



Human Resource Benefits Office
1325 Poplar St
Helena, MT 59601

8/15/24

Dear Retiree,

With the start of another Health Insurance Plan Year upon us, this Insurance packet will provide you with the necessary information to help you with your Helena School District #1 Benefits. Here are some particularly important notes to help:

✚ **Open Enrollment:**

- **You must complete the forms in this envelope.** The plans have been unbundled and now you can elect Medical, Dental and Vision **separately**. Please fill out the form and return it to the Benefits office by 9/16/2024.

- ✚ The Insurance Website will have the necessary documents and information for you to view:
<http://helenaschools.org> (Departments – Human Resources – Health Care and Cafeteria Benefits)

- ✚ **Please read** both sides of the paper(s) of the Welcome to School Packet when applicable. As there is **necessary information** for you to retain.

We know there may be many questions, therefore I request you contact me through phone or email and allow adequate time for a response due to high volume.

Thanks,

Richard Franco

HR Health Benefits Manager
Helena Public School District #1
Ph: 406-324-2008

Confidentiality Notice: This communication (including any attachments) may contain privileged or confidential information intended for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you should delete this communication and/or shred the materials and any attachments and are hereby notified that any disclosure, copying, or distribution of this communication, or the taking of any action based on it, is strictly prohibited.



MEMO

To: Helena Public School District #1 Retirees

From: Rich Franco/Health Benefits Manager

Date: August 15, 2024

RE: Annual Benefits Required Notices

This memo gives you the information to view the following notices as required by law:

- 1) HSD1 Summaries of Benefits and Coverage (SBC) for Premium and Standard Plans**
- 2) Health Plan Document**
- 3) Health Benefit Plan Description**
- 4) Appeals Process and Rights for Members**
- 5) Changes for the Health Plan Year 24-25**
- 6) Mid-Year Changes**
- 7) CHIPRA – notice informs employees of possible assistance (Medicaid, CHIP, etc.)**
- 8) COBRA – Continuation of health coverage option**
- 9) Health Insurance Marketplaces**

To view these notices and information, please visit the HSD Insurance Website. You can find the insurance website by going to: www.helenaschools.org – Departments – Human Resources – Health Care and Cafeteria Benefits.

If you have any questions, please do not hesitate to contact your Health Benefits Manager.

Thanks,

Richard Franco

Helena School District 1
HR Health Benefits Manager
rfranco@helenaschools.org
Ph: (406) 324-2008

Helena School District #1
Retiree Health Benefit Summary
October 1, 2024 – September 30, 2025

OPTION 1 PLAN	OPTION 2 PLAN																																
<p><i>Benefit Option includes medical and prescription coverage.</i></p> <p><u>Monthly Premiums for 2024-2025 Plan Year</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Coverage</th> <th style="text-align: right; border-bottom: 1px solid black;">Premium</th> </tr> </thead> <tbody> <tr><td>Retired Single</td><td style="text-align: right;">\$1,086.68</td></tr> <tr><td>Retired Single + Spouse</td><td style="text-align: right;">\$2,075.55</td></tr> <tr><td>Retired Single + 1 Child</td><td style="text-align: right;">\$1,358.35</td></tr> <tr><td>Retired Single + Children</td><td style="text-align: right;">\$1,467.01</td></tr> <tr><td>Retired Single + Family (1 Child)</td><td style="text-align: right;">\$2,347.22</td></tr> <tr><td>Retired Single + Family (Children)</td><td style="text-align: right;">\$2,455.89</td></tr> <tr><td>Medicare Eligible Retiree **</td><td style="text-align: right;">\$589.81</td></tr> </tbody> </table> <p>**EFFECTIVE JANUARY 1, 2011 MEDICARE RATE DOES NOT COVER PHARMACY. RETIREES WILL NEED TO ENROLL IN MEDICARE PART D OR OTHER COVERAGE FOR PHARMACY</p>	Coverage	Premium	Retired Single	\$1,086.68	Retired Single + Spouse	\$2,075.55	Retired Single + 1 Child	\$1,358.35	Retired Single + Children	\$1,467.01	Retired Single + Family (1 Child)	\$2,347.22	Retired Single + Family (Children)	\$2,455.89	Medicare Eligible Retiree **	\$589.81	<p><i>Benefit Option includes medical and prescription coverage.</i></p> <p><u>Monthly Premiums for 2024-2025 Plan Year</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Coverage</th> <th style="text-align: right; border-bottom: 1px solid black;">Premium</th> </tr> </thead> <tbody> <tr><td>Retired Single</td><td style="text-align: right;">\$905.56</td></tr> <tr><td>Retired Single + Spouse</td><td style="text-align: right;">\$1,729.63</td></tr> <tr><td>Retired Single + 1 Child</td><td style="text-align: right;">\$1,131.96</td></tr> <tr><td>Retired Single + Children</td><td style="text-align: right;">\$1,222.51</td></tr> <tr><td>Retired Single + Family (1 Child)</td><td style="text-align: right;">\$1,956.02</td></tr> <tr><td>Retired Single + Family (Children)</td><td style="text-align: right;">\$2,046.58</td></tr> <tr><td>Medicare Eligible Retiree **</td><td style="text-align: right;">\$402.62</td></tr> </tbody> </table> <p>**EFFECTIVE JANUARY 1, 2011 MEDICARE RATE DOES NOT COVER PHARMACY. RETIREES WILL NEED TO ENROLL IN MEDICARE PART D OR OTHER COVERAGE FOR PHARMACY</p>	Coverage	Premium	Retired Single	\$905.56	Retired Single + Spouse	\$1,729.63	Retired Single + 1 Child	\$1,131.96	Retired Single + Children	\$1,222.51	Retired Single + Family (1 Child)	\$1,956.02	Retired Single + Family (Children)	\$2,046.58	Medicare Eligible Retiree **	\$402.62
Coverage	Premium																																
Retired Single	\$1,086.68																																
Retired Single + Spouse	\$2,075.55																																
Retired Single + 1 Child	\$1,358.35																																
Retired Single + Children	\$1,467.01																																
Retired Single + Family (1 Child)	\$2,347.22																																
Retired Single + Family (Children)	\$2,455.89																																
Medicare Eligible Retiree **	\$589.81																																
Coverage	Premium																																
Retired Single	\$905.56																																
Retired Single + Spouse	\$1,729.63																																
Retired Single + 1 Child	\$1,131.96																																
Retired Single + Children	\$1,222.51																																
Retired Single + Family (1 Child)	\$1,956.02																																
Retired Single + Family (Children)	\$2,046.58																																
Medicare Eligible Retiree **	\$402.62																																
<p>Medical coverage:</p> <p>\$750 deductible for individual and \$1,500 deductible for family. Participants incur a 30% co-pay on applicable expenses until they reach a maximum out-of-pocket limit. The maximum out-of-pocket cost for an individual is \$3,000 and \$6,000 for family.</p>	<p>Medical coverage:</p> <p>\$2,000 deductible for individual and \$4,000 deductible for family. Participants incur a 30% co-pay on applicable expenses until they reach a maximum out-of-pocket limit. The maximum out-of-pocket cost for an individual is \$6,000 and \$12,000 for family.</p>																																
<p>Prescription Coverage:</p> <p>Each participant must meet a \$100 deductible. Participant co-payments per prescription will be:</p> <p>Pharmacy Benefit:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Supply</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Generic</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Preferred Brand</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Non-Preferred Brand</u></th> </tr> </thead> <tbody> <tr> <td>34-day</td> <td style="text-align: center;">\$12</td> <td style="text-align: center;">\$40 + 40%</td> <td style="text-align: center;">\$50+50%</td> </tr> </tbody> </table> <p>Mail Order Benefit:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Supply</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Generic</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Preferred Brand</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Non-Preferred Brand</u></th> </tr> </thead> <tbody> <tr> <td>34-day</td> <td style="text-align: center;">\$12</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>3-month</td> <td style="text-align: center;">\$24</td> <td style="text-align: center;">\$104</td> <td style="text-align: center;">\$120</td> </tr> </tbody> </table>	<u>Supply</u>	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>	34-day	\$12	\$40 + 40%	\$50+50%	<u>Supply</u>	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>	34-day	\$12	\$40	\$50	3-month	\$24	\$104	\$120	<p>Prescription Coverage:</p> <p style="text-align: center;"><i>(Same as Option 1 Plan Prescription Benefit.)</i></p>												
<u>Supply</u>	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>																														
34-day	\$12	\$40 + 40%	\$50+50%																														
<u>Supply</u>	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>																														
34-day	\$12	\$40	\$50																														
3-month	\$24	\$104	\$120																														

Important Health Plan Election Information:

Retirees may change their health benefit plan election during the open enrollment period. Dependents may remain on the plan but may not be added after retirement. Also, please note that once a Retiree turns 65 they must go onto Medicare and cannot have the District Insurance as a Primary. Contact the Human Resource Benefits Manager, Richard Franco at 324-2008 or rfranco@helenaschool.org if you have any questions.



Helena School District #1
Employee Health Benefit Summary
October 1, 2024 – September 30, 2025

DENTAL PLAN OPTION	VISION PLAN OPTION																												
<p><i>Benefit Option includes Dental coverage only for Employee, Spouse, Child(ren) or Family.</i></p> <p><u>Monthly Dental Premiums for 2024-2025 Plan Year</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Coverage</th> <th style="text-align: right; border-bottom: 1px solid black;">Premium</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: right;">\$53.29</td> </tr> <tr> <td>Single + Spouse</td> <td style="text-align: right;">\$101.78</td> </tr> <tr> <td>Single + Child</td> <td style="text-align: right;">\$66.61</td> </tr> <tr> <td>Single + Children</td> <td style="text-align: right;">\$71.94</td> </tr> <tr> <td>Single + Family (1 Child)</td> <td style="text-align: right;">\$115.10</td> </tr> <tr> <td>Single + Family (Children)</td> <td style="text-align: right;">\$120.43</td> </tr> </tbody> </table>	Coverage	Premium	Single	\$53.29	Single + Spouse	\$101.78	Single + Child	\$66.61	Single + Children	\$71.94	Single + Family (1 Child)	\$115.10	Single + Family (Children)	\$120.43	<p><i>Benefit Option includes Vision coverage for Employee and Spouse only.</i></p> <p><u>Monthly Vision Premiums for 2024-2025 Plan Year</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Coverage</th> <th style="text-align: right; border-bottom: 1px solid black;">Premium</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td style="text-align: right;">\$13.55</td> </tr> <tr> <td>Single + Spouse</td> <td style="text-align: right;">\$25.88</td> </tr> <tr> <td>Single + Child</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>Single + Children</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>Single + Family (No Child Coverage)</td> <td style="text-align: right;">\$25.88</td> </tr> <tr> <td>Single + Family (No Children Coverage)</td> <td style="text-align: right;">\$25.88</td> </tr> </tbody> </table>	Coverage	Premium	Single	\$13.55	Single + Spouse	\$25.88	Single + Child	N/A	Single + Children	N/A	Single + Family (No Child Coverage)	\$25.88	Single + Family (No Children Coverage)	\$25.88
Coverage	Premium																												
Single	\$53.29																												
Single + Spouse	\$101.78																												
Single + Child	\$66.61																												
Single + Children	\$71.94																												
Single + Family (1 Child)	\$115.10																												
Single + Family (Children)	\$120.43																												
Coverage	Premium																												
Single	\$13.55																												
Single + Spouse	\$25.88																												
Single + Child	N/A																												
Single + Children	N/A																												
Single + Family (No Child Coverage)	\$25.88																												
Single + Family (No Children Coverage)	\$25.88																												
<p>Dental coverage: <i>Reimbursed on a Schedule</i></p> <p>Includes Preventative, Basic Restorative and Major Restorative coverage. Non-Preventative services are subject to a \$100 annual deductible applied per covered person. Maximum of \$2,000 covered per person during the benefit Plan Year.</p> <p><i>Preventive dental coverage no deductible applies. The annual benefit includes the following preventive services:</i></p> <ul style="list-style-type: none"> two periodic oral exams one comprehensive oral evaluation (a one-time evaluation for new patients); two cleanings (prophylaxis), <p>one set of x-rays - bitewing single film; bitewings two films; bitewings four films.</p>	<p>Vision coverage: <i>Reimbursed on a Schedule</i></p> <p>Vision claims are based on a reimbursement schedule stated in your Plan Document. The reimbursement schedule can also be found on the District Insurance website. Vision Coverage is an Employee and Spouse Only benefit.</p>																												

Important Health Plan Election Information:

A change in dependents coverage is only allowed during open enrollment period or if a Qualifying Event occurs during the plan year. Contact the Human Resource Benefits Manager, Richard Franco at 324-2008 or rfranco@helenaschools.org to determine if an allowable change has occurred.





CAFETERIA BENEFITS SELECTION FORM FOR RETIREES SUMMARY - PLAN YEAR 2024-25

Health Insurance

Choose One ONLY

from "Option 1"
or "Option 2" Plan

	Option 1 <i>Plan</i> <i>w/ RX</i>	<<<<-----	----->>>>	Option 2 <i>Plan</i> <i>w/ Rx</i>	
Single Only	\$1,086.68	per month		\$905.56	per month
Single + Spouse	\$2,075.55	per month		\$1,729.63	per month
Single + Child	\$1,358.35	per month		\$1,131.96	per month
Single + Children	\$1,467.01	per month		\$1,222.51	per month
Single + Family (1 Child)	\$2,347.22	per month		\$1,956.02	per month
Single + Family Children	\$2,455.89	per month		\$2,046.58	per month

> **NAME (Please print)** _____

> **YOUR ADDRESS** >>>>>> _____

> **City, State Zip** >>>>>> _____

> >>>>>> _____

> **YOUR SIGNATURE (REQUIRED)** >>>>>> _____

> **INSURANCE MANAGER (VERIFIED)** >>>> _____ **Upon Receipt of Form*

> **DATE** >>>> _____ **PHONE #** >>>>>> (406) 324-2008

* The Plan Year begins October 1, 2024 and runs through September 30, 2025



CAFETERIA BENEFITS SELECTION FORM FOR RETIREES SUMMARY - PLAN YEAR 2024-25

Dental Insurance

	Dental Plan Option	
Single Only		\$53.29 per month
Single + Spouse		\$101.78 per month
Single + Child		\$66.61 per month
Single + Children		\$71.94 per month
Single + Family (1 Child)		\$115.10 per month
Single + Family Children		\$120.43 per month

> **NAME (Please print)** _____

> **YOUR ADDRESS** >>>>>> _____

> **City, State Zip** >>>>>> _____

> >>>>>> _____

> **YOUR SIGNATURE (REQUIRED)** >>>>>> _____

> **INSURANCE MANAGER (VERIFIED)** >>>> _____ **Upon Receipt of Form*

> **DATE** >>>> _____ **PHONE #** >>>>>> **(406) 324-2008** _____

** The Plan Year begins October 1, 2024 and runs through September 30, 2025*



HELENA SCHOOL DISTRICT #1

CAFETERIA BENEFITS SELECTION FORM FOR RETIREES SUMMARY - PLAN YEAR 2024-25

Vision Insurance

Vision Plan Option	<<<-----
--------------------------	----------

Single Only		\$53.29	per month
Single + Spouse		\$25.88	per month

> **NAME (Please print)** _____

> **YOUR ADDRESS** >>>>>>> _____

> **City, State Zip** >>>>>>> _____

> >>>>>>> _____

> **YOUR SIGNATURE (REQUIRED)** >>>>>>> _____

> **INSURANCE MANAGER (VERIFIED)** >>>> _____ **Upon Receipt of Form*

> **DATE** >>>> _____ **PHONE #** >>>>>>> (406) 324-2008

** The Plan Year begins October 1, 2024 and runs through September 30, 2025*



NEED HELP WITH ENROLLMENT?

Open Enrollment (8/21/24 – 9/16/24) for your 24-25 PY Health Benefits has begun! If you need assistance, you can setup an appointment (via TEAMS, in Person or Phone) with the Insurance Manager during open enrollment. Please email him at your convenience to setup an appointment.

Remember, Open Enrollment *ends on September 16th* and we urge you to **not** wait until the last second. If you have any other questions, please contact your HR Benefits Manager at rfranco@helenaschools.org.

CHECK LIST

- ❖ Fill out your election forms
- ❖ Making any Changes? Be sure to fill out the ***REQUEST FOR ENROLLMENT CHANGE*** form if you are adding or removing anyone from your Health Plan. The form can be found on the HSD1 Insurance website.
- ❖ To view your Health Plan Document, Plan Description, Summary of Benefits, Appeals Process, Pharmacy, Life Insurance forms, Flex, Wellness, Dental Schedule, and more please visit the **Insurance Website** by going to: www.helenaschools.org – Departments – Human Resources – Health Care and Cafeteria Benefits.
- ❖ *If you do not enroll by September 16th, then your benefits may be put on a hold status until we meet and get any necessary paperwork completed.*



