



## Welcome to 2026-27 Open Enrollment

With the start of another health insurance plan year, it's time to review and choose your health benefits for October 1, 2026 – September 30, 2027. **Open Enrollment begins August 14 and ends September 4.**

We are committed to providing benefits that support you and your family. This year also marks the beginning of our participation in the Bridged Health Alliance, an exciting step that brings several advantages, including greater collaboration, enhanced resources, and a continued focus on delivering high-quality, cost-effective benefits for employees.

This packet contains everything you need to complete your enrollment. Please take a few minutes to review this information, especially the section outlining changes for the upcoming plan year. Even if you don't plan to make changes, it's important to understand any updates to benefits, costs, and wellness incentives before making elections. Should you fail to complete the enrollment process by the deadline, you may experience a lapse in coverage. Before submitting your enrollment, be sure to complete the items on this checklist:

- ☐ Review the benefit changes for the 2026–27 plan year.
- ☐ Review your current medical, dental, and vision coverage.
- ☐ Decide whether to keep your current coverage or make changes.
- ☐ Verify that your dependent information is accurate and up to date.
- ☐ Review available wellness incentives and program information.
- ☐ Complete the Cafeteria Benefits Selection Form – Plan Year 2026-27.
- ☐ Review your elections carefully before submitting by September 4, 2026.

We know benefits can feel overwhelming, and we're here to help. Please feel free to contact me by phone at (406) 324-2014 or email at [kmizell@helenaschools.org](mailto:kmizell@helenaschools.org).

Sincerely,

**Keri Mizell**

Human Resources Director

### JOIN US AT THE BENEFITS FAIR ON AUGUST 14!

We encourage you to attend the Benefits Fair from **10 a.m. to 2 p.m. August 14** at the Lincoln Center. Representatives from benefit partners, Human Resources, and Bridged Health Alliance will be available to help you better understand your options. Lunch will be provided from 11:30 a.m. to 1:00 p.m.



## What's Changing for the 2026-27 Plan Year?

There will continue to be two plan options for Medical. Dental and Vision can still be elected separately. There was an 8.5% increase to premiums for each medical plan. Please refer to the District Insurance website for detailed information: [www.helenaschools.org/departments/human-resources/health-care-and-cafeteria-benefits/](http://www.helenaschools.org/departments/human-resources/health-care-and-cafeteria-benefits/).

- **Our Pharmacy Benefit Manager (PBM) is now Judi Rx** (formerly Capital Rx), a full service PBM known for its transparent, pass-through pricing model. More information on page 6.
- **Our telemedicine partner is now First Stop Health**, where you can access primary care, urgent care, mental health care and health coaching at no cost to you! More on page 7.
- **Medical/Rx Option 1** (has the Tier 1 program with co-pays)
- **Medical/Rx Option 2** (does not have the Tier 1 program but does still have \$25 Urgent Care visits and Accident/Injury Benefit).
- There is one Dental option that will provide preventative, basic, and major restorative care.
- Vision is available for Retiree or Retiree/Spouse only through Ameritas.
- An employee may elect Dental and/or Vision coverage for self and/or eligible dependents if waiving Medical/Rx coverage.

**Enrollment:** Complete the Benefits Selection Form between August 14 and September 4 to make elections, even if you are not looking to make any changes. Please return your completed form via email to [insurance@helenaschools.org](mailto:insurance@helenaschools.org) or return to Lincoln Center, Attn HR, 1325 Poplar Street, Helena MT 59601. **Failure to take action by September 4 may result in a lapse in coverage.**

Please visit Human Resources/Health Care and Cafeteria Benefits webpage for a comprehensive overview of the Health Insurance Plan Description, Health Plan Document, Summary of Benefits and Coverage, as well as legal notices regarding the requirements of The Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act of 2010 (HCERA).

**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. Email [humanresources@helenaschools.org](mailto:humanresources@helenaschools.org) to determine if an allowable change has occurred.

**Wellness Program:** The District Wellness Program encourages healthy habits and preventive care. Employees and enrolled spouses who participate in wellness screenings, complete required health activities, and meet program criteria may qualify for wellness incentives. Employees and enrolled spouses have until **June 30 of each year** to complete any required activities and meet eligibility requirements for incentives in the following plan year. For specific wellness requirements, incentive amounts, and program details, please visit the District Insurance website: [www.helenaschools.org/departments/human-resources/health-care-and-cafeteria-benefits/](http://www.helenaschools.org/departments/human-resources/health-care-and-cafeteria-benefits/).



## Medical Plans with Rates

| Benefits                                     | Option 1                          |                               | Option 2                          |                            |
|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|----------------------------|
|                                              | Tier 1                            | Tier 2                        | Tier 1                            | Tier 2                     |
| Calendar Year Deductible Individual / Family | \$0 Embedded                      | \$1,500 / \$3,000 Embedded    | N/A                               | \$3,000 / \$6,000 Embedded |
| Annual Out-of-Pocket Max Individual/Family   | \$4,000 / \$8,000 Embedded        |                               | \$7,000 / \$14,000 Embedded       |                            |
| Plan Services                                | Tier 1                            | Tier 2                        | Tier 1                            | Tier 2                     |
| Physician Office Visit                       | \$10 copay                        | 30% after deductible          | 30% after deductible              |                            |
| Specialist Office Visit                      | \$40 copay                        | 30% after deductible          | 30% after deductible              |                            |
| Preventive Care                              | No Charge                         |                               |                                   |                            |
| CT, MRI, PET scans                           | No Charge                         | 30% after deductible          | 30% after deductible              |                            |
| Other lab and x-ray tests                    | No Charge                         | 30% after deductible          | 30% after deductible              |                            |
| Inpatient Hospital                           | 30% after deductible              | 30% after deductible          | 30% after deductible              |                            |
| Outpatient Hospital                          | \$10 copay                        | 30% after deductible          | 30% after deductible              |                            |
| Emergency Room                               | \$250 copay                       | 30% after deductible          | 30% after deductible              |                            |
| Urgent Care                                  | \$25 copay                        | 30% after deductible          | \$25 copay                        | 30% after deductible       |
| Durable Medical Equipment                    | No Charge                         | 30% after deductible          | 30% after deductible              |                            |
| Chiropractic Care                            | Not Covered                       | \$25 copay, deductible waived | \$25 copay, deductible waived     |                            |
| Pharmacy Services                            | Generic/Preferred/Non-Preferred   |                               | Generic/Preferred/Non-Preferred   |                            |
| Rx Co-Pay Out-of-Pocket Max                  | \$700 Individual / \$1,300 Family |                               | \$700 Individual / \$1,300 Family |                            |
| Rx Benefit Deductible Per Year               | \$100                             |                               | \$100                             |                            |
| Retail 34-day supply                         | \$12 / \$40 + 40% / \$50 + 50%    |                               | \$12 / \$40 + 40% / \$50 + 50%    |                            |
| Mail Order - 90-day supply                   | \$24 / \$104 / \$120              |                               | \$24 / \$104 / \$120              |                            |
| 12 Month EE Rates                            | Option 1                          |                               | Option 2                          |                            |
| Retiree Only                                 | \$1,155.31                        |                               | \$955.06                          |                            |
| Retiree + Spouse                             | \$2,216.17                        |                               | \$1,824.19                        |                            |
| Retiree + Child                              | \$1,450.38                        |                               | \$1,193.84                        |                            |
| Retiree + Children                           | \$1,566.39                        |                               | \$1,289.35                        |                            |
| Retiree + Family (1 child)                   | \$2,506.24                        |                               | \$2,062.95                        |                            |
| Retiree + Family (2+ child)                  | \$2,622.28                        |                               | \$2,158.47                        |                            |
| Medicare Eligible Retiree                    | \$585.00                          |                               | \$395.00                          |                            |

**IMPORTANT:** Effective January 1, 2011, Medicare rate does not cover pharmacy. Retirees will need to enroll in Medicare Part D or other coverage for pharmacy.



| Dental Plan Premiums                                                                                                                                                      |              | Vision Plan Premiums                                                                                                                                                               |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Coverage Type                                                                                                                                                             | Premium Cost | Coverage Type                                                                                                                                                                      | Premium Cost |
| Retiree Only                                                                                                                                                              | \$53.29      | Retiree Only                                                                                                                                                                       | \$13.55      |
| Retiree + Spouse                                                                                                                                                          | \$101.78     | Retiree + Spouse                                                                                                                                                                   | \$25.88      |
| Retiree + Child                                                                                                                                                           | \$66.61      |                                                                                                                                                                                    |              |
| Retiree + Children                                                                                                                                                        | \$71.94      |                                                                                                                                                                                    |              |
| Retiree + Family (1 child)                                                                                                                                                | \$115.10     |                                                                                                                                                                                    |              |
| Retiree + Family (2+ child)                                                                                                                                               | \$120.43     |                                                                                                                                                                                    |              |
| Dental Coverage is based on a reimbursement schedule. This schedule and SPD can be found on the District Insurance Website.                                               |              | Vision Coverage is based on a reimbursement schedule. This schedule and SPD can be found on the District Insurance Website. Vision Coverage is an Retiree and Spouse only benefit. |              |
| Our TPA for your Dental benefits is Delta Dental. Please visit the Helena School District Insurance Website for more information such as their Network and other options. |              | Our TPA for your Vision benefits is Ameritas. Please visit the Helena School District Insurance Website for more information.ns.                                                   |              |



## CAFETERIA BENEFITS SELECTION FORM FOR RETIREES

1. Choose one ONLY from Option 1 or Option 2; only ONE from Dental Plan Option; only ONE from Vision Plan Option.
2. Complete personal information, then sign and date the form.
3. Return the form by emailing it to [insurance@helenaschools.org](mailto:insurance@helenaschools.org) or by delivering/ mailing it to:  
Lincoln Center, Attn HR, 1325 Poplar Street, Helena MT 59601

### HEALTH INSURANCE OPTION 1 WITH RX

| PLAN PARTICIPANT(S)        | CHECK ONE | MONTHLY PREMIUM |
|----------------------------|-----------|-----------------|
| Retiree Only               |           | \$1,155.31      |
| Retiree + Spouse           |           | \$2,216.17      |
| Retiree + Child            |           | \$1,450.38      |
| Retiree + Children         |           | \$1,566.39      |
| Retiree + Family (1 Child) |           | \$2,506.24      |
| Retiree + Family Children  |           | \$2,622.28      |
| Medicare Eligible Retiree  |           | *\$585.00       |

### HEALTH INSURANCE OPTION 2 WITH RX

| PLAN PARTICIPANT(S)        | CHECK ONE | MONTHLY PREMIUM |
|----------------------------|-----------|-----------------|
| Retiree Only               |           | \$955.06        |
| Retiree + Spouse           |           | \$1,824.19      |
| Retiree + Child            |           | \$1,193.84      |
| Retiree + Children         |           | \$1,289.35      |
| Retiree + Family (1 Child) |           | \$2,062.95      |
| Retiree + Family Children  |           | \$2,158.47      |
| Medicare Eligible Retiree  |           | *\$395.00       |

### DENTAL PLAN OPTION

| PLAN PARTICIPANT(S)        | CHECK ONE | MONTHLY PREMIUM |
|----------------------------|-----------|-----------------|
| Retiree Only               |           | \$53.29         |
| Retiree + Spouse           |           | \$101.78        |
| Retiree + Child            |           | \$66.61         |
| Retiree + Children         |           | \$71.94         |
| Retiree + Family (1 Child) |           | \$115.10        |
| Retiree + Family Children  |           | \$120.43        |

### VISION PLAN OPTION

| PLAN PARTICIPANT(S) | CHECK ONE | MONTHLY PREMIUM |
|---------------------|-----------|-----------------|
| Retiree Only        |           | \$13.55         |
| Retiree + Spouse    |           | \$25.88         |

*\* The Medicare rate for Health Insurance Option 1 or Health Insurance Option 2 does not cover does not cover pharmacy. Retirees will need to enroll in Medicare Part D or other coverage for pharmacy.*

The Plan Year begins October 1, 2026 and runs through September 30, 2027.

|                                  |      |
|----------------------------------|------|
| FULL LEGAL NAME:                 |      |
| MAILING ADDRESS:                 |      |
| CITY, STATE, ZIP CODE:           |      |
| YOUR SIGNATURE<br>REQUIRED       | DATE |
| HR DIRECTOR/DESIGNEE<br>VERIFIED | DATE |

Support: [insurance@helenaschools.org](mailto:insurance@helenaschools.org) or 406-324-2014





## NEW Pharmacy Benefits Manager: Judi Rx

Our Pharmacy Benefit Manager is now Judi Rx (formerly Capital Rx), which is committed to providing members with easy access to medications, cost-saving tools, a broad pharmacy network, mail-order services, specialty pharmacy support, and personalized customer service. This partnership includes:

- Access to a national network of 60,000+ retail pharmacies with consistent pricing
- Specialty and clinical programs, including specialty medication coordination and step therapy
- 24/7 member support, a mobile app, and prescription management tools
- Customer service is available and can be accessed toll free by calling **1-833-395-7211**

### Frequently Asked Questions

**1. Has the formulary changed with the transition to Judi Rx from Rightway?**

Yes. Visit [enrollment.cap-rx.com/plans?client=bridgedhealthhelena](https://enrollment.cap-rx.com/plans?client=bridgedhealthhelena) to determine whether medications are covered and whether prior authorization, step therapy, or quantity limits apply. Once your plan starts, you can log into [app.cap-rx.com/login](https://app.cap-rx.com/login).

**2. How do I find a participating pharmacy?**

Prior to October 1, visit [enrollment.cap-rx.com/plans?client=bridgedhealthhelena](https://enrollment.cap-rx.com/plans?client=bridgedhealthhelena) to search for network pharmacies. After October 1, you can login into your account at [app.cap-rx.com/login](https://app.cap-rx.com/login) or on the mobile app find network pharmacies and compare prescription costs using the "Find Best Price" tool.

**3. Will Judi Health honor existing prior authorizations?**

Any existing prior authorizations you had are not being moved over, which means you must obtain a new prior authorization. The form is available at [judi.health/judi-rx-prescribers](https://judi.health/judi-rx-prescribers) and your provider can submit a completed form along with required documents. Without prior approval, you may be responsible for the full cost of the medication and the amount paid would not contribute toward your plan deductible or out-of-pocket amount.

**4. What if my medication requires a prior authorization, quantity limit, or step therapy review?**

Certain medications may require Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). If required, your provider can submit the necessary documentation directly to Judi Rx using forms available at [judi.health/judi-rx-prescribers](https://judi.health/judi-rx-prescribers).

**5. I currently use mail-order pharmacy services. Will I need to make changes?**

Judi Rx and Bridged Health Alliance are working together to offer you affordable prescription medications delivered right to your home. If you are prescribed a 90-day prescription for maintenance medications, you can fill at Ridgeway Mail Order Pharmacy or with Costco Mail Order.



## NEW Telemedicine Provider: First Stop Health

If you choose a medical plan, you will automatically be enrolled in First Stop Health, a new virtual healthcare benefit designed to make it easier to care for your physical and mental wellbeing without any additional cost to you.

Through convenient phone or video visits, First Stop Health provides 24/7 access to urgent care providers, virtual primary care, health coaching, therapy, and mental health support. And you can do it all from the comfort of home or wherever you are.

Whether you need treatment for a minor illness, help managing an ongoing health condition, support reaching wellness goals, or someone to talk to during a challenging time, First Stop Health connects you with experienced, compassionate professionals who put your needs first. This benefit helps save time, reduces barriers to care, and gives you and your family access to confidential support when it matters most.

We encourage you to take advantage of this valuable new benefit and experience the convenience, quality, and personalized care that First Stop Health has to offer.

### Virtual Urgent Care

By providing you with on-demand, 24/7 urgent care provider access, First Stop Health will save you time and money. We truly believe you will love this benefit.

- 24/7 access to board-certified urgent care providers
- Convenient visits via phone or video so you can get care where you are
- Learn more at [blog.firststophealth.com/blog/how-telemedicine-works](https://blog.firststophealth.com/blog/how-telemedicine-works)

### Virtual Primary Care

Connect with experienced providers who will listen, understand, and truly care about your health. Schedule a visit as soon as tomorrow!

- 24/7 access to board-certified urgent care providers for all ages
- Expert support from board-certified primary care providers for those over 18
- Visits for well checks, ongoing health management, referrals, screenings, lab orders, and more
- Learn more at [www.firststophealth.com/virtual-primary-care-patients](https://www.firststophealth.com/virtual-primary-care-patients)



## Virtual Health Coaching

Reach your health goals, no matter how big or small, with expert guidance and support.

- Well-being support from registered dietitians, board-certified health coaches, and certified diabetes educators for those over 18
- Work with a wellness specialist to reach your goals like eating better, weight management, quitting tobacco, managing diabetes, and more
- Learn more at [www.firststophealth.com/virtual-care-patient](http://www.firststophealth.com/virtual-care-patient)

## Virtual Therapy

Need to talk? Whether you're feeling down, anxious or overwhelmed, First Stop Health therapists are here to listen, and they're here to help.

- Compassionate support from licensed therapists
- Solution-focused care for major life changes, social anxiety, conflict, work/life stress, grief, and more
- Learn more at [www.firststophealth.com/virtual-counseling](http://www.firststophealth.com/virtual-counseling)

## Virtual Mental Healthcare

Your mental health matters. Confidentially talk with a mental health provider who is here to listen and provide support.

- Compassionate support from licensed therapists, board-certified health coaches, and primary care providers
- Schedule a visit for individual therapy or coaching, couples and family therapy, or medication management for anxiety and depression
- Learn more at [www.firststophealth.com/mental-health-care-patient](http://www.firststophealth.com/mental-health-care-patient)

## Here's how to get started:

Log in on the First Stop Health mobile app or at [www.firststophealth.com](http://www.firststophealth.com). If it's your first time logging in, select "Find My Account" to claim your account with the last 4 digits of your [SSN/employee ID.]

We hope that you'll take advantage of this new benefit.





## Glossary of Common Terms

**Allowed Amount:** This is the maximum payment your plan will pay for a covered healthcare service. May also be called “eligible expense,” “payment allowance,” or “negotiated rate”.

**Coinsurance:** The percentage of costs you pay for a covered healthcare service after you've met your deductible. For example, if your coinsurance is 20%, and you have a \$100 medical bill after meeting your deductible, you would pay \$20, and your insurance would pay the remaining \$80.

**Copayment (Copay):** A fixed amount you pay for a covered healthcare service, typically when you receive the service. This is separate from your deductible and is due at the time of the service.

**Deductible:** The amount of money you must pay out-of-pocket before your insurance begins to pay. For example, if your deductible is \$1,000, you pay that amount for services before insurance starts covering costs. The deductible does not apply to preventative care and certain other services.

**Embedded:** Every person in a family plan has their own individual deductible. Once a family member reaches this amount, coverage begins, even if the family deductible hasn't been met.

**Explanation of Benefits (EOB):** An EOB is a summary of the health insurance plan that shows the total cost of the healthcare service(s) a member received, how much the plan paid, and how much a member may owe. It may be sent by mail or available online. This is not a bill.

**Narrow Network (Tier 1):** A narrow network is a type of health insurance plan that offers access to a limited group of healthcare providers, such as doctors, hospitals, and specialists, who have contracted with the insurer to provide services at lower costs and co-pays.

**Out-of-Network Provider:** A provider who doesn't have a contract with the plan to provide services.

**Out-of-Pocket Maximum:** The most you'll have to pay for covered services in a plan-year. Once you reach this amount, insurance covers 100% of the services covered for the remainder of the year.

**Premium:** The amount you pay for your health insurance every month.

**Provider:** A provider is a person or place that provides healthcare services. This can include doctors, nurses, chiropractors, hospitals, surgery centers, nursing homes, or rehab.

**Flexible Spending Account (FSA):** A tax-advantaged account offered by HPS to help employees cover eligible out-of-pocket healthcare costs, including medical, dental, and vision expenses. Medical FSA can be used for anyone in the household even if they are not on the health plan.

- **Pre-tax contributions:** You choose an annual amount to contribute, up to \$3,300, deducted from your paycheck before taxes, which reduces your **taxable income**.
- **Eligible expenses:** Funds can be used for qualified medical costs such as copays, prescriptions, and more. Funds must be used in the plan year and cannot be rolled over.