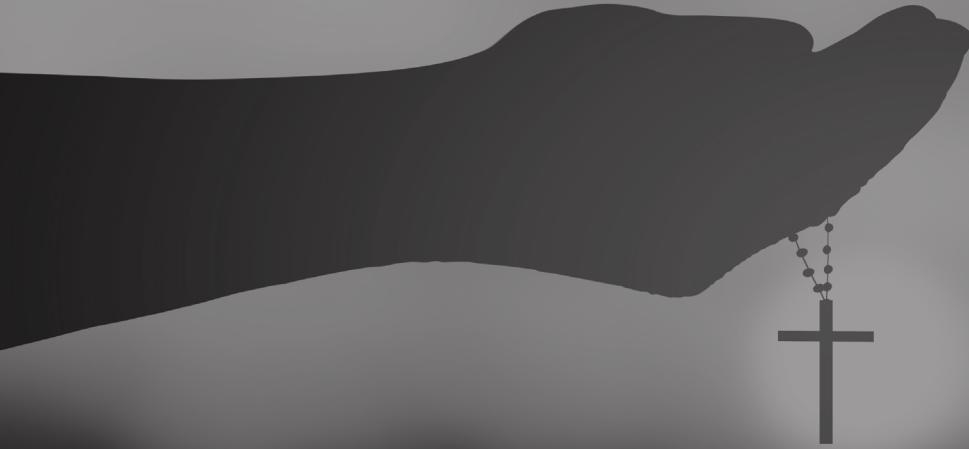




2024 - 2025 BENEFIT GUIDE



Welcome to Billings Catholic Schools

Enrollment Instructions

- » BAS has incorporated Multi-Factor Authentication (MFA) into MyEnroll360. MFA is an electronic method of confirming your identity with multiple pieces of information before you are granted access to a website or application. In the case of MyEnroll360, these pieces of evidence will include Login Username, Login Password, and Multi-Factor Authentication Code.
- » All MyEnroll360 users will be required to setup at least one of three (3) MFA options to continue to have access to MyEnroll360. This must be done in order to make any enrollment changes for 2024. Instructions have been sent to all administrators for your reference.
- » Go online to the RETA Trust enrollment site at www.retatrust.org.
- » Review current benefit coverage and confirm dependent information.
- » Add or delete coverage online using the RETA Trust enrollment site.
- » Medical and Dependent Flex
- » Health Savings Account (HSA)

For your initial password retrieval click Option 2, or call (877) 303-7382, or email service@retaenroll.org.

Medical Benefit Overview

Insured by: RETA Trust - Blue Shield of California

Medical Benefits	Plan 1: EPO 1000 In-Network Coverage	Plan 2: HSA 2000 In-Network Coverage
Deductible (calendar year)	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance	80/20%	90/10%
Out-of-Pocket Maximum (includes deductible)	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family
Adult & Well Child Preventive Care	Covered 100%; Deductible waived	Covered 100%; Deductible waived
Primary Office Visit	\$25 Copay	Deductible + Coinsurance
Specialist Office Visit	\$40 Copay	Deductible + Coinsurance
Urgent Care	\$75 Copay	Deductible + Coinsurance
Emergency Room	\$200 Copay, then Coinsurance; Deductible waived	Deductible + Coinsurance
Telehealth	\$25 Copay	\$45 Fee Before Deductible; After Deductible 10% Coinsurance

Prescription Drug Benefits		
Deductible	None	Medical Deductible Applies, then Copays
Generic	\$10 Copay	\$10 Copay
Formulary	\$30 Copay	\$20 Copay
Non-Formulary	\$50 Copay	\$40 Copay
Mail Order	2x Retail Copay for 90-day supply	2x Retail Copay for 90-day supply

Optional Tax-Saving Accounts		
Eligible Plans	Flexible Spending Account	Health Savings Account
2024 Annual Limits	\$3,200 + \$570 Rollover	\$4,150 Individual \$8,300 Family
Monthly Fee	\$0 (Paid by Employer)	\$0
Dependent Care	\$5,000 Annual Limit	N/A

Plan 1: EPO 1000	Total Monthly Premium	Diocesan Monthly Contribution	Employer Paid Per Month	Employee Paid Per Month
Employee Only	\$931.43	\$50.00	\$697.43	\$184.00
Employee + Spouse	\$2,049.15	\$50.00	\$1,196.15	\$803.00
Employee + Child(ren)	\$1,536.86	\$50.00	\$874.86	\$612.00
Employee + Family	\$2,608.00	\$50.00	\$1,563.00	\$995.00

Plan 2: HSA 2000	Total Monthly Premium	Employer Paid Per Month	Diocesan Monthly Contribution to HSA	Employee Paid Per Month
Employee Only	\$859.45	\$762.45	**See Below	\$97.00
Employee + Spouse	\$1,881.87	\$1,281.87	**See Below	\$600.00
Employee + Child(ren)	\$1,413.25	\$932.25	**See Below	\$481.00
Employee + Family	\$2,393.10	\$1,652.10	**See Below	\$741.00

**Employees who elect the HSA 2000 will have \$50.00 monthly added to a Health Equity Card for 2024-25

Voluntary Dental Benefit Overview

Insured by: Delta Dental

Benefit Description	In-Network Coverage
Deductible (calendar year)	\$50 Individual \$150 Family
Maximum Annual Benefit	\$2,000
Preventive (exams, x-rays, fluoride, space maintainers, sealants, cleanings)	100%; Deductible waived
Basic (fillings, oral surgery, anesthesia, periodontics, root canal, extractions)	90%
Major (crowns, dentures, bridges, inlays, onlays, implants)	60%
Orthodontia (Adults & Dependent Children)	50% up to a \$1,500 Lifetime Maximum

	Total Monthly Premium	Employer Paid Per Month	Employee Paid Per Month
Employee Only	\$42.27	\$0.00	\$42.27
Employee + Spouse	\$91.71	\$0.00	\$91.71
Employee + Child(ren)	\$69.05	\$0.00	\$69.05
Employee + Family	\$116.43	\$0.00	\$116.43

Voluntary Vision Benefit Overview

Insured by: VSP

Benefit Description	In-Network Coverage	Frequency of Service
Exam	\$10 Copay	Every 12 months
Materials	\$25 Copay	--
Lenses (single, bifocal, trifocal, lenticular)	Covered in Full After Copay	Every 12 months
Frames	\$150 Allowance After \$25 Copay	Every 24 months
Contacts	Fitting & Evaluation	12 months (in lieu of glasses)
	Lenses	

	Total Monthly Premium	Employer Paid Per Month	Employee Paid Per Month
Employee Only	\$8.00	\$0.00	\$8.00
Employee + Spouse	\$15.14	\$0.00	\$15.14
Employee + Child(ren)	\$16.15	\$0.00	\$16.15
Employee + Family	\$25.30	\$0.00	\$25.30

COBRA: Medical, Dental, and Vision Plans Available

Group Life and AD&D Benefit Overview

Insured by: Lincoln Financial Group

Your employer pays 100% of employee only premium. Spouse and child coverage is \$1.30 per month paid by the employee.

Benefit Description	Coverage
Employee Life and AD&D	\$20,000
Spouse and Child Life and AD&D	\$10,000
Age Reduction	35% at age 65 15% at age 70

Voluntary Life and AD&D Benefit Overview

Insured by: Lincoln Financial Group

Benefit Description	Employee	Spouse	Child(ren) to age 26
Benefit Maximum	5x annual salary, up to \$500,000	50% of employee election, up to \$250,000	Birth - 14 Days: no benefit Age 14 days - 6 mos.: \$250 Age 6 months +: \$10,000
Increments	\$10,000	\$5,000	N/A
Guarantee Issue	\$100,000	\$25,000	\$10,000
Age Reduction	35% at age 65 25% at age 70 15% at age 75 15% at age 80		To age 26

Evidence of Insurability must be submitted to and approved by the Lincoln when:

1. Personal Life and AD&D Insurance amounts exceed the guarantee issue amount of \$100,000 at initial enrollment;
2. Any benefit option increase or new election requested during the specified open enrollment period which exceeds the amount of Personal Life and AD&D Insurance by more than increment level(s);
3. An increased amount of Personal Life and AD&D Insurance coverage is requested and any amount of coverage has been previously withdrawn or declined or is pending underwriting review; or
4. initial coverage is elected more than 31 days after first becoming eligible.

Voluntary Life Rates

Age	Employee/Spouse Rate per \$1,000 (includes AD&D)	Age	Employee/Spouse Rate per \$1,000 (includes AD&D)
<30	\$0.076	50-54	\$0.289
30-34	\$0.095	55-59	\$0.482
35-39	\$0.105	60-64	\$0.659
40-44	\$0.134	65-69	\$1.226
45-49	\$0.190	70+	\$2.176
Child(ren)		\$2.71 for \$10,000	

Examples of Monthly Premium for \$50,000 of Life and AD&D (Employee)

Age	Rate/\$1,000	Calculation (\$50,000/\$1,000 = 50)	Monthly Premium
35-39	\$0.105	.105 x 50	\$5.25
45-49	\$0.190	.190 x 50	\$9.50
55-59	\$0.482	.482 x 50	\$24.10

Group Long Term Disability Benefit Overview

Insured by: Lincoln Financial Group

Your employer pays 100% of employee only premium.

Benefit Description	Coverage
Monthly Benefit Maximum	50% of monthly income up to \$5,000
Elimination Period	90 calendar days
Own Occupation Period	2 years own occupation, then any occupation
Benefit Duration	Social Security Normal Retirement Age

Employee Assistance Program

Administered by: ComPsych - Guidance Resources

Available to all employees, regardless of enrollment in benefits.

You and your family members have free, 24/7 access to licensed professionals for personal, relationship, family and professional concerns. Services include:

- Unlimited phone access to legal, financial, and work-life services
- In-person help with short-term issues
- Up to four sessions, per person, per issue, per year

For more information, please visit:

<https://www.guidanceresources.com>

username: lfgsupport

password: lfgsupport1

or call (888) 628-4824

Supplemental Insurance Benefit Overview

Administered by: Aflac

Additional voluntary benefits are available through Aflac. Aflac plans pay you cash if you get hurt or sick. Cash that you can use for unpaid doctor bills (copayments, deductibles), time off work, rent, mortgage, and the bills that don't stop coming! Aflac is not medical insurance.

Aflac pays cash directly to you through the following types:

- » Accident
- » Hospital Indemnity Policy
- » Short Term Disability
- » Cancer
- » Critical Illness

For more information on the benefits offered, please reach out to Kathleen Vokral at

Kathleen_vokral@us.aflac.com or call (406) 422-2286.

Medical & Dependent Care Flexible Spending Account

Insured by: **BAS**

A Flexible Spending Account allows you to use pre-tax dollars to pay for qualified health and dependent day care expenses.

Medical FSA: If you are enrolled in the EPO 1000 medical plan, you may enroll in the Medical Flex Plan, offered by **BAS**. If you are enrolled in the HDHP Plan, you cannot enroll in the Medical FSA.

- » You may elect up to \$3,200 tax-free for the benefit year, beginning July 1-June 30
- » Your employer covers the monthly fee **Medical FSA:** If you are enrolled in the EPO 1000 medical plan, you may enroll in the Medical Flex Plan, offered by **BAS**. If you are enrolled in the HDHP Plan, you cannot enroll in the Medical FSA.
- » You must re-enroll in the medical FSA
- » If any funds remain in your Healthcare **FSA** at the end of the current plan year, you **carry over** up to \$570 into the subsequent year, indefinitely. Your **carryover balance can** be used at any time for expenses incurred in the new plan year.

Dependent Care FSA: If you are enrolled in any of the health plans, you may enroll in the Dependent Care Flex Plan, offered by **BAS**.

- » You may elect up to \$5,000 tax-free for the benefit year, beginning July 1-June 30
- » Your employer covers the monthly fee
- » You must re-enroll in the dependent care FSA

Health Savings Account

Insured by: **HealthEquity**

A Health Savings Account (HSA) is an account funded to help you save for future medical expenses. Unused HSA funds roll over from year to year and remain with the employee if they leave Diocese of Great Falls-Billings. There are certain advantages to putting money into these accounts, including favorable tax treatment.

Any adult can have an HSA if you:

- » Are not enrolled in Medicare.
- » Have coverage under an HSA-qualified, high-deductible health plan (HDHP).
- » Cannot be claimed as a dependent on someone else’s tax return.
- » Are not enrolled in another non-HDHP medical (i.e. spouse)
- » Spouse does not have a FSA

2024 HSA Contribution Limits

The Diocesan will contribute \$50 per month to the employee HSA up to a \$600 annual maximum

	2024
Employee Only	\$4,150
Employee + 1 or more	\$8,300
Age 55+ Catch Up Contribution	\$1,000

For more information and to view a full list of eligible expenses, visit <https://www.irs.gov/publications/p502>.

Teladoc

Get support from mental health professionals and licensed doctors no matter where you are with Teladoc

As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc medical doctors are available 24/7/365 by phone or video.

You can also speak to licensed therapists, psychiatrists, and mental health professionals who can help you manage addiction, depression, stress or anxiety, domestic abuse, grief, and more (available for members 13YO+).^{*} Mental health appointments are available from 7 a.m. to 9 p.m. local time, seven days a week.

Teladoc licensed professionals can help you manage mental health conditions including:

- » Depression
- » Addiction
- » Grief
- » And more

How to request an appointment

Scheduling a phone or video appointment is easy and convenient. General Medical visits can be scheduled on demand 24/7/365. For mental health visits, you will need to schedule an appointment. Appointments are available seven days a week from 7 a.m. to 9 p.m. local time. Teladoc confirms mental health appointments within 72 hours.

How to schedule an appointment

Medical consultations

Visit blueshieldca.com/teladoc to register or log in. You can request a consultation any time you need care. Download the Blue Shield app to access care from anywhere.

Mental health consultations

Visit blueshieldca.com/teladoc to register or log in and answer a few questions about your needs. Then, request an appointment. Download the Blue Shield app to access care from anywhere. Please note that mental health appointments must be scheduled in advance.

Benefit Terms

Annual Deductible: the amount that you are required to pay each year before a plan begins to pay benefits.

Coinsurance: the percentage of the cost that you are required to pay when you receive covered health care services.

Copay: the flat-dollar amount that you are required to pay when you receive covered health care services. Copays are typically due at the time that you receive the service.













In-Network: care or services provided by doctors, hospitals, labs or pharmacies that participate in the network of providers who have contracted with your plan provider. Generally, due to negotiated lower fees with these providers, you pay less when you stay In-Network.

Maximum Out-of-Pocket: the most that you are required to pay in a plan year for covered health care services. After you spend this out of pocket amount on Deductibles, coinsurance, and Copays for in-network care, your plan pays 100% of the costs of all eligible expenses for the remainder of the plan year.

Out-of-Network: care or services provided by doctors, hospitals, labs or pharmacies that do not participate in the network of providers who have contracted with your plan provider. Generally, you pay more when you go Out-of-Network.

Plan Administrators

Click on the blue links below to open the website or send an email.

	Medical	Blue Shield of California Customer Service: (888) 722-1076 Nurse Help Line: (877) 304-0504 https://www.blueshieldca.com Find Provider: https://provider.bcbs.com
	Rx	CVS Caremark (800) 844-0719 https://www.caremark.com
	Enrollment Assistance	BAS (877) 303-7382 https://retatrust.org service@retaenroll.org
	Medical & Dependent Care FSA	BAS/MyEnroll 360 (800) 945-5513 https://www.myenroll.com
	Health Savings Account (HSA)	HealthEquity (866) 345-5800 https://healthequity.com
	Dental	Delta Dental of California (800) 765-6003 https://www1.deltadentalins.com
	Vision	VSP (800) 877-7195 https://www.vsp.com
	Life and AD&D Vol. Life and AD&D LTD	Lincoln Financial Group (800) 487-1485 https://www.lfg.com
	Employee Assistance Program	ComPsych Guidance Resources (888) 628-4824 https://www.guidanceresources.com username: lfgsupport password: lfgsupport1
	Supplemental Insurance	Aflac Kathleen Vokral 406-422-2286 Kathleen_vokral@us.aflac.com
	Telehealth	Teladoc (800) 835-2362 https://www.blueshieldca.com/teladoc
	Administration Office	Billings Catholic Schools (406) 252-0997 hr@billingscatholicschools.org
	Benefit Contacts	Marsh McLennan Agency Lori Fearon Sales Executive Shelly Batista Client Manager (406) 457-4524 Shelly.Batista@MarshMMA.com

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.