



BOZEMAN HEALTH



Comprehensive Benefit Package 2021 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 2021 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 employees holding a .4 FTE and above, and provides long term disability insurance to employees holding a .75 FTE and above. 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 2021, 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 “life enrollment event” as described in the applicable Summary Plan Description (SPD).

Life Enrollment Events

- Marriage
- Legal separation or divorce
- Birth or adoption of a child
- Change in employment status for you 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 Workday,

<https://www.myworkday.com/bozemanhealth/d/home.html>. The enrollment and appropriate documentation must be remitted to Human Resources within 30 calendar days.

How to Enroll with Workday

I. Accessing Workday:

To access Workday, please utilize the following URL: <https://www.myworkday.com/bozemanhealth/d/home.html>. This link is also available on the 'Links' page of the Bozeman Health employee intranet, [MIND](#).

II. Workday Registration:

Please refer to the registration and login instructions as shared with you at the time of your new hire onboarding. If you cannot locate this information, please contact humanresources@bozemanhealth.org.

It is critical that you have access to Workday! This is how you will view your pay stubs, paid time off, health and welfare benefits, etc.

III. Workday Home Page:

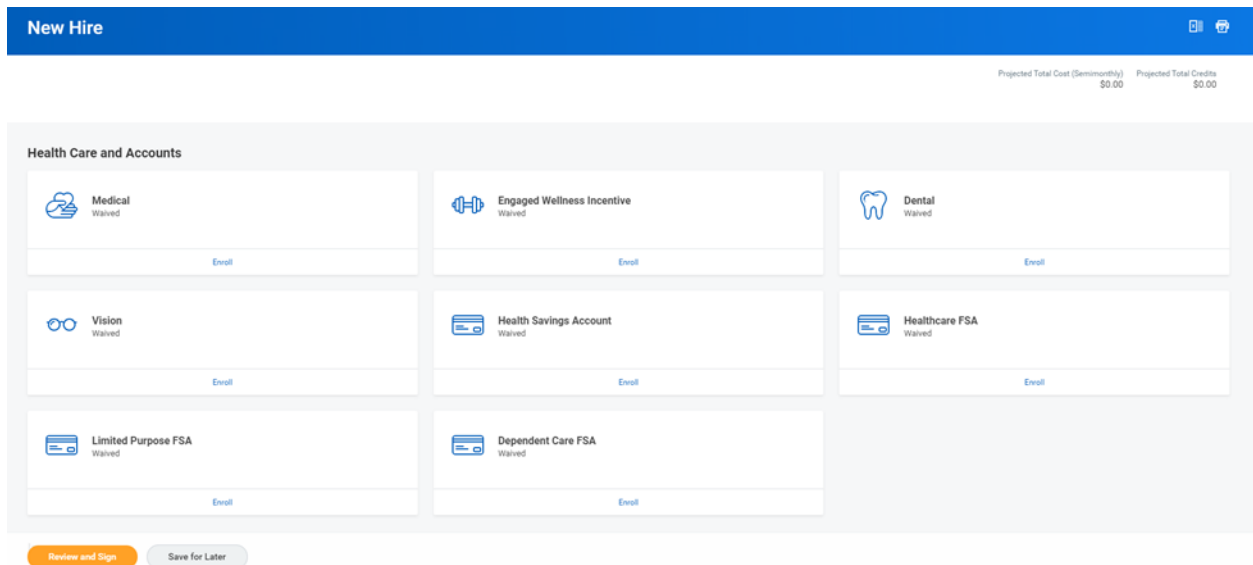
Once you are logged into Workday, you will see your Workday home page. Depending on what type of enrollment event you are experiencing, the event period (i.e., New Hire, Open Enrollment, etc.) you will receive a task in your inbox in the top right corner of the screen.

To complete your enrollment:

1. Click on the Inbox icon  .
2. Click the **Benefit Change – New Hire** task
3. Click **Let's Get Started**

Let's Get Started

4. On the New Hire Page click **Enroll** starting with the Medical tab



- Click **Select** or **Waive** for each Health Care Election choice. If this is not your New Hire Enrollment or Annual Open Enrollment, your current elections will default.

*Selection	Benefit Plan
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BCBS of Montana HDHP Gallatin
<input checked="" type="radio"/> Select <input type="radio"/> Waive	BCBS of Montana PPO Madison

- Modify your coverage if needed
- Click **Confirm and Continue**

Confirm and Continue

IV. Add Dependents:

- Click **Add New Dependent**

Add New Dependent

- Click **OK** to add dependents
- Complete required (*) fields

← Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Address

Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Save Cancel

Phone & Email

Country Phone Code United States of America (+1)

Phone Number (406) 595-9166

Phone Extension

Email Address

4. Click **Save**
5. Click **Save**
6. The following message will pop-up

✔ Your Medical changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

7. Update the remaining plans by clicking Enroll under each plan and follow the prompts.

V. Add a Health Savings Account / Healthcare FSA / Limited Purpose FSA Election:

Depending on your elections from your Medical Enrollment you may or may not be eligible for this plan.

1. Click **Enroll** under the savings and/or spending account in which you'd like to enroll.
2. Click **Select** or **Waive** for the Health Savings election

Plans Available

Select a plan or Waive to opt out of Healthcare FSA.

1 item ☰ ☰ ☰

*Selection	Benefit Plan	You Contribute (Semimonthly)	
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HealthEquity		▲ ▼

3. Click **Confirm and Continue**



4. Enter the amount you want to contribute.
5. Click **Save**.

VI. Add Life Insurance and Designate Beneficiaries:

1. Click Enroll under the elected Life Insurance
2. Click **Select** or **Waive** for the plan available

Plans Available

Select a plan or Waive to opt out of Voluntary Life.

1 item



*Selection	Benefit Plan	You Pay (Semimonthly)	Company Contribution (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Unum (Employee)		

3. Click **Confirm and Continue**
4. Select coverage amount

Coverage

Calculated Coverage \$30,000.00

Coverage *

Plan cost (Semimonthly)

Beneficiaries

Select an existing or add a new beneficiary

Primary Beneficiaries 1 item

+	Beneficiary
-	<input type="text"/>

Secondary Beneficiaries 0 items

+	Beneficiary
-	<input type="text"/>

x \$30,000 ☰




Search

- \$10,000
- \$20,000
- \$30,000
- \$40,000
- \$50,000
- \$60,000
- \$70,000
- \$80,000
- \$90,000
- \$100,000
- \$110,000
- \$120,000
- \$130,000

Adjust the percentage allocation for each beneficiary.

☰	☰	☰	Percentage
-	<input type="text"/>	0	

☰	☰	☰	Percentage
			No Data

5. Select an existing or add a new beneficiary by clicking the **Add Row**  icon.
6. Click the **prompt** icon  in the Beneficiary field and select **Add New Beneficiary or Trust** to add a new beneficiary.
7. To remove a beneficiary click the **Remove Row icon**  next to that beneficiary.
8. Enter the percentage of benefits for each beneficiary in the **Percentage** column. Your primary beneficiary and contingent beneficiaries must add up to 100%.

Coverage

Calculated Coverage \$30,000.00

Coverage *

Plan cost (Semimonthly) \$0.77

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries

	Beneficiary	Percentage
+	Existing Beneficiary Persons >	
	Existing Trusts >	
	Add New Beneficiary or Trust	
-	Search	<input type="text" value="0"/>

Secondary Beneficiaries 0 items

	Beneficiary	Percentage
No Data		

9. Select **Add New Beneficiary** or **Add New Trust**
10. Click **Continue**
11. Complete required (*) fields

Add New Beneficiary or Trust

Actions

Relationship *

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Allow Duplicate Name

Legal Name Contact Information National IDs Additional Government IDs

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

12. Click on the **Contact Information** tab and complete required(*) fields

Legal Name **Contact Information** National IDs Additional Government IDs

13. Click **Ok**

14. Click **Save**

15. To remove a beneficiary click the **Remove Row** icon  next to that beneficiary.

16. Enter the percentage of benefits for each beneficiary in the **Percentage** column. Your primary beneficiary and contingent beneficiaries must add up to 100%.

VII. Complete your Enrollment:


Once you have selected your elections you will need to take a final step to confirm that you have completed your benefit elections.

1. Click **Review and Sign**

 Review and Sign

2. Select the **I Accept** checkbox to confirm your electronic signature

I Accept

3. Click **Submit**. A confirmation page displays.
4. Click **View 2021 Benefits Statement** to review elections.
5. Click Print to generate a PDF version for your records.
6. Click  to return to your home page.

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 2021, the measurement period is November 1, 2019 through October 16, 2020. 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
Supplemental Term Life and AD&D		X

Medical Plan Premiums (per pay period)

Gallatin Plan	.9FTE or Greater		.75 - .89 FTE or ACA Qualified Variable Hour Employees		.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 ACA Qualified Variable Hour Employees		.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 of Coverage ([Madison Plan Summary of Coverage](#) and [Gallatin Plan Summary of Coverage](#)) 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 under the Madison plan 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.

2021 Engaged Premium Incentives

Well-being is Our Mission

Improving community health and quality of life is our mission. Community health starts with our own employee community. As healthcare providers, the greater Bozeman community looks to us for an example of a workplace and culture where health and well-being are a priority, reflected by our actions.

Bozeman Health continues to invest in the health and wellbeing of our employees through the Engaged incentive program and employee Well-being program. To continue to advance our wellness initiatives, we are adding the following for 2021:

- NEW Employee Well-being Portal
- Preventive Health Reward

Criteria for 2021 Engaged plan incentive:

To prevent the spread of COVID-19, we will not conduct a health screening campaign this fall.

To qualify for the 2021 Engaged incentive, employees are asked to engage in the employee Well-being program as follows:

To be completed by December 31, 2020

- 1) Earn 25 points on new portal by December 31, 2020

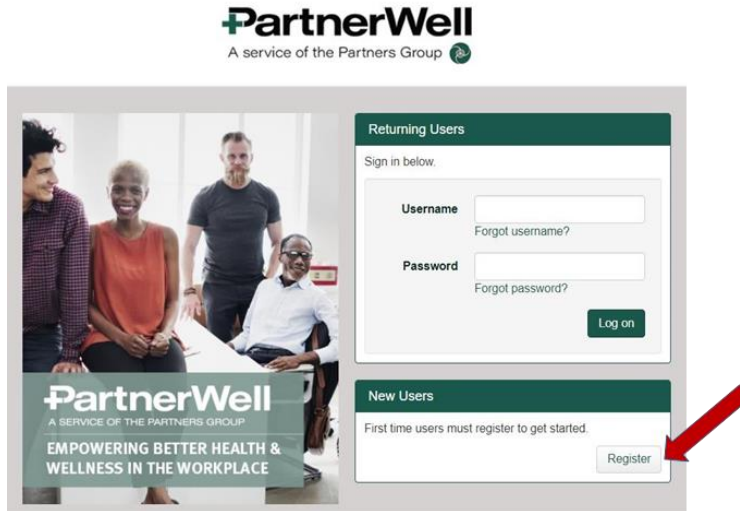
To be completed between January 1 - June 30, 2021

- 1) Complete the Personal Health Assessment (PHA) on the Well-being portal
- 2) Earn 200 Well-being points by June 30, 2021 to continue to qualify for your Engaged incentive for the remainder of 2021.

How to Access the NEW Well-being portal (hosted by PartnerWell)

1. Go to www.PartnerWellHealth.com

2. You must register as a New User the first time you access the portal. To do so, click “Register” in the lower right.

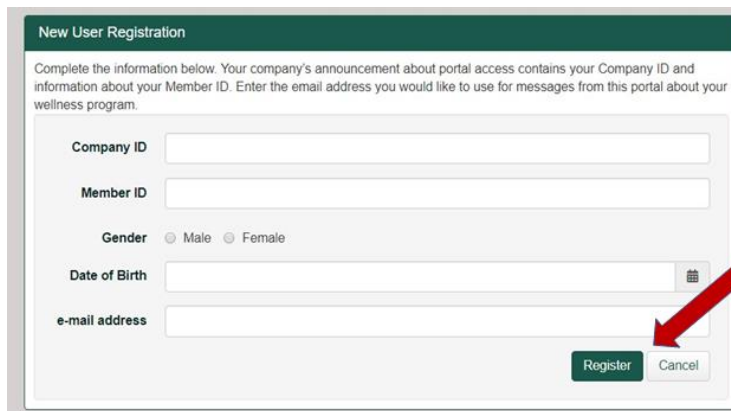


3. You must register as a New User the first time you access the portal. To do so, click “Register” in the lower right.

4. Read the Terms and Conditions. You must Accept the Terms and Conditions in order to proceed to the PartnerWell health portal. To do so, click Accept in the lower right corner.

This will take you to the New User Registration page.

5. On the New User Registration Page, enter the information requested.



Company ID: BozemanHealth (no spaces)

Member ID: Your Member ID must match the information provided to PartnerWell by your employer to allow you to access the portal. Your Member ID is created from your First Name, Last Name and date of birth (DOB). Your employer has likely provided your legal name.

To enter your Member ID for registration:

- 1) Enter your First Name (you may use up to 12 letters*), followed by:
- 2) Your Last Name (you may use up to 12 letters*), followed by:
- 3) Your DOB as YYYYMMDD (Example: March 17, 1968 is 19680317)

DO NOT USE SPACES!

* If your First or Last Name exceeds 12 letters, just use the first 12 letters.

* If you have a hyphenated Name, include the hyphen (without spaces before or after it.)

EXAMPLE 1:

Your name is: MichaelSimpson and your DOB is March 17, 1968

Your member ID will be: MichaelSimpson19680317

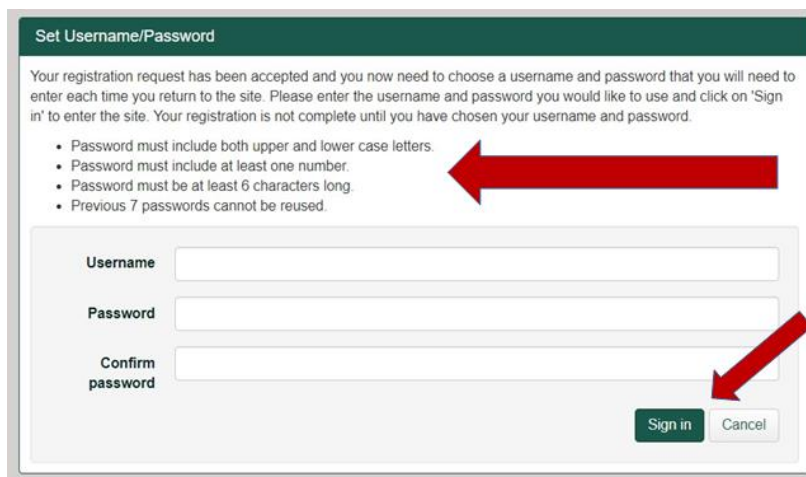
*Note: You will need to enter your First Name as it was provided to us by your HR/Benefits department. This will likely be your legal name versus your nickname.

Gender: Select the gender that applies by clicking the corresponding circle

Date of Birth: Enter your birthdate YYYY.MM.DD or YYYY/MM/DD

E-mail address: Provide an email address for reminders and notifications from the portal such as:

- Email to receive password re-set information if you forget your password.
- Email reminders to help you complete activities on time to qualify for your health plan premium incentive.



Set Username/Password

Your registration request has been accepted and you now need to choose a username and password that you will need to enter each time you return to the site. Please enter the username and password you would like to use and click on 'Sign in' to enter the site. Your registration is not complete until you have chosen your username and password.

- Password must include both upper and lower case letters.
- Password must include at least one number.
- Password must be at least 6 characters long.
- Previous 7 passwords cannot be reused.

Username

Password

Confirm password

6. Click “Register”. Once you register, you’ll be asked to create your preferred Username and Password for future access to the portal as a Returning User. Requirements for creating your Password are noted in the screenshot below.

IMPORTANT: Record your username and Password somewhere where you will be able to refer to them if you forget them in the future.

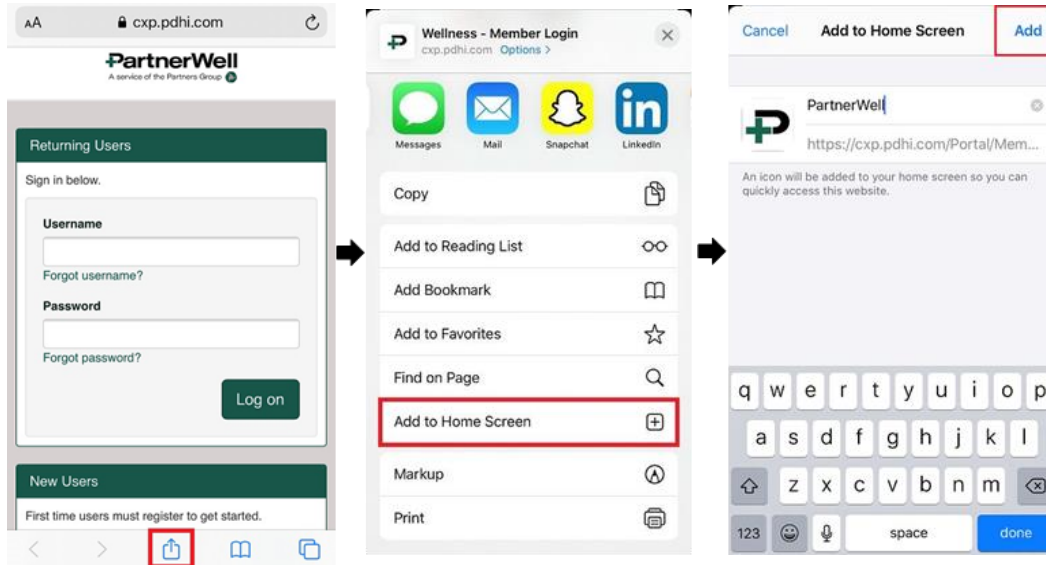
7. Click “Sign In” to complete your registration and creation of your UserName and Password. You will now be able to see your individual PartnerWell Health portal account with your company’s wellness program information.

Health Engagement Portal Shortcut Icon Instructions

You can create a shortcut for easy access the PartnerWell Health Engagement portal from your mobile device!

- 1) Go to your device’s internet browser and type in “Partnerwellhealth.com” to display the portal login page (do not login at this point)
- 2) In the browser’s options select “Add to Home Screen”
- 3) Name the shortcut Icon “PartnerWell” and click “Add”

- 4) You can now use the PartnerWell icon from your device's home screen to login with your ID and password without having to search in your browser.



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 free, 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.

2021 HSA Limits

Self - Only HDHP Coverage	\$3,600
Employee + Dependents Coverage	\$7,200
"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 \$2,750 to the health FSA annually. You must elect at least \$100 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	\$2,750 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 2021 \$3,600 - Individuals \$7,200 - 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

Income Protection Additional Benefits

Basic Term Life and AD&D

Bozeman Health provides one (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 p_flikkema@us.aflac.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 be paid for via payroll deduction. Because Aflac is an after tax benefit you have the ability to enroll at any and drop coverage at any time in the 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. To sign up and/or inquire about the rates, 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.ticketsatwork.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.

You may access your retirement statement by visiting www.randall-hurley.com. You will select 'Login' located in the upper-right corner of the page. Your user ID is your social security number (no dashes), and your password is the last four digits of your social security number. Once logged in, you can view your statement and supporting information in Reports & Forms/Reports & Statements/Participant Statements.

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, you will be sent notification of a statement.

Please visit MIND for more information.

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 (2021 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.
- Visit myretirement.americanfunds.com or contact American Funds at 800-204-3731 to learn more about your options for the funds and current balance within this account.
- 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 Blue Shield 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 and FSA	Health Equity (866) 346-5800 www.HealthEquity.com
		Aflac	Aflac Jeremy(406) 539-8282 p_flikkema@us.aflac.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
		403(b) Retirement Account	American Funds 800-204-3731 myretirement.americanfunds.com
		Cobra	ASI Cobra 877-388-8331 www.asicobra.com
		Human Resources	Human Resources Benefits (406) 414-5421 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.