

St. Peter's Health 2024 Plan Year BENEFITS GUIDE



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Group
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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

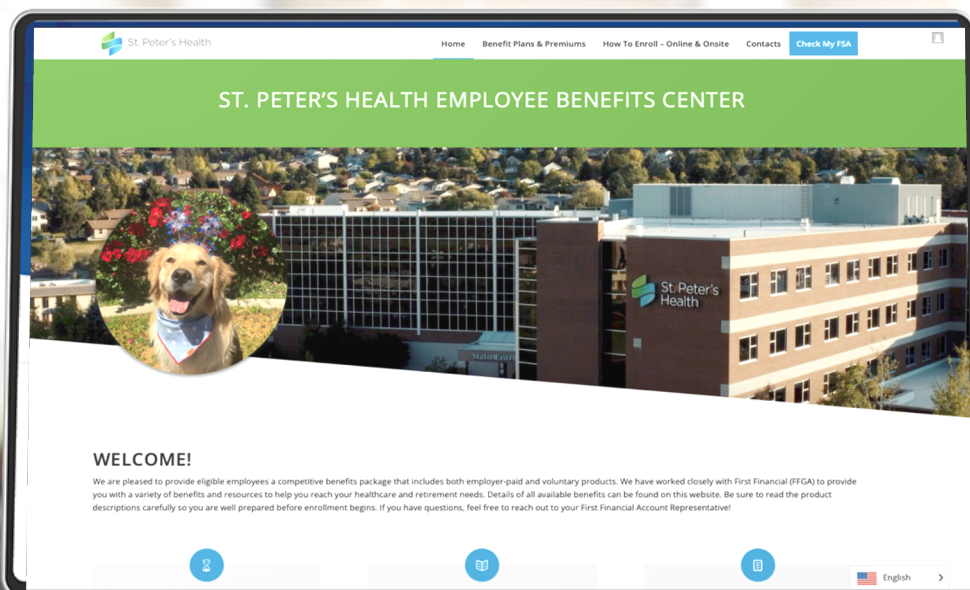
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

St. Peter's Health and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claim forms, important phone number, and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

<https://ffbenefits.ffqa.com/stpetershealth/>



HOW TO ENROLL

OPEN ENROLLMENT

The 2024 Open Enrollment is going to be an active enrollment, meaning each benefit eligible employee will have to make benefit selections for the 2024 plan year by November 20, 2023.

ONLINE ENROLLMENT

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

LOGIN

- Login: Your Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

ON-SITE ENROLLMENT SUPPORT

When it's time to enroll in your benefits, First Financial benefit advisors will be on-site to assist you with making your elections. You can view the full schedule on our SPH Benefits Page: [Employee Benefits \(sharepoint.com\)](#)

ENROLLMENT ASSISTANCE CENTER INSTRUCTIONS

Call 855-765-4473 opt 5 and follow the prompts to be connected to your local First Financial branch office. Hours of operation are 7 a.m. to 8 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

You can also set up an appointment for a benefit advisor to help complete your enrollment virtually. Sign up for a day and time that works best for you for a benefit advisor to call you directly to complete your enrollment. Visit <https://st-peters-health.timetap.com/#/> to schedule your appointment today.

ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

NEW EMPLOYEES

You have 30 days from your date of hire to make benefit elections. Your New Hire Enrollment elections will be presented during New Employee Orientation and elections will be made online through FFEenroll.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative or SPH Benefits Administrator will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." You **must still complete the beneficiary information.**

MEDICAL

Allegiance | <http://www.askallegiance.com/SPH> | 1.877.424.3570

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation. These medical plans have been specifically designed to provide an improvement in benefits and family affordability, as well as exceptional customer service. It's important to remember that out of pocket costs vary based on what plan you elect, and where you receive care. In all plans, you will pay the least amount for services when you receive care from a St. Peter's Health provider.

Network Information:

Discounted rates when you choose a St. Peter's Health medical provider or a select partner providers in our local area (tier 1). Examples included OBGYN's, Dermatologists, Behavioral Health Professionals and Pediatricians. To learn whether discounted rates will apply for an upcoming appointment or procedure or to find a provider who qualifies refer to the Allegiance website.

High Deductible Health Plan

- High Deductible plan meaning you must hit deductible before plan will cover expenses
- In network and out of network benefits
- Deductible applies to medical and pharmacy benefits
- Preventive Care is covered at 100% on Tier 1 or Tier 2 benefit plans
- \$150 co-pay for Emergency Care
- You are eligible to contribute to an HSA
- Employee will receive one (1) ID card for medical and prescription benefits

BENEFIT	High Deductible Health Plan (HDHP)		
	Tier 1 (SPH/Partner Providers)	Tier 2 (Allegiance Network)	Out-Of -Network
Medical Plan			
Annual/Calendar Year Deductible (Ded) <i>(Individual/Family)</i>	\$1,600/\$3,200	\$6,000/\$12,000	\$9,000/\$18,000
Out of Pocket Max <i>(Individual/Family)</i>	\$3,200/\$6,400	\$9,000/\$18,000	Unlimited
Coinsurance <i>(% you pay/%paid by insurance)</i>	10%/90%	30%/70%	50%/50%
Preventative Care	100% Covered	100% Covered	Not Covered
Office Visit - <i>Critical services not offered by SPH e.g. OBGYN, Pediatric, Dermatology</i>	Ded - 10%	Ded-30%	Ded-50%
Specialist Visit	Ded - 10%	Ded-30%	Ded-50%
Telemedicine <i>via MDLive</i>	\$25 Copay	Not Applicable	Not Applicable
TeleBehavioral Health <i>via Talkspace, Brightside Health & Brightline</i>	Ded - 10%	Not Applicable	Not Applicable
High Cost Diagnostics	Ded - 10%	Ded-30%	Ded-50%
Out Patient Surgery	Ded - 10%	Ded-30%	Ded-50%
Lab/X-ray Services	Ded - 10%	Ded-30%	Ded-50%
Emergency Care	\$150 Copay -Ded	\$150 Copay -Ded	\$150 Copay -Ded
Urgent Care	Ded - 10%	Ded-30%	Ded-50%
Behavioral Health Visit	Ded - 10%	Ded-30%	Ded-50%
Chiropractic Care <i>(up to 24 visits/year)</i>	Ded - 10%	Ded-30%	Ded-50%
Acupuncture <i>(up to 24 visits/year)</i>	Ded - 10%	Ded-30%	Ded-50%

Note: Deductibles, copays, and coinsurance accumulate towards out-of-pocket maximums.

Note: Subject to deductible, unless stated otherwise-copays not subject to deductible.

MEDICAL

Allegiance | <http://www.askallegiance.com/SPH> | 1.877.424.3570

PPO Health Plan

- Copays for doctor visits and prescriptions before you meet deductible
- In network and out of network benefits
- Lower in network deductibles
- Compatible with an FSA plan
- Employee will receive one (1) ID card for medical and prescription benefits

BENEFIT	PPO Health Plan		
	Tier 1 (SPH/Partner Providers)	Tier 2 (Allegiance Network)	Out-Of -Network
Medical Plan			
Annual/Calendar Year Deductible (Ded) <i>(Individual/Family)</i>	\$1,000/\$2,000	\$7,500/\$15,000	\$9,100/\$18,200
Out of Pocket Max <i>(Individual/Family)</i>	\$3,000/\$6,000	\$9,000/\$18,000	Unlimited
Coinsurance <i>(% you pay/%paid by insurance)</i>	20%/80%	30%/70%	50%/50%
Preventative Care	100% Covered	100% Covered	Not Covered
Office Visit - <i>Critical services not offered by SPH e.g. OBGYN, Pediatric, Dermatology</i>	\$25 Copay	Ded-30%	Ded-50%
Specialist Visit	\$35 Copay	Ded-30%	Ded-50%
Telemedicine via MDLive	\$25 Copay	Not Applicable	Not Applicable
TeleBehavioral Health <i>via Talkspace, Brightside Health & Brightline</i>	\$25 Copay	Not Applicable	Not Applicable
High Cost Diagnostics	\$150 Copay	Ded-30%	Ded-50%
Out Patient Surgery	Ded-20%	Ded-30%	Ded-50%
Lab/X-ray Services	100% Covered	Ded-30%	Ded-50%
Emergency Care	\$150 copay-Ded/ 10%	\$150 copay-Ded/ 10%	\$150 copay-Ded/ 10%
Urgent Care	\$40 Copay	Ded- 30% Unless over 100 Miles from Helena then \$70 Copay	Ded-50%
Behavioral Health Visit	\$25 Copay	\$35 Copay	Ded-50%
Chiropractic Care <i>(up to 24 visits/year)</i>	\$30 Copay	\$30 Copay	Ded-50%
Acupuncture <i>(up to 24 visits/year)</i>	\$30 Copay	\$30 Copay	Ded-50%

Note: Deductibles, copays, and coinsurance accumulate towards out-of-pocket maximums.

Note: Subject to deductible, unless stated otherwise-copays not subject to deductible.

MEDICAL

Allegiance | <http://www.askallegiance.com/SPH> | 1.877.424.3570

Out of Area Plan

- Available to employees who permanently live approximately 50 miles or greater from the SPH campus however this radius is driven by zip codes. If you qualify for this plan, you will see it as an option as well as the HDHP and PPO Health Plan when you log-in to enroll.

BENEFIT	Out of Area Plan (Only available to those employees living ~50 miles or more from SPH Hospital)	
	Tier 1 (Cigna OAP Network)	Out-Of -Network
Medical Plan		
Annual/Calendar Year Deductible (Ded) <i>(Individual/Family)</i>	\$3,000/\$6,000	\$9,100/\$18,200
Out of Pocket Max <i>(Individual/Family)</i>	\$6,000/\$12,000	Unlimited
Coinsurance <i>(% you pay/%paid by insurance)</i>	10%/90%	50%/50%
Preventative Care	100% Covered	Not Covered
Office Visit - <i>Critical services not offered by SPH e.g. OBGYN, Pediatric, Dermatology</i>	Ded-10%	Ded-50%
Specialist Visit	Ded-10%	Ded-50%
Telemedicine via MDLive	\$25 Copay	Not Applicable
TeleBehavioral Health via Talkspace, Brightside Health & Brightline	\$35 Copay	Not Applicable
High Cost Diagnostics	Ded-10%	Ded-50%
Out Patient Surgery	Ded-10%	Ded-50%
Lab/X-ray Services	Ded-10%	Ded-50%
Emergency Care	\$250 Copay - Ded/10%	\$250 Copay - Ded/10%
Urgent Care	Ded-10%	Ded-50%
Behavioral Health Visit	\$35 Copay	Ded-50%
Chiropractic Care <i>(up to 24 visits/year)</i>	Ded-10%	Ded-50%
Acupuncture <i>(up to 24 visits/year)</i>	Ded-10%	Ded-50%

Note: Deductibles, copays, and coinsurance accumulate towards out-of-pocket maximums.

Note: Subject to deductible, unless stated otherwise-copays not subject to deductible.



PHARMACY BENEFITS

	High Deductible Health Plan (HDHP)			PPO Health Plan			Out of Area Plan (Only available to those employees living ~50 miles or more from SPH Hospital)		
	St. Peter's Pharmacy	Mail Order	Optum Rx	St. Peter's Pharmacy	Mail Order	Optum Rx	Optum Rx	Mail Order	Out-Of-Network
Prescription Drugs									
Generic	Ded - 0%	Ded-30%	Ded-30%	\$0 Copay	20% up to \$150	20% up to \$150	\$0 Copay	\$0 Copay	N/A
Brand	Ded - 10%	Ded-30%	Ded-30%	20% up to \$100	20% up to \$300	20% up to \$300	20% up to \$100	20% up to \$100	N/A
Specialty*	Ded - 10%	Exceptions Only	Exceptions Only	30% up to \$300	Exceptions Only	Exceptions Only	30% up to \$500	30% up to \$500	N/A
Retail Supply Limits	90 days	90 days	30 days	30 days for 1 copay 31-60 days for 2 copays 61-90 days for 3 copays	90 days	30 days	90 days	90 days	N/A
*Specialty limited to 30-day supply NOTE: Mail order is 3 times the Retail copay for a 90-day supply, and is not covered out-of-network NOTE: Extended Supply Network Pharmacy: 90-day supply NOTE ON GENERIC SUBSTITUTION: Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic is available NOTE: There is a possibility for limited reimbursement if claims are submitted manually direct to Optum Rx									

Retail Pharmacy Network — Where to Fill Your Prescriptions

St. Peter's Health Broadway Pharmacy is the preferred network pharmacy for the prescription drug benefit. Employees who use the Broadway Pharmacy for their prescription benefit will pay lower copays vs. other Optum Rx participating pharmacies.

High Deductible Health Plan (HDHP) — Preventive Drug Benefit

The Health Savings Plan offers select preventative maintenance medications that are not subject to the deductible and have no out-of-pocket cost to the member if those prescriptions are filled at Broadway Pharmacy. In addition, the list of preventative medications includes medications in the diabetic, anticoagulant, antiplatelet, and mental health categories. The preventative drug benefit will not apply at other Optum Rx participating pharmacies and will be subject to the deductible and coinsurance where applicable. The list of preventative medications is available upon request.

Specialty Medications

St. Peter's Broadway Pharmacy is the in-network specialty pharmacy for your plan. You will not be able to obtain your medication from the Optum Rx network unless it is a limited distribution drug and St. Peter's Broadway Pharmacy is unable to obtain. This change will help ensure that members have access to expert local service and clinical support provided by the SPH Specialty Pharmacy Team.

For more plan information, go to the Employee Benefit Center at [Medical | St. Peter's Health \(ffga.com\)](http://Medical | St. Peter's Health (ffga.com))

MEDICAL – FULL TIME EMPLOYEE RATES

High Deductible Health Plan

	Wellness Rates		Non Wellness Rates	
	2024 Monthly Employee Premium Contribution	Monthly Savings/Cost to Employees	2024 Monthly Employee Premium Contribution	Monthly Savings/Cost to Employees
\$0 to \$50,000 in annual income				
Employee (EE)	\$0.00	\$0.00	\$22.50	-\$2.50
EE & Spouse	\$293.68	-\$1.74	\$308.68	-\$34.30
EE & Children	\$222.34	-\$0.94	\$239.34	-\$26.59
EE & Family	\$397.89	-\$1.06	\$407.89	-\$45.32
\$50k to \$125K in annual income				
Employee (EE)	\$0.00	\$0.00	\$24.63	-\$0.38
EE & Spouse	\$312.84	\$17.42	\$337.84	-\$5.14
EE & Children	\$236.94	\$13.66	\$261.94	-\$3.99
EE & Family	\$421.41	\$22.46	\$446.41	-\$6.80
\$125K to \$225K in annual income				
Employee (EE)	\$5.95	\$5.95	\$25.96	\$0.96
EE & Spouse	\$331.13	\$35.71	\$356.13	\$13.15
EE & Children	\$251.12	\$27.84	\$276.12	\$10.19
EE & Family	\$445.58	\$46.63	\$470.58	\$17.37
\$225K + in annual income				
Employee (EE)	\$8.75	\$8.75	\$28.75	\$3.75
EE & Spouse	\$374.43	\$79.01	\$394.43	\$51.45
EE & Children	\$280.82	\$57.54	\$305.82	\$39.89
EE & Family	\$496.19	\$97.24	\$521.19	\$67.98

MEDICAL – FULL TIME EMPLOYEE RATES

PPO Health Plan/Out of Area Plan

	Wellness Rates			Non Wellness Rates		
	2024 Monthly Employee Contribution	Monthly Savings/Cost to Value Plan Members	Monthly Savings/Cost to Premier Plan Members	2024 Monthly Employee Contribution	Monthly Savings/Cost to Value Plan Employees	Monthly Savings/Cost to Premier Plan Members
\$0 to \$50,000 in annual income						
Employee (EE)	\$35.82	-\$19.91	-\$103.73	\$45.82	-\$15.48	-\$107.69
EE & Spouse	\$356.28	-\$89.18	-\$239.75	\$366.28	-\$123.73	-\$289.35
EE & Children	\$273.95	-\$71.39	-\$187.15	\$283.95	-\$95.92	-\$223.26
EE & Family	\$474.05	-\$114.64	-\$315.05	\$484.05	-\$163.51	-\$383.96
\$50k to \$125K in annual income						
Employee (EE)	\$43.45	-\$12.28	-\$96.10	\$63.45	\$2.15	-\$90.06
EE & Spouse	\$487.15	\$41.70	-\$108.87	\$507.15	\$17.15	-\$148.47
EE & Children	\$373.17	\$27.83	-\$87.93	\$393.17	\$13.30	-\$114.04
EE & Family	\$650.22	\$61.53	-\$138.88	\$670.22	\$22.66	-\$197.79
\$125K to \$225K in annual income						
Employee (EE)	\$51.20	-\$4.53	-\$88.35	\$71.20	\$9.90	-\$82.31
EE & Spouse	\$549.14	\$103.69	-\$46.89	\$569.14	\$79.14	-\$86.49
EE & Children	\$421.22	\$75.88	-\$39.88	\$441.22	\$61.35	-\$65.99
EE & Family	\$732.14	\$143.45	-\$56.96	\$752.14	\$104.58	-\$115.87
\$225K + in annual income						
Employee (EE)	\$61.07	\$5.34	-\$78.48	\$81.07	\$19.77	-\$72.44
EE & Spouse	\$628.03	\$182.58	\$32.01	\$648.03	\$158.03	-\$7.60
EE & Children	\$482.38	\$137.04	\$21.28	\$502.38	\$122.51	-\$4.83
EE & Family	\$836.40	\$247.71	\$47.30	\$856.40	\$208.84	-\$11.61

MEDICAL – PART TIME EMPLOYEE RATES

High Deductible Health Plan

	Wellness Rates		Non Wellness Rates	
	2024 Monthly Employee Premium Contribution	Monthly Savings/Cost to Employees	2024 Monthly Employee Premium Contribution	Monthly Savings/Cost to Employees
\$0 to \$50,000 in annual income				
Employee (EE)	\$257.00	-\$28.56	\$332.23	-\$58.63
EE & Spouse	\$731.37	-\$81.26	\$810.11	-\$142.96
EE & Children	\$562.01	-\$62.44	\$639.50	-\$112.85
EE & Family	\$974.44	-\$108.27	\$1,054.99	-\$186.17
\$50k to \$125K in annual income				
Employee (EE)	\$271.28	-\$14.28	\$351.77	-\$39.09
EE & Spouse	\$772.00	-\$40.63	\$857.76	-\$95.31
EE & Children	\$593.23	-\$31.22	\$677.12	-\$75.24
EE & Family	\$1,028.57	-\$54.14	\$1,117.04	-\$124.12
\$125K to \$225K in annual income				
Employee (EE)	\$289.84	\$4.28	\$371.32	-\$19.54
EE & Spouse	\$824.82	\$12.19	\$905.42	-\$47.65
EE & Children	\$633.82	\$9.37	\$714.73	-\$37.62
EE & Family	\$1,098.95	\$16.24	\$1,179.10	-\$62.06
\$225K + in annual income				
Employee (EE)	\$299.84	\$14.28	\$402.59	\$11.73
EE & Spouse	\$853.26	\$40.63	\$981.66	\$28.59
EE & Children	\$655.67	\$31.22	\$774.92	\$22.57
EE & Family	\$1,136.85	\$54.14	\$1,278.39	\$37.23

MEDICAL – PART TIME EMPLOYEE RATES

PPO Health Plan/Out of Area Plan

	Wellness Rates			Non Wellness Rates		
	2024 Monthly Employee Contribution	Monthly Savings/Cost to Value Plan Members	Monthly Savings/Cost to Premier Plan Members	2024 Monthly Employee Contribution	Monthly Savings/Cost to Value Plan Employees	Monthly Savings/Cost to Premier Plan Members
\$0 to \$50,000 in annual income						
Employee (EE)	\$394.09	\$3.25	-\$56.66	\$416.59	-\$13.34	-\$79.23
EE & Spouse	\$1,046.75	\$28.55	-\$95.15	\$1,069.25	-\$50.77	-\$186.84
EE & Children	\$806.13	\$16.73	-\$78.48	\$828.63	-\$39.70	-\$144.44
EE & Family	\$1,390.79	\$45.18	-\$118.74	\$1,413.29	-\$66.88	-\$247.19
\$50k to \$125K in annual income						
Employee (EE)	\$415.98	\$25.14	-\$34.77	\$448.99	\$19.06	-\$46.83
EE & Spouse	\$1,104.90	\$86.70	-\$37.00	\$1,152.41	\$32.39	-\$103.68
EE & Children	\$850.92	\$61.52	-\$33.70	\$893.08	\$24.75	-\$79.99
EE & Family	\$1,468.06	\$122.45	-\$41.47	\$1,523.22	\$43.05	-\$137.26
\$125K to \$225K in annual income						
Employee (EE)	\$442.25	\$51.41	-\$8.50	\$467.50	\$37.57	-\$28.32
EE & Spouse	\$1,174.69	\$156.49	\$32.79	\$1,199.94	\$79.92	-\$56.15
EE & Children	\$904.66	\$115.26	\$20.05	\$929.91	\$61.58	-\$43.16
EE & Family	\$1,560.78	\$215.17	\$51.25	\$1,586.03	\$105.86	-\$74.45
\$225K + in annual income						
Employee (EE)	\$464.15	\$73.31	\$13.40	\$486.02	\$56.09	-\$9.80
EE & Spouse	\$1,232.84	\$214.64	\$90.94	\$1,247.46	\$127.44	-\$8.63
EE & Children	\$949.44	\$160.04	\$64.83	\$966.74	\$98.41	-\$6.33
EE & Family	\$1,638.04	\$292.43	\$128.51	\$1,648.84	\$168.67	-\$11.64

WELLNESS PROGRAM

Your 2024 Health Insurance rates are based off your participation in the 2023 Wellness Incentive Program. You will have the opportunity to keep (or earn) your wellness incentive for the 2025 plan year as long as you complete the required actives by the deadlines outlined below. To receive your wellness incentive, complete these simple steps by the date indicated below. For questions or to inquire about reasonable alternatives contact the wellness department at wellness@sphealth.org or 406-444-2128.

TASK	DESCRIPTION	DUE DATE
Step 1: Attend Your Wellness Screening	Attend a free onsite wellness screening during June, July & August. Results will include blood cholesterol levels, glucose levels, height, weight, blood pressure, and a comprehensive metabolic panel.	December 1, 2024
Step 2: Submit Proof of your Primary Care Provider Appointment	Employees must set up and complete a primary care provider (PCP) appointment. Please submit proof of a PCP appointment that occurred after December 1, 2023 to the Wellness Department so it can be counted toward your wellness incentive.	December 1, 2024
Nicotine Free	Employees must verbally attest to being nicotine free for at least three months. If employees attest to using nicotine during this period, they must complete one of the two requirements below. <ol style="list-style-type: none">1. Participate in an approved cessation program. www.sphealth.org/tobaccocessation.2. Sign an attestation to being nicotine free for at least three months.	December 15, 2024

*Employees hired on or after September 1, 2024 will automatically receive the incentive for the 2025 plan year. They do not need to complete the requirements.

Support Programs Available to Employees

We value you and your service to our patients and community. We realize everyone is in a different spot on their own wellness journey and may require a variety of resources and support. More information on all these programs and more can be found on our [People Support Page](#).

Employee Assistance Program (EAP) Cigna

As healthcare workers, we are committed to caring for others. But it's important that we don't forget to take care of ourselves. Recognize that feelings such as loneliness, boredom, fear of contracting a disease, anxiety, worry and panic are normal reactions to stressful situations. This free benefit is to help you and your family resolve any concerns you may be facing. Call 877-622-4327 or sign-in to your MyCigna account to be connected. Employer ID: 'stpetershealth'

Additional Support Programs:

- Free Capital City Health Club Membership
- Employee Assistance Fund & Employee Childcare Assistance Fund
- Onsite childcare at Pete's Place & Pete's Place North

DENTAL INSURANCE

America's Choice | <http://www.achonline.com> | 1.800.640.7005

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs.

Basic Plan Highlights:

- \$1,000 Annual lifetime max
- \$25 Individual/Family deductible
- Preventive services covered at 80%
- Basic services covered at 80%
- Major services covered at 50%

Premium Plan Highlights:

- \$1,500 Annual plan max
- No individual/family deductible
- Preventive services covered at 100%
- Basic services covered at 100%
- Major services covered at 80%
- Orthodontia with a \$1,500 lifetime maximum

For more plan information, go to the Employee Benefit Center at [Dental | St. Peter's Health \(ffga.com\)](#)

DENTAL MONTHLY PREMIUMS		
	BASIC	PREMIUM
EMPLOYEE ONLY	\$2.28	\$33.06
EMPLOYEE + SPOUSE	\$18.76	\$60.46
EMPLOYEE + CHILD(REN)	\$14.20	\$87.06
EMPLOYEE + FAMILY	\$22.08	\$119.24

VISION INSURANCE

VSP | www.vsp.com | 1.800.877.7195

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. Here are just a few of the areas where you will save money with your plan:

- Richer benefits with in-network provider
- \$10 co-pay for eye exam
- \$25 co-pay for eyeglasses
- Basic lenses covered in full
- \$200 frame allowance **and** 20% off over the allowance
- \$60 co-pay for contacts
- \$150 contact lens allowance or obtain two pairs of glasses

For more plan information, go to the Employee Benefit Center at [Vision | St. Peter's Health \(ffga.com\)](http://www.vision.stpetershealth.com)

VISION MONTHLY PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$0.86
EMPLOYEE + SPOUSE	\$1.72
EMPLOYEE + CHILDREN	\$1.84
EMPLOYEE + FAMILY	\$2.95



DISABILITY INSURANCE

Prudential | <http://www.prudential.com/mybenefits> | 800-842-1718

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?

Short Term Disability (STD)

After you are out of work for one week and declared disabled, you will receive 50% of your base earnings. STD coverage is a voluntary offering. You must enroll in coverage to be eligible for benefits. MNA nurses are enrolled automatically, at no cost

AVAILABLE SHORT-TERM DISABILITY

- Up to 9 weeks which includes a one week waiting period coverage equal to 50% of weekly pay
- Evidence of insurability is required to purchase coverage after initial enrollment

Long-Term Disability (LTD)

St. Peter's Health also provides LTD Insurance to protect your finances when your disability continues beyond the period covered by the STD plan. Enrollment in this plan is automatic.

AVAILABLE LONG-TERM DISABILITY

- 180 days after injury or illness
- Employer paid coverage equal to 40% of monthly pay OR voluntary coverage equal up to 60% of monthly pay

For more plan information, go to the Employee Benefit Center at [Disability | St. Peter's Health \(ffga.com\)](#)

ACCIDENT INSURANCE

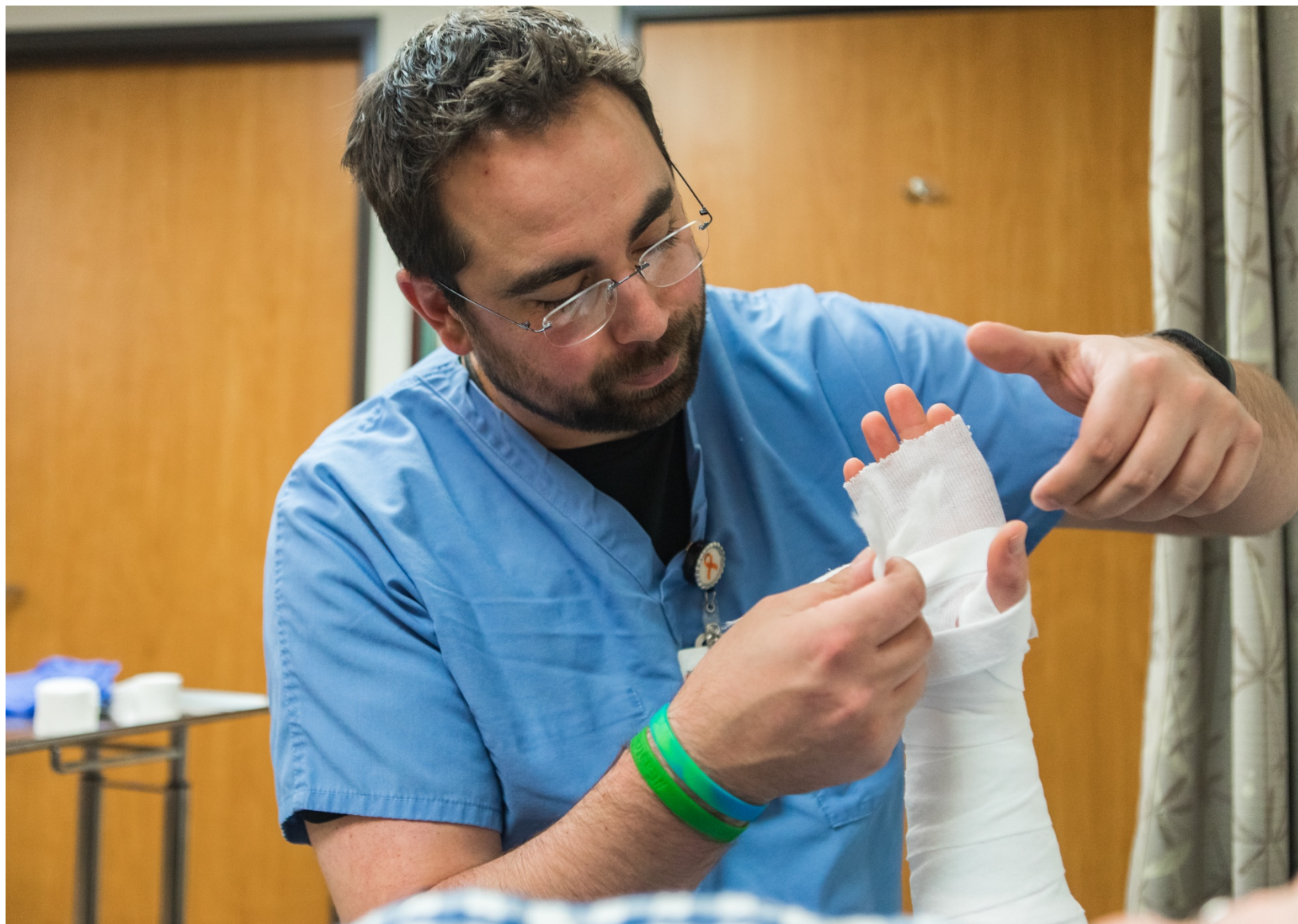
Prudential | <http://www.prudential.com/mybenefits> | 844-455-1002

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care.

Accident coverage is available to you through payroll deduction and may provide a flat benefit amount for services an enrolled member receives. Some of the benefits payable are:

- Concussions
- Lacerations
- Broken teeth
- Fractures
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

Your accident plan also comes with a \$75 wellness benefit for getting your annual preventive exams. For more plan information, go to the Employee Benefit Center at [Accident | St. Peter's Health \(ffga.com\)](#)



CRITICAL ILLNESS INSURANCE

Prudential | <http://www.prudential.com/mybenefits> | 844-455-1002

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Plan features include a \$75 wellness benefit for getting your annual preventive exams. You do not have to be terminally ill to qualify for benefits and coverage is portable. The cost of this benefit varies depending on age, coverage levels and if you include dependents on your plan.

Please visit your employee benefit center website for more information at: [Critical Illness | St. Peter's Health \(ffga.com\)](#)

TEXAS LIFE – PERMANENT LIFE

Texas Life Insurance | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

HIGHLIGHT

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

For more plan information, go to the Employee Benefit Center at [Texas Life Insurance | St. Peter's Health \(ffga.com\)](#)

EMPLOYER PAID GROUP LIFE

Prudential | <http://www.prudential.com/mybenefits> | 800-524-0542

EMPLOYER-PAID TERM LIFE INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$35,000 coverage for full-time employees and \$17,500 for part-time employees. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

St. Peter's also provides a Dependent Life insurance that covers your spouse and children. The employee pays a flat fee for this coverage through payroll deduction. Spouse Life benefit up to \$10,000. Child Life benefit up to \$6,000.

For more plan information, go to the Employee Benefit Center at [Employer Paid & Voluntary Term Life Insurance](#) | [St. Peter's Health \(ffga.com\)](#)

TERM LIFE INSURANCE

Prudential | <http://www.prudential.com/mybenefits> | 800-524-0542

VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details.

Employees are eligible to purchase additional life insurance in increments of \$25,000 up to \$300,000, not to exceed 5x your annual salary. Keep in mind any amount over \$200,000 requires completion of evidence of insurability and are subject to approval.

For more plan information, go to the Employee Benefit Center at [Employer Paid & Voluntary Term Life Insurance](#) | [St. Peter's Health \(ffga.com\)](#)

RETIREMENT PLANS

Principal | www.principal.com |
1.800.986.3343 | people_operations@sphealth.org

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

HOW A 403(B) WORKS

All employees who are at least 18 years old and who have completed at least one hour of employment with St. Peter's Health are eligible to participate in the 403b plan. Contributions to a 403(b) are made on a pre-tax basis through a Salary Reduction Agreement. This is an arrangement where the participating employee agrees to take a reduction in salary. The amount by which the salary is reduced is directed to investments offered through the employer and selected by the employee. These contributions are called elective deferrals and are excluded from the employee's taxable income. Contributions grow tax-deferred until the time of retirement when withdrawals are taxed as ordinary income.

BENEFITS

- Tax deferred growth: no annual taxation on earnings
- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.
- Receive periodic account statements
- Employees are considered vested in the retirement plan after three years in the plan as long as they worked 1000 hours per year.
- Physicians may have access to other benefits, contact the Payroll Administrator at (406)444-2160 to learn more.

CONTRIBUTION LIMITS

In 2024, you can contribute 100 percent of your includible compensation up to \$22,500*, whichever is less. If you are age 50 or older, you can contribute an additional \$7,500 for a total of \$30,000.

*** Your maximum contribution amount for 2023 is \$22,500. 2024 Numbers have not yet been released by the IRS.**

For more plan information, go to the Employee Benefit Center at [403\(b\) Retirement Plan | St. Peter's Health \(ffga.com\)](#)

FLEXIBLE SPENDING ACCOUNTS

Allegiance | <http://www.askallegiance.com/> | 877-424-3570

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$610 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$610 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$610 will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2023 is \$3,050 and carryover option is \$610.
2024 Numbers have not yet been released by the IRS.**

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

DAYCARE FSA

With a Daycare Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services if married and filing jointly. If you are married and file a separate tax return, the limit is \$2,500.

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

For more plan information, go to the Employee Benefit Center at [Daycare FSA | St. Peter's Health \(ffga.com\)](#)

HEALTH SAVINGS ACCOUNTS

Allegiance | <http://www.askallegiance.com/> | 877-424-3570

HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

St. Peter's Health will contribute \$500 per year with the wellness incentive, or \$250 per year without wellness incentives for individuals and \$1,000 per year with the wellness incentive or \$500 per year without wellness incentives for families enrolled in the HDHP Plan. These contributions are prorated for the year.

2024	
HSA Contribution Limit	<ul style="list-style-type: none">• Self Only: \$4,150• Family: \$8,300
HDHP Minimum Deductibles	<ul style="list-style-type: none">• Self Only: \$1,600• Family: \$3,200
\$1,000 catch-up contributions (age 55 or older)	

HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

WHO CAN PARTICIPATE IN AN HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HSA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

HOSPITAL INDEMNITY INSURANCE

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

Coverage is guarantee issue regardless of health and benefits are the same no matter what medical plan you have.

For more plan information, go to the Employee Benefit Center at [Hospital Indemnity Insurance | St. Peter's Health \(ffga.com\)](https://www.ffga.com)



CONTACT INFORMATION

St. Peter's Health Benefits Dept.

2475 Broadway | Helena, MT 59601

406.457.4307

www.employeebenefitsandleave@sphealth..org

First Financial Group Of America

Myrna Gomez, Account Executive

281-272-7482 / Myrna.gomez@ffga.com

Rebecca Alper, Account Manager

281-272-7407/Rebecca.alper@ffga.com

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Allegiance	https://askallegiance.com	877-424-3570
Dental	America's Choice	http://www.achonline.com/	800-640-7005
Vision	VSP	http://www.vsp.com/	800-877-7195
Disability	Prudential	http://www.prudential.com/mybenefits	800-842-1718
Accident	Prudential	http://www.prudential.com/mybenefits	844-455-1002
Critical Illness	Prudential	http://www.prudential.com/mybenefits	844-455-1002
Hospital Indemnity	Prudential	http://www.prudential.com/mybenefits	844-455-1002
Permanent, Portable Life	Texas Life	http://www.texaslife.com/	800-283-9233
Employer Paid Group Life	Prudential	http://www.prudential.com/mybenefits	800-524-0542
Term Life	Prudential	http://www.prudential.com/mybenefits	800-524-0542
403(b) Retirement Plan	Principal	http://www.principal.com/	800-986-3343
Health FSA	Allegiance	http://www.askallegiance.com/	877-424-3570
Dependent Care FSA	Allegiance	http://www.askallegiance.com/	877-424-3570
Health Savings Account	Allegiance	http://www.askallegiance.com/	877-424-3570