



St. Peter's Health

BENEFIT ENROLLMENT GUIDE



2022

Caring For You

Welcome to Your St. Peter's Health 2022 Employee Benefits Package.

St. Peter's Health is a People First organization: we pride ourselves on taking great care of you, so in turn you can provide the very best care for our patients. We offer our team members and their families a comprehensive benefits package that includes Medical, Prescription, Dental, Vision, and Life/Disability Insurance, along with many supplemental benefits options like Critical Illness and Accident Insurance.

This year, we are pleased to share:

- ▶ None of your insurance costs or premiums will increase in 2022. St. Peter's absorbed the cost of all plan increases.
- ▶ We are reducing copays for all Behavioral Health Professional (BHP) visits in the Helena area. Previously we offered reduced copays, but only for St. Peter's BHPs.
- ▶ We now offer Basic Accidental Death & Dismemberment Insurance at no cost to you. You will be automatically enrolled.
- ▶ We enhanced our dental coverage. We added \$500 to the orthodontia benefit maximum, and preventative care visits are now excluded from counting toward your annual benefit maximum.
- ▶ We will continue to fund employee Health Savings Accounts (HSA) for those who elect the HSA plan. Depending on how many people are covered and your participation in the Employee Wellness Incentive Program, you will receive anywhere from \$250 to \$1,000.

St. Peter's is committed to improving the health of our workforce and reducing your health care costs. We have grown our workplace wellness program significantly, and we encourage you to take advantage of the many wellness challenges and incentives designed to help you take an active role in managing your health. Employees who satisfy the Employee Wellness Incentive Program requirements by the established deadlines also qualify for discounted health insurance premiums.

Primary Care Provider (PCP) visits have increased by nearly 30% since 2020 for employees who are participating in the **St. Peter's Employee Wellness Incentive Program**. Proactively managing your health and wellness keeps more money in your pocket.

We will continue to grow and improve our benefits program, because investing in the health and well-being of our team members is important to us. That's what being People First is all about.

If you have any questions about your benefits package, please contact our People Operations team at People_Operations@sphealth.org.



Be Ready for Enrollment

St. Peter's Health provides a full range of benefits that address your needs now and in the future.

To Your Health

- ✓ Medical & Prescription Drug Insurance
- ✓ Dental Insurance
- ✓ Vision Insurance
- ✓ Critical Illness Insurance
- ✓ Employee Assistance Program

To Your Wealth

- ✓ Basic Life and AD&D Insurance
- ✓ Short-Term Disability Insurance
- ✓ Long-Term Disability Insurance
- ✓ Accident Insurance
- ✓ Voluntary AD&D
- ✓ Accidental Injury
- ✓ Retirement 403(b) Savings Plan
- ✓ Health Care and Dependent Care Reimbursement
- ✓ Health Savings Account

Enrollment Information

Do I Need to Enroll?

Before deciding whether you need to enroll in St. Peter's health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options St. Peter's Health offers you, even if you're already covered under the St. Peter's benefit plan(s).

For instance, you may experience changes from year to year. And there likely will be changes to what you pay for coverage each year. So, it's a good idea to make sure your benefits still fit you — and that you're not paying for more coverage than you need.

You must enroll if you want to:

- ▶ Change your medical/Rx/vision coverage for next year.
- ▶ Contribute to the Health Care and/or Dependent Care FSAs.
- ▶ Change your optional Employee Life Insurance, Spouse/Domestic Partner Supplemental Life Insurance, AD&D Insurance, or STD Insurance choices.
- ▶ Elect voluntary Critical Illness or Accident Insurance for 2022.

If you don't enroll, you may be assigned coverage that won't meet your needs. To enroll, visit the HR InTouch Portal by the deadline.

When Can I Enroll?

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period. Open Enrollment is November 5 to November 22 with your benefit choices being effective January 1, 2022. Our benefits plan year is January 1 to December 31.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following 30 days of employment and must enroll within 31 days of eligibility to have coverage for the rest of the plan year. You may also need to enroll for the next plan year's benefits during the annual enrollment period.

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse or domestic partner and eligible children who reside in your household and depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse or domestic partner to provide coverage.

What's Changed

MEDICAL PLAN CHANGE - BASIC AND PREMIUM PLANS ONLY

Behavioral Health office visit copays will reduce for all Tier 1 providers, no longer limited to SPH providers only:

\$15 for Basic/\$10 for Premium

DENTAL PLAN CHANGES

Preventive Care service will no longer count toward the Annual Maximum in both the Basic and Premium Dental Plans

Premium Dental Only: The Orthodontia plan maximum will increase to \$1,500

LIFE AND DISABILITY

Basic Accidental Death and Dismemberment is being added at 100% paid by St. Peter's Health for all employees covered under the St. Peter's Health provided Basic Life Insurance

Join a Webinar!

We are providing several opportunities to listen in on a Webinar via Microsoft Teams, which will provide information on all plans available and what you need to do to enroll.

A recording will be available on the People Hub (employee intranet) if you are unable to attend any of the scheduled sessions listed below:

DATE	TOPIC	TIME
Monday, 11/8/21	Open Enrollment	7:00 – 8:00 am MT
Monday, 11/8/21	Health Savings Accounts (HSA)	8:00 – 9:00 am MT
Wednesday, 11/10/21	Open Enrollment	12:00 – 1:00 pm MT
Wednesday, 11/10/21	Health Savings Accounts (HSA)	1:00 – 2:00 pm MT
Wednesday, 11/17/21	Open Enrollment	6:00 – 7:00 pm MT

NOTE: Find meeting links on the People Hub.

BENEFIT	HSA PLAN	BASIC PLAN	PREMIUM PLAN
	\$	\$\$	\$\$\$
Paycheck Contribution	<p>LOWEST PREMIUM, HIGHEST DEDUCTIBLE. A Health Savings Plan is a low premium, high deductible health plan. Included with the plan is a Health Savings Account (HSA). This personal savings account allows you to contribute pre-tax money that can only be used for qualified health care expenses. Instead of spending your money on a monthly premium to have coverage, you pay a very low (or no) premium and then deposit money from your paycheck directly into your HSA to pay for qualified health care expenses.</p> <p>St. Peter's also contributes money to your account (see HSA contribution). Between this contribution and money you contribute pre-tax and per paycheck, you can build up your savings quickly. You can pay for health care services you need using funds in your HSA until you reach your deductible, at which time your insurance will pay a portion of covered expenses.</p>	<p>This is our middle-of-the-road plan. You will pay a higher monthly premium than the Health Savings Plan, but you will also have a lower deductible, copays, and coinsurance on specific services, procedures and prescriptions.</p> <p>Basic plans are for people who have slightly more complex health care needs or require routine services or prescriptions, but the monthly premium that is taken out of your paycheck is still lower than the premium plan option.</p>	<p>This is our highest premium, lowest deductible plan. Employees who choose this plan will pay the highest monthly rates, but have the most comprehensive coverage.</p> <p>Premium plans are ideal for people who have chronic medical conditions, expensive/long-term prescription costs, or anticipate a large medical expense (elective surgery, birth of a child, etc.).</p>
How Do I Pay for My Health Care Expenses?	<p>You'll receive a debit card that you can use to make qualified health care payments at the time of service or online. You will use this card to pay for things like doctors appointments, laboratory work, prescriptions, and more. Like all benefit plans, you will receive an insurance ID card as well.</p>	<p>This is a traditional health plan. You'll receive a health insurance card in the mail for you and any children or spouse. You may have to pay a copay at your appointment, or when you pick up a prescription. Based on your plan and the services provided, the medical provider will bill your insurance. You will then receive a bill in the mail for any coinsurance you owe.</p> <p>If you choose to set up a Flex Savings Account (FSA), you will receive a debit card that you can use to make qualified health care payments at the time of service or online. You can use this card to pay for copays and your portion of coinsurance. You must still keep receipts and substantiate expenses with your FSA.</p>	
What's The Most That I Can Contribute to a Tax-Free Account?	<p>HSA Account</p> <p>The 2022 HSA contribution limit for an employee only is \$3,650 and \$7,300 for a family. If you are age 55 or older, you can contribute an additional \$1,000.</p>	<p>FSA Account</p> <p>You can contribute up to \$2,750 per year for your FSA.</p>	
Do My Contributions to the Tax-Free Account Rollover?	<p>YES! Unlike the Flexible Spending Account (FSA) that you have for a traditional health insurance plan (like our basic or premium option), all the money that you contribute to your HSA rolls over to the next year, tax free. (This excludes any money you've paid in monthly premiums for the HSP.) The account and money is yours forever, even if you leave St. Peter's.</p>	<p>Up to \$550 may be rolled over to the following plan year, the remainder will be forfeited.</p>	
Additional Plan Information	<ul style="list-style-type: none"> ▶ An HSA is not "use it or lose it." Any contributions you made to your Health Savings Account (excluding your premiums) rolls over to the next year. ▶ You own your account. It can be carried over to a new employer, if they offer a health savings plan option. If not, you can still access the money in your account for qualified expenses. ▶ Low (or free) monthly premiums. ▶ Flexibility in spending. This plan typically covers more non-traditional wellness services that can benefit your overall health and well-being. Visit https://tax.thomsonreuters.com/site/hcet-ebia/abpm for a full list of Qualifying Medical Expenses. ▶ Allows you to make the option to "save up" for a large medical expense, like an elective surgery, retirement or a baby. 	<ul style="list-style-type: none"> ▶ Lower deductible than the Health Savings Plan option, which means you spend less out-of-pocket before your insurance kicks in. ▶ Middle-of-the-road monthly premium. It costs more than the monthly premium for the Health Savings Plan option, but less than the Premium plan. 	<ul style="list-style-type: none"> ▶ Lowest deductible plan. This means you pay the least amount out-of-pocket before your coinsurance kicks in. ▶ Lowest out-of-pocket maximum means that you pay the least amount out-of-pocket before your full coverage kicks in. ▶ Highest premium means you pay the most every month for the plan, whether you use health care services or not.

Medical and Prescription Drug Benefits | Blue Cross Blue Shield of Montana

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation. It's important to remember that out of pocket costs vary based on what plan you elect, and where you receive care. In all plans, you will pay the least amount for services when you receive care from a St. Peter's Health provider.

Network Information

SPH/TIER 1

DISCOUNTED RATES when you choose a St. Peter's Health medical provider or a select partner provider in our local* area.

*Area codes 59602, 59601 and 59635.

We encourage you to contact Blue Cross Blue Shield of Montana (BCBSMT) at **855-258-3489** to learn whether discounted rates will apply for an upcoming appointment or procedure, or to find a provider who qualifies.

IN-NETWORK	OUT-OF-NETWORK
BLUE CROSS BLUE SHIELD / TIER 2	BLUE CROSS BLUE SHIELD / TIER 3
All other providers who contract with BCBS, but who are not part of the SPH/Tier 1 network. This is the standard in-network rate.	This is a standard out-of-network rate which includes providers not contracted with BCBS (your out-of-pocket cost for services will be higher if you use out-of-network providers).

BENEFIT	HSA			BASIC			PREMIUM		
	SPH	In-Network	Out-of-Network	SPH	In-Network	Out-of-Network	SPH	In-Network	Out-of-Network
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Annual/Calendar Year Deductible (Individual/Family)	\$2,800/ \$5,600	\$4,000/ \$8,000	\$4,000/ \$8,000	\$1,000/ \$2,000	\$1,500/ \$3,000	\$1,500/ \$3,000	\$500/ \$1,000	\$1,000/ \$2,000	\$1,000/ \$2,000
Out-of-Pocket Maximum (Individual/Family)	\$2,800/ \$5,600	\$5,000/ \$10,000	\$6,000/ \$12,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$3,000/ \$6,000	\$3,000/ \$6,000	\$3,000/ \$6,000
Coinsurance (Percentage You Pay/Percentage Paid by Insurance)	0%/100%	30%/70%	50%/50%	20%/80%	40%/60%	50%/50%	10%/90%	30%/70%	50%/50%
Physician Services (Subject to Deductible, Unless Stated Otherwise) — Copays Not Subject to Deductible									
Primary Care Visit	\$0	30%	50%	\$25 copay	\$25 copay	50%	\$20 copay	\$20 copay	50%
Behavioral Health Visit	\$0	30%	50%	\$15 copay	\$25 copay	50%	\$10 copay	\$20 copay	50%
Specialist Office Visit	\$0	30%	50%	\$50 copay	\$50 copay	50%	\$40 copay	\$40 copay	50%
Preventive Care (Deductible Waived Tier 1 and 2)	\$0	\$0	50%	\$0	\$0	50%	\$0	\$0	50%
Lab & X-ray Services	\$0	30%	50%	20%	40%	50%	10%	30%	50%
Hospital Services									
Inpatient	\$0	30%	50%	20%	40%	50%	10%	30%	50%
Outpatient	\$0	30%	50%	20%	40%	50%	10%	30%	50%
Emergency Care	\$0			\$150 copay			\$150 copay		
Pregnancy & Maternity Care (Prenatal)	\$0	30%	50%	20%	40%	50%	10%	30%	50%

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary and Reasonable charges apply for all out-of-network benefits.

What Can You Do to Keep Plan Costs Affordable?

The St. Peter's medical and dental plans are self-insured. This means that St. Peter's retains the financial risk for all claims, as well as flexibility on plan design and administration. A self-insured plan reduces expenses because it is not subject to an insurance company's profit margin or insurer taxes. This allows St. Peter's to craft strategies that reduce cost, and improve both outcomes and member experience.

St. Peter's has the unique ability to give an employee discount for facility and physician services via our domestic tier (Tier 1 providers). When you choose to utilize Tier 1 providers, this results in direct cost control savings for both you and the plan. Ultimately, what stays in the system is more cost effective than paying for services that go out. Similarly, when you use St. Peter's in-house pharmacy, the plan has a greater ability to experience increased control of our pharmacy spend and management.

Cost of Coverage

MONTHLY PAYCHECK DEDUCTIONS	HSA		BASIC		PREMIUM	
	w/ WELLNESS	w/o WELLNESS	w/ WELLNESS	w/o WELLNESS	w/ WELLNESS	w/o WELLNESS
Employee Only	\$0	\$25	\$48.54	\$51.77	\$121.56	\$129.66
Employee + Spouse/Domestic Partner	\$283.06	\$328.59	\$426.81	\$455.26	\$571.08	\$609.16
Employee + Child(ren)	\$213.94	\$254.87	\$330.89	\$352.95	\$441.81	\$471.27
Family	\$382.26	\$434.41	\$564.06	\$601.67	\$756.09	\$806.50

Prescription Drug Benefits

Tier 1: SPH Custom Network — St. Peter's Broadway Pharmacy and BCBSMT contracted mail order pharmacies

Tier 2: BCBSMT Participating Pharmacies

Tier 3: Out-of-Network

BENEFIT	HSA		BASIC AND PREMIUM PPO	
	Tier 1	Tier 2 / Tier 3	Tier 1	Tier 2 / Tier 3
PRESCRIPTION DRUGS				
Generic				
Preferred	Deductible, then \$0	30% / 50%	\$10	
Non-Preferred			\$20	
Brand				
Preferred	Deductible, then \$0	30% / 50%	\$60	
Non-Preferred			\$120	
Specialty*				
Generic or Preferred Brand	Deductible, then \$0	30% / 50%	\$150	Not Covered
Non-Preferred Brand			\$300	
Preventative	Deductible, then \$0	N/A	N/A	N/A
Retail Supply Limits	30 days		30 day one copay 31-60 days for 2 copays 61-90 days for 3 copays	30 days

*Specialty limited to 30 day supply

NOTE: Mail order is 3 times the Retail copay for a 90 day supply, and is not covered out-of-network

NOTE: Extended Supply Network Pharmacy: 90-day supply

NOTE ON GENERIC SUBSTITUTION: Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic is available

NOTE: There is a possibility for limited reimbursement if claims are submitted manually direct to Blue Cross Blue Shield of Montana

Wellness Programs

Wellness Incentives

In 2022, you will maintain the wellness incentive level you earned in 2021. You will have the opportunity to keep (or earn) your wellness incentive for the 2023 plan year as long as you complete the required activities by the deadlines outlined below. The annual screenings will take place in June, July and August of 2022 but we will also have appointments available on Friday's earlier in the year. We are making this shift to better align with our annual open enrollment dates. Detailed information on the tasks and programs outlined below can be found on the intranet under the [People Health and Wellness Page](#).

TASK	DESCRIPTION	DUE DATE
Step 1: Wellness Screening	Attend a free, on-site wellness screening. Results will include blood cholesterol levels, glucose level, height, weight and blood pressure.	September 1, 2022
Step 2: Primary Care Appointment	Employees must set up and complete a primary care provider appointment and submit proof of this visit. Please submit proof of a PCP appointment that occurred after June 26th, 2021 to the Wellness Department by September 1, 2022 so it can be counted toward your wellness incentive.	September 1, 2022
Nicotine Testing	A cotinine test will be performed at the wellness screening. This tests for nicotine/nicotine metabolites in the blood. Employees who test positive will need to go through an approved nicotine cessation program (described in more depth on the intranet) or repeat the cotinine test with a negative result by due date to maintain the wellness incentive.	November 1, 2022

Employee Wellness Care Manager Program

This free resource is available to you and your family members. The Employee Wellness Care Manager can help empower a patient's ability to manage their condition and navigate the health care system. They share the burden of a recent diagnoses and help educate patients so they can effectively manage a chronic condition. They help streamline the process for patients, guiding them through the hoops to receiving care.

If the results of your annual wellness screening indicate certain values, such as blood pressure or glucose, are outside the normal range, you can expect a call from our Care Manager to check in and help connect you to appropriate resources.

Employee Behavioral Health Professional (BHP)

St. Peter's Health employees have free access to an onsite Employee Behavioral Health Professional who can assist with brief one-on-one therapeutic intervention, problem solving and resource connection to community therapists for ongoing support if needed.

Employee Assistance Program (EAP) | CIGNA

As an employee you have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP offers 1-4 free counseling sessions along with work/life resources including free financial and legal consultations. EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more. Call **877-622-4327** to speak to an EAP advocate or go to www.mycigna.com to access EAP online. For initial registration, use the employer ID 'stpetershealth'.



Dental Benefits | America's Choice

BENEFIT	BASIC PLAN	PREMIUM PLAN
Annual/Calendar Year Maximum	\$1,000 per person	\$1,500 per person
Annual/Calendar Year Deductible (Individual/Family)	\$25 (major services)	N/A
Preventive Services (Do Not Count Toward Annual Maximum)	80% Coverage	100% Coverage
Basic Services	80% Coverage	100% Coverage
Major Services	50% Coverage	80% Coverage
Orthodontia Lifetime Maximum	N/A	\$1,500 per person
MONTHLY PAYCHECK DEDUCTIONS		
Employee Only	\$2.30	\$33.29
Employee + Spouse	\$18.89	\$60.87
Employee + Child(ren)	\$14.30	\$87.65
Employee + Family	\$22.23	\$120.05

Vision Benefits | VSP

Vision coverage is included with all three medical plan options; there is no additional premium for this coverage.

BENEFIT	VISION PLAN
Exam	\$10
Lenses	\$25 copay for prescription glasses; Basic lenses covered in full; \$200 allowance towards the frames; 20% savings on the amount over your frame allowance
Frames	
Contact Lenses Instead of Glasses	
Exam	\$60
Conventional/Disposable	\$150 allowance for lenses

NOTE: ID Card not required for vision services.



Health Savings Account (HSA) | Allegiance

If you enroll in the HSA medical plan, you'll have access to a HSA. You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages. The account even includes a contribution from St. Peter's Health that can be a big help throughout the year.

Start Here

Company Contribution

St. Peter's Health will contribute \$500/year with the wellness incentive, or \$250/year without the wellness incentive for individuals, and \$1,000/year with the wellness incentive or \$500/year without the wellness incentive for families enrolled in the HSA Plan.

Your Tax-Free Contribution

You can contribute funds from your paycheck before taxes are taken out up to the yearly IRS limits.



Pay Expenses

You can use your HSA to pay for eligible expenses on a tax-free basis.**

For example:

- ✓ Copays
- ✓ Deductibles
- ✓ Prescriptions
- ✓ Dental & Vision Expenses

A full list is available at www.irs.gov.

Saving for the Future

You can also save your funds for the future, allow them to earn interest, or invest the funds.

You must actively re-enroll in the HSA Plan each year. You are not automatically re-enrolled.

HOW MUCH CAN YOU CONTRIBUTE?	2022 IRS CONTRIBUTION LIMIT	ST PETER'S HEALTH CONTRIBUTION		YOUR MAXIMUM CONTRIBUTION AMOUNT
		w/ WELLNESS	w/o WELLNESS	
Employee Only Coverage	\$3,650*	\$500	\$250	w/ wellness \$3,150 w/o wellness \$3,400
Family Coverage	\$7,300*	\$1,000	\$500	w/ wellness \$6,300 w/o wellness \$6,800

* If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.

Let's Break It Down

- ▶ You and St. Peter's Health can add funds into the HSA that are not subject to federal income taxes** up to the IRS limits.
- ▶ The HSA allows you to pay for qualified medical expenses with these tax-free funds.
- ▶ The account can earn interest on a tax-free basis, and you are allowed to roll funds over year after year.
- ▶ Amounts over \$2,000.00 can be invested. Guidance is available online in your account portal.
- ▶ If you leave St. Peter's Health, or retire, you can take your HSA with you.

** Any reference to taxes is at the federal level. State tax rules may vary.

Flexible Spending Accounts (FSAs) | Allegiance

FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. St. Peter's Health offers two types of FSAs — a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.



Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

HEALTH
CARE
FSA

Go to www.askallegiance.com for a complete list of covered expenses.

DEPENDENT
CARE
FSA



Babysitters, daycare, day camp, home nursing care, etc.

How FSAs Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

**You must actively re-enroll in either FSA Plan each year.
You are not automatically re-enrolled.**

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES	
Flex Health Care Reimbursement	\$2,750 per year	Copays, deductibles, orthodontia, over-the-counter medications, etc.*	Up to \$550 may be rolled over to the following plan year, the remainder will be forfeited
Flex Dependent Care Reimbursement	\$2,500 per year single or \$5,000 married if filing jointly (\$2,500 if married and filing separate tax returns)	Daycare, nursery school, elder care expenses, etc.*	Any unused portion of DCRA election will be forfeited

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

Health Care Items You Might Not Realize are FSA Eligible:

- ✓ Sunscreen
- ✓ Heating and cooling pads
- ✓ First aid kits
- ✓ Shoe inserts and other foot grooming treatments
- ✓ Travel pillows
- ✓ Motion sickness bands

Disability Insurance | New York Life

If you are out of work for an extended period of time due to a disabling injury or illness, disability insurance is designed to replace a portion of your income, and help you maintain your lifestyle. Unfortunately, avoiding disability is becoming more and more unlikely. According to the Social Security Administration, just over one in every four of today's 20 year-olds will become disabled before they reach retirement age*. At this rate, making sure that you have disability coverage in place is a smart move.

Short-Term Disability (STD)

STD Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. St. Peter's Health provides basic STD coverage. After you are out of work for one week and declared disabled, you will receive 50% of your base earnings. STD coverage is a voluntary offering. You must enroll in coverage to be eligible for benefits. MNA nurses are enrolled automatically, at no cost.

AVAILABLE SHORT-TERM DISABILITY
Up To 9 Weeks Which Includes a One Week Waiting Period
Coverage equal to 50% of weekly pay
Evidence of insurability is required to purchase coverage after initial enrollment

Long-Term Disability

St. Peter's Health also provides LTD Insurance to protect your finances when your disability continues beyond the period covered by the STD plan. This benefit is also fully paid for by the company and enrollment is automatic.

180 DAYS AFTER INJURY OR ILLNESS
Available Long-Term Disability Levels
Coverage equal to 40% of monthly pay
OR
Coverage equal to 60% of monthly pay

*NOTE: U.S. Social Security Administration, Fact Sheet, January 2017.



Life Insurance | New York Life

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams — such as a college education — a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

Basic Term Life and Accidental Death and Dismemberment

St. Peter's Health provides eligible employees with Basic Term Life and Accidental Death and Dismemberment coverage at no cost to you and enrollment is automatic.

- **EMPLOYEE (Life and AD&D Benefit):** The benefit is equal to \$35,000 for full-time employees and \$17,500 for part-time employees
- **SPOUSE (Life Benefit Only):** \$10,000
- **CHILD (Life Benefit Only):** \$6,000 (Birth to 6 months: \$600)

FULL-TIME EMPLOYEE COVERAGE	PART-TIME EMPLOYEE COVERAGE	ADDITIONAL LIFE INSURANCE "BUY-UP"
\$35,000	\$17,500	Cannot exceed five times the employee's annual salary

SPOUSE	CHILD OVER 6 MONTHS OF AGE
\$10,000	\$6,000 / per child
During the initial enrollment period, no evidence of insurability is required.	

Voluntary Life

You may also choose to purchase Supplemental Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deduction.

- **EMPLOYEE:** Up to 5 times annual compensation

Voluntary Accidental Death and Dismemberment

You may also elect to enroll in Accidental Death and Dismemberment coverage for yourself and/or your family. This coverage will pay a percentage of the coverage amount based on the type of loss. You pay the total cost of this benefit through payroll deduction.

ELECTION LEVELS		
Available Coverage	Spouse	Child
\$50,000 to \$500,000	50% of employee amount (max of \$250,000)	25% of employee amount (max of \$25,000)
No evidence of insurability is required.		



Voluntary Benefits | CIGNA

Critical Illness Insurance

Critical Illness Insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all of the unforeseen expenses associated with a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance coverage you may have. Some examples of the conditions covered are:

COVERED ILLNESSES	PAYMENT PERCENTAGES
Heart Attack	100%
Stroke	100%
Major Organ Transplant	100%
End Stage Renal (Kidney) Failure	100%
Coronary Artery Bypass Surgery	25%

Plan Features

- ▶ The critical illness plan also includes a \$50 wellness benefit for getting your annual preventive exams (such as mammography or colonoscopy).
- ▶ You do not have to be terminally ill to receive benefits.
- ▶ Coverage options are available for your spouse/domestic partner and children as riders to your coverage. Eligible employees can elect benefit amounts of \$5,000, \$10,000, or \$20,000 for yourself, 50% of your election amount for your spouse, and 25% for your children.
- ▶ Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

NOTE: The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

Accident Insurance

You don't have to be especially clumsy to experience accidents. These events are all too common, and so are the high medical expenses that come with them.

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things. Voluntary Accident Insurance pays direct benefits for a range of injuries and accident-related expenses such as:

- ✓ Fractures
- ✓ Dislocations
- ✓ Concussion
- ✓ Emergency Room Treatment
- ✓ Hospitalization
- ✓ Accidental Death

Benefit amounts are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the costs of medical care and rehabilitation that follow an accident. Accident insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

BENEFIT PAYS FLAT DOLLAR AMOUNTS FOR SERVICES AN ENROLLED MEMBER RECEIVES IN REGARDS TO AN ACCIDENT

For employees and their families who live active lifestyles, this plan can help you pay your out-of-pocket expenses for medical care

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.



Retirement Plan 403(b)

All employees who are at least 18 years old and who have completed one hour of employment with St. Peter's Health are eligible to participate in our 403(b) Plan. Enrollment in the plan may start at the beginning of any calendar quarter, subject to the timely completion of the appropriate enrollment forms.

The 403(b) Plan allows you to invest a portion of your regular earnings (according to the IRS contribution limits) on a pre-tax basis through automatic regular payroll deductions. You will become 100% vested after three years in the plan.

For additional information regarding any of the plan provisions, our 403(b) Plan administrator is Principal. You can contact them at **800-986-3343** or visit their website at www.principal.com.

Eligible to participate after one hour of employment
Enrollment information from Principal
May roll over an existing retirement plan from the following sources: 403(b) plans, IRA's, and 401(k) plans
100% vested after three years in the plan

Benefits Administrator Information

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the person responsible for benefits at your facility.

Get More Information

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical & Prescription Drug	BLUE CROSS BLUE SHIELD OF MONTANA	www.bcbs.com	855-258-3489
Dental	AMERICA'S CHOICE	www.achonline.com	800-640-7005
Vision	VSP	www.vsp.com	800-877-7195
Basic Life & Accidental Death & Dismemberment Claims	NEW YORK LIFE GROUP BENEFIT SOLUTIONS	www.myNYLGBS.com	800-238-2125
Supplemental Life Claims	NEW YORK LIFE GROUP BENEFIT SOLUTIONS	www.myNYLGBS.com	800-238-2125
Short & Long-Term Disability Claims	NEW YORK LIFE GROUP BENEFIT SOLUTIONS	www.myNYLGBS.com	888-842-4462
Flexible Spending Accounts	ALLEGIANCE	www.askallegiance.com	877-424-3570
Health Savings Account	ALLEGIANCE	www.askallegiance.com	877-424-3570
Employee Assistance Program Employer ID For Initial Registration: stpetershealth	CIGNA	www.myCigna.com	877-622-4327
Retirement 403(b) Savings Plan	PRINCIPAL	www.principal.com	800-986-3343
People Operations	ST. PETER'S HEALTH PEOPLE OPERATIONS	People_Operations@sphealth.org	406-444-2131
Wellness	ST. PETER'S HEALTH WELLNESS	wellness@sphealth.org	406-444-2128
Care Management	ST. PETER'S HEALTH CARE MANAGER	People Health and Wellness	406-437-8499
On-site Behavioral Health Support	EMPLOYEE BEHAVIORAL HEALTH PROFESSIONAL	People Health and Wellness	406-457-4165
Nicotine Cessation Support	PEOPLE HEALTH AND WELLNESS	http://www.sphealth.org/tobacco cessation	406-444-2128

ABOUT THIS GUIDE: This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Updated 11/2021

Glossary

Affordable Care Act and Patient Protection (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, reduced FSA contributions, covering preventive care without cost-sharing, etc, among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay “out-of-pocket” for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay “out-of-pocket” for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay “out-of-pocket” before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each year, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-Deductible Health Plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a Health Savings Account (HSA).

Health Savings Account (HSA)

A Health Savings Account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a High-Deductible Health Plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year “out-of-pocket” for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

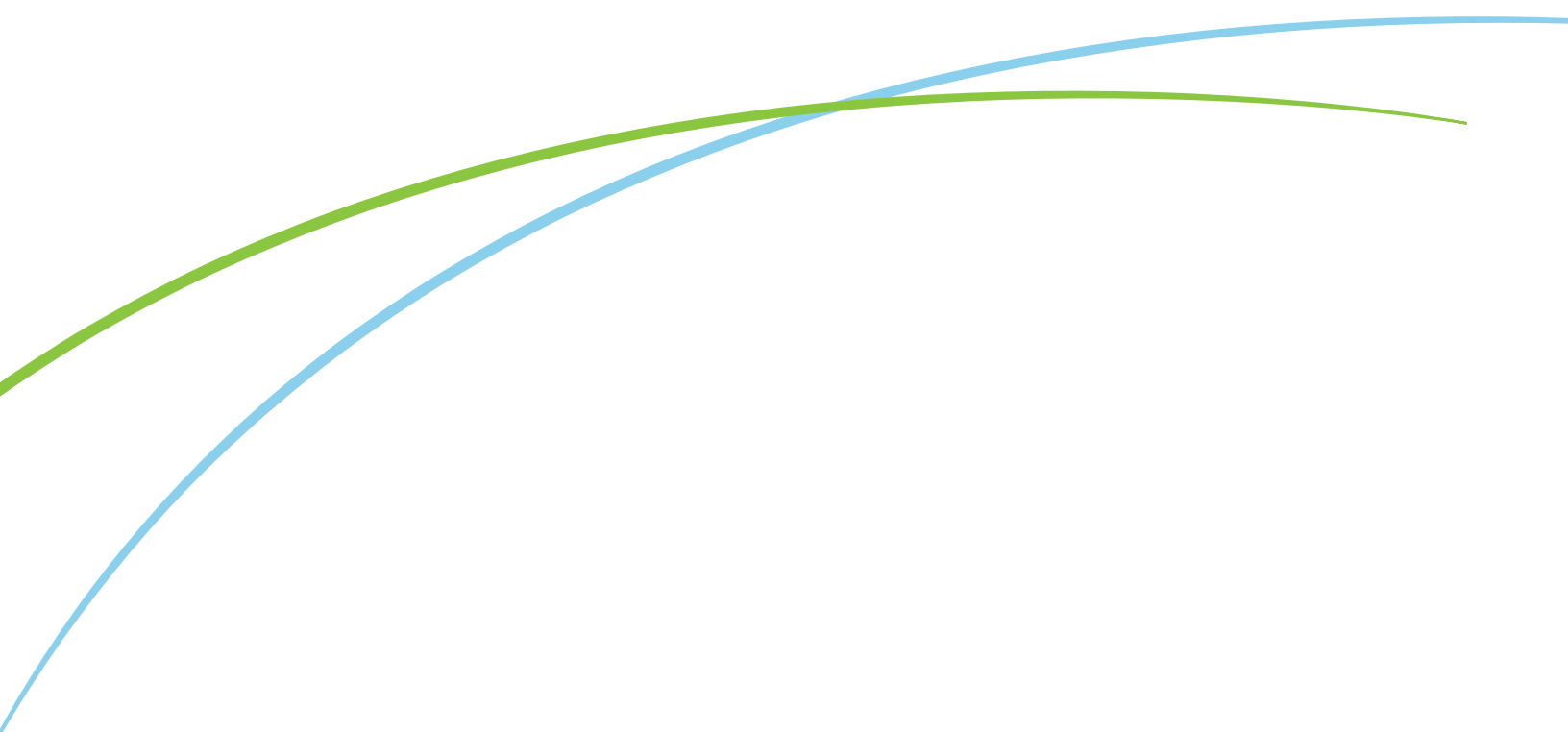
The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.

Primary Care Provider

A primary care provider (PCP) is a health care practitioner who is chosen by or assigned to you and focuses on both prevention and care of chronic conditions. OB/GYN is only accepted for currently pregnant women.



St. Peter's Health

