 visits (combined Home Health & Rehabilitation)		180 visits (combined Home Health & Rehabilitation)	
Prescriptions (in-network)	**Retail**	**Mail/90 day at Retail**	**Retail**	**Mail/90 day at Retail**
Deductible	$200 person / $400 family (waived for generics)		$200 person / $400 family (waived for generics)	
Generic	$10	$20	$10	$20
Brand	20% up to a max of $150/script	20% up to a max of $300/script	20% up to a max of $150/script	20% up to a max of $300/script
Non-Preferred Brand	40% up to a Max of $300	40% up to a Max of $600	40% no max	
Specialty	$250		$250	

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

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

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

Alluvion Health Plan Summary

Year	Health Insurance	Prepared By
2026-2027	First Choice with First Choice Health Network	Alluvion Health

Alluvion Health is excited to continue partnering with Great Falls Public Schools and First Choice to offer GFPS health plan members a comprehensive health benefit plan for the 2026-2027 school year. To help you better understand the benefit available to you, we have outlined services that are waived through Alluvion Health.

Alluvion Health Services available at no out-of-pocket expense to GFPS plan members:

MEDICAL SERVICE	MEMBER CO-PAY/COINSURANCE
Adult and children's primary, acute, comprehensive and preventative care	Waived, Plan pays 100%
Annual physicals, screenings, immunizations and exams	Waived, Plan pays 100%
Management of chronic illnesses such as diabetes, depression & high blood pressure	Waived, Plan pays 100%
Examples of in-house labs, not sent to outside organizations include RSV, flu, strep, blood hemoglobin, hemoglobin A1c, finger stick glucose and urine dip	Waived, Plan pays 100%
Referral(s) to specialists (cost sharing may apply to specialist services)	Waived, Plan pays 100%
Cardiology services	Waived, Plan pays 100%
Pediatric exams	Waived, Plan pays 100%

BEHAVIORAL HEALTH SERVICES	MEMBER CO-PAY COINSURANCE
Individual counselling, crisis management and brief therapy	Waived, Plan pays 100%
Substance use disorder therapy	Waived, Plan pays 100%
Referral(s) to community resources	Waived, Plan pays 100%

ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES PROVIDED BY ALLUVION HEALTH TO GFPS HEALTH PLAN MEMBERS WILL HAVE ZERO CO-PAY/COINSURANCE AND WILL NOT BE APPLIED TO PARTICIPANT'S DEDUCTIBLE.

This means the participant will have no out of pocket cost for services provided by Alluvion Health. The member will receive an Explanation of Benefits (EOB) from First Choice; it is important to note that this is not a bill.

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

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

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

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

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

ALLUVION HEALTH

LOCATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

All hours subject to change

SCHOOL-BASED CLINIC SITES

LONGFELLOW ELEMENTARY MEDICAL CLINIC*
1100 7th Ave S, Great Falls, MT 59405

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

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

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

QUALIFYING SERVICES

Appointment Types

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

Areas of Focus

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

Health Management and Conditions

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

Wellness Exams/Routine Care

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

EXCLUDED SERVICES

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

Medical Insurance and Preferred Provider Organization

Comprehensive and preventive health care coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. Our District offers you a choice of two plans. Both plans cover the same benefits, but your out-of- pocket costs vary. Please review the plans available, then review the highlights of what each plan covers on the following pages.

Preferred Provider Organization (PPO)

These plan types contract with a large number of providers. If you choose to receive your care through a preferred provider, the insurance company will pay a higher percentage of the charges. If you choose to receive your care through a non-preferred provider, then the insurance company will pay a lower percentage of the charges and you may receive a balance bill for outstanding amounts owed.

Your PPO plan options are available through the First Choice Health PPO network.

To find a preferred provider through First Choice Health, visit https://www.fchn.com/ProviderSearch

You may also login to the member portal to find a provider directory. www.fchn.com

Preventive care screening benefits

TYPICAL SCREENINGS FOR ADULTS

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

Preventive care for women should include breast and gynecological exams

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

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

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

What is Preventive Care?

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

Not all exams and tests are considered preventive

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

myFirstChoice

Member Portal

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

Select a PCP: Choose a Primary Care Physician

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

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

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

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

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

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

Electronic EOBs: Enroll in paperless statements*

News & Updates: Learn what's new

Contact Us: Access contact information

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

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

First

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

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

First Choice Health®

First Choice Health

TAKE CONTROL OF YOUR HEALTH

First Choice Health Mobile App

Manage your First Choice Health plan anytime, anywhere. The **First Choice Health Mobile** app provides instant, secure access to your essential benefits and coverage information directly from your smartphone.

KEY FEATURES AT YOUR FINGERTIPS

- **myFirstChoice member portal:** Get immediate access to the most vital pieces of your health plan without the paperwork.
- **Digital ID cards:** No more digging through your wallet. View, share, or save your most current member ID card instantly.
- **View benefits:** Quickly check your enrollment details and coverage levels to clearly understand your financial responsibilities.
- **Find a provider:** Use our robust search tool to locate in-network physicians, specialists, and facilities whether you' re at home or traveling.
- **Secure & easy login:** Use your existing myFirstChoice credentials for a seamless and protected experience.

GET STARTED TODAY!

Let the **First Choice Health Mobile** app simplify your healthcare journey. Download it today to start managing your plan with ease.

Download on the App Store | ANDROID APP ON Google play

First Choice Health

SUPPORT AT YOUR FINGERTIPS

Introducing Secure Chat

Skip the hold music and forget the email chains. With the new secure chat feature in the FCH Member Portal, getting the answers you need is now faster and easier than ever.

Expert help for your most common questions

Our Member Support team is ready to assist you directly through the portal with:

- **Claims & billing:** Check status or clarify a recent statement
- **Coverage & benefits:** Verify what's covered before your next appointment
- **ID cards:** Request a replacement or digital copy
- **Eligibility:** Confirm your current plan details instantly

Security is our priority

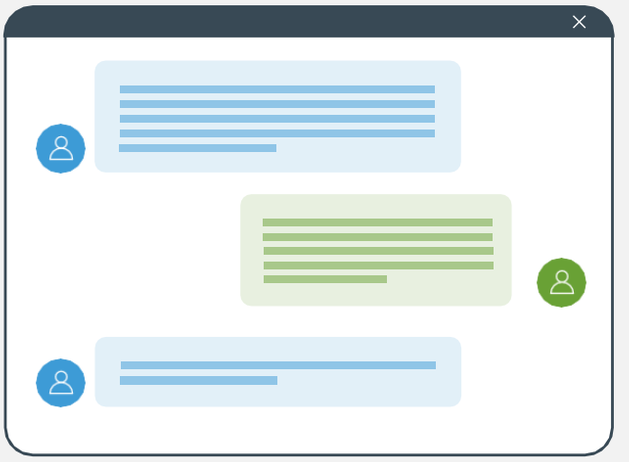
Because Secure Chat lives inside your protected Member Portal, your Personal Health Information (PHI) stays safe. Your privacy matters—to keep your data private, always log out of the portal when using a shared or public computer.

GET STARTED TODAY!

1. Log into the FCH Member Portal
2. Click on the chat bubble icon
3. Type your question and send

Our team is online and ready to chat during business hours. Experience a better way to get answers.

- **Real-time responses:** Get quick answers without staying on the phone.
- **Total privacy:** Discuss sensitive health and billing details within our encrypted environment.
- **Multitask friendly:** Message us at your own pace while you go about your day.



We're here to help

At FCH, we're committed to making your healthcare experience as seamless as possible. Secure chat is just one more way we're putting your needs first.

Ready to try it? Log in to the Member Portal today and say hello.

talkspace + First Choice Health

In-network behavioral health support through virtual counseling and psychiatry

HIPAA COMPLIANT · SOC 2 · SECURE SSL

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

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

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

The Talkspace difference

Our network stands out

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

Ready to get started?

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

SCAN ME

Our unique member experience

Personalized matching

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

Convenient access

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

Ease of communication

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

Self-guided exercises

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

CancerCARE

Right Care. Right Time. Right Place.

This benefit is embedded in the medical plan

A Benefit Specialized In Dealing with Cancer

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

Day One Help

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

Personalized Care

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

National Resources

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

Expert Medical Team

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

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

GREAT FALLS PUBLIC SCHOOLS

Regenexx

regenexxbenefits.com/gfpsk12/bc

YOUR NEW REGENEXX BENEFIT

A NON-SURGICAL OPTION FOR ORTHOPEDIC PAIN

Great Falls Public Schools is pleased to offer employees access to **Regenexx**, a leader in regenerative orthopedic medicine. Our research-based, minimally invasive procedures use your body's own healing processes to treat orthopedic injuries and chronic joint conditions—often reducing or eliminating the need for surgery.

WHY GFPS ADDED THIS BENEFIT

- **Non-surgical** treatment options
- **Faster recovery** than many traditional surgeries
- **Lower risk** of complications
- **Personalized** evaluation and treatment plan
- **World leader** in regenerative orthopedic medicine since 2005

Non-Regenexx services may fall under a different benefit level and may or may not be treated as in-network. Charges depend on your specific plan details and your current deductible and out-of-pocket status.

COVERED AT 100%

As a Great Falls Public Schools health plan member:

- ✓ Regenexx is an in-network benefit
- ✓ Covered at 100%
- ✓ No additional member responsibility for covered Regenexx services
- ✓ Benefit effective October 1, 2026
- ✓ Services begin with a comprehensive physician evaluation

HOW IT WORKS

1. **CALL** your dedicated Patient Liaison
2. **SCHEDULE** an evaluation with a Regenexx physician
3. **RECEIVE** a personalized treatment plan
4. **IF APPROPRIATE,** receive your minimally invasive treatment
5. **RECOVER & RETURN** to the activities you enjoy

Questions about your benefits or treatment options?

CALL YOUR DEDICATED REGENEXX PATIENT LIAISON

866-803-3123

regenexxbenefits.com/gfpsk12/bc

WHAT CONDITIONS DOES REGENEXX TREAT?

If you have pain, we're here to help. Regenexx procedures treat a wide range of common joint injuries and degenerative joint conditions such as:

SPINE
- bulging, collapsed, or herniated disc
- ruptured or torn disc
- degenerative disc disease
- disc extrusion disc protrusion
- back or neck nerve pain

SHOULDER
- arthritis
- rotator cuff tears
- labral tear
- rotator cuff tendinosis

HAND/WRIST/ELBOW
- arthritis
- tennis elbow
- ulnar nerve entrapment
- CMC joint arthritis (thumb)
- carpal tunnel
- trigger finger

HIP
- osteonecrosis
- bursitis
- labral/labrum tear
- tendinopathy
- arthritis

KNEE
- arthritis
- meniscus tear
- sprain or tear of ACL/PCL
- sprain or tear of the MCL/LCL
- tendinopathy

ANKLE/FOOT
- arthritis
- instability
- bunions
- ligament sprain or tear
- plantar fasciitis
- achilles tendinopathy

LEARN MORE ABOUT REGENEXX AND YOUR BENEFITS

Regenexx hosts weekly sessions where you can learn how our procedures may be able to help treat your orthopedic pain, and you can ask questions about your benefits. Follow the QR code or visit the following address to register for a webinar. Scheduled dates and times are updated regularly.

regenexxbenefits.com/gfpsk12/bcweb

WHY CHOOSE REGENEXX?

- ✓ Uses your body's own healing agents
- ✓ Minimally invasive, needle-based procedures
- ✓ Treating orthopedic injuries since 2005
- ✓ Up to 70% of orthopedic surgeries may be avoided
- ✓ Lower risk and faster recovery time

QUESTIONS?
Call your dedicated Regenexx Patient Liaison

866-803-3123

regenexxbenefits.com/gfpsk12/bc

Regenexx®

treating orthopedic injuries non-surgically

covered benefit

aware HEALTH | GFPS

The sooner you start the conversation, the sooner you can begin the healing.

All Great Falls Schools employees and their dependents over 12 on the health plan get **access to Doctors of Physical Therapy for FREE**! Get out of pain and feel your best by signing up today.

PHYSICAL THERAPY

Improve mobility, treat pain, and enhance overall physical function. Always try PT before surgery.

- Chronic aches and pain
- Upper body pain in the shoulders, wrists, and neck
- Lower body pain in your back, hips, knees, and feet
- Pelvic floor incontinence
- Headaches and jaw pain
- And more

HEALTH AND WELLNESS

Optimize overall well-being through personalized lifestyle and movement interventions.

- Ergonomics
- Goal planning
- Nutritional guidance
- Sleep hygiene
- Positive coping strategies
- And more

"I would describe this physical therapy experience as **life-changing**. (My husband thinks I'm exaggerating, but I don't think so.) I've been able to alleviate an issue I've been dealing with for 10 years. The zero cost motivated me to finally take action, and the virtual nature of these sessions has made it convenient to have regular appointments. **I love the app** we can use to track our exercises, which helps with consistency and motivation."

- Aware Health User

CALL 925 444-0561
SCAN the code above or
TEXT "GFPS" to
650 855 2545 to
book an appointment

Mail Order Pharmacy Information

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

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

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

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

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

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

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

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

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

Prescription Drug Prior Authorizations

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

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

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

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

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

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

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

Prescription Drug Price Look-up

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

What if a member's drug is considered specialty?

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

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

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

SmithRx Connect

Connecting you to the lowest cost prescription solutions

SmithRx can help lower your drug costs

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

Patient Assistance Programs

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

CoPay Coupon Maximization

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

International Sourcing

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

Mark Cuban Cost Plus Drugs:

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

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

Prescribers can send prescriptions via electronic prescribing to:

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

MEDS DIRECT

AFFORDABLE ACCESS TO THE MEDICATIONS YOU NEED

WHAT IS MEDSDIRECTRx?

Global Sourcing Program

A Guide For Patients

HOW IT WORKS

Enrollment

You'll receive an email from your employer letting you know that you're eligible to receive one of your high-cost medications at no cost to you through the MedsDirectRx program. Shortly after, a member of our care team will contact you directly to get you enrolled.

MedsDirectRx Outreach

A member of our team will then reach out directly to introduce ourselves, explain the program further, and confirm a few basic details needed to get started.

Medication Review

Our team will securely obtain your prescriptions and evaluate your current medications to determine the most cost-effective sourcing options.

Pharmacy Fulfillment

Once approved, your medications are filled through licensed pharmacies and shipped directly to your door. There are no extra steps or added fees, just convenient, door-to-door delivery.

Ongoing Support

You'll receive regular updates from our team throughout the process, from order placement and pharmacy review to shipping and delivery so you're always informed.

Refills & New Medications

After enrollment, you'll have continued access to our support team for any questions about your medications or deliveries. Our care team actively monitors your upcoming refills to help prevent any gaps in medication access, making your prescription management simple and stress-free.

Questions for our customer care team? Reach out to:

Kennedy Cates

(317) 677-3728

kennedy@medsdirectrx.com

Get your patients a no cost meter today!

OneTouch Verio Reflect® meter

OneTouch Verio Flex® meter

The OneTouch brand is #1 in preferred formulary coverage*

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

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

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

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

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

When Not Covered

OneTouch® Automatic Savings Program

$ Patient pays $25 for 100 test strips**

ONETOUCH®

* MMIT Formulary Report June 2022

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

supportlinc

Welcome to SupportLinc

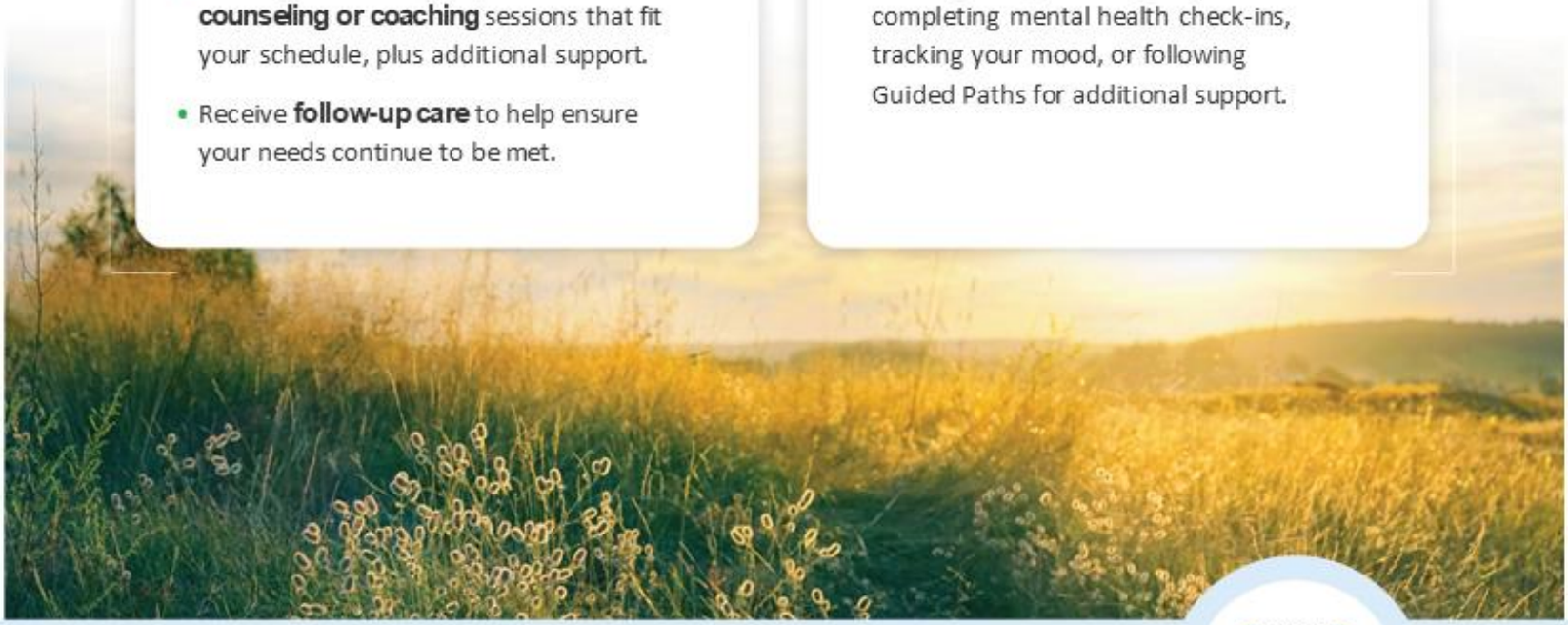
Access care and digital tools that help you manage stress, build resilience, and feel your best — anytime, anywhere.

In-the-moment support

- Contact the EAP at **888-881-5462** to connect with a live, licensed clinician for **immediate emotional support and guidance**.
- Receive **personalized referrals** through a Care Advocate who confirms provider availability, your preferences (age, gender, etc.), and insurance coverage.
- Get **help scheduling in-person or virtual counseling or coaching** sessions that fit your schedule, plus additional support.
- Receive **follow-up care** to help ensure your needs continue to be met.

Web platform and mobile app

- Visit **mysupportlinc.com**, group code: **gfps**, to create a personalized profile to **access tailored resources and wellbeing tools**.
- Choose **care based on your preferences**, including specialty, language, gender, and care format.
- Select other options, such as **messaging a coach, joining virtual group** sessions, completing mental health check-ins, tracking your mood, or following Guided Paths for additional support.



Log in today to take the next step in your wellbeing journey

888-881-5462
mysupportlinc.com
group code: gfps

supportlinc

Immediate support when it matters most

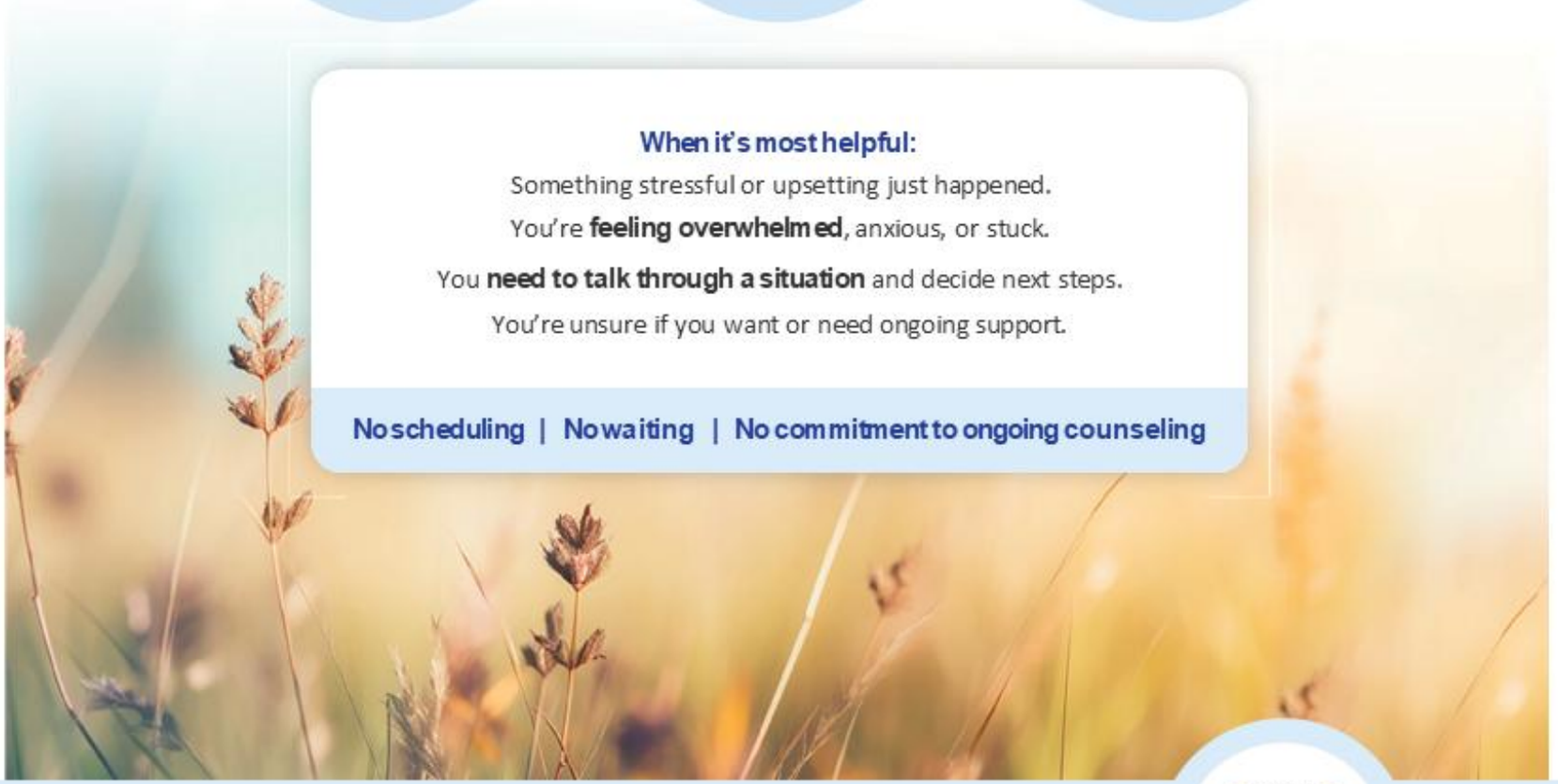
Speak with a licensed clinician today

When you need clarity, a same-day conversation can help you work through what's challenging and decide what to do next. A single call connects you with a professional whenever, wherever—so you can talk it through, make sense of the situation, and move forward with a plan.

A focused conversation
Discuss your concerns in real time with a licensed clinician.

More clarity, less overwhelm
Step back from the stress and evaluate your options.

A clear next step
Gain practical, actionable guidance you can use right away.



When it's most helpful:

Something stressful or upsetting just happened.

You're **feeling overwhelmed**, anxious, or stuck.

You **need to talk through a situation** and decide next steps.

You're unsure if you want or need ongoing support.

No scheduling | No waiting | No commitment to ongoing counseling

Log in today to take the next step in your wellbeing journey

888-881-5462
mysupportlinc.com
group code: gfps

Mandatory Life and AD&D Insurance

All eligible employees will be covered by our District's Life and AD&D Policy through The Standard Insurance. A brief description of plan benefits are below.

	Benefit Amount
Administrators	4x annual earnings to $300,000 w/AD&D
Certificated Classroom, Admin Support	$50,000 (no AD&D)
Warehouse Teamsters, Electricians and Carpenters, Local Union 400 IUSE, AFL-CIO, Plumber & Fitters Local #41, Painters Local #260	$20,000 (no AD&D)
Benefit Reduction Schedule* Benefits will be reduced by the following percentage *Does not apply to retirees	At Age 70 – 35% At Age 75 – 50%
Spouse Life Benefit (Administrators only, no AD&D)	$10,000
Child Life Benefit (Administrators only, no AD&D)	$5,000

There are other benefits and restrictions on these benefits. Please review the Plan Summary for details.

Mandatory Long Term Disability Insurance

Eligible employees will be covered by our District's Long Term Disability Policy provided by The Standard Insurance. This plan provides financial assistance if you are not able to return to work due to a qualified disabling condition. Plan benefits listed below by bargaining unit.

	Benefit Amount
Administrators, Certified Classroom	60% of basic income to a maximum of $6,000/month
Guarantee Issue	Full Benefit
Waiting/Elimination Period	90 days from onset of disability
Benefit Duration	Up to Age 65; 60 months for your own Occupation * and Any Occupation ** 24 months mental/nervous and alcohol/drugrelated disabilities

*Own Occupation: Unable to perform each material duty of your regular occupation.

**Any Occupation: Unable to perform each material duty of any occupation for which you are reasonably fit by education, training and experience.

A variety of other benefits are available with this policy such as Survivor Benefits, Partial and Residual Benefits and Recurrent Disability Benefits. Please review the plan documents for further details on these benefits.

Voluntary Benefits

Our District offers a variety of voluntary benefits to Eligible Employees working a minimum of 30 hours per week through the following pages. All Teachers are eligible regardless of hours.

Voluntary Dental Insurance

Our District provides dental coverage through The Standard Insurance. The below is a summary of benefits.

Dental	Low Plan	High Plan
Plan Year Maximum (January 1 - December 31)	$1,000	$1,500 (orthodontia separate maximum)
Preventive Services (Exams, X-Rays, Cleanings etc.)	100% (deductible waived)	100% (deductible waived)
Basic Services (Fillings, Extractions, Perio, Endo, etc.)	80%	80%
Major Services (Dentures, Partials, Bridges, Crowns)	50%	50%
Deductible(Individual/Family)	$50 / $150	$50 / $150
Orthodontia (Children only)*	Not Covered	50% up to a lifetime maximum of $1,500
Waiting Period	None	None

**Orthodontic Treatment is only covered for new treatment, if services have already begun this would be denied for pre-existing Program will end when the services are done, or after eight calendar quarters starting with the day the appliances were inserted, whichever is earlier. At the end of every quarter (3 months) of a program for an Insured who pursues a program, but not beyond the date the program ends.*

Voluntary Vision Benefits

Our District provides vision coverage through The Standard Insurance in partnership with VSP. The below is a summary of in-network benefits provided by contracted providers. For out of network benefits, consult the plan contract

	Frequency	Benefit Amount
Copayment for services		$10.00 exams $25.00 materials
Exams	Once per 12 months	Paid at 100%
Lenses (pair)	Once per 12 months	Paid at 100%
Frames	Once per 24 months	$150 max allowance
Contacts - elective (in lieu of lenses and frames)	Once per 12 months	$150 max allowance in lieu of glasses

Voluntary Member Discounts

The Standard Insurance along with VSP offer some member discounts:
Lasler VisionCare – through VSP members receive an average discount of 15% off or 5% off of a promotional LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

Voluntary Life/AD&D Insurance

This coverage is provided by The Standard Insurance to All Eligible Employees.

	Benefits
Benefit Amount:	**Employee:** Life/AD&D insurance up to 5x annual salary max $500,000 (in $10,000 increments). Up to $400,000 can be elected without EOI at initial enrollment. Evidence of Insurability may be required for those who waived initially. **Spouse:** Life/AD&D insurance up to $300,000 (in $10,000 increments). Up to $50,000 can be elected without EOI (not to exceed 100% of Employee Life Amount) **Dependent Children:** Life/AD&D insurance up to $10,000 (in $2,000 increments)
Life Insurance Benefits	Living Benefit, Waiver of Premium due to total disability prior to age 60. Policy is portable and convertible.
AD&D Benefits	100% of Life Benefit Amount for Loss of Life due to Accidental Death. Accidental Dismemberment of hand, foot, sight in one eye, speech, hearing can result in partial benefit.

Voluntary Critical Illness Insurance

This coverage is provided by The Standard Insurance to All Eligible Employees.

	Benefit Amount
Maximum Coverage Amount – Employee / Spouse / Child(ren)	$30,000 / $15,000 / 50% of Employee Amount
Benefit Increments	$5,000
Guaranteed Issue	Full Benefit
Pre-Existing Conditions	None
Plan Benefits Include	Cancer, Heart Attack, Stroke, Major Organ Failure, ALS, ESRD, Carcinoma in Situ, Coronary Artery Bypass Surgery, Coma, Paralysis, Loss of Sight, Alzheimer's, MS, Parkinson's, Brain Tumor.

Voluntary Accident Only Insurance

This coverage is provided by The Standard Insurance to All Eligible Employees.

	Benefits include, but not limited to:
Annual Health Screening	$100
Hospital Admission	$1,500
Emergency Room Benefit	$200
Ground Ambulance	$600
Accidental Death – Employee/Spouse/Child	$100,000 / $50,000 / $25,000

FLEXIBLE SPENDING ACCOUNT (FSA)

ARE YOU ELIGIBLE?

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

Grace Period: The Health and Dependent Care FSA allows for a 75 day grace period immediately following the end of each plan year. During the grace period, unused account balances remaining from the previous plan year may be used to reimburse eligible medical expenses incurred during the grace period. The plan also allows for a 120 day run-out period after the end of the plan year during which the participant can submit eligible Health FSA or Dependent Day Care FSA claims incurred during the preceding plan year (and, for the Health FSA, the grace period) for reimbursement.

To take advantage of either or both of the Flexible Spending Accounts, you must complete your election via the on-line enrollment system (PlanSource) prior to the due date. Employees currently participating in either of the Flexible Spending Accounts also need to submit a new election form for October 2026 through September 2027 through on-line enrollment system (Plan Source).

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.

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 $3,400 (taken over 9 months Oct-June)** the 2026 annual limit set by the IRS. Contributions are deducted from your pay pretax, meaning no federal or state tax on that amount.
- Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.
- IRS regulations do not allow domestic partner claims to be submitted for reimbursement through the Flex plan unless they qualify as a tax dependent under Code Section 152.

Estimate carefully!

If you don't spend all the money in your account by the 75 day grace period, you will forfeit the balance. You have until December 15 to incur claims and April 10 to submit claims.

FSA SAVINGS EXAMPLE

	Without FSA	With FSA
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)
After-Tax Medical, Dental and Vision Expenses	($2,000)	$0
NET INCOME	**$47,148**	**$47,741**

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

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

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?

Dependent Care FSA—up to $7,500 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 Allegiance Benefit Plan Management.

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 child care, 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 $7,500 per household per year or $3,750 if married filing separately **(taken over 9 months Oct-June)** . 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.

For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.

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

Helpful Information

COBRA and Continuation Coverage

If you or a qualifying family member have any questions about notices provided to you by your employer or questions about

COBRA please contact:

De Anndrea Bobo

Benefit Analyst

Deanndrea_bobo@gfps.k12.mt.us

406-268-6012

OR

Human Resources Director

406-268-6011

Family Medical Leave Act of 1993 (FMLA)

The information on the following pages is presented for your information. If you have any questions on this information, please contact Human Resources.

Family Medical Leave Act of 1993 (FMLA)

The Federal Family and Medical Leave Act (FMLA) was signed into law in February 1993. The law took effect on August 5, 1993 and guarantees up to 12 weeks of unpaid leave each year to workers who need time off for birth or adoption of a child, to care for a spouse or immediate family member with a serious illness, or who are unable to work because of a serious health condition. Employees are eligible if they worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months.

The FMLA is an employer law; it covers employers with 50 or more employees and affects many job-related rights of employees. Among other things, this law also affects the health benefit plans maintained by employers who are required to comply. Employers are required by FMLA to continue to provide group health benefits at the same level and under the same conditions as if the employee had continued to be actively at work. A person who does not return from an FMLA leave may be entitled to continuation of coverage under COBRA.

An employee will be required to reimburse Great Falls Public Schools for employer paid group insurance premiums during unpaid FMLA if they terminate employment less than 30 days after returning to work. This condition applies unless the termination is a result of at least one of the following:

- A continuation, recurrence or onset of a serious health condition.
- Other circumstances as defined by the Family and Medical Leave Act of 1993.

For specific questions, contact De Anndrea Bobo in the Human Resources Department @ (406) 268-6012 or contact the Department of Labor for a copy of the FMLA law.

TIME AWAY FROM WORK

Paid time off policies

There is no perfect, one-size-fits-all balance between work and home. We provide time off so you can take some "me time" to relax, recover from illness, and take care of personal and family business. Our time off benefits include:

- Paid time off for vacation and illness
- Time off for jury duty
- Bereavement

Refer to the Great Falls Public Schools personnel policy or your Collective Bargaining Agreement for information on eligibility and specific leave policies.

Medical Health Insurance Premiums 2026-2027

Base/Main Employee Premiums *Based on 12 month deductions	Employee Rates
Employee	$672.55
EMPLOYEE + SPOUSE (ES)	$1,340.41
EMPLOYEE + CHILDREN (EC)	$1,299.21
EMPLOYEE + FAMILY (EF)	$1,392.54

Catastrophic Employee Premiums *Based on 12 month deductions	Employee Rates
Employee	$292.76
EMPLOYEE + SPOUSE (ES)	$671.73
EMPLOYEE + CHILDREN (EC)	$565.00
EMPLOYEE + FAMILY (EF)	$739.27

Base/Main Employee Premiums *Based on 10 month deductions	Employee Rates
Employee	$807.07
EMPLOYEE + SPOUSE (ES)	$1,608.49
EMPLOYEE + CHILDREN (EC)	$1,559.06
EMPLOYEE + FAMILY (EF)	$1,671.04

Catastrophic Employee Premiums *Based on 10 month deductions	Employee Rates
Employee	$351.31
EMPLOYEE + SPOUSE (ES)	$806.07
EMPLOYEE + CHILDREN (EC)	$678.00
EMPLOYEE + FAMILY (EF)	$887.12

Premiums are based on 1.0 FTE and are pre-tax unless you choose to opt-out. Contact HR for more information.
*Carpenters & electricians cannot participate in the GFPS health plan per the negotiated agreement.

Voluntary Benefit Rates
(all rates based on 12-months of deductions)

Vision	Low
Employee	$6.76
Employee & Spouse	$13.51
Employee & Child(ren)	$14.46
Employee & Family	$23.11

Dental	Low	High
Employee	$45.72	$58.44
Employee & Spouse	$91.44	$116.60
Employee & Child(ren)	$96.04	$126.68
Employee & Family	$134.84	$176.56

Accident Only	Accident
Employee	$12.70
EMPLOYEE + SPOUSE	$20.19
EMPLOYEE + CHILDREN	$23.87
EMPLOYEE + FAMILY	$37.51

Life/AD&D*

Monthly Rates – Age Rates, per $1,000 of Benefit (Uni-Tobacco)

Age	Life	AD&D
24 and Under	$0.082	$0.03
25-29	$0.077	$0.03
30-34	$0.089	$0.03
35-39	$0.119	$0.03
40-44	$0.175	$0.03
45-49	$0.271	$0.03
50-54	$0.430	$0.03
55-59	$0.675	$0.03
60-64	$0.946	$0.03
65-69	$1.532	$0.03
70-74	$3.039	$0.03
75 and Over	$6.259	$0.03
Dependent Child	$0.128	$0.02

Critical Illness (employee & spouse)

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$1.07	$1.42	$1.83	$2.64	$4.02	$6.10	$9.30	$13.17	$19.11	$26.99	$53.99
$10,000	$2.13	$2.85	$3.66	$5.29	$8.03	$12.20	$18.61	$26.33	$38.23	$53.99	$107.97
$15,000	$3.20	$4.27	$5.49	$7.93	$12.05	$18.30	$27.91	$39.50	$57.34	$80.98	$161.96
$20,000-$30,000 Benefits are available for Employee Only											
$20,000	$4.27	$5.69	$7.32	$10.57	$16.06	$24.40	$37.21	$52.67	$76.46	$107.97	$215.95
$25,000	$5.34	$7.12	$9.15	$13.22	$20.08	$30.50	$46.51	$65.83	$95.57	$134.97	$269.93
$30,000	$6.41	$8.54	$10.98	$15.86	$24.10	$36.60	$55.82	$79.00	$114.68	$161.98	$323.92

It is recommended that all employees read this page. Because of rate increases, you may now have payroll deduction costs or your current costs may increase with your present plan elections.

PLAN CONTACTS

HELPFUL RESOURCES

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

MEDICAL
First Choice
Customer Service
www.fchn.com
(800) 924-4131

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

Aware
https://www.awarehealth.io/
(925) 444-0561

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

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

Regenexx
Regenexxbenefits.com/gfps12/bc
(866) 803-3123

Meds Direct
kennedy@medsdirectrx.com
(317) 677-3728

EMPLOYEE ASSISTANCE PROGRAM
Supportlinc
Group Code: GFPS
https://www.supportlinc.com

DENTAL AND VISION
The Standard Insurance
www.standard.com
Member Services
(888) 547-9515

VOLUNTARY LIFE AND AD&D/ CRITICAL ILLNESS/ACCIDENT
The Standard Insurance
www.standard.com
Member Services
Life (800) 628.8600
Disability (800) 368-2859

FLEXIBLE SPENDING ACCOUNTS (FSA) and DEPENDENT CARE
Allegiance
www.allegianceflexadvantage.com
(877) 424-3570
Group Policy # 5158

ADDITONAL RESOURCES

Great Falls Public Schools
De Anndrea Bobo
Benefit Analyst
(406) 268-6012
Deanndrea_bobo@gfps.k12.mt.us

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

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

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

GLOSSARY

-A-

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

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

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

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

-B-

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

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

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

-C-

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

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

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

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

-D-

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

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

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

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

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

-E-

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

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

-F-

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

-G-

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

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

-H-

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

-I-

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

GLOSSARY

-L-

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

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

-M-

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

-O-

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

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

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

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

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

-P-

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

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

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

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

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

-S-

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

-T-

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

-U-

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

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

-V-

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

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

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.