



BOZEMAN HEALTH



Comprehensive Benefit Package

2020 Benefit Year

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Welcome to Bozeman Health



Bozeman Health is committed to excellence in patient care and a culture of excellence in everything we do. This requires dedicated employees. We're pleased you've chosen to be a member of our team; welcome.

We reward your commitment to Bozeman Health with a total compensation package that includes a comprehensive employee benefits program. Employees and their eligible dependents may participate in health, dental and vision insurance plans, tax-advantaged spending accounts, earned time off and retirement plans. Each employee's needs are unique, which is why Bozeman Health offers different medical plans to meet the needs of our staff and their family members. Each health care plan covers pharmacy and mental health benefits.

This benefit guide highlights the many benefit options available to you as part of your 2020 benefit package.

Bozeman Health's Benefit Philosophy	Bozeman Health's Benefit Guiding Principles
<p>“Bozeman Health is dedicated to offering a competitive benefit package to create value with our employees and promote community health.”</p>	<ul style="list-style-type: none"> • Deliver consistent benefits to all Bozeman Health facilities and in doing so acknowledge that we are one care team • Consistently benchmark our benefit programs to ensure we are providing financially sustainable benefit programs and aligned with employee needs • Empower our employees and families to lead health lives • Drive engagement by effectively and transparently communicating the value of employee benefits as a component of Total Rewards

What You Need to Know

Eligibility and Qualifying Events

Bozeman Health offers benefits to .4 FTEs working at least 16 hours per week, and provides long term disability insurance to .75 FTEs working at least 30 hours per week. Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), medical benefits will be offered to employees who average at least 30 worked hours per week over a 12-month measurement period. Benefits are available to you and your dependents on the first day of the month following 30 days of employment.

Eligible dependents are defined as:

- Legal spouse
- Domestic partner
- Dependent children up to age 26
- Dependent children over age 26 who are physically or mentally unable to care for themselves

Because of legal regulations, once you have made your election for 2020, you generally cannot change your benefits until the next annual enrollment period. If you fail to elect coverage for you or a family member, you cannot add them mid-year unless you or the family member qualifies for “special enrollment” as described in the applicable Summary Plan Description (SPD).

Special Enrollment Events

- Marriage
- Legal separation or divorce
- Birth or adoption of a child
- Change in employment status for your or spouse that results in a loss or gain of coverage
- Change in dependent’s eligibility status (example: a dependent child exceeding the maximum age for coverage)
- Change in place of residence causing a loss of eligibility (example: moving outside of the service area)
- Change in the cost of dependent care (only available for the dependent care spending account)
- Loss of a dependent

Written documentation of the special enrollment event will be required. An enrollment event and change to benefit enrollment is done through the eBenefits enrollment site, www.ebenefits.com/bdh. The enrollment and appropriate documentation must be remitted to Human Resources within 30 calendar days.

How to Enroll with eBenefits

What is eBenefits?

eBenefits is Bozeman Health's employee benefits self-service website.

eBenefits allows you to view, enroll in and make changes to your benefits information quickly, easily and securely. Since this system is available 24 hours a day, 7 days a week, you can view and change information conveniently from any PC with Internet capability – from home or work.

eBenefits Online Access

eBenefits provides you with secure and easy access to important benefits information in one place. Once you have registered, the types of information currently available through eBenefits are:

- I. **My Home** – Link directly to begin your enrollment, Employee Information, and Dependent/Beneficiaries, connect to benefit provider websites, access documents pertaining to your benefits, download forms, review messages.
- II. **View My Benefits** – Review current benefit information, including dependents and beneficiaries, enroll in and make changes to your benefits, link directly to benefit providers.
- III. **My Family & I** – Review your employee and profile information, review, add and/or change your dependents/beneficiaries.
- IV. **My Life Events** – Make changes to applicable benefits for a qualifying life event such as; marriage, birth, divorce, etc.
- V. **My Messages/My Documents** – View messages and documents

**If you have any questions, customer service support line is available at 866-203-8051,
between 6:00 a.m. – 6:00 p.m. MST**

Registration

I. Access eBenefits online

To access the system, you will need to type in: www.ebenefits.com/bdh into the address bar of your Web browser.



Welcome - Please select an option below to get started.

I am a returning visitor

If you have already registered, please enter your username below to begin our secure log in process

Username

Password

Login

Clear

OR

I am a first time visitor

First time visitors are required to complete a quick one-time registration process before accessing this site

Register Now

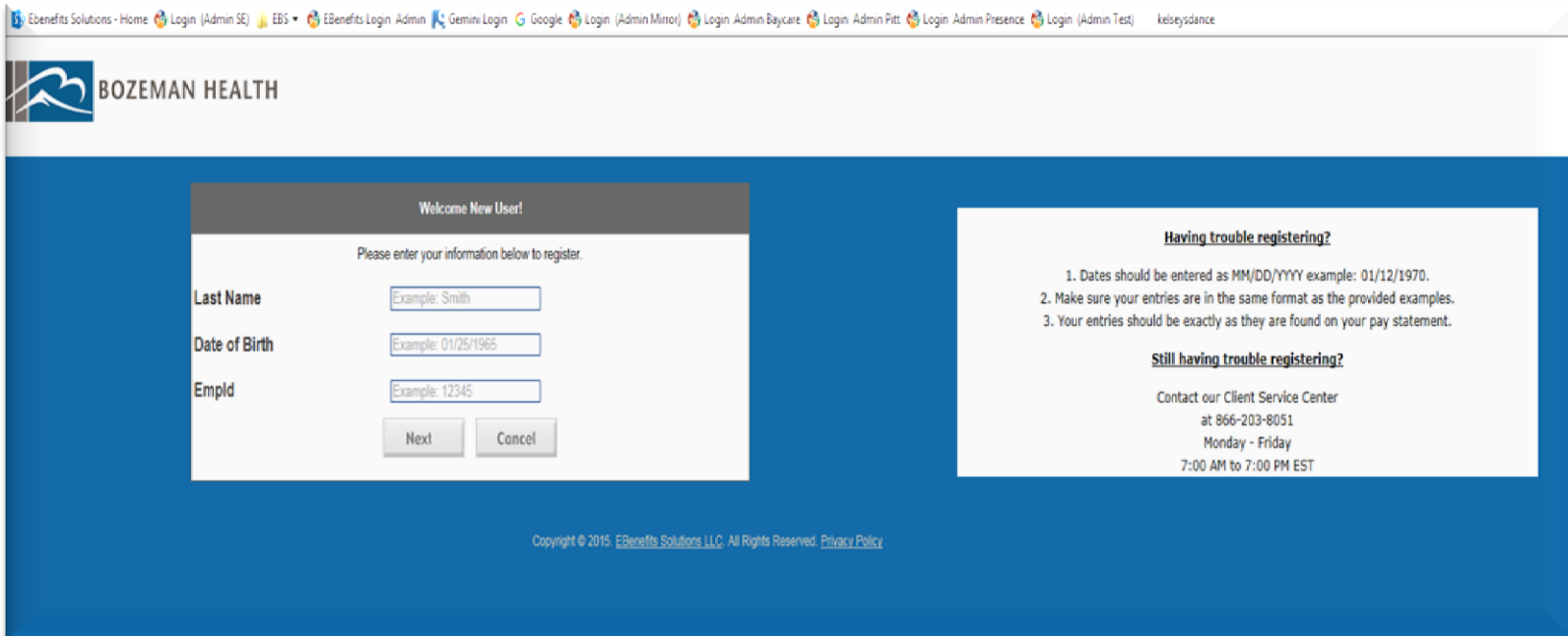
II. Registration

You will be directed to the login page. If you have not previously registered, click the "Click Here to Register" button to begin the registration process. You only need to register once. Once you click on the link, the validation page will appear.

Returning users may use the link on the right side of the page to reset username and password.

A. First-Time User Validation/Forgot Username

You will need the following information to securely validate your identity: last name, date of birth, and your hospital ID number. After this data has been entered, click the “Next” button.



The screenshot shows a web browser window with the Bozeman Health logo at the top left. The main content area is a registration form titled "Welcome New User!". The form asks the user to "Please enter your information below to register." and includes three input fields: "Last Name" (with an example of "Smith"), "Date of Birth" (with an example of "01/25/1965"), and "Empld" (with an example of "12345"). Below these fields are "Next" and "Cancel" buttons. To the right of the form is a white box with the heading "Having trouble registering?" and three numbered instructions: 1. Dates should be entered as MM/DD/YYYY example: 01/12/1970. 2. Make sure your entries are in the same format as the provided examples. 3. Your entries should be exactly as they are found on your pay statement. Below this is another heading "Still having trouble registering?" and contact information for the Client Service Center: at 866-203-8051, Monday - Friday, 7:00 AM to 7:00 PM EST. At the bottom of the page, there is a copyright notice: "Copyright © 2015. EBenefits Solutions LLC. All Rights Reserved. Privacy Policy".

B. Registration Details

Once validation is complete, you will be directed to create a user name and password. Please keep the information below in mind when creating your user name and password:

Username must be between 8 and 15 characters with numbers or letters.

- **Acceptable Username Example:** MyUsername
- **Invalid Username Example:** User (Error – too few characters)
- **Invalid Username Example:** UserNameIsTooLong (Error – too many characters)

Password must be between 8 and 15 characters with at least 1 lower case letter, 1 upper case letter and 1 number.

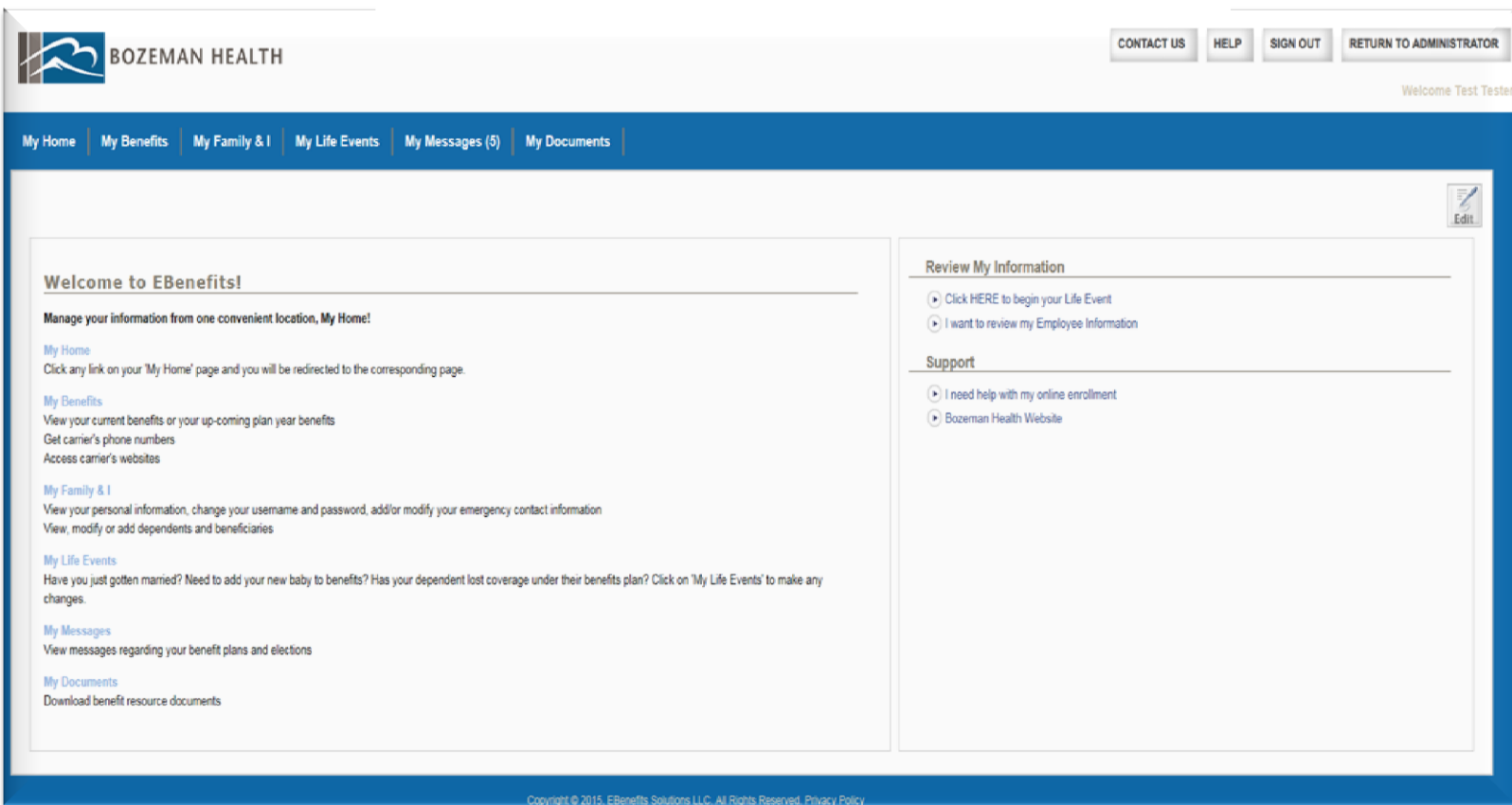
- **Acceptable Password Example:** MyPassword315@ or MyPassword315
- **Invalid Password Example:** pass (Error – too few characters and missing at least 1 upper case letter, and 1 number)
- **Invalid Password Example:** PasswordIsTooLong (Error – too many characters and missing 1 number)

Note: Remember your username and password. You will need them each time you log on to eBenefits.

III. eBenefits Home Page

Once you have submitted your security information you will be redirected to the EBenefits home page. Depending on the event period (i.e., New Hire, Open Enrollment, etc.), you will have a link under the Take Action section of the screen. To begin your benefit elections, use your mouse to click on the appropriate link.

If you are not in an event, you are only permitted to review your current elections and update your beneficiaries.



The screenshot shows the Bozeman Health EBenefits Home Page. At the top left is the Bozeman Health logo. To the right are buttons for CONTACT US, HELP, SIGN OUT, and RETURN TO ADMINISTRATOR. Below these is a navigation bar with links: My Home, My Benefits, My Family & I, My Life Events, My Messages (5), and My Documents. The main content area is divided into two columns. The left column is titled "Welcome to EBenefits!" and contains sections for "Manage your information from one convenient location, My Home!", "My Home", "My Benefits", "My Family & I", "My Life Events", "My Messages", and "My Documents". The right column is titled "Review My Information" and contains links for "Click HERE to begin your Life Event" and "I want to review my Employee Information". Below this is a "Support" section with links for "I need help with my online enrollment" and "Bozeman Health Website". At the bottom of the page is a copyright notice: "Copyright © 2015, EBenefits Solutions LLC. All Rights Reserved. Privacy Policy".

IV. Making Your Elections

To start making elections, simply click on the Sign Up for Coverage or Change Enrollment Link, make your election, then click the Save & Continue button at the bottom of the page to proceed through your benefit elections. Once you have completed your elections you will need to take a final step to confirm that you have completed your open enrollment elections.

Submit Enrollments   

Helpful Tips for Enrollment

Click a benefit below? You can click the Sign Up for Coverage, Change My Coverage (where applicable) or Opt Out or Drop Coverage link and follow the steps accordingly on that page to enroll.

Start Enrollment 

BCBS Medical and VSP Vision



Pending Submission

CURRENT COVERAGE
BCBS Medical and VSP Vision
 Decline/cancel existing coverage
 Your Contribution: \$0.00
 Effective Date: 09/09/2015
 Tax Status:
 Enrollment Status: Active

2016 COVERAGE

BCBS Gallatin Plan FT
 Medical Only-Employee Only
 \$5.26
 01/01/2016
 Pre-Tax
 Pending

Change Enrollment 
 Opt Out 

Have questions on this benefit program? For more information, click on the "Learn More" link located next to the benefit plan, otherwise, please make your benefit election below and click the "Save & Continue" button.

Current Elections

Benefits & Option	Per Pay Check Deduction	Tax Status	Status
BCBS Medical and VSP Vision/Decline and/or cancel existing coverage	\$0.00	Pre-tax	Active



BCBS Medical and VSP Vision

BCBS Gallatin Plan FT 



Option	Coverage Level	Per Pay Check Deduction	Tax Status
<input checked="" type="radio"/>	Medical Only-Employee Only	\$5.26	Pre Tax
<input type="radio"/>	Medical Only-Employee + One	\$108.09	Pre Tax
<input type="radio"/>	Medical Only-Employee + Family	\$159.46	Pre Tax

Option Coverage Level Decline and/or cancel existing coverage

Save and Return to Enrollment Home Page

Submitting Your Elections

Once you have completed your elections you will need to take a final step to confirm that you have completed your benefit elections. Click the **green** Submit Enrollments button at the top of the main enrollment screen. If you do not submit your elections by clicking on the “Submit Enrollments” button, your elections will not be received by the Benefits Department. Once you have clicked on the “Submit Enrollments” button you must check the box that you agree to the terms of your benefits and enter your initials in the initials box and click on the “Submit” button at the bottom of the screen. Once your open enrollment elections have been completed, you will receive a confirmation message with a confirmation ID number.




DISCLAIMER: By entering my initials and clicking "Submit" in the box provided below, I agree that I have received and read the material describing the Section 125 Plan.

I understand that beginning on my Plan effective date, a portion of my future pay will be redirected through payroll reductions to pay the cost of premiums for the benefits I have elected. I understand that my elections cannot be changed once my enrollment has been submitted. Further I understand that the elections made on this enrollment site will supersede any previous elections made.

I have read and agree to the terms and conditions stated above. 11/17/2015 6:53:03 AM

Your Initials

Submit Your Changes 

Affordable Care Act (ACA)

Employer Shared Responsibilities

The ACA imposes a penalty on employers with 50 or more employees who do not offer affordable, Minimum Essential Coverage to full-time employees and their dependents. Bozeman Health follows the Employer Shared Responsibilities provision and offers coverage that is deemed affordable and meets the required Minimum Value standard to our employees. Those employees who meet the hourly requirement over a 12-month measurement period will be offered coverage each year for a corresponding 12-month stability period. A full-time employee is defined by the ACA is an employee who is employed, on average, for at least 30 hours of service per week or 130 hours of service in a calendar month. At Bozeman Health, full-time and part-time employees are determined by the following classification standards:

Initial Measurement Period

For new employees hired as a less than .75 FTE, this will be a period of time from the first of the month following the date of hire and continuing through the following 12 months. At the end of this measurement period, hours will be measured to determine eligibility for full-time employee only medical insurance premiums.

Standard Measurement Period

For ongoing employees appointed as a less than a .75 FTE, this will be a period of time beginning with the first paycheck in November through the last paycheck of October of each year. For 2020, the measurement period is November 2, 2018 through October 18, 2019. During this time, employee's hours are measured to determine eligibility for full time employee only medical insurance premiums. An ongoing employee is one that has made it through their initial measurement period.

Stability Period

A period of time in which an employer must continue to offer an eligible, full time employee, medical benefits at the full-time premium amount. Bozeman Health has defined our stability period as our benefit plan year which is January 1 – December 31

Employee Premiums

Insurance premiums are collected semi-monthly from 24 of the 26 paychecks received in the year. The following premiums are noted on a *per pay period/semi-monthly* basis. Premium deductions vary and are taken both pre-tax and post-tax. The table below specifies premium deductions for each benefit.

Benefit	Pre-Tax	Post-Tax
Group Medical	X	
Group Dental	X	
Group Vision	X	
Flexible Spending Account	X	
Health Savings Account (HSA)	X	
Aflac Voluntary Benefits		X

Medical Plan Premiums (per pay period)

Gallatin Plan	.9FTE or Greater		.75 - .89 FTE or Eligible variable hour EE		.4 - .74 FTE	
	Base	Engaged	Base	Engaged	Base	Engaged
Employee Only	\$25.00	\$0.00	\$25.00	\$0.00	\$107.44	\$82.44
Employee + 1	\$126.21	\$101.21	\$244.12	\$219.12	\$244.12	\$219.12
Employee + Family	\$175.80	\$150.80	\$349.75	\$324.75	\$349.75	\$324.75

Madison Plan	.9FTE or Greater		.75 - .89 FTE or Eligible variable hour EE		.4 - .74 FTE	
	Base	Engaged	Base	Engaged	Base	Engaged
Employee Only	\$61.16	\$36.16	\$61.16	\$36.16	\$149.01	\$124.01
Employee + 1	\$198.91	\$173.91	\$321.83	\$296.83	\$321.83	\$296.83
Employee + Family	\$280.92	\$255.92	\$461.80	\$436.80	\$461.80	\$436.80

Dental Plan Premiums (per pay period)

	Delta Dental Base Plan	Delta Dental Enhanced Plan
Employee Only	\$11.18	\$18.52
Employee + Spouse	\$22.34	\$37.04
Employee + Child(ren)	\$27.34	\$41.74
Employee + Family	\$38.51	\$61.19

Vision Plan Premiums (per pay period)

Employee Only	\$4.00
Employee + 1	\$7.99
Employee + Family	\$12.87

Supplemental Term Life Insurance Premiums

Full Time / Part Time Employee Monthly Rate per \$10,000 of Coverage (spouse rate per \$5,000 of coverage)											
Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.51	\$0.59	\$0.68	\$0.76	\$1.27	\$1.95	\$3.48	\$5.68	\$8.73	\$16.87	\$27.30

Children Rate: \$0.0315 per \$1,000 of benefit

Supplemental Accident Death & Dismemberment (AD&D)

Monthly Rate per \$10,000 of Coverage (\$5,000 spouse, \$2,000 children)	
Employee	\$0.31
Spouse	\$0.36
Children	\$0.082

How to Calculate your Supplemental Life and/or AD&D Monthly Cost:

Supplemental Life amount	Increment	Rate	Monthly cost
Employee	\$ ÷ \$10,000	X \$	= \$
Spouse	\$ ÷ \$5,000	X \$	= \$
Children	\$ ÷ \$2,000	X \$	= \$

Supplemental ADD amount	Increment	Rate	Monthly cost
Employee	\$ ÷ \$10,000	X \$	= \$
Spouse	\$ ÷ \$5,000	X \$	= \$
Children	\$ ÷ \$2,000	X \$	= \$

Benefits at a Glance

Medical Benefits

Bozeman Health will be providing **two plan options** administered by Blue Cross Blue Shield of Montana (BCBSMT). The options are the Gallatin High Deductible Health Plan (HDHP) and the Madison (PPO) Plan. *Your individual premium deduction will vary based on if you participate and complete all tasks in the Bozeman Health wellness program (Engaged) or not (Non-Engaged).* Additionally, both plans will feature a three-tier network- Tier 1 is the Bozeman Health Partners Network, Tier 2 is BCBSMT PPO, Tier 3 is Out of Network, you can minimize your cost sharing by utilizing Bozeman Health Partners Network providers where available. All plans offer you the flexibility to choose your provider along with access to BCBSMT’s broad network of providers. The summary below reflects in network benefits. Please refer to your Summary Plan Description booklet for details on services, including out of network payment.

	Madison PPO	Gallatin HDHP
Pre-Tax Savings Options	FSA	HSA
Network (Tier 1 / Tier 2 / Tier 3)	<i>Bozeman Health Partners Network/ BCBS PPO / Out of</i>	<i>Bozeman Health Partners Network/ BCBS PPO / Out of</i>
Annual Deductible (In-network)	Individual: \$500 / \$1,000 / \$1,000 Family: \$1,000 / \$2,000 / \$2,000	Individual: \$2,800 / \$3,000 / \$3,500 Family: \$5,600 / \$6,000 / \$7,000
Family Deductible Accrual	Embedded	Embedded
Deductible Accumulation	Deductible accumulates across tiers	Deductible accumulates across tiers
Coinsurance (member share)	20% / 30% / 50%	0% / 0% / 0%
Out of Pocket Maximum (Includes deductible) In-network	Individual: \$2,500 / \$3,000 / \$3,500 Family: \$5,000 / \$6,000 / \$7,000	Individual: \$2,800 / \$3,000 / \$3,500 Family: \$5,600 / \$6,000 / \$7,000
Preventive Care (Routine Care, Well Child Care)	\$0 (no ded) / \$0 (no ded) / Not covered	\$0 (no ded) / \$0 (no ded) / Not covered
Office Visit	\$10 / \$25 / 50%	0% / 0% / 0%
Emergency Room Care	\$250 (no ded)	0% / 0% / 0%
Hospital Services (Inpatient/outpatient, lab and x-ray, surgery centers, other facility services)	20% / 30% / 50%	0% / 0% / 0%
Urgent Care	\$10 / \$25 / 50%	0% / 0% / 0%
Pharmacy Benefit*	\$200 Rx deductible	No Rx deductible
Generic*	\$20	100% at Highland Park Pharmacy
Preferred**	\$40	\$40 copay at Highland Park Pharmacy
Non-Preferred**	\$60	\$80 copay at Highland Park Pharmacy
Specialty (Formulary/Non-formulary)**	\$75 / \$150	Subject to Medical Deductible
Mail Order	2 copays for 90-day supply	0% for 90-day supply

BCBSMT Medical Plans

* Members will pay \$0 co-pay when seeing a Bozeman Health therapy provider for Physical Therapy and Occupational Therapy Services.

* Members will pay an ancillary charge under the Madison plan in addition to the co-pay if the member chooses a Formulary or Non-Formulary drug when a generic is available, applicable to retail and mail order only.

* Members in the Gallatin plan will receive generic preventive Rx coverage at 100% covered if utilizing a Bozeman owned pharmacy (Highland Park and Big Sky Pharmacy). Preferred preventive Rx will be \$40 copay, non-preferred preventive Rx will be \$80 copay, and specialty pharmacy is subject to the medical deductible. Rx not considered preventative will be subject to full cost until deductible is met.

** Must meet a \$200 deductible when filling Formulary and Non-Formulary drugs before paying co-pay amount. Deductible is per covered member, per year, and does NOT apply to generic prescription drugs.

**Rx specialty medications covered only if filled at Bozeman Health owned pharmacies. Preventive Rx is included on both the Gallatin HDHP & Madison PPO plan.

2020 Engaged Premium Incentives

Bozeman Health offers a \$25 per paycheck Engaged Premium Incentive to employees who complete the 2020 Engaged Premium Incentive criteria.

What actions do I need to take and by when to earn the Engaged Premium Incentive?

1. You must complete a biometric screening and PHA (Personal Health Assessment) between September 1st through November 8, 2019.

a. Biometric Screening or Interactive Health's Physician Form

- You can participate in the onsite biometric screening with Interactive Health. Interactive Health will be available onsite from September 18 through October 4, 2019.
- You can complete the biometric screening through your physician. Please complete an Interactive Health's Physician Form and fax to Interactive Health by November 8, 2019.

DO NOT REMIT YOUR FORM TO HUMAN RESOURCES

**This means a blood draw verification signed by a phlebotomist/physician must be received by Interactive Health by November 8, 2019.*

b. Personal Health Assessment

- Complete your Personal Health Assessment (PHA) on the Well-being Portal at wellbeing.bozemanhealth.org

2. You must earn 200 points through the Well-being portal between January 1 - June 30, 2020.

To maintain your incentive in 2020, you'll need to earn a minimum of 200 points by June 30, 2020 through the employee Well-being program via the Employee Well-being portal.

What will I need to do to complete 200 points through the Well-being portal points program?

The Well-being points program rewards preventive care activities and activities that many of you are already doing. Examples:

- Annual Exam (100 points)
- Preventive Screening (50 points)
- Preventive Dental Exams and Cleanings (50 points.)

You can also earn points for healthy behaviors such as wellness workshops, lunch walks, and step tracking along with rewards for participating in our quarterly incentive campaign activities.

In addition to the Engaged Premium Incentive, your Well-being points will also qualify you to be entered to win prizes such as \$100 Visa Gift Cards, gift certificates, Fitbits, and more.

The Well-being program is a great opportunity to have fun and earn rewards for healthy behavior while supporting Bozeman Health's commitment to be a leader in health and well-being in our community. Please find additional detail regarding the Well-being program on the following pages.

2020 Employee Well-Being Core Activities

(1/1/2020-12/31/2020)

<u>CORE ACTIVITIES</u>	<u>POINTS</u>	<u>EARNING FREQUENCY</u>	<u>MAX POINTS Per Quarter</u>
<u>Workshops</u>	20	Upon completion of a workshop	130
<u>Preventive Screening</u>	50	Once	50
<u>Annual Exam</u>	100	Annually	100
<u>Dental Exam/ Cleaning</u>	50	Once	50
<u>Health Forums/Lunch and Learns</u>	15	Monthly	45
<u>Lunch Walk</u>	2	Daily	100
<u>Personal Health Assessment</u>	75	Annually	75
<u>Steps Tracking</u>	2 per 5,000 steps	Daily	500
<u>Weight Tracking</u>	5	Weekly	60
<u>Exercise Daily</u>	5	Daily	500

* All personal health information you record on this website will be kept confidential, in accordance with your HIPAA privacy rights.

Activity Descriptions

Annual Exam: Going in for your regular check-up? Annual checkups are an important part of managing your health. **Value: 100 points (100 points max.)**

Personal Health Assessment (PHA): A Personal Health Assessment is a valuable tool that provides you with information specific to your health habits and health risks. More important, it will help to guide you with steps you can take to improve your health, or to maintain your good health. . **Value: 75 points (75 points max.)**

Preventive Screening: Prevent problems before they start or discover them early while they're easily treatable by completing your annual blood draw, mammogram, PSA, colonoscopy or any other preventive screenings. View BCBS recommended [screenings here](#). *Please note these are only guidelines you should talk to your Primary care provider about what screenings are recommended for you.* **Value: 50 points (50 points max.)**

Dental Exam/Cleaning: Dental exams and cleanings are an important part of dental and overall physical health. **Value: 50 points (50 points max.)**

Exercise Daily: Want to feel better, have more energy and even add years to your life? Just exercise. The health benefits of regular exercise and physical activity are hard to ignore. Everyone benefits from exercise. **Value: 5 points (500 points max.)**

Workshop: Wellness Workshops are week-by-week guided programs designed to provide you with tools to establish and maintain healthy habits. Through a series of articles, tips sheets, videos, wellness tools and interactive tasks, each workshop offers the information necessary to make healthy changes, and the guidance to further develop and advance these healthy behavioral changes. **Value: 20 points per workshop completed (max 130 points.)**

Health Forums/Lunch and Learns: Participate in various lunch and learn opportunities throughout the quarter. **Value: 15 points (45 points max.)**

Steps Tracking: Track your daily steps, set goals and see how much you're moving on a daily basis. You can connect your activity device to the portal to automatically earn points. **Value: 2 points for every 5000 steps logged, up to a max of 6 points per day (500 Points Max.)**

Weight Tracking: Keep track of your weight to help you manage or maintain a healthy weight. **Value: 5 point per week (65 points max.)**

Employee Well-being Program Detail

Participation:

- All participation in the Employee Well-being Program is completely voluntary.
- Participation and rewards are available to all Bozeman Health Employees regardless of FTE or health plan status.

Quarterly Incentive Campaigns:

- There is a new Incentive Campaign every quarter based on a different dimension of Well-being.
- Quarterly Campaign dates:

Q1	Q2	Q3	Q4
January 1 to March 31	April 1 to June 30	July 1 to September 30	October 1 to December 31

- Points reset at the beginning of each quarter, *if you do not use your points you will lose them.*

Employee Well-being Portal: wellbeing.bozemanhealth.org

- The employee well-being portal is an online platform for employees to engage in activities that include:

Online workshops	Meal Planning	Exercise Plans
Earn Points	Enter to Win Rewards	Blood Glucose log
Food log	Weight log	Body Measurement log
Blood Pressure log	Heart Rate log	Steps Tracking
Cholesterol log	Device Synchronization	And more!

- The portal is available from home, your phone and at work.
- All points tracking and rewards are through the portal.
- For any technical or other assistance for the Employee Well-being Portal please call the 24/7 support line at **1-888-252-8150 (Toll Free)**
- Instructions on how to create your account are available [on MIND](#).
- View the [new user webinar here](#).

How to Earn Points:

- **Healthy Habits**
 - Healthy Habits are activities that are designed to promote health and well-being.
 - Healthy habits are self-reported activities and can vary over different incentive campaigns that allow you to earn points.
 - View the how to log a [healthy habits video here](#).

- **Core Activities**

- Core Activities are activities that are available year around regardless of the quarterly incentive campaign that allow you to earn points. The core activities are:

Workshops	Exercise Daily
Preventive Screening	Annual Exam
Dental Exam/ Cleaning	Lunch and Learns/Health Forums
Lunch Walks	Step Tracking
Weight tracking	Personal Health Assessment

- **Incentive Summary**(*Point Summary*):

- The incentive summary page will show you how many points you have earned during the current Incentive Campaign in addition to all the ways you are able to earn points.
 - You can view previous incentive campaign point summaries by selecting a different campaign
 - from the top right drop down menu and clicking go.

How to Redeem Points:

- For each incentive campaign there are new rewards to enter to win.
- All points should be redeemed for a *chance* to win your chosen reward.
 - *Winning is not guaranteed.*
- The Rewards Tracker widget can be found on the home page labeled “Enter to Win Rewards” of the Portal will display the points you have available.
- To redeem your points for a chance to win use the rewards tracker and click “Redeem” on the top right corner of the widget.
 - Only the rewards you have enough points to enter to win will display.
- View the how to [video here](#).

Rewards:

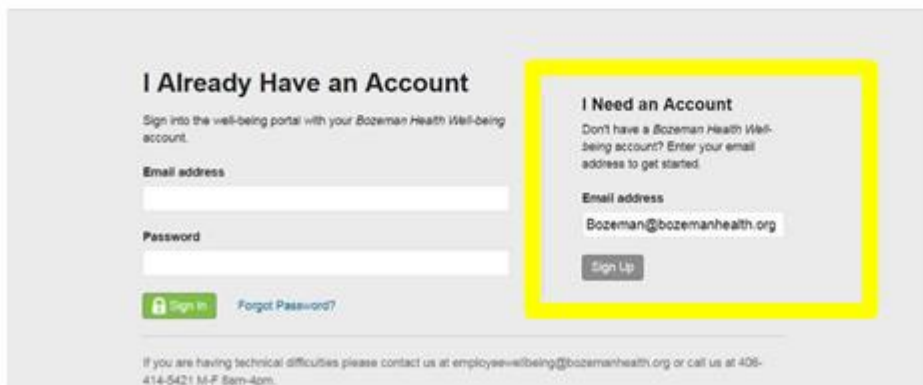
- Each quarter there will be new rewards to win, historically some of the rewards have been Fitbits, \$300 gift certificates, \$100 visa gift cards, Yeti Tumblers. There are 4-5 different types of prizes available to win and multiples of each prize.
 - You can find the current rewards available to win on the portal under Incentive → Enter to Win Rewards or by clicking the Rewards tile on the homepage of the portal.
- You can enter to win any reward as many times as you would like with the points you have earned to increase your chances of winning.
- More information is available on the Employee Well-being Portal under resources and MIND under Human Resources → Employee Well-being.

Instructions for signing up for the Employee Well-being Portal:

1. Go To: <https://wellbeing.bozemanhealth.org>
2. Click Sign In:



3. Enter your *preferred* email address under “I need an account”. *This does not need to be your Bozeman Health Email address, please double check for accuracy and write this email address down.*



4. Click “Sign Up” after you enter your preferred email address.

5. Under “Create and Account” enter all information fields, use your **legal date of birth, first and last name.**

Create an Account

All fields are required.

First name
Bozeman

Last name
Health

Mobile phone number with area code
400-414-5000

Email address
bozeman@bozemanhealth.org
You will use this email address to access your account.

Re-enter email address
bozeman@bozemanhealth.org

Date of birth
Month: January Day: 01 Year: 1980
Enter the year as 4 digits.

Password

If you are having technical difficulties please contact us at employeewellbeing@bozemanhealth.org or call us at 406-414-5421 M-F 8am-4pm.


6. When you have entered all your information please review Terms of Use and Privacy policy then click “create account”

Re-enter password

Security question
What was your first job? ▼

Security answer
Waitress

I agree to the Bozeman Health Well-being Terms of Use and Privacy Policy.

Identity verification
 I'm not a robot 

- Next you will be asked to verify your information, please use your legal date of birth, first and last name. Then click "submit"



EMPLOYEE WELL BEING

Please verify your information with us so we can identify your account. Please use your legal first and last name. If you are having trouble please reach out to us at 414-5421.

DOB: 01 / 01 / 1970
 First/Last Name: Bozeman Health

Contact | Terms & Conditions | Privacy Policy
 ©2016-2017 Center Corporation All Rights Reserved



- Next you will be asked to accept or deny the Bozeman Health Employee Well-being Terms of use and privacy policy.

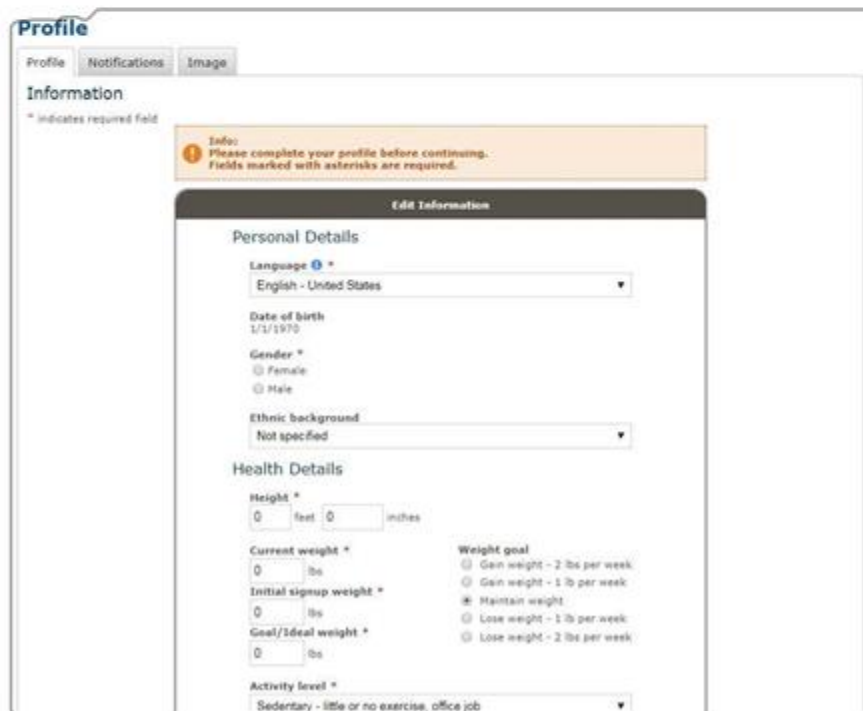
[Privacy Policy](#)



I accept the Terms of Use and Privacy Policy

Accept Decline

- Next you will be prompted to fill out basic profile information. This is to ensure accurate recommendations.



Profile

Profile Notifications Image

Information

* indicates required field

Info: Please complete your profile before continuing. Fields marked with asterisks are required.

Edit Information

Personal Details

Language *
 English - United States

Date of birth
 1/1/1970

Gender *
 Female
 Male

Ethnic background
 Not specified

Health Details

Height *
 0 feet 0 inches

Current weight *
 0 lbs

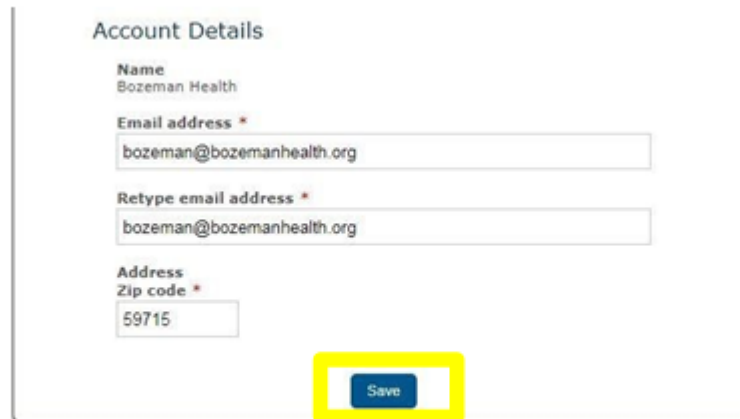
Initial signup weight *
 0 lbs

Goal/Ideal weight *
 0 lbs

Activity level *
 Sedentary - little or no exercise, office job

Weight goal
 Gain weight - 2 lbs per week
 Gain weight - 1 lb per week
 Maintain weight
 Lose weight - 1 lb per week
 Lose weight - 2 lbs per week

10. Click “Save” after you finish inputting your “Personal Details” and “Account Details”



Account Details

Name
Bozeman Health

Email address *
bozeman@bozemanhealth.org

Retype email address *
bozeman@bozemanhealth.org

Address
Zip code *
59715

Save

11. Begin exploring and earning points on the well-being portal. Don't forget to complete your Personal Health Assessment found under My [Health](#) [Personal Health Assessment](#)

Dental Benefits

Bozeman Health offers two dental plan options to you and your eligible dependents; two plan options through Delta Dental.

Delta Dental Plans

In-Network Benefits	Base Plan	Enhanced Plan *
Annual Deductible/Individual	\$50	\$50
Diagnostic & Preventive	100%; <i>Deductible and annual maximum waived</i>	100%; <i>Deductible and annual maximum waived</i>
Basic Restorative	80%	80%
Major Restorative	Not Covered	50%
Annual Maximum / Individual	\$750	\$1,500
Orthodontia**	Not Covered	50% up to \$1,000 Lifetime Maximum**

*Employees who enroll in the Enhanced plan must remain on this plan for two benefit years.

** Orthodontia only for dependent child/ren up to age 26.

Delta Dental has a network of participating providers. While you have the option to seek services from a non-network provider, you will receive the maximum benefits under the plan and pay less out of pocket when receiving care from a network provider. If a non-network provider is used, then expenses are reimbursed based at 80 percent of reasonable and customary (R&C) charges. You can find participating providers at www.deltadentalins.com.

Vision Benefits

Bozeman Health offers a vision plan through Vision Service Plan (VSP) to you and your eligible dependents. The vision plan's network of participating providers is provided at www.vsp.com. You will receive the maximum benefit under the plan and pay less out of pocket when you receive care from a network provider.

VSP Vision Plan

	In Network	Out of Network
Exam (every 12 months)		
Well Vision Exam	\$10 co-pay	\$45 allowance
Contact Lens Exam	Up to \$60 co-pay	Not covered
Lenses (every 12 months)		
Single Vision	\$25 co-pay	Up to \$30
Lined Bifocal	\$25 co-pay	Up to \$50
Lined Trifocal	\$25 co-pay	Up to \$65
Frames (every 24 months)	\$150 allowance + 20% off remaining balance	Up to \$70
Contact Lens (every 12 months) **	\$150 allowance	Up to \$105
Extra Discounts and Savings		
Glasses and Sunglasses	20% off (including lens options) for additional glasses and sunglasses 30% savings on lens options (progressive, scratch-resistant, anti-reflective coatings)	Not covered
Laser Vision Correction	Average 15% off the regular price, or 5% off the promotional price from contracted facilities	

** If you choose to use the plan for contact lenses, then you will be eligible for frames 12 months from the date contact lenses were obtained. The frames allowance will remain every 24 months if you use the plan for purchasing items.

Being a Smart Consumer

Health Savings Account (HSA)

The Gallatin Health Plan offered to Bozeman Health employees is categorized as a High Deductible Health Plan (HDHP). A HDHP typically features a lower premium in return for a higher deductible which must be met before the health plan covers medical services or prescription drugs. Preventive Care (including preventive Rx) is covered at 100%. (Refer to Medical Benefit summary).

When enrolled in an HDHP, you are eligible to open a unique, personal savings account called a Health Savings Account to help manage and control your out-of-pocket expenses.

Health Savings Accounts (HSA)

A Health Savings Account is an individually owned trust or custodial account that you establish with a bank or IRS approved trustee. HSAs are designed to offer triple tax benefits.

- Contribute money pre-tax
- Funds accrue tax fee, and
- Withdrawals can be made tax free for qualified medical, dental, vision or prescription expenses.

Participation in the HSA is limited to those enrolled in a qualified HDHP. If you are enrolled in Medicare, your spouse’s employer plan, or another plan that is not considered a qualified HDHP, then you are not eligible to contribute to an HSA.

You do not have to use the money deposited into the HSA on an annual basis. Funds roll over year to year, and there is no limit as to how much money you have in your HSA account as long as you do not deposit over the IRS limits within any one calendar year. The money in your HSA is yours for future use.

Health Equity currently administers the HSA accounts on a payroll deducted basis. **There is a \$2.95 administration fee per month that is collected directly from your account.** Investment options are available once you have a balance of \$2,000 in your account.

2020 HSA Limits

Self - Only HDHP Coverage	\$3,550
Employee + Dependents Coverage	\$7,100
“Catch Up Contribution” Age 55 +	\$1,000

Flexible Spending Account (FSA)

How does it work?

There are two types of flexible spending accounts; one for healthcare and one for dependent care. You decide how much to contribute to your health and/or dependent care FSA on a plan year basis to the maximum allowable amount. Your annual election will be divided by the number of pay periods, and deducted evenly on a pre-tax basis from each paycheck throughout the plan year.

The Healthcare FSA allows you to set aside money from your paycheck on a pre-tax basis to pay for eligible medical, dental, vision and prescription expenses. **You may contribute up to \$2,700 to the health FSA annually. You must elect at least \$120 annually to participate in the health care FSA.**

Bozeman Health allows up to \$500 rollover of remaining health FSA funds into the new benefit year so long as a health FSA account is elected in the subsequent year.

The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for daycare expenses to allow you and your spouse to work or attend school full-time. Eligible dependents are children under 13 years of age or a child over 13, spouse or elderly parent residing in your home, who is physically or mentally unable to care for themselves. If you file as single, head of household or married filing jointly, you can contribute up to \$5,000 in your dependent care FSA. If you are married and file separate returns, you can each elect up to \$2,500. You and your spouse must be employed or a full-time student to be eligible to participate in the dependent care FSA. **You must elect at least \$120 annually to participate in the dependent care FSA.**

The FSA accounts are currently administered by Health Equity. **There is a \$3.96 per month administration fee, for one or both accounts, that will be collected pre-tax from your paycheck.**

What should I consider before contributing to an FSA?

- Due to the favorable tax treatment of FSAs, the IRS requires that you forfeit any money left in your account if you do not spend it by the end of the plan year.
- You cannot take income tax deductions for expenses you pay with your healthcare and/or dependent care FSA.
- You cannot stop or change contributions to your FSA during the year unless you have a change in status consistent with your change in contributions.

For a full list of eligible expenses, call the IRS at 800.820.3616 and ask for publication 502 and 503 or log on to www.IRS.gov/Publications.

	Medical FSA	Dependent Care FSA	HSA
What is it?	Spend pre-tax dollars to pay for qualified medical expenses for you and your dependents	Spend pre-tax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent or other dependent so you (and your spouse) can work.	Set aside money tax-free to cover health expenses if you're enrolled in a high-deductible health plan.
Who owns the account?	Your employer, but it's your money	Your employer, but it's your money	Individual/employee
Is a certain type of health plan required with this account?	No	No	Yes, Gallatin HDHP
Who is eligible?	All benefit eligible employees regardless of medical plan election/selection		Employees enrolled in the Gallatin HSA-qualified High Deductible Health Plan, who is not enrolled in a non-qualified plan elsewhere, including Medicare
Is there a limit on the amount that can be contributed per year?	\$2,700 max yearly contribution	\$5,000 max yearly contribution if married and filing taxes jointly \$2,500 max yearly contribution if married and filing taxes separately	For 2020 \$3,550 - Individuals \$7,100 - Family Age 55 and older \$1,000 catch-up amount
Can unused funds be rolled over from year to year?	Up to \$500 if FSA is elected in the new plan year <i>Subject to "Use it or Lose it" rule</i>	No <i>Subject to "Use it or Lose it" rule</i>	Yes
Can I take my account balance with me if I leave the company?	No	No	Yes
Can I pay for non-medical expenses?	No	No	Yes, but the amount is taxed as income and incurs a 20% penalty <i>(no penalty if distributed after death, disability, or age 65)</i>
What do I do if I want to change my contribution amount?	Can be changed only with qualifying special enrollment event		Contribution amount can be changed at any time during the year
Do I get a debit card to use for expenses?	Yes, but receipts from the use of the debit card must be submitted to Health Equity	No	Yes. You will receive a debit card from Health Equity

Additional Benefits

Basic Term Life and AD&D

Bozeman Health provides (1) times your estimated annual salary, up to \$350,000, of basic term life and AD&D insurance to full-time and part-time employees at no cost to you. The coverage is provided through Unum.

Voluntary Term Life and AD&D

You may elect to purchase additional life and AD&D insurance for yourself and your eligible dependents through Unum as follows:

	Employee	Spouse	Child
Guaranteed Issue	\$150,000	\$25,000	\$10,000
Increments	\$10,000	\$5,000	\$2,000
Maximum Benefit	\$500,000 or 5x annual salary	\$500,000	\$10,000

New hires receive guarantee issue of \$150,000 for themselves and \$25,000 for spouse if supplemental life is elected in the first 30 days of hire.

If you wish to increase coverage for you or your spouse *or* newly elect coverage during open enrollment, the requested increase amount will be subject to medical underwriting approval and an Evidence of Insurability form will need to be completed. New or increased coverage will not take effect until approved by the carrier.

Long Term Disability

Long Term Disability (LTD) coverage provides salary contributions in the event that you become disabled. You may qualify for benefits after you have been disabled for 90 days. You may remain covered up to social security normal retirement age (SSNRA) as long as the disability continues and you meet the eligibility requirements. This benefit is provided to you at no cost.

Benefit Amount	60% of basic salary
Benefit Maximum	\$10,000 per month
Elimination Period	90 days
Coverage Duration	Age 65 or SSNRA

Worksite Benefits

AFLAC

Bozeman Health Services offers Aflac as a voluntary benefit option for benefit eligible employees. Aflac pays benefits directly to employee, regardless of other coverage you may have, and the benefit paid can be used as you see fit. All Aflac plans are portable. You can take these plans with you when you leave or retire at the same rate you pay now.

Aflac Critical Illness - Provides lump sum coverage for, heart attack, stroke, major organ transplant, and renal failure. Employees can purchase up to a \$100,000 policy. Family coverage is also available.

Aflac Accident - Provides benefits to help cover the costs associated with the unexpected bills that arise when you are in an accident. Aflac Accident coverage covers you and your dependents 24/7. Aflac Accident Insurance is guaranteed issue (no underwriting is required to qualify for the coverage). Coverage includes a \$60.00 wellness benefit per year, per family.

Aflac Short Term Disability - Aflac Short Term Disability offers up to 60 percent of monthly income replacement if you miss work due to an accidental injury, illness or maternity. Accidents are covered from the 1st day of disability. Illness and maternity are covered after 7 or 14 days, your choice at time of enrollment. Benefits do not coordinate with your earned time or EMBH. Aflac offers up to \$3,000 monthly benefit ***guarantee issue (no underwriting required)***. Monthly benefits over \$3,000 is subject to limited health questions. Because the rates associated with this benefit is tied to your income, you will need to contact Jeremy Flikkema, our Aflac representative, to get your specific quote.

Aflac Cancer - We all know someone affected by cancer. Not only are the medical costs high, it is the non-medical costs that the Aflac cancer policy is designed to help you pay. Aflac pays cash for you to use as you need.

Aflac Hospital Confinement Indemnity - Designed to pay a large dollar amount for injury or initial hospital confinement, as well as a daily benefit. All hospital confinements are covered including routine child birth.

For additional information on the various policies offered through Aflac, or to enroll, please contact Jeremy Flikkema at 406-539-8282 or jeremy@flickemainsurance.com to schedule an appointment.

Please note that any additional coverages beyond those listed here that are purchased through Aflac will not be able to paid for via payroll deduction. You may only enroll/change/drop Aflac benefits during open enrollment or as a new hire. Aflac benefits will be effective for the entire benefit year.

Benefit Resources

Employee Assistance Program

As your employer, Bozeman Health is interested in your total well-being. That is why we offer an Employee Assistance Program through Health Management Systems of America. This program provides a counseling service that helps you manage problems before they adversely affect your personal life, health and job performance. Counselors are available to assist you with any issue, 24 hours a day, 7 days a week.

All employees and their household members are eligible for the Employee Assistance Program. This is a free service, strictly confidential, and includes up to five (5) face-to-face counseling visits along with counseling access over the telephone. If your supervisor refers you to the program for a work-related issue, he or she will never be told the nature of your personal event. Assistance is available for, but not limited to, the following personal and work life situations:

- Emotional and Mental Health
- Family
- Relationships and Marriage
- Workplace
- Substance Abuse/Addictions
- Financial
- Legal
- Health and wellness resources

There is a wealth of valuable work and life resources available online, to include legal and financial resources, wellness information, elder care providers, child care providers, and informational resource articles. You can find this and more at www.my-life-resource.com.

Username: hmsa

Password: myresource

To speak with HMSA or to set up a face to face visit, please call 800-847-7240



Discount Programs

Services Discounts at Bozeman Health

Services Discount - Bozeman Health provides a discount of 20 percent off the remaining balance on bills incurred at any Bozeman Health provider to include hospital services, health group clinics, Urgent Cares, and Big Sky Medical Center. The discount is available to the employee and qualified dependents. The employee must meet with Bozeman Health Patient Financial Services to set up the discount.

Pharmacy Discount - Highland Park Pharmacy and Big Sky Pharmacy offer over the counter and prescription fills at cost plus 10 percent. (Employees have the option to take the pharmacy discount, or have the prescription run through insurance, but cannot take both).

Bozeman Health Cosmetic Surgery + Medical Spa – Bozeman Health Spa (located in Bozeman Deaconess Hospital) offers a 10 percent discount on all services and products for employees, as well as a 20 percent discount during the employee’s birthday month for a single spa service. This coupon is available on MIND.

Cafeteria/Coffee Shop Discount - Employee receive a 20 percent discount on food and drink. Employees may elect to have the purchases paid through payroll withholding.

On-Site Gift Shop - Employee at .6 FTE or greater may elect to have purchases paid through payroll withholding, following 60 days of employment.

Free Employee Parking - Designated parking is available at no cost.



Recreational Discounts

Discounted Ridge Athletic Club Memberships - A corporate discount is available to all employees. Employees at .4 FTE and greater may elect to have the membership dues collected through payroll withholding. The current monthly membership rates are:

Single - \$49.00

Employee + One - \$77.00

Family - \$99.00

Family Plus - \$165.00

To sign up, please visit the Ridge Athletic Club at 4181 Fallon Avenue in Bozeman, or call 406.586.1737.



Discounts and Offers on Entertainment and Travel - Through Tickets at Work, we are able to purchase discounted tickets to theme park, zoo, shows, and other area attractions nationwide, as well as receive discounts on hotel and car rentals. The website to visit is www.ticketstatwork.com. The company code is BDHOS.

Technology Discounts

Verizon Wireless Discounts - Through Verizon, we receive a significant discounts on our personal Verizon accounts to include up to a 22 percent discount on monthly plans, discounts on certain devices, and discounts on accessories.

If you are a current Verizon customer, you can set up the discount online following these directions. You will need to have a company Outlook email address.

1. Go to www.verizonwireless.com/getdiscounts
2. Enter your WORK email address twice and click on “check for discounts”.
3. WAIT to receive an email at work (check spam or junk folder if needed).
4. Click on the “Register Your Line” link (if you don’t see it you may have to right click on the message to download pictures) the web page will load.
5. Locate the Existing Customers section (bottom left) and click the “Enroll Now” link.
6. Complete information form and submit.
7. You can also visit a local Verizon store to set up the discount.

Work-Life Benefits

Paid Time Off

Earned Time	Employees accrue hours into an Earned Time bank for each hour worked, per pay period, to be used for vacation, holidays, leaves of absences, short-term illnesses, and personal time off. Additionally, earned time can also be used for instances that you do not work up to your regularly scheduled FTE. Earned Time does rollover from year to year and one can accrue a maximum of 560 hours into the bank.
Bereavement	After completion of your probationary period, employees may receive up to three (3) shifts of bereavement pay due to the death of an immediate family member.
Extended Medical Bank Hours	Part and full time employees accrue hours into an Extended Medical bank for each hour worked, per pay period, to be used for employee’s personal illnesses or pregnancy. Thirty two (32) consecutive hours of earned time must be used first. Extended Medical Bank hours roll over form year to year and one can accrue a maximum of 240 hours.
Education	Employees are eligible for up to sixteen (16) hours of education time per year. It is to be used for non-mandatory, continuing education related to employment/position. It is subject to approval by your manager and you must present evidence of attendance to your manager.

Bozeman Health Retirement Plan

Once you have met certain eligibility requirements, you will be automatically enrolled into the Bozeman Health retirement account. Eligibility requirements include:

- Work first full calendar year
- Complete 1000 hours of work during the calendar year
- Anniversary year will determine the date the account will open
 - anniversary dates in the first six months of the year = entry date retro to beginning of year
 - anniversary dates in the last six month of the year = entry date the first of the year following

Features of the Bozeman Health Retirement plan include:

- 100 percent employer funded at 6 percent of annual salary.
- Must work 1000 hours per calendar year and be employed last calendar day of the year to receive one (1) year of service and 6 percent of funding to the account.
- Fully vested after six (6) years of service.
- Money purchase retirement plan.

Retirement statements are mailed to participants once a year during the spring. The statement will provide you with annual contribution, interest gains/losses, account balance, and vesting information. Once eligibility for the retirement account has been met, a statement will be department mailed to you. Beneficiary designations forms and a plan document will be emailed to your Bozeman Health email.

Please visit MIND or contact Human Resources for additional information about the retirement plan.

403(b) Retirement Account

If you wish to contribute money from your paycheck into a tax deferred retirement plan, you have option to a 403b through American Funds. Through American Funds, you will be able to pick from up to 20 different fund families. All full-time and part-time employees are eligible to participate in the 403b accounts. Other features of the 403b include:

- 100 percent employee funded up to IRS annual limit per year (2020 Annual Limit is \$19,500).
- Employees age 50 and older are eligible to contribute catch-up contributions (Currently an additional \$6,500 annually).
- Accounts can start or stop at any time throughout the year.
- You have access to our plan financial advisor through Edward Jones at no cost to you. Marty Haskins can provide financial advice and to help you understand the various investment options within the American Funds platform. Marty can be reached at 406-556-8164.

To begin contributions to a 403b account, please visit MIND or contact Human Resources for an enrollment packet.



Miscellaneous Benefits

Employee Emergency Fund


Employees who find themselves in a financial emergency, can apply for the Employee Emergency Fund. You must be out of your probation period and must submit an application through the Foundation Department. It is subject to approval and the amount gifted varies depending on circumstances/need.

Direct Deposit

Direct deposit of payroll checks is available and encouraged, at no cost.

Jury Duty

Employees may elect to receive base rate wages for the time spent away from work to serve jury duty. Total hours paid will not exceed 40 hours and the employee must turn over the pay received from the courts within 10 days to the payroll department.

 Blue Cross BlueShield of Montana	Medical	Blue Cross Blue Shield of Montana (800) 447-7828 www.BCBSMT.com
	Dental	Delta Dental (800) 521-2651 www.DeltaDentalIns.com
	Vision	VSP (800) 877-7195 www.VSP.com
	Life and AD&D LTD	UNUM (800) ASK-UNUM www.AskUNUM.com
	HSA FSA	Health Equity (866) 346-5800 www.HealthEquity.com
	Aflac	Aflac Jeremy (406) 539-8282 jeremy@flickemainsurance.com www.Aflac.com
	EAP	Health Management Systems of America (800) 767-5320 www.HMSANET.com
	Retirement	Randall & Hurley (800) 765-9429 www.EBRWorld.com
	eBenefits Online Enrollment	eBenefits (866) 203-8051 www.ebenefits.com/bdh
 BOZEMAN HEALTH	Human Resources	Human Resources Benefits Team (406) 414-1739 benefits@bozemanhealth.org

This information is a summary of benefits and does not supersede the carrier-provided summary of benefits.
 Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.