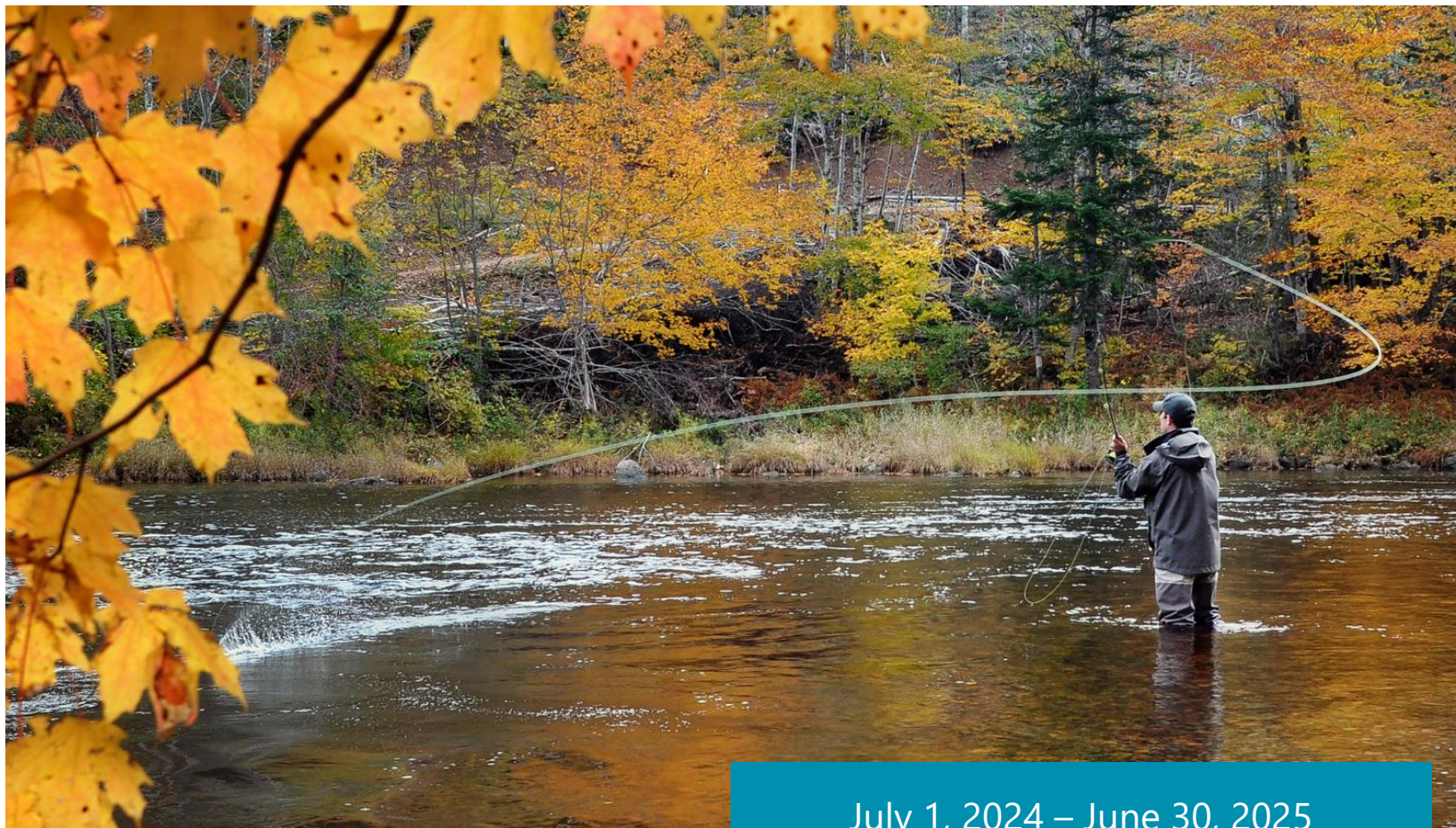


EMPLOYEE BENEFITS

New Enrollment Guide



July 1, 2024 – June 30, 2025

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please, contact Human Resources, or our Benefits Consultant, Parker, Smith & Feek.

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

WELCOME TO BIGFORK SCHOOL DISTRICT



Our health care plan renews on July 1st every year. Every year we review our benefit plan offerings, consider what we offer, the cost for the year and what we can afford. We consider our levels of benefits, our insurance company performance, and the cost to both you and the company. Based on this review, and in consultation with our benefit consultant, we are excited about our benefits program in 2024/25 plan year.

Please keep in mind that our health plan is a self-funded plan. This means that Bigfork School District assumes the financial risk for providing health care benefits, rather than paying an insurance company to assume this risk. Your health care claims are “processed” by Allegiance, however the money they use to make those payments comes directly from Bigfork School District, which is funded by the premiums paid by both the School and you.

Eligibility Requirements

Employee	Dependents	Waiting Period
Full-time employees working at least 20 hours per week	Your legal spouse or domestic partner* Dependent children may be covered until age 26	1st of the month coincident with or next following date of hire

* Domestic partner must meet all requirements included in the "Affidavit of Qualifying Domestic Partnership". Eligible partner is extended the same rights and benefits as a spouse. Coverage also includes eligible children of partner.

*Employees whose regular employment coincides with the school year (regular work hours are reduced/eliminated in June and reinstated in late August or September) are considered covered through the summer break unless coverage is terminated at the employee's request in June. Employees may not terminate coverage retroactively.

*An Employee whose coverage terminates in July because of a reduction in contribution to the Plan and who again becomes eligible for coverage under the Plan on September 1st immediately following the date of such termination of coverage will become eligible for reinstatement of coverage on the date of renewed eligibility. Coverage will be reinstated for the Employee and eligible Dependents on the date of renewed eligibility, September 1st, if application for such coverage is made on the Plan's enrollment form during the month of August immediately preceding the reinstatement date.

For new employees, this is your chance to enroll in the Bigfork School District Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself. If you don't enroll, or you waive coverage, you'll receive the employer sponsored benefits shown below:

- Basic Life Insurance and AD&D
- Employee Assistance Plan
- TravelConnect
- LifeKeys

Once you're enrolled in benefits, you generally cannot make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on July 1st each year.

Other than during open enrollment, you can make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document (page 25).

What Do I Have To Do?

- Submit all enrollment elections to HR.
- **Voluntary Life/AD&D** – please review this section in this guide and note that the “guarantee issue” levels are only available to you/your family during your initial eligibility period. If you decline this coverage now and wish to enroll later, evidence of insurability may be required and be at your own expense.
- Please note that any family members you cover will be enrolled on the same plan as you.

ALL FORMS MUST BE COMPLETED AND RETURNED TO HUMAN RESOURCES

Where Do I Go If I Have Questions?

- See page 5 for customer service numbers and websites for the carriers.
- Alison Wallen awallen@bigfork.k12.mt.us

Benefits Advocacy – Here To Help

Parker, Smith & Feek, Inc.

Bigfork School District has also partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carriers. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions.



Your Account Manager	Email	Phone
Todd Syvrud	mtsyvrud@psfinc.com	425-709-3633

How Much Do I Have To Pay?

The following contributions are effective July 1st.

Monthly Cost To You	Bigfork		
	CM 2000	CM 3000	HDHP 3200
Employee	\$30.00	\$0.00	\$0.00
Employee & Spouse*	\$716.00	\$633.00	\$544.00
Employee & Child(ren)*	\$470.00	\$409.00	\$338.00
Employee & Family*	\$1,213.00	\$1,072.00	\$955/00
Medicare Prime One	\$390.00	\$348.00	\$324.00
Medicare Prime Two	\$778.00	\$693.00	\$647.00

Monthly Premiums	Dental	Vision
Employee	\$44.10	\$10.80
Employee & Spouse*	\$88.20	\$18.00
Employee & Child(ren)*	\$98.70	\$19.20
Employee & Family*	\$142.80	\$30.00

* Includes benefits coverage for domestic partners and their children. Due to IRS regulations, contributions for domestic partners are made on a post-tax basis. In addition, any premiums paid by Bigfork School District will be considered taxable income.

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next open enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Contact Information

Refer to this list when you need to contact a benefits vendor.
For general information, contact Human Resources.

Medical, Dental and Vision	Allegiance	800-877-1122	www.askallegiance.com
Prescription Drugs	ARORx	833-306-4092	https://members.arorx.com
Rx Mail Order	ARORx	833-306-4092	https://members.arorx.com
Virtual Care	MDLive	877-753-7992	www.mdlive.com/allegiance
Employee Assistance Program (EAP)	First Choice Health	800-777-4114	www.firstchoiceeap.com
TravelConnect	On-Call International	Collect from anywhere 603-328-1955 Toll-Free from U.S./Canada 866-525-1955	www.myoncallportal.com Group ID: LFTTravel123
Life/AD&D	Lincoln Financial Group	800-423-2765	www.lfg.com Group ID: 1198666
Voluntary Life/AD&D	Lincoln Financial Group	800-423-2765	www.lfg.com Group ID: 1198666
Benefits Advocacy	Todd Syvrud Parker, Smith & Feek	425-709-3633 mtsyvrud@psfinc.com	www.psfinc.com



Click on this link for detailed [Benefit Summaries](#)

or scan the QR-Code



to access all the detailed benefit summaries

MEDICAL COVERAGE



Allegiance

Benefits Summary

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill Allegiance directly and to accept a negotiated fee as payment in full.

Out-of-Network providers have not, and you may have to pay amounts above Allegiance's allowable charge (also called balance billing). The deductible and out-of-pocket maximum are on a Plan year basis and reset every July 1st.

To learn more about Allegiance, review their "Welcome" guide, you can access it using the QR-Code or link on page five.



Northwest Montana Schools' Consortium Health Plan



WELCOME

TO YOUR HEALTH BENEFITS

Allegiance Benefit Plan Management, Inc.

2806 S. Garfield St., P.O. Box 3018 | Missoula, MT 59806-3018
1-800-877-1122 | www.AskAllegiance.com

How to Find a Network Provider

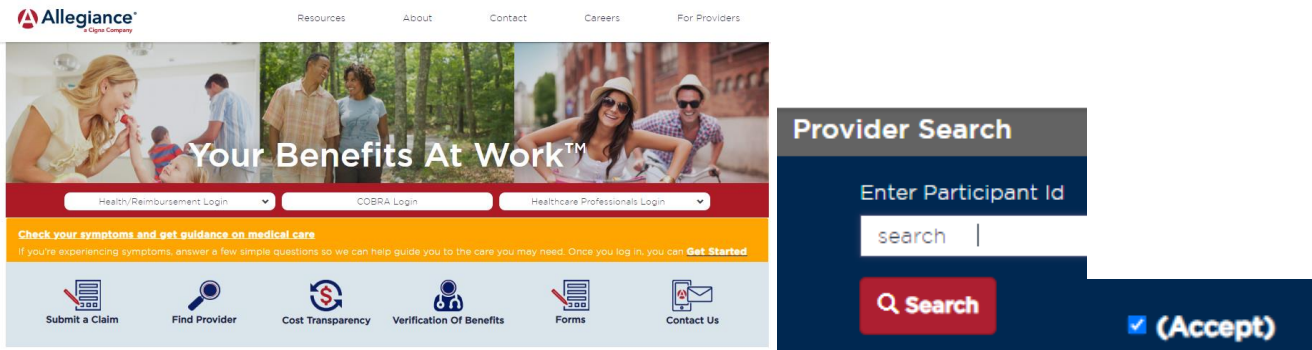
For those that live or seek care in Montana, your provider network is the "Allegiance Network".

For those that live or seek care outside of Montana, your provider network is the "Cigna Network".

To receive the network (highest) level of benefit coverage, whether living in the specific geographic location or traveling, your covered services must be obtained from providers within the Allegiance or Cigna networks.

Until you received your new ID cards and are active in Allegiance's system, this is how you can search/find a list of in-network medical, dental or vision providers.

Go to www.askallegiance.com, click on "find a provider", type the word "search" in the "Enter Participant ID" box, click on the red search box, check the box next to (Accept).



Then for most of you, click on the "Allegiance Network" icon.

Select Provider Network

Please refer to the Network Logos on your Health Benefit ID Card to determine which networks you can access.



This list contains Providers and Hospitals that are contracted with Allegiance. Although the majority of providers under Allegiance Direct are located in Montana, this network does contain some providers that have offices located outside the state of Montana.



The CIGNA logo is required in order to access this network. CIGNA provides a large national proprietary network with deep discounts and excellent provider access with over 4,200 facilities and 540,000 physicians in 49 states. CIGNA has 26 network offices throughout the country responsible for provider contracting and credentials, provider relations and continuous re-contracting initiatives to improve network discounts. If you are a Montana member, the Cigna national network is only available for services outside of Montana. Please return to the main provider search page to find a provider in Montana.

You will be able to search by Provider or Facility, Provider Name, Location, Search Range (in miles), Zip Code, City, State, Provider Specialty and more.

Bigfork: You have the choice of three medical plans; the CM 2000, CM 3000 or the HDHP 3200. The table below are summaries for each plan.

Allegiance / Cigna Network	CM 2000	CM 3000	HDHP 3200
Annual Deductible			
<i>Individual</i>	\$2,000	\$3,000	\$3,200
<i>Maximum per family</i>	\$4,000	\$6,000	\$6,400
Out-of-Pocket Maximum			
<i>Individual</i>	\$4,000	\$5,000	\$5,000
<i>Maximum per family</i>	\$8,000	\$10,000	\$10,000
Preventive Care			
<i>Routine Exam</i>	Covered at 100%	Covered at 100%	Covered at 100%
<i>Laboratory Services</i>	Covered at 100%	Covered at 100%	Covered at 100%
Physician Services			
<i>Office Visits</i>	\$35 copay	\$35 copay	20% after deductible
<i>Inpatient</i>	30% after deductible	30% after deductible	20% after deductible
Urgent Care	\$35 copay	\$35 copay	20% after deductible
Emergency Services	30% after deductible	30% after deductible	20% after deductible
Outpatient X-Ray and Laboratory Services	30% after deductible	30% after deductible	20% after deductible
Hospital Services			
<i>Inpatient and Outpatient</i>	30% after deductible	30% after deductible	20% after deductible
Outpatient Rehabilitation			
<i>50 visits per plan year</i>	30% after deductible	30% after deductible	20% after deductible
Mental Health			
<i>Outpatient</i>	First 3 visits paid at 100%. 4 th visit & after - \$35 copay	First 3 visits paid at 100%. 4 th visit & after - \$35 copay	20% after deductible
Spinal Manipulations			
<i>25 visits per plan year combined with acupuncture & massage therapy</i>	Covered at 100% up to \$25 per visit	Covered at 100% up to \$25 per visit	After deductible, covered at 100% up to \$25 per visit
Acupuncture			
<i>25 visits per plan year combined with spinal manipulations & massage therapy</i>	Covered at 100% up to \$25 per visit	Covered at 100% up to \$25 per visit	After deductible, covered at 100% up to \$25 per visit
Out-of-Network (OON)			
OON Deductible			
<i>Individual</i>	Shared with in-network	Shared with in-network	Shared with in-network
<i>Maximum per family</i>	Shared with in-network	Shared with in-network	Shared with in-network
OON Out-of-Pocket Maximum			
<i>Individual</i>	Shared with in-network	Shared with in-network	Shared with in-network
<i>Maximum per family</i>	Shared with in-network	Shared with in-network	Shared with in-network
Out-of-Network Coinsurance	40% after deductible	40% after deductible	30% after deductible

PHARMACY COVERAGE



ARORx

Benefits Summary

This plan requires the use of appropriate generic drugs. When available, a generic drug will be dispensed in place of a brand name drug. If a generic equivalent isn't manufactured, the applicable brand name copay or coinsurance will apply. You or the prescriber may request a brand name drug instead of a generic, but if a generic equivalent is available, you'll be required to pay the difference in price between the brand name drug and the generic equivalent, in addition to paying the applicable brand name drug copay or coinsurance.

	CM 2000 & CM 3000		HDHP 3200	
Prescription Deductible	\$75 per Individual/Family		None	
Prescription Out-of-Pocket Maximum	\$2,600 Individual \$5,500 Family	\$1,600 Individual \$2,000 Family	Combined with Medical Out of Pocket Maximum	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
Generics	\$10 copay	\$20 copay	20% after deductible	20% after deductible
Preferred Brand	Greater of 30% or \$20 copay	Greater of 30% or \$40 copay	20% after deductible	20% after deductible
Non-Preferred Brand	Greater of 40% or \$40 copay	Greater of 40% or \$80 copay	20% after deductible	20% after deductible
Specialty Drugs	First prescription must be filled at a network retail pharmacy; subsequent refills must be filled through ARORx Specialty Pharmacy			
Preventive Care Drugs	Covered at 100%			
Notice regarding Medicare Part D	Our medical plans offer what is called "creditable coverage," which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D later. If you have questions about your options, please contact Human Resources.			

VIRTUAL AND TELEPHONIC CARE



MDLIVE

With MDLIVE, you can talk to a board-certified doctor 24/7 via phone or video, wherever you are. And if your doctor determines you need a prescription, it can be sent electronically to your nearest pharmacy. It's more convenient and inexpensive way to get the treatment you need when you need it. Doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor. Virtual care is not a substitute for a primary care doctor.

Talk to MDLIVE for things like:

- Cold and flu
- Allergies
- Insect Bites
- Pink Eye
- Sore Throat
- Ear Problems
- Sinus Infection
- Urinary Problems/UTI
- And much more!

Your COPAY is just

\$0 Per visit

PPO Plans

Your COPAY is just

\$0 Per visit

HDHP Plans
*deductible waived

MDLIVE.com/Allegiance
877-753-7992

MD Download the app.
Join for free. Visit a doctor.

DENTAL COVERAGE



Allegiance

Benefits Summary

Contracted providers agree to bill Allegiance directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on Usual, Customary & Reasonable (UCR) amounts as determined by Allegiance. You may be responsible for any additional amounts (also called balance billing) if an out-of-network provider charges amounts higher than UCR. The deductible and annual maximum are on a Plan-year basis and reset every July 1st.

	Allegiance / Cigna Network Providers	Out-of-Network Providers
Annual Deductible		
<i>Individual</i>	\$50	\$50
<i>Maximum per family</i>	\$150	\$150
Annual Maximum (per person)	\$1,000	\$1,000
Class I – Preventive & Diagnostic (exams, x-rays, etc.)	Covered at 100%	Covered at 100%
Class II - Basic Services (fillings, extractions, etc.)	20% coinsurance	20% coinsurance
Class III - Major Services (crowns, bridges, dentures, etc.)	50% coinsurance	50% coinsurance
Class IV - Orthodontia (Child 18 years and under)	\$350 per plan year, up to \$1,000 lifetime maximum	\$350 per plan year, up to \$1,000 lifetime maximum

VISION COVERAGE



Allegiance

Benefits Summary

Contracted providers agree to bill Allegiance directly and to accept a negotiated fee as payment in full. You may visit any licensed vision provider, but only in-network providers are required to submit your claim to Allegiance on your behalf.

	EyeMed In-Network Providers	Out-of-Network Providers
Vision Exam (one per plan year) <i>Routine Exam with refraction</i> <i>Routine exam without refraction</i>		100% up to \$60 100% up to \$49
Frames* <i>Every plan year</i>		100% up to \$85
Eyeglass Lenses* <i>Single Vision</i> <i>Bifocal</i> <i>Trifocal</i> <i>Lenticular</i>	Per Lens 100% up to \$32 100% up to \$41 100% up to \$54 100% up to \$77	Per Pair 100% up to \$64 100% up to \$82 100% up to \$108 100% up to \$154
Contact Lenses* <i>Elective</i> <i>Disposable</i> <i>Medically Necessary</i>		One pair per plan year 100% up to \$120 100% up to \$120 \$165 per lens per plan year or \$330 per pair per plan year

* Member may choose either one set of frames and lenses or contact lenses, but not both during the Plan Year.

HEALTH SAVINGS ACCOUNT (HSA)



Health Savings Account

You must be enrolled in a Qualified High Deductible Health Plan to take advantage of a Health Savings Account.

A Health Savings Accounts (HSA) is a tax-advantaged savings account that belongs to you and is designed to help you save money pre-tax for when you have higher health care expenses. Regardless of who puts money into your HSA, HSA dollars are owned by you, the account holder. Unused money rolls over to the next year and is fully portable. This means you take it with you if you leave.

The maximum amount you can contribute to your HSA (from all sources) is determined annually by the IRS.

	2024
Individual-only coverage	\$4,150
Individual, plus one or more covered family members	\$8,300
Additional catch-up contribution for those 55+	\$1,000

There is one (1) qualified high deductible health plan that is offered:

- HDHP \$3200 plan

It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account.

To receive or make contributions into your HSA, you must NOT have other health coverage for yourself including:

- Coverage through an individual non-qualified HDHP plan
- Coverage through a spouse's or parent's non-qualified HDHP plan
- Access to a spouse's Flexible Spending Arrangement
- Be a dependent on someone else's tax return
- Coverage through a state or federal program:
 - Tricare/Champva/Veterans Administration
 - Native/Tribal plan
 - Medicare
 - Medicaid

For IHS beneficiaries or Veterans beneficiaries, you cannot contribute to your HSA for 3 months following the month you receive benefits from the Veterans or Native Tribal facilities.

For questions about your eligibility for the HSA, contact Human Resources.

Please note that Health Savings Accounts and employer HSA contributions are not subject to ERISA or COBRA. HSA information is included in this Summary to provide you with a complete overview. It is not our intent to include your account in our ERISA benefits program.

LIFE AND AD&D INSURANCE



Benefits Summary

Bigfork School District purchases life and accidental death and dismemberment (AD&D) insurance for all full-time employees.

Benefits	\$15,000 (Employer Paid Life Insurance) \$15,000 (Employer Paid AD&D Insurance) Benefits are reduced to 50% at age 70. Your coverage ends at termination of employment or retirement.
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REMINDER: IF YOU RECENTLY HAD A FAMILY STATUS CHANGE, THIS IS A GOOD TIME TO UPDATE YOUR BENEFICIARY INFORMATION.

Voluntary Life and AD&D

What does this mean?

Employee – you can choose a coverage amount up to **\$200,000** without providing evidence of insurability, no questions asked, no exams to take.

Spouse – can choose a coverage amount up to **\$30,000** without providing evidence of insurability, no questions asked, no exams to take.

Child - can choose a coverage amount up to **\$10,000** without providing evidence of insurability, no questions asked, no exams to take.

If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. You must be enrolled in voluntary life to purchase life insurance for your spouse or child.

If you have already purchased voluntary life, you can increase your election as described below. Please note that if your election exceeds the guaranteed issue, medical underwriting is required.

	Employee	Spouse	Child
Voluntary Life			
Benefit Available	Minimum \$10,000 Maximum \$500,000 (not to exceed 5x EE salary)	Minimum \$10,000 Maximum \$250,000 (not to exceed 5x EE salary or 50% EE elected amount)	Day 1 to 14 Days - \$0 14 days to 6 mos - \$100 6 mos to age 26 – \$10,000
Available in increments of:	\$10,000	\$10,000	\$2,000
Guaranteed Issue	\$200,000	\$30,000	\$10,000
Voluntary AD&D			
Benefit Available	Same as Life Amounts	Same as Life Amounts	Same as Life Amounts
Age Reduction Schedule			
Reduction schedule applies to Life and AD&D Benefits	Coverage amounts are reduced by 50% When you/your spouse reaches/reach age 70.		
Increasing Your Election			
When can I increase my Election?	Open Enrollment	Open Enrollment	Open Enrollment
Is there medical underwriting?	In 2025 - you can increase your coverage by two levels without underwriting	In 2025 Yes - for all amounts	In 2025 Yes - for all amounts
Medical underwriting applies if the new election is over the guaranteed issue amount.			

Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in 5-year increments (30–34, 35–39, etc.). If applicable, your new deductions will be deducted from your paycheck with the first payroll after July 1st.

Please review the Lincoln Voluntary Life/AD&D benefit summary to calculate the cost of the coverage in which you are interested.

TravelConnect

Caring support
and assistance
when you travel



Lincoln *TravelConnect*® services offer security and reassurance – helping make travel less stressful. If you're enrolled in life and/or accidental death and dismemberment insurance, *TravelConnect* services are available to you and your loved ones 24 hours a day, seven days a week.

Services you can count on during an emergency

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect* helps:

- Arrange travel if you're injured and need emergency evacuation to a medical facility
- Manage travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort
- Plan and pay for a safe evacuation due to natural disaster or a political or security threat
- Arrange transportation of a deceased traveler
- Secure emergency pet return and/or boarding and vehicle return

Ongoing support when you're far from home

From planning the trip until you're home, *TravelConnect* services can assist you with:

- Medical records requests
- Medication and vaccine delivery
- Medical, dental, and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information

TravelConnect®

GLOBAL ASSISTANCE PROGRAM

Provided by On Call International
Medical, security, and travel assistance services
for participants traveling 100 or more miles from home

Visit MyOnCallPortal.com and enter Group ID **LFGTravel123** to access plan documents, international calling instructions, and destination information.



If you need medical, security, or travel assistance, regardless of the nature or severity of your situation, contact On Call International 24 hours a day.

Call collect from anywhere in the world:
603-328-1955
Call toll-free from the U.S. or Canada:
866-525-1955
Email: mail@OnCallInternational.com

Global assistance services must be coordinated and approved by On Call in order to be covered.

See your plan description for full terms and conditions of the services offered in your plan.



ON CALL

On Call International

A member of the Tokio Marine HCC group of companies

12/12/23 10:37 AM

LifeKeys

Because life
doesn't always
go as planned.



No matter how well you plan, unexpected challenges will arise. When they do, help and support are nearby—thanks to *LifeKeys*® services from Lincoln Financial Group.

LifeKeys services include:



Discounts on shopping and entertainment

You have access to *GuidanceResources*® Online that includes 24/7 access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, such as electronics, health and fitness, Broadway shows, and much more. Also available in the *GuidanceNow* mobile app.



Help with important life matters

You'll find supportive tools and advice on a wide range of topics — including legal, financial, family, and career on *GuidanceResources* Online. It's one way to stay "in the know" on matters that impact your personal and professional life.



Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. *LifeKeys* includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.



Online will preparation

Creating a will allows you to make vital decisions ahead of time — such as naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. *EstateGuidance*® offers you a quick and easy way to create and execute a will so you can rest easy knowing you've planned ahead for your family.



Guidance and support for your beneficiaries

LifeKeys is a comprehensive program that offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.

When you're enrolled in life or AD&D insurance, you have access to a wide range of services to help you and your loved ones through life's most important matters.

For your beneficiaries: help, guidance, and support at a difficult time

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys* services can be a welcome resource for your beneficiaries.

These services are available for up to one year after a loss. Your beneficiaries will have access to six in-person sessions for grief counseling, legal, or financial information and unlimited phone counseling.

Grief counseling — advice, information, and referrals on:

- Grief and loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about children and teens

Legal support — quick access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents your beneficiaries need

Financial services — online resources or advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life — comprehensive information on:

- Planning a memorial service
- Finding child care or elder care
- Financing your home
- Moving and relocation
- Making major purchases



It's easy to access *LifeKeys* services. Just visit [GuidanceResources.com](https://www.GuidanceResources.com), download the *GuidanceNow* mobile app, or call 855-891-3684. (First-time user: Enter Web ID *LifeKeys*)

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[LincolnFinancial.com](https://www.LincolnFinancial.com)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-3723211-081821

MAP 9/21 Z03

Order code: LFE-LKEYE-FLI001



State limitations apply. Grief counseling is the only benefit available in New York. Online will prep is the only benefit available in Washington.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. EstateGuidance® and GuidanceResources® Online are trademarks of ComPsych® Corporation.

EMPLOYEE WELLBEING



Employee Assistance Program

First Choice Health

Our EAP is a completely free and confidential counseling program available 24/7 and covers employees, spouses, domestic partners, and children up to age 26. The EAP is here to help when you're facing issues that interfere with your health, well-being, and productivity at home or at work.

The EAP offers up to 3 sessions face-to-face or telehealth (no copay, deductible, or premium) with a qualified clinical expert who can assess your concerns and develop a plan of action. 30-minute legal and financial expert consultations and 60-minute ID theft resolutions are available at no cost.

Online Tools & Resources

Login at:

[FirstChoiceEAP.com](https://www.FirstChoiceEAP.com)

Username: consortium

Mobile-friendly searchable database of resources, healthy tips and recipes, parenting advice, legal forms, and more.

Simply call us at **(800) 777-4114** or visit [FirstChoiceEAP.com](https://www.FirstChoiceEAP.com) to request an appointment.

Free / Confidential / Available 24/7

IMPORTANT LEGAL INFORMATION

Healthcare Reform

The Affordable Care Act (ACA) is complex, and you may have questions about how it impacts you, your family, and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed, and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable for most employees and you may not be eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in Bigfork School District's plan.

Effective 2023, the IRS updated how eligibility for subsidies are calculated. This means your spouse and/or child(ren) may be eligible for less expensive coverage on the Health Insurance Marketplace as eligibility for a subsidy is now based on your monthly premium contribution to enroll family members in our plan. Be sure to complete a thorough evaluation of the Health Insurance Marketplace's plan benefit designs and networks when comparing insurance coverage.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

Annual Reminders

Special Enrollment

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular open enrollment period. Only the following individuals may enroll outside the open enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption, or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption, or placement for adoption.
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 60 days after issuance of such court order;
- If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children's Health Insurance Program notice for more information); or
- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

Notice Regarding the Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights about your personal health information. You received a copy of the Bigfork School District Group Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

Important Notice from Bigfork School District about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bigfork School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Bigfork School District has determined that the prescription drug coverage offered by the Bigfork School District Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.
- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer, and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage. However, once you enroll in Medicare, you and Bigfork School District will not be eligible to make any further contributions to your Health Savings Account. And under the Plan coverage, you must meet the high deductible amounts before the Plan will pay for most prescription drugs.
- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Bigfork School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bigfork School District changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2024
Name of Entity/Sender: Bigfork School District
Contact—Position/Office: Alison Wallen
Address: 600 Commerce Street
Bigfork, MT 59911

Premium Assistance under Medicaid and the Children’s Health Insurance Program

If you or your children are eligible for Medicaid or the Children’s Health Insurance Program (CHIP) and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+:
<https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service:
1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website:

<https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or

www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 / TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>

Phone: 1-800-977-6740 / TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website:

<http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalse rv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhpp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Service
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565