



Shodair Children's Hospital



2022-23 BENEFITS

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IMPORTANT - 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). The plan benefit booklets determine how all benefits are paid. If there is a discrepancy between the information contained within this summary and the policies, the policy prevails.

WELCOME TO YOUR BENEFITS GUIDE

This guide is about your benefits, but it's also about *you* and how to protect your health, your lifestyle, your future, and the people who are important to you.

You'll find details about your healthcare, life, disability and voluntary benefits and tips on how to use your benefits.

You will also discover the programs that Shodair Children's Hospital provides to help you save time and money, and balance your work and home life.



This guide is an overview

The benefits in this summary are effective

July 1st, 2022

through

June 30th, 2023

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). The plan benefit booklets determine how all benefits are paid.

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.



WHAT'S CHANGING ON JULY 1ST, 2022?

MEDICAL

- The \$350 Deductible medical plan is being eliminated.
- Eligible health plan members will now have access to Wondr, a digital weight management program, and Livongo, a digital hypertension and diabetes management program.
- A hearing aid benefit for children will be added.
- Premium contributions are being restructured to provide more affordable coverage.

DENTAL

- The dental plan benefit period will be moving from June – May to July – June to align with the renewal period. As a result, the dental benefit period will run for 13 months from June 1st, 2022 – June 30th, 2023, however frequency limitations will still apply. Please avoid scheduling dental services that have frequency limitations during the month of June 2023 to avoid denied claims.

VISION

- The current vision benefit will be replaced with a VSP vision plan.
 - If you enroll into the VSP vision plan during open enrollment, inform your vision provider(s) that as of July 1st, 2022, you now have vision coverage through VSP. You will *not* receive an ID card from VSP, your vision provider can access your vision benefits with your SSN and DOB.

MEDICAL SPENDING ACCOUNTS

- Medical and Limited Flexible Spending Accounts will have a maximum contribution increase of \$100, from \$2,750 to \$2,850.

SHORT TERM DISABILITY

- Increase in the weekly benefit maximum, from \$1,400 to \$2,500. Employees currently covered on short term disability and who are eligible for the increased benefit maximum will have a pre-existing condition limitation placed on the new benefit amount.

EMPLOYEE ASSISTANCE PROGRAM

- The Employee Assistance Program currently offered through Mutual of Omaha will be replaced with Supportlinc (powered by CuraLinc).

HAVE QUESTIONS ABOUT YOUR BENEFITS?



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

heather.brewer@alliant.com

or

benefitsupport@alliant.com

Phone

Heather: 406-431-7681

**Benefit Support Team: (800)
489-1390**

Hours

Heather: 8:30am – 5:00pm MST

**Benefit Support Team: 6:00am –
6:00pm MST**

Get help from a Benefit Advocate

Are you getting married and not sure how and when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefits expert who can help you understand and use your healthcare and other coverage.

Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.)

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are a Full-time employee working 30-40 or more hours per week and Regular Part-time employee working 20-29 or more hours per week.

Employees who regularly work less than 20 hours per week, or those with seasonal schedules may be considered eligible for benefits.

All employees are eligible for the Employee Assistance Program.

Eligible dependents

- Legally married spouse or “common law” Domestic Partners
- Natural, adopted or stepchildren up to age 26.
- Children over age 26 who are disabled 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. Effective July 1st, 2022, new hire coverage begins on the 1st of the month following your date of hire, as long as you enroll within 30 days of becoming eligible.

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

Enrollment and changes can be completed through the www.mybensite.com/shodair/website.

ELIGIBILITY BY BENEFIT

Benefit Program	< 20 hours	20-29 hours	30+ hours
Medical*		X	X
VezaHealth Patient Advocacy and Remote Second Opinion (must be covered on one of the medical plans offered)		X	X
Dental		X	X
Vision		X	X
Health Savings Account (HSA) (must be covered on the HSA medical plan)		X	X
Flexible Spending Accounts (FSA)		X	X
Basic Life Insurance		X	X
Basic Accidental Death & Dismemberment (AD&D)		X	X
Voluntary Employee Life and Accidental Death & Dismemberment		X	X
Voluntary Spousal Life and Accidental Death & Dismemberment		X	X
Voluntary Child(ren) Life and Accidental Death & Dismemberment		X	X
Voluntary Short-Term Disability (STD)		X	X
Voluntary Long-Term Disability (LTD)		X	X
Employee Assistance Program (EAP)	X	X	X
Paid Leave (PL)		X	X
Extended Illness Leave (EI)		X	X
Volunteer Paid Time Off (VPTO)			X
Access to participate in 403(b)	X	X	X
6% Shodair 403(b) Contribution**		X	X
Student Loan Repayment Assistance		X	X
Tuition Reimbursement		X	X

*Employees who work an average 30 hours per week or 130 hours per month from May 1, 2022 through April 30, 2022 are also eligible per the requirements of the Affordable Care Act.

**See Human Resources for more information.

MONTHLY EMPLOYEE PREMIUM SUMMARY

MEDICAL PLANS FULL TIME EMPLOYEES

\$1,000 Deductible Plan		\$2,800 Deductible Plan	
EMPLOYEE ONLY	\$25.62	EMPLOYEE ONLY	\$0
EMPLOYEE + SPOUSE	\$403.39	EMPLOYEE + SPOUSE	\$369.15
EMPLOYEE + CHILDREN	\$263.22	EMPLOYEE + CHILDREN	\$223.63
EMPLOYEE + FAMILY	\$669.82	EMPLOYEE + FAMILY	\$583.15

MEDICAL PLANS PART TIME EMPLOYEES

\$1,000 Deductible Plan		\$2,800 Deductible Plan	
EMPLOYEE ONLY	\$369.73	EMPLOYEE ONLY	\$344.11
EMPLOYEE + SPOUSE	\$1,116.65	EMPLOYEE + SPOUSE	\$1,082.41
EMPLOYEE + CHILDREN	\$830.96	EMPLOYEE + CHILDREN	\$791.37
EMPLOYEE + FAMILY	\$1,597.08	EMPLOYEE + FAMILY	\$1,510.41

DENTAL PLANS

Low Plan		High Plan	
EMPLOYEE ONLY	\$6.00	EMPLOYEE ONLY	\$20.00
EMPLOYEE + SPOUSE	\$12.00	EMPLOYEE + SPOUSE	\$30.00
EMPLOYEE + CHILDREN	\$12.00	EMPLOYEE + CHILDREN	\$30.00
EMPLOYEE + FAMILY	\$24.00	EMPLOYEE + FAMILY	\$40.00

VOLUNTARY VISION PLAN

EMPLOYEE ONLY	\$0
EMPLOYEE + SPOUSE	\$7.27
EMPLOYEE + CHILDREN	\$7.67
EMPLOYEE + FAMILY	\$19.79

VOLUNTARY ACCIDENT PLAN

EMPLOYEE ONLY	\$13.20
EMPLOYEE + SPOUSE	\$19.00
EMPLOYEE + CHILDREN	\$23.40
EMPLOYEE + FAMILY	\$31.00

MONTHLY EMPLOYEE PREMIUM SUMMARY

VOLUNTARY LIFE

AGE	EMPLOYEE RATE per \$1,000 of coverage	SPOUSE RATE per \$1,000 of coverage
<25	\$0.05	\$0.05
25-29	\$0.05	\$0.05
30-34	\$0.06	\$0.06
35-39	\$0.07	\$0.07
40-44	\$0.11	\$0.11
45-49	\$0.20	\$0.20
50-54	\$0.31	\$0.31
55-59	\$0.63	\$0.63
60-64	\$0.93	\$0.93
65-69	\$1.35	\$1.35
70-74	\$3.40	\$3.40
75+	\$6.34	\$6.34
AD&D	\$0.03	\$0.03
DEPENDENT CHILDREN	RATE per \$1,000 of coverage	
Life	\$0.20	
AD&D	\$0.04	

VOLUNTARY SHORT TERM DISABILITY

Employee Rate per \$10 Weekly Benefit	
All Ages	\$0.88

VOLUNTARY LONG TERM DISABILITY

AGE	Employee Rate per \$100 Monthly
<20	\$0.09
20-24	\$0.10
25-29	\$0.20
30-34	\$0.31
35-39	\$0.44
40-44	\$0.65
45-49	\$0.86
50-54	\$1.33
55-59	\$1.67
60-64	\$1.75
65-69	\$1.84
70-99	\$1.93

VOLUNTARY CRITICAL ILLNESS

AGE	Employee or Spouse Rate per \$1,000 Monthly	
	Non-Tobacco	Tobacco*
<25	\$0.35	\$0.40
25-29	\$0.45	\$0.51
30-34	\$0.61	\$0.73
35-39	\$0.86	\$1.09
40-44	\$1.29	\$1.74
45-49	\$1.82	\$2.71
50-54	\$2.44	\$4.06
55-59	\$3.26	\$5.94
60-64	\$4.61	\$9.08
65-69	\$6.19	\$13.10
70-74	\$8.73	\$17.75
75-79	\$11.93	\$21.50
80-99	\$15.22	\$25.76

CHANGING YOUR BENEFITS



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

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

Submit your change within 31 days after the event via the www.mybensite.com/shodair/.

ENROLLING FOR BENEFITS DURING THE 2022 OPEN ENROLLMENT



EMPLOYEE BENEFITS SUPERSITE

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

Before you enroll

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

Getting started

- LOG IN to the Benefits Supersite

www.mybensite.com/shodair/

If you are new to the Benefits Supersite, follow these instructions:

- **Create Account:** Verify employee last name, date of birth and last 4 digits of SSN
- **Password:** Create and confirm your password to complete registration
- ADD your personal and dependent information.
- SELECT your benefit plans for the coming year by clicking on “Enroll Now”
- REVIEW your choices and costs before finalizing.

DO I NEED TO ENROLL?

Yes, this will be an active enrollment. This means **ALL** benefit eligible employees will need to login to re-enroll or waive benefits for the open-enrollment period.

Open Enrollment is scheduled to begin on May 30th and end on June 8th. Please log into the Benefits Supersite at the website listed above during this time to make your elections.



MEDICAL

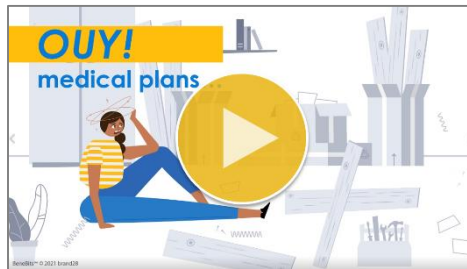
OUR PLANS

\$1,100 Deductible Plan

HSA Plan

Not all medical plans work the same way. Watch these videos to understand how each type of plan works.

Click to play video



All About Medical Plans



Play the Health Lingo Game!

\$1,100 Deductible Plan- Administered by Blue Cross and Blue Shield of Montana

You always pay the deductible unless otherwise indicated. The coinsurance (%) shows what the plan pays after the deductible.

Benefit Plan Year July 1 – June 30 <i>(Benefits start over July 1 of each year)</i>	In-Network Only	Out-of-Network <i>In addition to below costs, patient may be balanced billed difference between provider's billed charge and health plan allowable reimbursement limits</i>
Annual Medical Deductible	\$1,100 Individual / \$2,200 Family	\$5,000 individual / \$10,000 family
Annual Out-of-Pocket Maximum	\$2,200 Individual / \$4,400 Family	\$6,000 individual / \$12,000 family
Accidental Injury Benefit (services rendered w/in 90 days of injury)	Covered in full up to \$300 , then regular benefits apply	Deductible applies, then paid at 50%
Primary Care Office Visit	Deductible waived , \$30 copay	Deductible applies, then paid at 50%
Specialist Office Visit	Deductible applies, then paid at 90%	Deductible applies, then paid at 50%
Naturopathic Care	Deductible applies, then paid at 90% up to \$75 per visit *6 visit max	Deductible applies, then paid at 50% up to \$75 per visit *6 visit max
Chiropractic	Deductible applies, then paid at 90% up to \$40 per visit *35 visit max per person per benefit period	
Lab and X-ray	Deductible applies, then paid at 90%	Deductible applies, then paid at 50%
Urgent Care	Deductible applies, then paid at 90%	Deductible applies, then paid at 50%
Emergency Room	Deductible applies, then paid at 90%	Deductible applies, then paid at 90%
Hospitalization	Deductible applies, then paid at 90%	Deductible applies, then paid at 50%
Outpatient Surgery	Deductible applies, then paid at 90%	Deductible applies, then paid at 50%
Preventive Care	Deductible waived, paid at 100% per ACA regulation	Deductible applies, then paid at 50%
PRESCRIPTION DRUGS		
Deductible	None	
Out-of-Pocket Maximum	Medical Out-of-Pocket maximum applies	
Network	<i>Value / Participating and Non-Participating</i>	
Preferred Generic- 30 day supply	\$0 copay / \$5 copay	
Non-Preferred Generic- 30 day supply	\$10 copay / \$15 copay	
Preferred Brand Name- 30 day supply	\$50 copay / \$60 copay	
Non-Preferred Brand Name- 30 day supply	\$100 copay / \$110 copay	
Specialty- 30 day supply	\$150 / not covered out-of-network	
Network Mail Order Vendor (90 day supply)		
All drug tiers	Above Value network copay x 2	

HSA Plan- Administered by Blue Cross and Blue Shield of Montana

You always pay the deductible unless otherwise indicated. The coinsurance (%) shows what the plan pays after the deductible.

Benefit Plan Year July 1 – June 30 <i>(Benefits start over July 1 of each year)</i>	In-Network Only	Out-of-Network <i>In addition to below costs, patient may be balanced billed difference between provider's billed charge and health plan allowable reimbursement limits</i>
Annual Medical Deductible	\$2,800 Individual / \$5,600 Family	\$6,000 individual / \$12,000 family
Annual Out-of-Pocket Maximum	\$2,800 Individual / \$5,600 Family	\$6,000 individual / \$12,000 family
Accidental Injury Benefit (services rendered w/in 90 days of injury)	N/A- these services will fall under regular benefits	
Primary Care Office Visit	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Specialist Office Visit	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Naturopathic Care	Deductible applies, then paid at 100% up to \$75 per visit *6 visit max	Deductible applies, then paid at 100% up to \$75 per visit *6 visit max
Chiropractic	Deductible applies, then paid at 100% up to \$40 per visit *35 visit max per person per benefit period	
Lab and X-ray	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Urgent Care	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Emergency Room	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Hospitalization	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Outpatient Surgery	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Preventive Care	Deductible waived, paid at 100% per ACA regulation	Deductible applies, then paid at 100%
PRESCRIPTION DRUGS		
Deductible	Medical Deductible applies	
Out-of-Pocket Maximum	Medical Out-of-Pocket maximum applies	
Network	<i>Value / Participating and Non-Participating</i>	
Preventive Medication - 30 day supply	Deductible waived : Generic: \$0 / \$5 Brand: \$50 / \$60	
Preferred Generic- 30 day supply	Deductible applies, then paid at 100%	
Non-Preferred Generic - 30 day supply	Deductible applies, then paid at 100%	
Preferred Brand Name - 30 day supply	Deductible applies, then paid at 100%	
Non-Preferred Brand Name - 30 day supply	Deductible applies, then paid at 100%	
Specialty - 30 day supply	Deductible applies, then paid at 100%	
Network Mail Order Vendor		
All Drug Tiers	Deductible applies, then paid at 100%	

HEALTH SAVINGS ACCOUNT (HSA)

-Administered by Paylocity

Click to play video



ARE YOU ELIGIBLE?

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

1. Enrolled in the HSA Health Plan.
2. Not enrolled in traditional health plan coverage, including the \$1,100 deductible health plan offered by Shodair, and coverage provided by Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

A personal savings account for healthcare

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

How the HSA works

- Your HSA account is set up after you enroll in the HSA health plan offered by Shodair Children's Hospital.
- **To help you get started, Shodair Children's Hospital makes a contribution to your HSA if you are covered on the HSA Health Plan:**

Individual Coverage: \$540 annually (deposited each pay period)

Family Coverage: \$1,080 annually (deposited each pay period)

- You can contribute up to the limit set by the IRS (includes employer contribution):
Individual Coverage: \$3,650 for calendar year 2022
Family Coverage: \$7,300 for calendar year 2022
Are you age 55+? *You can contribute an additional \$1,000 per year.*
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

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

MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)

-Administered by Paylocity



ARE YOU ELIGIBLE?

You are eligible if you are covered on the Traditional Health Plan.

You don't have to enroll in one of our medical plans to participate in the healthcare FSA

You cannot contribute to an HSA and a Medical FSA.

Find out more

- <https://bat.paylocity.com>

Do you pay for dependent care?

Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA.

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

A Medical FSA allows you to set aside tax-free money to pay for expenses you expect to have over the coming year.

How the FSA works

- You estimate what you and your family's medical, 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 what goes towards your medical deductible, prescription costs, glasses, orthodontia, etc.
- **You can contribute up to \$2,850**, the 2022 annual limit set by the IRS. Contributions are deducted from your pay pretax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- 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 , you have until September 15th to use the funds during the grace period and until September 30th to submit claims.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,850 FSA Contribution

\$684	\$219	\$903
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

LIMITED FLEXIBLE SPENDING ACCOUNT (FSA)- Administered by Paylocity



ARE YOU ELIGIBLE?

You must be covered on the HDHP Health Plan with a Health Savings Account.

Find out more

- <https://bat.paylocity.com>

Set aside dental and vision dollars for the coming year

A Limited FSA allows you to set aside tax-free money to pay for dental and vision expenses you expect to have over the coming year.

How the Limited FSA works

- You estimate what you and your family’s 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 glasses, orthodontia, etc.
- **You can contribute up to \$2,850**, the 2022 annual limit set by the IRS. Contributions are deducted from your pay pretax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they’re for eligible healthcare expenses.
- 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, , you have until September 15th to use the funds during the grace period and until September 30th to submit claims.

FSA SAVINGS EXAMPLE

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

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



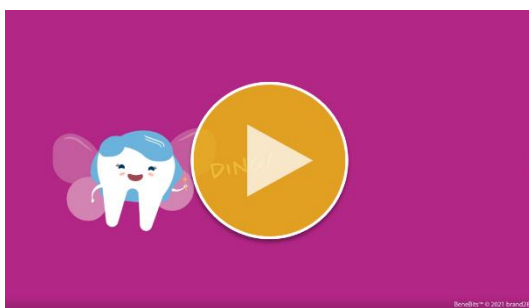
DENTAL

OUR PLANS

Low Plan

High Plan

Click to play video



Why sign up for Dental coverage?

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

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

Dental insurance covers three types of treatments:

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

DENTAL PLAN- Administered by Delta Dental

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

LOW PLAN	In-Network
Annual Deductible	\$50 individual/ \$150 Family
Annual Plan Maximum	\$1,000 per covered member per year
Diagnostic & Preventive	Deductible waived , paid at 100%
Basic Services	Paid at 80%
Major Services	Paid at 50%
Orthodontia	Not Covered

HIGH PLAN	In-Network
Annual Deductible	\$50 individual/ \$150 Family
Annual Plan Maximum	\$2,000 per covered member per year
Diagnostic & Preventive	Deductible waived , paid at 100%
Basic Services	Paid at 80%
Major Services	Paid at 50%
Orthodontia- Children Only	Paid at 50% up to a \$2,000 lifetime max

Delta Dental does not issue ID cards, simply tell your dentist you have Delta Dental and they can pull your benefits with your SSN, or download the Delta Dental mobile app for access to an electronic ID card.

Claim Submission Address:

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023

Voluntary Pre-Authorization

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit the charges to Delta Dental for pre-authorization. Delta Dental will review the intended treatment plan and let your dentist know how much of the bill they will cover.

Network

You have access to both Delta's PPO network and Premier network. The PPO network provides the deepest discount so that your maximum benefit stretches farther. You can view a list of PPO and Premier Dentists in your area at www.deltadentalins.com or by calling Delta Dental at **1-800-521-2651**.

Discount Program

Delta Dental members have access to discounts on hearing aids and LASIK surgery through network providers. For access to the hearing aid discount, visit www.amplifonusa.com/deltadentalins or call 1-888-779-1429 and an average of 62%. For access to the LASIK discount, visit www.qualsight.com/-delta-dental or call 1-855-248-2020 and save up to 50%.

DENTAL PLAN- Administered by Delta Dental (continued)

Dental Plan Benefit Period Adjustment:

The dental plan is currently set on a June 1 – May 31 benefit period. The dental plan is moving to a July 1 benefit period next year resulting in a 13 month benefit period running June 1st, 2022 – June 30th, 2023.

IMPORTANT: Please avoid scheduling dental services that have frequency limitations during the month of June 2023 to avoid denied claims.

Join BrushSmart

Gain access to information about oral care and special offers. You'll gain access to discounts on popular oral care products and services when you join. BrushSmart partners include:



quip

The quip Smart Electric Toothbrush helps adults and kids track and improve brushing (duration, frequency, coverage, strokes, intensity) with the quip app. Plus, you'll earn points for rewards: brush heads, gift cards and more. Shop from \$45, plus 25% off and free shipping.



Oral-B

Get a clean that wows with the Oral-B iO. Oral-B's dentist-inspired round brush head removes 100% more plaque than a regular manual toothbrush. BrushSmart members save \$20 off their \$100+ purchase at OralB.com (exclusions apply)!



Philips Sonicare

Get everything you need for a healthy smile with Philips Sonicare. BrushSmart members enjoy a 20% discount and free shipping on top-rated Sonicare toothbrushes, power flossers, kid toothbrushes and replacement brush heads.

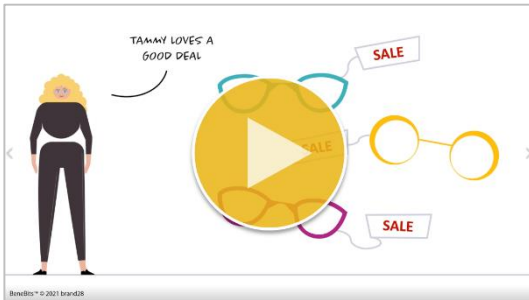


VISION

OUR PLAN

VSP Choice

Click to play video



Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

2022 VSP Choice Vision Plan

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

	Frequency	In-Network	Out of Network
Exam	Once every 12 months	\$10 Copay <ul style="list-style-type: none"> No more than \$39 copay for retinal screenings as an enhancement to an exam 	Up to \$45 reimbursement
Prescription Glasses	\$25 Copay		
Frames	Once every 12 months	Allowance of up to: <ul style="list-style-type: none"> \$150 for a wide selection \$170 for featured brands \$150 Walmart/Sam's Club \$80 Costco allowance 20% savings after allowance	Up to \$70 reimbursement
Lenses	Once every 12 months	Single vision, lined bifocal & trifocal lenses are covered in full after copay.	<ul style="list-style-type: none"> Single vision – up to \$30 Lined bifocal – up to \$50 Lined trifocal – up to \$65 Lenticular – up to \$100
Lens Enhancements	Once every 12 months	<ul style="list-style-type: none"> Standard progressive: \$0 copay Premium progressive: \$95-105 copay Custom progressive: \$150- \$175 copay Average savings of 30% on covered lens enhancements	Not Covered
Contacts (Elective)	Once every 12 months, <i>in lieu of glasses</i>	\$150 allowance for contacts <i>in lieu of glasses</i> . No more than \$60 copay for evaluation and fitting.	Up to \$105 reimbursement
Blue Light Filtering Glasses	Once every 12 months, <i>in lieu of glasses or contacts</i>	\$25 Copay, with an allowance of up to: <ul style="list-style-type: none"> \$150 for readymade non-prescription sunglasses or glasses in lieu of glasses or contacts 	Not Covered
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		Not Covered
Extra Savings	Go to vsp.com/offers for deals		

Check the network at vsp.com to find a provider in the VSP “CHOICE” network. You can use your vision benefits to purchase glasses and contacts from any VSP doctor’s office, Visionworks location, or online 24/7 at Eyeconic.com.

VSP does not issue ID cards, simply tell your eye care provider you have VSP and they can pull your benefits with your SSN.



HEALTHCARE

MAKE TIME FOR HEALTH

OUR COMMITMENT

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

Health Enhancing Programs

In addition to medical coverage, we provide these programs and services to help you access care when and how you need it and address special health concerns:

- MDLive– Virtual office visits 24/7
- VezaHealth- Healthcare navigation and remote second opinion
- Hinge Health- Virtual exercise therapy
- NEW! Livongo – Manage diabetes
- NEW! Wondr- Manage weight
- Ovia Maternity Management
- Gym Membership Discount
- BCBSMT Chronic Management Program

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- The NEW hearing aid benefit for children
- NEW! Alliant Medicare Solutions
- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

VIRTUAL HEALTHCARE- Administered by MDLive

Medical and Behavioral Health Consultations via Phone or Video Call

This benefit is automatically available to members enrolled on one of the health plans offered by Shodair

Telehealth allows you access to a licensed physician 24/7 from your phone or video consultation to discuss acute conditions you would see a primary care doctor or urgent care for, but at a much lower cost, saving you and the health plan money. In addition, you have access to a psychiatrist or therapist for mental health needs.

This service is ideal for:

- Cold & Flu
- Bronchitis and Sinus Infections
- Pediatric Concerns
- Eye Issues
- UTIs and Yeast Infections
- Rashes & Skin Issues
- Allergies
- Anxiety & Depression

You have access to Telehealth through **MDLive** for members covered on one of the offered health plans

MDLive cost per session (subject to change):

Traditional Health Plan members:

- Deductible waived, \$30 copay for medical consultations
- Deductible waived, \$80-\$175 copay for behavioral health consultations

HDHP Plan members:

- Deductible applies, \$44 charge for medical consultations
- Deductible applies, \$80-\$175 charge for behavioral health consultations

The copay/consultation charge through MDLive will accumulate towards your medical deductible and/or out-of-pocket maximum.

MDLive Registration (register once you have your health plan ID card):

Go to MDLIVE.com/bcbsmt to get started or download the MDLIVE app in Apple or Google Play app stores.



This program is automatically available to members enrolled on one of the health plans offered by Shodair.

A graphic for VezaHealth featuring a blue stethoscope on a light blue background. The text "VezaHealth. YourHealth." is prominently displayed in a large, bold, blue font. Below the stethoscope, there is a block of text explaining the service and a disclaimer at the bottom.

VezaHealth.
YourHealth.

Let VezaHealth help you navigate the healthcare industry, any confusing medical conditions, or chronic health issues. VezaHealth is offered at no cost to plan participants.

*Participation with VezaHealth is voluntary and does not constitute the establishment of a patient/physician relationship. All medical decision making is the sole responsibility of the participant and his/her treating providers.

Here's what you have access to:

- **Expert Advice** - connect with a specialist to ensure you have the best treatment plan in place.
- **No "wrong reason to call"** - call for any reason. VezaHealth can help navigate the healthcare world and your health plan.
- **Access to an RN-** you will be connected with an RN dedicated to serving your health plan.

Contact VezaHealth at:

262-227-1886

Monday – Thursday 6am – 4pm MST

nicole@VezaHealth.com

www.VezaHealth.com

Shodair is offering a \$200 cash incentive if you receive a remote second opinion through VezaHealth!

Hinge Health Program

Administered by Blue Cross and Blue Shield of Montana

This benefit is automatically available to members enrolled on one of the health plans offered by Shodair

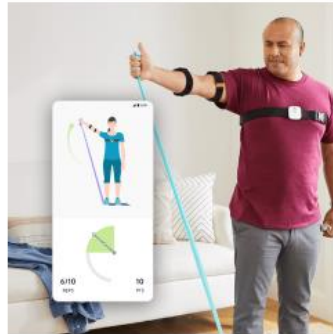
This is a digital program available to health plan members experiencing low back, knee, hip, shoulder and neck pain. Address your pain through personalized exercise therapy and behavioral health with unlimited 1-on-1 health coaching. All of this is available *at no cost to you*.

Enrollment can be completed here: <https://hinghealth.com/BCBSMT-2021>



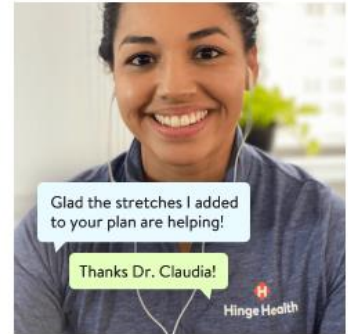
A free tablet and wearable sensors

Feel confident in your form. Our app and sensors give you live feedback during stretches and exercises.



App-guided exercise therapy

15-minute sessions on your phone or tablet that reduce pain, and increase strength and flexibility.



Support from your personal care team

You can connect with your health coach or physical therapist through the app, text, or email at any time.

As a BCBSMT member, you can learn more and apply at:
HINGEHEALTH.COM/BCBSMT-2021



NEW! Livongo

Provided by:
Blue Cross and Blue Shield
of Montana & Livongo



Diabetes

Simplify diabetes management with quick checks and unlimited strips.



High Blood Pressure

Track your health trends to work toward reaching your health goals.

Virtual Health Program for the Management of Diabetes, Pre-Diabetes and Hypertension

The Livongo program is available exclusively to you and your eligible dependents covered on one of the health plans offered by Shodair if you are living with a diabetes, pre-diabetes and/or hypertension diagnosis.

The benefits provided at no cost to you are:

- **Connected devices.** Receive a free blood glucose meter and/or a blood pressure monitor that automatically uploads your readings. Depending on your health goals, you could also receive a smart scale. Track your progress and manage your health all within a private account on an easy-to-use app!
- **Coaching anytime and anywhere.** Expert health coaches are ready to help. Together you'll create a custom plan to meet your needs and focus on health areas that are important to you.
- **Digital behavioral health support.** Get 24/7 access to practical tips and technique that help you better manage stress, sleep, anxiety, depression, and more

More details and how to register coming soon.

To enroll in Livongo, you must be covered on a health plan that Shodair offers through BCBSMT. You must also meet the health criteria for each program you wish to enroll in.

NEW! Wondr Health

Provided by:
Blue Cross and Blue Shield
of Montana & Wondr



Digital Behavioral Change Program for Weight Management Skills

If you are a BlueCross BlueShield of Montana (BCBSMT) member, you may be eligible for the Wondr Health Program. You'll learn science-based skills that help you lose weight, sleep better, stress less, and so much more.

Here's what you get at no cost to you:

- A 100% digital on-the-go experience and Wondr app
- Expert team of instructors via a digital platform
- Personalized support through texts, daily nudges, and health coaches
- Clinically-proven results that last
- Weekly master classes that are tailored to you
- Welcome kit complete with tools and encouragement

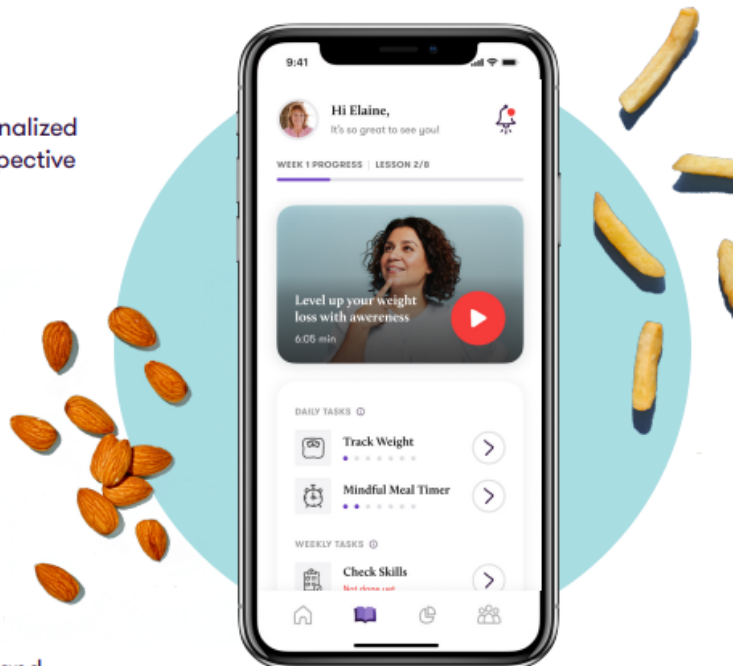
Watch for more information on how to register!

Wondr works wonders

From the welcome kit to our app to personalized master classes, Wondr gives a fresh perspective on your best health ever.

A "taste" of Wondr master classes

- ✓ The science of losing weight
- ✓ Mmmmindful eating
- ✓ How to catch the best zzzs
- ✓ Satisfy your brain
- ✓ When to eat to burn fat
- ✓ Hunger and hydration go hand-in-hand



To enroll in Wondr, you must be covered on a health plan that Shodair offers through BCBSMT. You must also meet Wondr's health criteria to be eligible.

Ovia Maternity Management Program

Administered by Blue Cross and Blue Shield of Montana

This benefit is automatically available to members enrolled on one of the health plans offered by Shodair

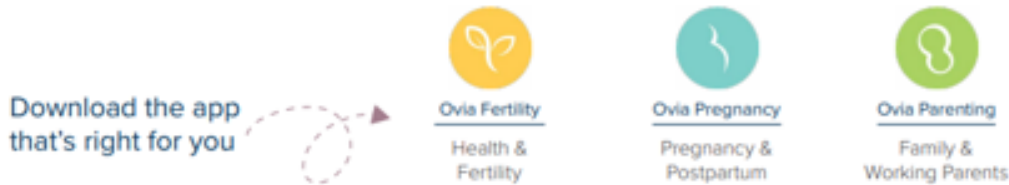
Receive another layer of support by downloading one of three apps – Ovia Fertility, Ovia Maternity and Ovia Parenting.

These apps provide on-demand support and clinically backed guidance to help women covered on the health plan successfully navigate their preconception, pregnancy, postpartum and parental health. Topics include ovulation tracking, early pregnancy signs, choosing a hospital and provider, what to expect at your appointments, prenatal/postnatal exercise, nutrition and lifestyle, child nutrition, and behavior. You will also have access to unlimited in-app coaching with RN Health Coaches.

This program goes beyond maternity – starting with fertility (fertility tracker, ovulation calculator, cycle calendar), to after baby is born through three years (development milestones, logs for diapers changes, feedings as well as advice for growth – sleeping, eating, etc).

Furthermore, this app connects with your health plan benefits, making it easy to learn about breast pump reimbursements, childbirth classes, etc.

This program is *free of charge to Shodair health plan members.*



Make sure when registering that you select the “I have Ovia Health as a benefit” and find the Employer name “Shodair”.

App Store 7:30 AM

Back Finish sign-up (Step 3 of 3)

Email

Create a password

Must be at least 8 characters

We worked hard to make our [Privacy Policy](#) an easy, informative read. Please check it out! Especially the section on how we protect and use your data.

I have read and understand Ovia's [Privacy Policy](#). I accept the Ovia [Terms of Service](#).

I have Ovia Health as a benefit

Sign up

OR

Continue with Facebook

Continue with Apple

App Store 7:35 AM

Skip Health Plan/Employer Save

Enter your details below to access special features enabled by certain insurers and employers. If you have Ovia Health as a benefit, enter your information below and contact support if you have any questions.

Select the state that your health plan is in.

State Montana

Health Plan Blue Cross and Blue Shield of Montana

Employer Shodair

Great news! Ovia has partnered with your health plan or employer, and you may be eligible for special features. To verify your eligibility for this program, please enter or verify your information below.

First name tr

Last name tr

Date of birth id

Postal code 59602

What's this?

Member ID (Optional)

App Store 7:31 AM

Skip Health Plan/Employer Save

Enter your details below to access special features enabled by certain insurers and employers. If you have Ovia Health as a benefit, enter your information below and contact support if you have any questions.

Select the state that your health plan is in.

State Montana

Health Plan

Employer

First name tr

Last name tr

Date of birth id

Postal code 59602

What's this?

Member ID (Optional)

Gym Membership Discount Program

Provided by:
Blue Cross and Blue Shield of Montana & Tivity Health



Are You Ready for Fitness? It's easy to sign up:

1. Go to bcbsmt.com and log in to Blue Access for Members.
2. Select the Wellness tab on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on **Learn More**.
3. Complete registration form.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number 888-762-BLUE (2583) Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Make Your Fitness Program Membership Work for You

If you are a Blue Cross and Blue Shield of Montana (BCBSMT) member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	\$10	\$19	\$29	\$39	\$99
Gym Facility Network Size [†]	Digital Access Only	3,000	7,500	12,000	12,400
\$19 Initiation Fee (No initiation fee for Digital Only Option)					

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

[†] Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member." **Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations. The relationship between the vendor and Blue Cross and Blue Shield of Montana is that of independent contractor. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Management Program

Administered by Blue Cross and Blue Shield of Montana

This benefit is automatically available to members enrolled on one of the health plans offered by Shodair.

Blue Cross and Blue Shield of Montana allows you access to medical management programs at no cost to you through their Wellbeing Management program. Registered nurses and health professional are standing by to help you manage your health. If you are identified through Blue Cross and Blue Shield of Montana's nurses as having a condition that qualifies for free assistance through this program, you may receive a call from a Wellbeing Management Advisor who is a licensed clinician with special training to help manage your condition.

If you feel that you could benefit from the Wellbeing Management program, you can self-refer by calling 1-855-313-8908 to join the program. You can also access this program online at www.wellontarget.com (or the Blue Access for Members portal found at bcbsmt.com) to gain access to many tools, including ability to chat with a clinician online.

Many conditions and health needs qualify for this program, such as:

Asthma and chronic obstructive pulmonary disease

Congestive heart failure

Coronary artery disease

Depression

Diabetes

Low Back Pain

Maternity

Losing weight or quitting tobacco

If you get a call from Blue Cross and Blue Shield of Montana (BCBSMT), we're calling to help you take good care of your health. Please answer or call us back.

NEW! CHILD-ONLY HEARING AID BENEFIT



The health plans offered by Shodair will now include a child-only hearing aid benefit. This new benefit provides coverage for the diagnosis and medically necessary treatment of hearing loss prescribed, provided, or ordered by a licensed health care provider, for a covered child 18 years of age or younger.

Hearing aids/amplification devices are limited to 1 item per ear every 3 years or as required by a licensed audiologist. Coverage also includes the following which are not subject to benefit maximum: parts, attachments, accessories for the instrument or device/ear molds, batteries and cords, hearing aid evaluations and hearing exams.

General medical benefits apply with regard to the network deductibles, coinsurance and out-of-pocket maximum by network tier.

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



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

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

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

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

Introducing Alliant Medicare Solutions

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That’s why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn’t covered, and how to choose the best coverage for your situation.

How does it work?




1. Call Alliant Medicare Solutions at **(877) 203-2728** to speak to a Licensed Insurance Agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Where Can I Find Out More?

- Watch the <https://www.brainshark.com/alliant/medicare101-norw> for an introduction to Medicare and some important considerations in choosing the right plan.
- Download <https://tinyurl.com/norwmedguide> for more information about Medicare and services from Alliant Medicare Solutions.

Know where to go





Where you get medical care can have a significant impact on the cost. Here’s a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Average Cost*
Employee Assistance Program 	Urgent and non-urgent mental health and behavioral counseling	<ul style="list-style-type: none"> Stress Anxiety Depression Relationship Issues Work-related Pressures Substance Abuse 	24/7 Telephonic <hr/> Office Hours for in-person counseling	\$0 per issue per year for the first 8 sessions
Telehealth visit 	Minor illnesses and conditions	<ul style="list-style-type: none"> Common cold, flu, fever Headache, migraine Skin conditions Allergies 	24/7	\$30+
Office visit 	Routine medical care and overall health management	<ul style="list-style-type: none"> Preventive care Illnesses, injuries Managing existing conditions 	Office Hours	\$30+
Urgent care, Walk-in clinic 	Non-life-threatening conditions requiring prompt attention	<ul style="list-style-type: none"> Stitches Sprains Animal bites Ear-nose-throat infections 	Varies, up to 24/7	\$125+
Emergency room 	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing 	24/7	\$500+

* Average out-of-pocket cost before deductible is met. Your cost may vary depending on your plan and location.

Alternative facilities

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Need	Alternative	Features	Savings
Surgery 	Ambulatory Surgery Center (ASC)	<ul style="list-style-type: none"> Specializes in same-day surgeries Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more Held to same safety standards as hospitals 	Up to 50% over hospital stay*
Physical therapy 	Free-standing physical therapy center	<ul style="list-style-type: none"> Important part of the recovery process after an injury or surgery 	40 to 60% over a hospital setting*
Sleep study 	Home testing	<ul style="list-style-type: none"> Diagnoses sleep apnea and other conditions Cost is often covered by insurance if considered medically necessary 	Approx. \$4,500*
Infusion therapy 	Home or outpatient infusion therapy	<ul style="list-style-type: none"> For drugs that must be delivered by intravenous injections, or epidurals Delivered by licensed infusion therapy provider Maintain normal lifestyle and comfort of home or outpatient center 	Up to 90% over hospital stay*

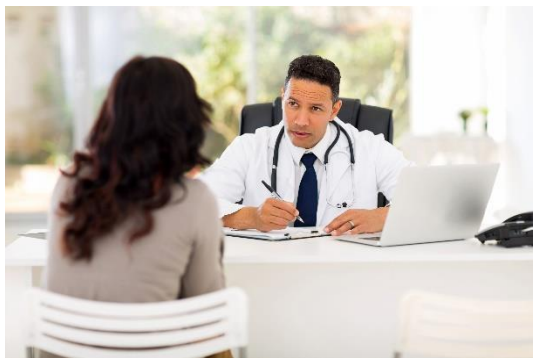
**in-network*

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, etc. on your plan's website; or call member services for assistance.

Online tools such as the bcbsmt.com website's "Find a Provider" tab (must be logged in), healthcarebluebook.com and healthgrades.com help you compare costs and doctor ratings. Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

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](https://www.cdc.gov/prevention) for recommended guidelines. **Preventive care is covered in full only when obtained from an IN-NETWORK provider.**

Not all exams and tests are considered preventive

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



Should I skip my checkup due to COVID-19?

Staying safe from the coronavirus doesn't necessarily mean skipping preventive healthcare. Talk to your

doctor about whether you need a checkup right away or can delay until there is a lower risk of being exposed to COVID-19. Depending on your medical needs, you may be treated with a combination of telehealth and in-person care.

Consider scheduling a flu shot when they're available to avoid a potential combined infection of COVID-19 and the flu. And, of course, seek medical care right away if you have symptoms that need immediate attention. Nearly every doctor's office has added new practices to ensure the safety of patients, providers and other employees.

Are prescription drugs breaking your budget?



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$	Preferred Generic Drug /HDHP Preventive Drugs
\$\$	Non-Preferred Generic Drug
\$\$\$	Preferred Brand Name Drug
\$\$\$\$	Non-Preferred Brand Name Drug
\$\$\$\$\$	Specialty Drug

Understanding the formulary can save you money

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

What is a formulary?

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

Get the most from your coverage

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

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.



LIFE & AD&D

YOUR BENEFICIARY = WHO GETS PAID

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

Is your family protected?

Life with AD&D insurance can fill a financial gap for a family recovering from an injury or worse. After a loss of income, many families have to reduce their standard of living after the loss of an income. Consider what your family would need to cover:

- Medical bills and funeral expenses
- Living expenses (housing, food, clothing, utilities)
- Large expenses (rent or mortgage, education)
- Taxes and debts that need to be settled.

We provide a base amount of life and AD&D insurance.

If you need additional coverage

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

COMPANY- PROVIDED LIFE AND AD&D INSURANCE -

Administered by Mutual
of Omaha



Basic Life and AD&D

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

Basic Life and AD&D Highlights
Benefit Amount
Life Insurance- \$25,000 (reduced amount if age 70+)
AD&D- a percentage of the Life Insurance amount. Benefit amount is based on severity of a covered injury
What if I am terminally ill?
You can receive 75% of the Life Insurance amount prior to death
Can I take this coverage with me should I leave my employer?
Yes, you have portability or conversion rights
Does the Benefit Amount ever reduce?
Yes, to 65% of original amount at age 70, and to 50% of original amount at age 75



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Critical Illness
- Accident

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

Shodair Children's Hospital offers plans to help:

- provide income for survivors
- replace income if you're injured or ill

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

VOLUNTARY LIFE and AD&D INSURANCE - Administered by Mutual of Omaha



Protecting those you leave behind

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

Voluntary Life and AD&D Coverage Amounts:

Employee	\$10,000 up to 5 times annual salary to a max of \$500,000. <u>Guaranteed issue</u> equal to 5 times annual salary to a max of \$100,000.
Spouse	100% of the employee's amount in increments of \$5,000 up to \$250,000. <u>Guaranteed issue</u> of up to \$25,000.
Child(ren)	\$2,000 up to \$10,000 in increments of \$1,000. <u>Guaranteed issue</u> of up to \$10,000. Coverage allowed to age 26.

IMPORTANT: GUARANTEED ISSUE PROVISION

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

Annual Increase Option:

During open enrollment, employees/members may increase their existing insurance amount by up to \$20,000 without providing health information.



AD&D COVERAGE:

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

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

SHORT-TERM DISABILITY INSURANCE (STD)



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

STD Benefits

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. You pay the cost (premium) of this coverage.

Short-Term Disability:

Weekly benefit amount	60% up to a maximum of \$2,500
Benefits begin (waiting period)	After 14 days of disability due to accident or sickness
Maximum benefit duration (including the waiting period)	24 weeks
Pre-Existing Condition Limitation	3/6 Conditions you were treated for in the 3 months prior to your original effective date will not be covered if disability results from a pre-existing condition that occurs within your first 6 months of coverage. <ul style="list-style-type: none"> • <i>Employees currently covered on short-term disability will have a pre-existing limitation on the new amount of coverage due to the increased weekly benefit.</i>

LONG-TERM DISABILITY INSURANCE (LTD) -Administered by Mutual of Omaha



3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

IMPORTANT

In order to qualify for this coverage, a health questionnaire must be submitted and coverage must be approved by Mutual of Omaha unless you are newly eligible and applying for coverage during your initial eligibility period

LTD benefits cushion the financial impact of a disability

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

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

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. You pay for the cost of this coverage.

Long-Term Disability:

Monthly benefit amount	60% up to a maximum of \$6,000
Benefits begin (waiting period)	After 180 days of disability
Maximum benefit duration (including the waiting period)	24 months if you are unable to work in your own occupation, and after that, up to Social Security Normal Retirement Age if you are unable to work in any occupation.
Pre-Existing Condition Limitation	12/12 Conditions you were treated for in the 12 months prior to your original effective date will not be covered if disability results from a pre-existing condition that occurs within your first 12 months of coverage.

VOLUNTARY HEALTH- RELATED PLANS



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

TERMINATION OF INSURANCE DUE TO AGE

Insurance for the employee/member terminates at age 80. If insurance for the employee/member terminates due to age, insurance for any dependents also terminates.

Accident Insurance

Covers on and off job accidents

Accident Insurance from Mutual of Omaha helps you pay for unexpected costs that can add up due to common injuries that result in a visit to the emergency room or urgent care, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

COVERED INJURIES MAY INCLUDE:

- FRACTURES
- DISCLOCATIONS
- BURNS
- LACERATIONS
- DENTAL CARE

MEET MARGIE!

MARGIE'S SON KYLE SUFFERED AN ACCIDENT WHILE PLAYING IN HIS FIRST VARSITY FOOTBALL GAME

Benefits paid by Accident Example	
Emergency Room Visit	\$150
X-ray	\$50
Fractured Wrist	\$450
Physical Therapy (3)	\$75
TOTAL	\$725

VOLUNTARY HEALTH- RELATED PLANS

-Administered by Mutual
of Omaha



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

REDUCTION OF INSURANCE DUE TO AGE

Any amount of insurance for the employee/member and spouse will reduce by 50% at age 70.

IMPORTANT

In order to qualify for this coverage, a health questionnaire must be submitted and coverage must be approved by Mutual of Omaha unless you are newly eligible and applying for coverage during your initial eligibility period

Critical Illness Insurance

Critical illness insurance from Mutual of Omaha can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, child care, lost income, or any other need following a critical illness. **You choose a benefit amount from \$10,000 to \$30,000 for yourself, and \$5,000 to \$15,000 for your spouse (cannot exceed 100% of employee election), and children receive an automatic 25% of employee election up to \$5,000.**

You and your spouse may even be eligible for a \$100 Wellness benefit each if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray.

COVERED CONDITIONS INCLUDE, BUT ARE NOT LIMITED TO:

- INVASIVE CANCER
- HEART ATTACK
- STROKE
- MAJOR ORGAN FAILURE
- END STATE RENAL FAILURE
- ADVANCED ALZHEIMER'S DISEASE

Newly benefit eligible note: Pre-existing Condition Limitation- **6/12**. Benefits are not payable for any critical illness caused by, attributable to or resulting from a pre-existing condition until 12 months after an insured person is continuously insured under this policy. A pre-existing condition includes any critical illness for which an insured person received treatment in the 6 months prior to the date the person became insured.

Enrolling more than 31 days after you become benefit eligible note: Pre-existing Condition Limitation- **6/18**. See above paragraph for more information.

MEET MIKE!

- 45 YEARS OLD
- ELECTED \$30,000 OF COVERAGE
- DIAGNOSIS: HEART ATTACK
- DIAGNOSIS: CANCER (NO LESS THAN 3 MONTHS AFTER HEART ATTACK)

Benefits paid by Critical Illness Example

Heart Attack	\$30,000
Invasive Cancer	\$30,000
TOTAL	\$60,000*

*LIFETIME POLICY BENEFIT MAXIMUM: 300% of your Principal Benefit Amount subject to limitations— see policy for more details.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Dependent Care Flexible Spending Account (DC FSA)
- Health Savings Account (HSA)
- Access to Financial Expertise through the EAP
- Student Loan Repayment Assistance
- Tuition Reimbursement
- 6% Employer contribution to eligible employees 403(b) account, with no employee contribution required!

Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future. You can increase your take-home pay by saving on taxes; work toward your retirement goals; and get help with student loan repayment.

Additional information and eligibility on these benefits are available from Human Resources.

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

-Administered by Paylocity



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 \$5,000 per year tax-free

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

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



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



LIFE BALANCE

**“ THE KEY TO KEEPING YOUR
BALANCE IS KNOWING WHEN
YOU'VE LOST IT. ”**

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, mental health and family issues
- Take time to spend with family and friends, take care of personal business, or just have a little extra “me time”

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

Coming

July 1, 2022

Emotional wellbeing and work-life balance resources for you and your family

No cost counseling/coaching sessions per issue, per year for the first 8 sessions!

SupportLinc offers expert guidance to help address and resolve everyday issues



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Planning and consultation with a licensed financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.



Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

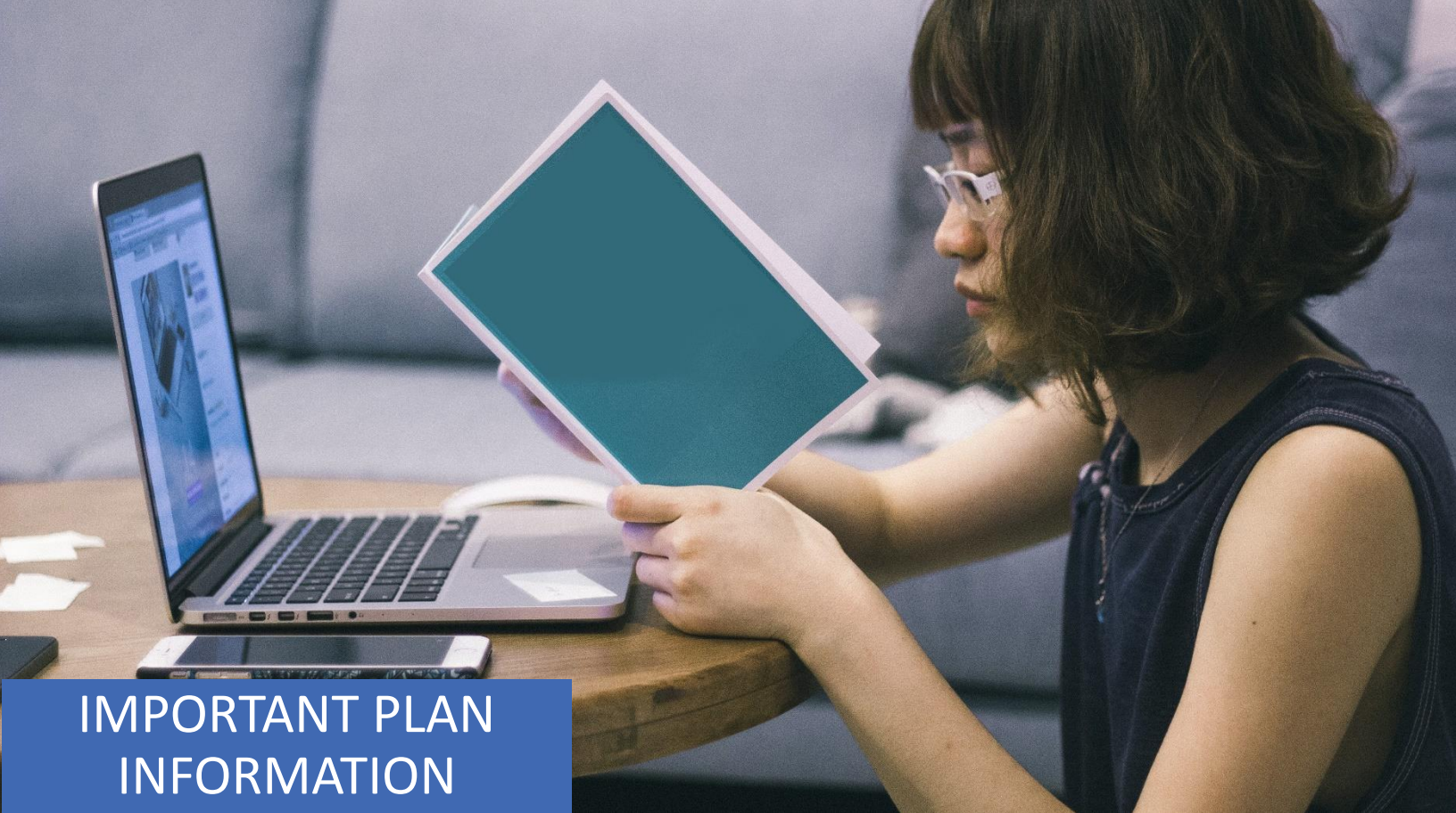
- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group therapy sessions on an anonymous, chat-based platform



Support for everyday issues. Every day.



IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your benefit plan contributions for the July 1, 2022 – June 30, 2022 benefit period
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them.
- A Benefits Glossary to help you understand important insurance terms.

YOUR MONTHLY BENEFIT COSTS- Effective July 1, 2022

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

Monthly amounts shown will be split between the first two paychecks each month.

Full-Time Employees

\$1,100 Deductible Health Plan

	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$25.62	\$934.11	\$959.73
EMPLOYEE + SPOUSE	\$403.39	\$1,303.26	\$1,706.65
EMPLOYEE + CHILDREN	\$263.22	\$1,157.74	\$1,420.96
EMPLOYEE + FAMILY	\$669.82	\$1,517.26	\$2,187.08

HDHP \$2800 Health Plan

	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$0	\$934.11	\$934.11
EMPLOYEE + SPOUSE	\$369.15	\$1,303.26	\$1,672.41
EMPLOYEE + CHILDREN	\$223.63	\$1,157.74	\$1,381.37
EMPLOYEE + FAMILY	\$583.15	\$1,517.26	\$2,100.41

YOUR MONTHLY BENEFIT COSTS- Effective July 1, 2022

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

Monthly amounts shown will be split between the first two paychecks each month.

Part-Time Employees

\$1,100 Deductible Health Plan

	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$369.73	\$590	\$959.73
EMPLOYEE + SPOUSE	\$1,116.65	\$590	\$1,706.65
EMPLOYEE + CHILDREN	\$830.96	\$590	\$1,420.96
EMPLOYEE + FAMILY	\$1,597.08	\$590	\$2,187.08

HDHP \$2800 Health Plan

	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$344.11	\$590	\$934.11
EMPLOYEE + SPOUSE	\$1,082.41	\$590	\$1,672.41
EMPLOYEE + CHILDREN	\$791.37	\$590	\$1,381.37
EMPLOYEE + FAMILY	\$1,510.41	\$590	\$2,100.41

2022 DENTAL

LOW PLAN	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$6.00	\$20.11	\$26.11
EMPLOYEE + SPOUSE	\$12.00	\$46.43	\$58.43
EMPLOYEE + CHILDREN	\$12.00	\$69.08	\$81.08
EMPLOYEE + FAMILY	\$24.00	\$101.54	\$125.54

HIGH PLAN	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$20.00	\$8.92	\$28.92
EMPLOYEE + SPOUSE	\$30.00	\$34.60	\$64.60
EMPLOYEE + CHILDREN	\$30.00	\$56.97	\$86.97
EMPLOYEE + FAMILY	\$40.00	\$95.46	\$135.46

2022 VISION

	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$0	\$12.12	\$12.12
EMPLOYEE + 1	\$7.27	\$12.12	\$19.39
EMPLOYEE + CHILDREN	\$7.67	\$12.12	\$19.79
EMPLOYEE + FAMILY	\$19.79	\$12.12	\$31.91

VOLUNTARY LIFE INSURANCE COSTS

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

EMPLOYEE AND SPOUSE LIFE RATES

AGE	EMPLOYEE RATE per \$1,000 of coverage	SPOUSE RATE per \$1,000 of coverage
<25	\$0.05	\$0.05
25-29	\$0.05	\$0.05
30-34	\$0.06	\$0.06
35-39	\$0.07	\$0.07
40-44	\$0.11	\$0.11
45-49	\$0.20	\$0.20
50-54	\$0.31	\$0.31
55-59	\$0.63	\$0.63
60-64	\$0.93	\$0.93
65-69	\$1.35	\$1.35
70-74	\$3.40	\$3.40
75+	\$6.34	\$6.34

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

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

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

2. Step 1 Divided by 1,000 =

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

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

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

TOTAL COST PER MONTH:

You + Spouse + Child from Step 3 =

The spouse rate is calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band.

Annual Increase Option:

The employee/member may increase their existing insurance amount by up to \$20,000 without providing health information.

EMPLOYEE AND SPOUSE AD&D

Age Band	RATE per \$1,000 of coverage
All Ages	\$0.03

DEPENDENT CHILDREN

COVERAGE AMOUNT	RATE per \$1,000 of coverage
Life	\$0.20
AD&D	\$0.04

VOLUNTARY SHORT TERM DISABILITY

AGE	Employee Rate per \$10 Weekly Benefit
All Ages	\$0.88

VOLUNTARY LONG TERM DISABILITY

AGE	Employee Rate per \$100 Monthly Payroll
<20	\$0.09
20-24	\$0.10
25-29	\$0.20
30-34	\$0.31
35-39	\$0.44
40-44	\$0.65
45-49	\$0.86
50-54	\$1.33
55-59	\$1.67
60-64	\$1.75
65-69	\$1.84
70-99	\$1.93

VOLUNTARY ACCIDENT

Monthly Premium

Employee	Employee+Spouse	Employee+Child(ren)	Family
\$13.20	\$19.00	\$23.40	\$31.00

VOLUNTARY CRITICAL ILLNESS

Employee or Spouse Rate* per \$1,000 Monthly

AGE	Non-Tobacco	Tobacco**
<25	\$0.35	\$0.40
25-29	\$0.45	\$0.51
30-34	\$0.61	\$0.73
35-39	\$0.86	\$1.09
40-44	\$1.29	\$1.74
45-49	\$1.82	\$2.71
50-54	\$2.44	\$4.06
55-59	\$3.26	\$5.94
60-64	\$4.61	\$9.08
65-69	\$6.19	\$13.10
70-74	\$8.73	\$17.75
75-79	\$11.93	\$21.50
80-99	\$15.22	\$25.76

*Employee/member and spouse premiums are calculated with the employee/member's age as of the effective date of the plan. Rates are adjusted once each year on the plan anniversary date that coincides with or follows the day an employee/member reaches the starting age of the next age band.

Child insurance is automatic. A separate premium is not required

**Tobacco rates apply for any use of tobacco or nicotine replacement within the past 12 months

PLAN CONTACTS

EMPLOYEE BENEFITS SUPERSITE

Benefit Information and Enrollment Portal

www.mybensite.com/shodair/

MEDICAL/Rx

Blue Cross and Blue Shield of Montana

www.bcbsmt.com

[Find a Provider](#) (choose Blue Preferred PPO if prompted)

Member Services (855) 258-3489

VezaHealth

www.VezaHealth.com

262-227-1886

nicole@VezaHealth.com

TELEHEALTH

MD Live

www.MDLIVE.com/bcbsmt

MD Live Mobile App

DENTAL

Delta Dental

deltadentalins.com

Delta Dental Mobile App

[Find a Provider](#) (Choose PPO or Premier)

Member Services (800) 521-2651

VISION

VSP

www.vsp.com

[Find A Provider](#) (choose the "Choice" network if prompted)

Member Services (800) 877-7195

LIFE AND AD&D/ DISABILITY/ CRITICAL ILLNESS/ACCIDENT

Mutual of Omaha

<https://www.mutualofomaha.com/>
800-775-6000

EMPLOYEE ASSISTANCE PROGRAM

Coming soon!

HEALTH SAVINGS ACCOUNT & FLEXIBLE SPENDING ACCOUNTS (FSA)- MEDICAL, LIMITED AND DEPENDENT CARE

Paylocity

<https://bat.paylocity.com>
(800) 631-FLEX

ADDITIONAL RESOURCES

Shodair Children's Hospital

Human Resources

Angela Curtis

(406) 444-7579

ACurtis@shodair.org

HumanResources@Shodair.org

Alliant Insurance Services

(Broker)

-Excluding 403(b)

Heather Brewer

Account Executive

406-431-7681

heather.brewer@alliant.com

Alliant Benefit Advocate Team

(Broker's office)

-Excluding 403(b)

(800) 489-1390

benefitsupport@Alliant.com

IMPORTANT PLAN INFORMATION

WHAT YOU NEED TO KNOW ABOUT THE “NO SURPRISES” RULES

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

COVID-19 AT-HOME TEST COVERAGE – EFFECTIVE JANUARY 15TH, 2022

If you are covered on one of the health plans offered by Shodair, the health plan is now covering FDA-authorized diagnostic test kits if purchased from an in-network pharmacy. **The health plan will pay for 8 at-home tests per covered member every 30 days.** You may buy more than 8 tests, but only 8 will be covered. Tests kits may be packaged with one test or more than one test per package. Check the number of tests in each test kit at the time of purchase, as each test will count toward the 30 day limit of 8 tests.

Where can I buy a COVID-19 at-home test?

You can purchase tests at over 65,000 pharmacies nationwide or order them online to be shipped directly to your home. Find a list of network pharmacies at bcbsmt.com/covid-19. Or, you can call the BCBSMT Customer Service number listed on your member ID card to help find a location near you.

How do I pay for an at-home test?

The easiest way is to buy at-home tests at the pharmacy counter. Ask the pharmacist to submit the claim to Prime Therapeutics under your pharmacy benefit. You may have to show your member ID if you have not used that pharmacy before.

If you don't go to the pharmacy counter and instead use the regular checkout counter, or, if your pharmacy isn't set up to file the claims, you will have to pay for the test kits. You can file a claim to be reimbursed up to \$12 per test, up to 8 tests every 30 days per covered member. This is also true if you buy them from an approved online retailer. The prescription drug claim form can be found at bcbsmt.com/covid-19. Mail the completed form with the cash register receipt for your purchase attached. Use a separate form for each member.

GLOSSARY

-A-

AD&D Insurance

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

Allowed Amount

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

Ambulatory Surgery Center (ASC)

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

Annual Limit

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

-B-

Balance Billing

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

Beneficiary

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

Brand Name Drug

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

-C-

COBRA

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

Claim

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

Coinsurance

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

Copayment

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

-D-

Deductible

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

Dental Basic Services

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

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

Dental Major Services

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

Dependent Care Flexible Spending Account (FSA)

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

-E-

Eligible Expense

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

Excluded Service

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

-F-

Formulary

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

-G-

Generic Drug

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

Grandfathered

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

-H-

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

Healthcare Flexible Spending Account (FSA)

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

High Deductible Health Plan (HDHP)

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

-I-

In-Network

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

GLOSSARY

-L-

Life Insurance

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

Long Term Disability Insurance

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

-M-

Mail Order

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

-O-

Open Enrollment

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

Out-of-Network

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

Out-of-Pocket Cost

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

Out-of-Pocket Maximum

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

Outpatient Care

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

-P-

Participating Pharmacy

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

Plan Year

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

Preferred Drug

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

Preventive Care Services

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

Primary Care Provider (PCP)

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

-S-

Short Term Disability Insurance

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

-T-

Telehealth / Telemedicine / Teledoc

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

-U-

UCR (Usual, Customary, and Reasonable)

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

Urgent Care

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

-V-

Vaccinations

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

Voluntary Benefit

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

Shodair



Children's
Hospital

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.