

# HomeFront

## Partners for a Better Billings

### 2020-2021 BENEFIT GUIDE



## Welcome to HomeFront Open Enrollment

June marks the Open Enrollment period for HomeFront's employee benefits package. Plan elections and changes will be effective July 1, 2020. Please take time to review this summary of your 2020-2021 benefits.

During Open Enrollment, all eligible employees have the opportunity to make changes to the following benefits:

- » Medical
- » Vision
- » Accident
- » Cancer
- » Dental
- » Voluntary Life and AD&D
- » Voluntary Long and Short Term Disability

### What's New?

- » There will be some changes to medical benefits and premiums, but the plans are very comparable to last year.
- » All other policies, dental, vision, life, disability and cancer will stay the same. There is no change to benefits or premiums.

### Enrollment/Change Process

- » All employees must complete the election form.
- » New employees making changes to Blue Cross, Guardian, or USABLE plans must complete the appropriate carrier form.
- » All employees are encouraged to update beneficiary info for both basic and voluntary life.

**Please return all forms to Kyle no later than Friday, June 5th, 2020.**

# Medical Benefit Summary

Insured by: Blue Cross and Blue Shield of Montana

Benefits	Gold		Silver Traditional		Silver HDHP
<b>Deductible (plan year)</b>	\$2,000 Individual \$4,000 Family		\$4,750 Individual \$9,500 Family		\$4,200 Individual \$8,400 Family
<b>Coinsurance</b>	80/20%		70/30%		100%
<b>Out of Pocket Maximum (includes deductible)</b>	\$4,500 Individual \$9,000 Family		\$7,900 Individual \$15,800 Family		\$4,200 Individual \$8,400 Family
<b>Primary Care Office Visit</b>	\$30 Copay		\$40 Copay		Deductible + Coinsurance
<b>Specialist Office Visit</b>	\$60 Copay		\$60 Copay		
<b>Urgent Care</b>	\$50 Copay				
<b>MDLIVE</b>	\$44 Fee				\$45 Toward Deductible
<b>Preventive Care</b>	Covered 100%; deductible waived				
Prescription Benefits	Value	Participating	Value	Participating	
<b>Preferred Generic</b>	\$0 Copay	\$10 Copay	\$0 Copay	\$10 Copay	Deductible + Coinsurance
<b>Generic</b>	\$10 Copay	\$20 Copay	\$10 Copay	\$20 Copay	
<b>Preferred Brand</b>	\$35 Copay	\$55 Copay	\$50 Copay	\$70 Copay	
<b>Non-Preferred Brand</b>	\$75 Copay	\$95 Copay	\$100 Copay	\$120 Copay	
<b>Specialty</b>	\$250 Preferred/\$350 Non-Preferred				
<b>Mail Order</b>	3x Retail Copay for 90-day supply				

Medical Premiums			
	Gold	Silver Traditional	Silver HDHP
<b>Employee Only</b>	\$760.64	\$619.83	\$656.81
<b>Employee + Spouse</b>	\$1,521.28	\$1,239.66	\$1,313.62
<b>Employee + Child(ren)</b>	\$1,597.34	\$1,301.64	\$1,379.30
<b>Employee + Family</b>	\$2,357.98	\$1,921.47	\$2,036.11

## MDLIVE

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Montana (BCBSMT) provides you and your covered dependents access to care for nonemergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

## Dental Benefit Summary

Insured by: Guardian

Benefits	In-Network Coverage
<b>Deductible</b> (calendar year)	\$50 Individual \$150 Family
<b>Maximum Annual Benefit</b>	\$1,500 + Maximum Rollover
<b>Preventive</b> <i>(oral exams, routine cleanings, x-rays, fluoride, sealants)</i>	100%; Deductible waived
<b>Basic</b> <i>(fillings, extractions, endodontics, periodontics, oral surgery)</i>	80%
<b>Major</b> <i>(bridges, dentures, crowns, inlays, onlays, anesthesia)</i>	50%
<b>Maximum Rollover</b>	Threshold: \$700 Rollover Amount: \$350 Account Limit: \$1,250

Dental Premiums	
	Total Premium
<b>Employee Only</b>	\$33.36
<b>Employee + Spouse</b>	\$59.28
<b>Employee + Child(ren)</b>	\$70.51
<b>Employee + Family</b>	\$107.14

## Vision Benefit Summary

Insured by: Guardian | Network: VSP Choice

Benefit	In-Network Coverage	Frequency of Service
<b>Eye Exam</b>	\$10 Copay	12 months
<b>Materials</b>	\$25 Copay	12 months
<b>Lenses</b> (single, bifocal, trifocal)	Covered in full after \$25 Copay	
<b>Frames</b>	\$150 allowance	12 months
<b>Contact Lenses</b> (elective only)	\$150 allowance	12 months (in lieu of glasses)

Vision Premiums	
	Total Premium
<b>Employee Only</b>	\$9.28
<b>Employee + Spouse</b>	\$18.57
<b>Employee + Child(ren)</b>	\$19.88
<b>Employee + Family</b>	\$31.76

## Group Life and AD&D Benefit Summary

**Insured by: Guardian**

HomeFront provides a \$20,000 Life and AD&D benefit through Guardian Life Insurance Company to all eligible employees. Spouses are eligible for a \$5,000 benefit and children are eligible for a \$1,000 benefit. This benefit is at no cost to the employee and provides protection to our valued staff and their employees. If you have any questions on this coverage, please reach out to your HR team.

## Voluntary Life and AD&D Benefit Summary

**Insured by: Guardian**

Benefit Description	Employee	Spouse	Dependent
<b>Life Benefit</b>	Up to \$300,000	Up to \$250,000 not to exceed 100% of employee coverage	Up to \$10,000 not to exceed 100% of employee coverage
<b>Increments</b>	\$10,000	\$5,000	\$1,000
<b>Guarantee Issue</b>	\$50,000 to age 65, then \$10,000	\$25,000 to age 65 \$10,000 age 65-70 \$0 age 70+	N/A
<b>Reduction Schedule</b>	Age 65: 35% Age 70: 60% Age 75: 75% Age 80: 85%		N/A
<b>AD&amp;D Benefit</b>	Matches Life		

\*Employee must elect coverage for spouse and dependents to be eligible.

Voluntary Life Rates	
Age	Rate per \$1,000 coverage (including AD&D)
<b>&lt;30</b>	\$0.096
<b>30-34</b>	\$0.105
<b>35-39</b>	\$0.130
<b>40-44</b>	\$0.174
<b>45-49</b>	\$0.263
<b>50-54</b>	\$0.414
<b>55-59</b>	\$0.582
<b>60-64</b>	\$0.737
<b>65-69</b>	\$1.307
<b>70+</b>	\$2.437
<b>Children</b>	\$0.176

## Voluntary Short & Long Term Disability Benefit Overview

Insured by: Guardian

Benefit Description	Short Term	Long Term
<b>Benefit Maximum</b>	60% to \$1,200 weekly	60% to \$5,000 monthly
<b>Elimination Period</b>	7 days	90 days
<b>Duration of Benefits</b>	12 weeks	SSNRA
<b>Minimum Benefit</b>	None	\$50
<b>Pre Existing Limitation</b>	3/12	3/12
<b>Disability Definition</b>	own occupation	2 year own occupation, then any occupation

Voluntary STD & LTD Rates		
Age	STD Premium per \$10 weekly coverage	LTD premium per \$100 covered payroll
<25	\$0.560	\$0.160
25-29	\$0.560	\$0.200
30-34	\$0.790	\$0.400
35-39	\$0.790	\$0.660
40-44	\$1.190	\$0.970
45-49	\$1.190	\$1.360
50-54	\$0.910	\$1.860
55-59	\$1.020	\$2.090
60+	\$0.580	\$1.820

## On/Off Job Accident Coverage

Insured by: Guardian

Accident insurance provides coverage for the unexpected. This coverage can be elected for employees, their spouses, and eligible dependents. There are 3 tiers of accident coverage and each one pays out a different amount depending upon the situation.

This coverage is not tied to your medical insurance in any way and proceeds from an accident may be used in any way you see fit. You can use the money to pay for deductibles and coinsurance amounts or you can use the funds to pay bills or any other item you may need to pay.

The Accident plan also has a \$50 Wellness Benefit.

	Value Plan	Advantage Plan	Premier Plan
<b>Employee Only</b>	\$12.18	\$15.88	\$19.67
<b>Employee + Spouse</b>	\$19.79	\$25.44	\$31.21
<b>Employee + Child(ren)</b>	\$20.14	\$25.59	\$30.94
<b>Employee + Family</b>	\$27.75	\$35.15	\$42.48

## Worksite Cancer Benefit Summary

Insured by: USABLE Life

CancerCare Elite provides supplemental coverage when certain losses occur as a result of cancer or a covered specified disease, and is available to you and your eligible family members with a choice of three plans. Benefits are paid directly to you regardless of other insurance coverage. The choice of three plans provides different levels of coverage for hospital confinement, radiation/chemotherapy/blood transfusions, and surgery/anesthesia.

## Flexible Spending Account (FSA)

Insured by: Allegiance Benefit Plan Management

HomeFront offers both a Health Flexible Spending Account and a Dependent Care Flexible Spending Account.

The Health Flexible Spending Account (FSA) allows you to pay for eligible medical expenses on a pre-tax basis. You elect to have a specified amount deducted from your paycheck each pay period to pay for these expenses. The maximum Health FSA annual contribution is \$2,750.

The Dependent Care Flexible Spending Account allows you to pay for out-of-pocket, work-related dependent care expenses with pre-tax dollars. The maximum dependent care limit is \$5,000 (\$2,500 if married filing separately).

Health FSA allows a \$500 carryover, however for dependent care, any unused funds will be forfeited at the end of the year. Your FSA runs on a plan year and elections must be made in December for January 1.

## Health Savings Account (HSA)

A Health Savings Account (HSA) is an account funded by pre-tax contributions which can be used for eligible medical, dental and vision expenses. Unlike the Health FSA, funds roll over from year to year and remain with the employee if they leave HomeFront. HSA's are individually owned accounts and HomeFront will not have an employer sponsored HSA, however there are several local banks that offer them.

An HSA can ONLY be used if you are enrolled in the Silver \$4,200 HDHP Plan.

There are some exclusions. You cannot have an HSA if:

- » You are on a non-qualified, non-HDHP health plan, even if you are also covered on an HSA-qualified plan.
- » You or your spouse have a Health Flexible Spending Account (FSA).
- » You are enrolled in Medicare (including Part A).
- » You have used VA benefits in the past 3 months.
- » You can be claimed on someone else's tax return.

If you have a question as to whether or not you qualify for an HSA, please contact your PayneWest representative.

HSA Contribution Limits	2020	2021
Employee Only	\$3,550	\$3,600
Employee + 1 or more	\$7,100	\$7,200
Age 55+ Catch-up Contribution	\$1,000	\$1,000

## Employee Assistance Program (EAP) Benefit Overview

Administered by: IBH WorkLifeMatters

You and your family members have free, 24/7 access to licensed professionals for personal, relationship, family and professional concerns. If needed, you are also eligible for up to three face-to-face sessions per member, per year. Other available services include:

- ✓ Three (3) face-to-face consultations.
- ✓ Legal consultation.
- ✓ Unlimited telephone counseling
- ✓ Childcare, elder care, and family planning resources

## Pre-Tax Savings Options

HomeFront offers ways to help you and your family save money by offering various pre-tax savings options to help pay for future qualified expenses. What are the differences between a Medical Flex, Dependent Care Flex, and a Health Savings Account?

	Health Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (FSA)	Health Savings Account (HSA)
<b>What is it?</b>	Use pre-tax dollars to pay for qualified medical, Rx, dental, and vision expenses for you and your dependents.	Use pre-tax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent or other dependent so you (and your spouse) can work.	Use pre-tax dollars to pay for qualified medical, Rx, dental and vision expenses for you and your dependents.
<b>Who is eligible?</b>	All employees unless enrolled in the HDHP.	Dependent care flex is available to all employees whether on the plan or not.	Employees enrolled in the HDHP.
<b>Who owns the account?</b>	Your employer, but it's your money	Your employer, but it's your money	Individual Employee
<b>What are the 2020 annual contribution limits?</b>	\$2,750	\$5,000 (\$2,500 if filing separately)	\$3,550 Individual \$7,100 Family \$1,000 Catch Up Contribution (Age 55+)
<b>Who funds the account?</b>	Employees can contribute pre-tax dollars through payroll deductions.		
<b>Can unused funds be rolled over from year to year?</b>	\$500 may be carried over from the prior year.	No. Subject to "Use it or Lose it" rule.	Yes
<b>Can I take my account balance with me if I leave the company?</b>	No	No	Yes
<b>Can I pay for non-qualified expenses?</b>	No	N/A	Yes, but the amount is taxed as income and incurs a 20% penalty (no penalty if distributed after death, disability, or age 65)
<b>Do I get a debit card to use for expenses?</b>	Yes	No	Yes
<b>How do I manage my accounts?</b>	Manage your account(s), submit claims, upload receipts and set up reimbursement all on the Allegiance website <a href="http://www.askallegiance.com">www.askallegiance.com</a> Then select the "Submit a Claim" option		Manage account at a bank of your choice.

## Contact Information

 <p>BlueCross BlueShield of Montana</p>	<p><b>Medical</b></p>	<p><b>Blue Cross Blue Shield of Montana</b> (800) 447-7828 <a href="http://www.BCBSMT.com">www.BCBSMT.com</a></p>
 <p>allianceRx Walgreens + PRIME</p>	<p><b>Mail Order Pharmacy</b></p>	<p><b>AllianceRx Walgreens Prime</b> Specialty Pharmacy: (855) 244-2555 Home Delivery Pharmacy: (877) 787-3047 <a href="http://www.AllianceRxWP.com">www.AllianceRxWP.com</a></p>
 <p>Guardian®</p>	<p><b>Dental Vision Life Voluntary Life STD LTD Accident</b></p>	<p><b>Guardian Life</b> (888) 482-7342 <a href="http://www.GuardianLife.com">www.GuardianLife.com</a></p>
 <p>vsp Vision care for life</p>	<p><b>Vision Network</b></p>	<p><b>VSP</b> (800) 877-7195 <a href="http://www.VSP.com">www.VSP.com</a></p>
 <p>US Able Life</p>	<p><b>Worksite Cancer</b></p>	<p><b>US Able Life</b> (800) 648-0271 <a href="http://www.USABLELife.com">www.USABLELife.com</a></p>
 <p>IBH INTEGRATED BEHAVIORAL HEALTH</p>	<p><b>EAP</b></p>	<p><b>IBH WorkLifeMatters</b> (800) 386-7055 <a href="http://www.IBHWorkLife.com">www.IBHWorkLife.com</a></p>
 <p>Allegiance®</p>	<p><b>Flexible Spending Account</b></p>	<p><b>Allegiance</b> (877) 424-3539 <a href="http://www.AskAllegiance.com">www.AskAllegiance.com</a></p>
 <p>HomeFront Partners for a Better Billings</p>	<p><b>Operations Director</b></p>	<p><b>Kyle Trafton</b> (406) 237-1904 <a href="mailto:KyleT@BillingsHA.org">KyleT@BillingsHA.org</a></p>
 <p>PayneWest INSURANCE</p>	<p><b>Benefit Contact</b></p>	<p><b>PayneWest Insurance</b> <b>Heather Wagner</b> (406) 238-1905 <a href="mailto:HWagner@PayneWest.com">HWagner@PayneWest.com</a></p>

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.