Welcome to 2026-27 Open Enrollment

As we get ready to welcome another exciting school year, it's time to review and choose your health benefits for the 2026–27 plan year. **Open Enrollment begins August 14 and ends September 4**.

We know the work you do each day makes a difference for our students, and 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 through the Employee Portal. 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. Employees who do not complete the enrollment process by the deadline 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.
- ☐ Log into the Employee Portal and complete your enrollment.
- ☐ 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. Thank you for everything you do for our students and schools.

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?

Benefit Dollars: Benefit Dollars will remain $1,069.40 per month for a full-time (1.00 FTE) 12-month employee. Part-time employees will be pro-rated accordingly.

Plan options: 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 as shared in prior communications. Please refer to the **District Insurance website** for detailed information.

- **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 5.
- **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 page6.
- **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 Employee or Employee/Spouse only through Ameritas.
- An employee may elect Dental and/or Vision coverage for self and/or eligible dependents with no out-of-pocket cost if waiving Medical/Rx coverage.

Online Enrollment: All Active District Health Benefit Plan members must log into the Employee Portal between August 14 and September 4 to make elections, even if you are not looking to make any changes. **Failure to take action by September 4 will 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 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**.

Medical Plans with 12-Month 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	30% after deductible	30% after deductible	
Specialist Office Visit	$40	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%	30% after deductible	30% after deductible	
Oupatient Hospital	$10	30% after deductible	30% after deductible	
Emergency Room	$250	30% after deductible	30% after deductible	
Urgent Care	$25	30% after deductible	$25	30% after deductible
Durable Medical Equipment	No Charge	30% after deductible	30% after deductible	
Chiropractic Care	Not Covered	$25 copay, deductible waved	$25 copay, deductible waved	
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	**Current Option 1**		**Current Option 2**	
Employee Only	$1,155.31		$955.06	
Employee + Spouse	$2,216.17		$1,824.19	
Employee + Child	$1,450.38		$1,193.84	
Employee + Children	$1,566.39		$1,289.35	
Employee + Family (1 child)	$2,506.24		$2,062.95	
Employee + Family (2+ child)	$2,622.28		$2,158.47	
10 Month EE Rates	**Current Option 1**		**Current Option 2**	
Employee Only	$1,386.37		$1,146.07	
Employee + Spouse	$2,659.40		$2,189.03	
Employee + Child	$1,740.46		$1,432.60	
Employee + Children	$1,879.67		$1,547.22	
Employee + Family (1 child)	$3,007.49		$2,475.54	
Employee + Family (2+ child)	$3,146.74		$2,590.16	

Dental Plan Premiums

12 Month EE Rates		10 Month EE Rates	
Coverage Type	**Premium Cost**	**Coverage Type**	**Premium Cost**
Employee Only	$53.29	Employee Only	$63.95
Employee + Spouse	$101.78	Employee + Spouse	$122.14
Employee + Child	$66.61	Employee + Child	$79.93
Employee + Children	$71.94	Employee + Children	$86.33
Employee + Family (1 child)	$115.10	Employee + Family (1 child)	$138.12
Employee + Family (2+ child)	$120.43	Employee + Family (2+ child)	$144.52

Dental Coverage is based on a reimbursement schedule. This schedule and SPD can be found on the District Insurance Website.

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.

Vision Plan Premiums

12 Month EE Rates		10 Month EE Rates	
Coverage Type	**Premium Cost**	**Coverage Type**	**Premium Cost**
Employee Only	$13.55	Employee Only	$16.26
Employee + Spouse	$25.88	Employee + Spouse	$31.06

Vision Coverage is based on a reimbursement schedule. This schedule and SPD can be found on the District Insurance Website. Vision Coverage is an Employee and Spouse only benefit.

Our TPA for your Vision benefits is Ameritas. Please visit the Helena School District Insurance Website for more information.ns.

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. Prior to your plan start date, you can review the formulary to determine whether medications are covered and whether prior authorization, step therapy, or quantity limits apply. Once your plan starts, you can log into the member portal to review the formulary.
2. **How do I find a participating pharmacy?**
   Prior to October 1, you can visit this link to search for network pharmacies. After October 1, you can login into your account at 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 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.
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 by watching this video or reading more here

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 by watching this video or reading more here

Virtual Health Coaching

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

- Wellbeing 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 by watching this video or reading more here

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 by watching this video or reading more here

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 by watching this video or reading more here

Here's how to get started:

Log in on the First Stop Health mobile app or at 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. And, as always, thank you for all you do!

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 o6ers 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.