

St. Peter's Health 2025 BENEFITS GUIDE

SCAN ME



Myrna Gomez, Account Executive
(281) 272-7482
myrna.gomez@ffga.com

Rebecca Alper, Account Manager
(281) 272-7407
Rebecca.alper@ffga.com

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



St. Peter's Health

Desire McDougall, Benefits Administrator
employeebenefitsandleave@sphealth.org
2475 Broadway, Helena, MT 59601
Phone: (406) 457-4307

Table of Contents

Page 3-	<u>EMPLOYEE BENEFITS CENTER</u>
Page 4-	<u>HOW TO ENROLL</u>
Page 5-	<u>ELIGIBILITY</u>
Page 6-	<u>2025 BENEFITS UPDATE</u>
Pages 7 -14	<u>MEDICAL</u>
Page 15-	<u>WELLNESS</u>
Page 16-	<u>PEOPLE SUPPORT RESOURCES</u>
Page 17-	<u>PETE'S PLACE</u>
Page 18-	<u>EDUCATIONAL RESOURCES</u>
Page 19-	<u>DENTAL</u>
Page 20-	<u>VISION</u>
Page 21-	<u>DISABILITY</u>
Page 22-	<u>ACCIDENT</u>
Page 23-	<u>CRITICAL ILLNESS</u>
Page 24-	<u>PERMANENT LIFE INSURANCE</u>
Page 25-	<u>EMPLOYER-PAID GROUP LIFE INSURANCE</u>
Page 26-	<u>TERM LIFE INSURANCE</u>
Page 27-	<u>RETIREMENT PLANS</u>
Page 28-	<u>HEALTH FSA AND DAYCARE FSA</u>
Page 29-	<u>HEALTH SAVINGS ACCOUNTS</u>
Page 30-	<u>HOSPITAL INDEMNITY INSURANCE</u>
Page 31-	<u>BENEFIT CONTACT INFORMATION</u>

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

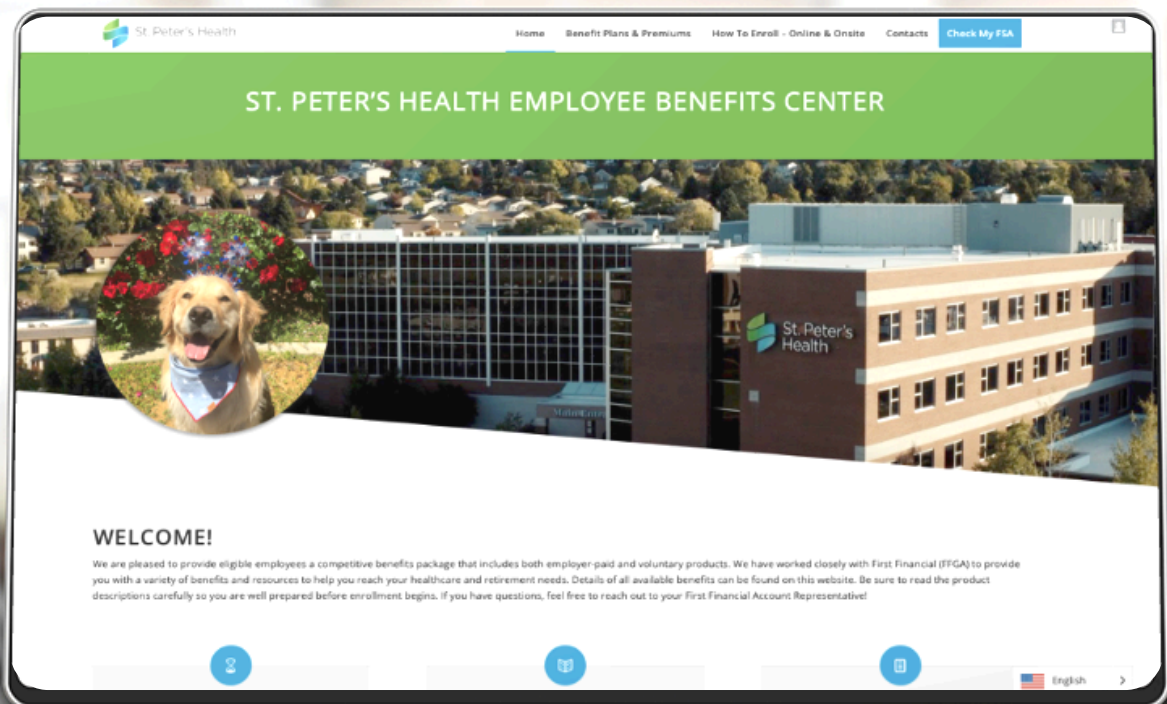
St. Peter's Health and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claim forms, important phone number, and enrollment information.

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.



Scan the QR code to learn more about the plans that are available this year!

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



How to Enroll

Open Enrollment

The 2025 Open Enrollment is going to be a **PASSIVE** enrollment, meaning you will only have to make a benefit selection for the 2025 plan year if you want to make changes. If you have an HSA, or FSA, you will need to go in and update your contributions. You can make changes starting Friday, November 1, 2024, but must have any changes completed by Wednesday, November, 27, 2024

Online Enrollment

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

Enroll Now

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)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

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 legal name, 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

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 \(sharepoint.com\)](#). If you have specific questions on the health plan design, your SPH Administrator is the best place to start employeebenefitsandleave@sphealthorg.

Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA 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.

Benefit Eligibility & Coverage

Employee Coverage

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 hire date 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 FFGA 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 and 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.**

2025 Benefits Update

St. Peter’s Health offers a wide array of benefits to employees and their families, including Medical, Prescription, Dental, Vision, Life/Disability, and supplemental options like Critical Illness and Accident Insurance. On top of these traditional benefits, we also offer up to a 6% contribution for 403b retirement plan participants; a free family membership to Capital City Health Club; educational scholarships through the Fred C. Olson Learning & Development Institute; and an expanding childcare center dedicated to serving St. Peter’s families.

Every year, we manage rising healthcare costs by making thoughtful changes to our benefits plan designs rather than just passing increases along to our employees. For example, the tiered benefits program we created in 2024 allows us to deeply discount any care received from a St. Peter’s provider or facility because we can control those costs. **When you choose St. Peter’s, you’re getting a discount!** Many employees still have the misconception that Tier 2 (Allegiance Network Tier) means they’re being penalized with higher costs, but these costs are actually standard network rate. Getting care from St. Peter’s in Tier 1 is actually a discount, because we can choose to do that for our employees.

Because we recognized that St. Peter’s does not provide every kind of specialist, service or treatment, we implemented a “Service Level Request” process with this tiered program so employees can request care from a non-St. Peter’s provider or facility be billed at Tier 1 **if St. Peter’s does not offer it.** This year, [200+] requests have been reviewed and the vast majority processed at Tier 1. With so many of these requests, we’ve decided to decrease the burden of the Service Level Request and instead create an additional “Friendlies” tier for 2025. Like the St. Peter’s Tier, the “Friendlies” Tier will be discounted from standard Allegiance network rates and include non-St. Peter’s providers and facilities that offer essential specialties, services or higher levels of care that St. Peter’s does not provide. For providers or services not included in the St. Peter’s or Friendlies tiers, you’ll still need to submit a form to request coverage at the Tier 2 level.

2024 Tier Structure	Provider/Facilities	2025 Tier Structure	Providers/Facilities
Tier 1	SPH and Select Friendlies	Tier 1	SPH Providers
Tier 2	Allegiance Network	Tier 2 (new)	Friendly Providers
Out of Network	Out of Network Providers	Tier 3	Allegiance Network
		Out of Network	Out of Network Providers

NEW FOR 2025:

Premium Changes: Last year, we faced a 20% increase in premiums to offset the increase in our costs to offer health insurance. Instead, we made thoughtful changes to plan designs, implemented the St. Peter’s discount tier, and shifted most of the premium increases to higher earners. As a result, we ended up reducing premiums for 60% of our plan participants! This year, to keep up with inflation we are introducing another slight increase in premiums based on your income level. On average, total premiums will be 4% higher than last year, with lower increases for those with lower incomes.

Open Enrollment: Open enrollment runs from November 1 to November 27. More details about enrollment support and sessions will follow. This year’s enrollment is passive, meaning if you don’t make changes, you’ll keep your current benefits—except for Health Savings Account contributions, which you’ll need to update if you want to keep contributing pre-tax dollars.

Physical Therapy Updates: Based off your feedback, we implemented a flat copay of \$75 on the PPO plan instead of the requirement to hit the deductible first.

Enhanced Wellness Incentive: We increased the wellness incentive from 10% to 20% and everyone will receive this discount for 2025. Because of this shift, we are providing everyone with the wellness discount for the 2025 Plan year. We are also inviting qualified individuals to participate in the Lifestyle Medicine Program. For these individuals, participation will be required to maintain the wellness discount for the 2026 Plan Year.

Voluntary Benefit Changes: We’re partnering with new vendors which for you means lower costs than what was offered in 2024 along with even better service!

Rightway Service Updates: We will be removing the Rightway concierge service for 2025. Thanks to your feedback, what was intended to be an added level of customer service ended up causing more confusion than it was worth.

Network Information: St. Peter’s Health plans do not cover any Benefis providers, except in emergencies. Care at St. Peter’s will always be less expensive for you than outside providers. Any labs or x-rays done outside St. Peter’s will be billed at Tier 3 (standard Allegiance network rate). To check your provider’s tier, visit the [Allegiance website](#).

As we continually make changes to ensure we’re offering competitive benefits, we routinely review what other employers in our region and health systems our size around the country are offering. We’re pleased to report that St. Peter’s

- 90% of all health systems have a “narrow network” option, similar to our St. Peter’s discount and Friendlies tiers.
- Our Tier 1 (St. Peter’s) deductible and OOP costs are better than 75% of all the health plans we surveyed. And, access to the range of providers in our Tier 1 benefits is equal to or larger than 90% of the narrow networks surveyed.
- Our Tier 1 (St. Peter’s) HDHP deductible is the lowest of all the plans surveyed.
- Only St. Peter’s has tiered premiums based on salary/income where lower income members pay far less than higher income members.
- Our copay for Emergency Room care is the lowest in all the plans we surveyed.
- Only St. Peter’s offers free generic prescriptions.
- Only St. Peter’s offers a \$500 maximum OOP cost for delivering a baby – new for 2025 when you deliver at St. Peter’s!

Medical

Allegiance | www.askallegiance.com/SPH | 1.877.424.3570

High Deductible Health Plan:

A high deductible plan meaning you must hit deductible before plan will cover expenses

- Contains both In network and out of network benefits
- Deductible applies to medical and pharmacy benefits
- Preventive Care is covered at 100% on Tier 1, Tier 2, and Tier 3 benefit plans
- \$150 co-pay for Emergency Care
- You are eligible to contribute to a Health Savings Account (HSA)

2025 High Deductible Health Plan (HDHP) Design Overview				
Benefit	Tier 1 SPH Provider/Facility Discount	Tier 2 Friendly Provider Discount	Tier 3 Standard Allegiance Network	Tier 4 Out-Of-Network
Deductible				
• Single/Family	\$1,650/\$3,300	\$3,300/\$6,600	\$7,500/\$15,000	\$9,000/\$18,000
Out of Pocket Max				
• Single/Family	\$3,300/\$6,600	\$4,000/\$7,000	\$9,100/\$18,200	Unlimited
Services – This is not a comprehensive list, please refer to the plan design document for full details				
Preventative Care	100%	100%	100%	N/A
Office Visit	Ded-90%	Ded-90%	Ded-70%	Ded-50%
Specialist Visit	Ded-90%	Ded-90%	Ded-70%	Ded-50%
OB/GYN Delivery (Professional and facility if SPH – If facility is Not SPH then Tier 3 Ded/Coin)	Ded-90%	Tier 1 Benefits	Ded-70%	Ded-50%
OB/GYN Care Office visits	Ded- 90%	Tier 1 Benefits	Ded-70%	Ded-50%
Women's Routine/Preventive Care	100%	100%	100%	n/a
Female Cancer Screening	100%	100%	100%	n/a
Gynecological surgical procedures – professional Services	Ded- 90%	Tier 1 Benefits	Ded-70%	Ded-50%
Gynecological services in office	Ded- 90%	Tier 1 Benefits	Ded- 70%	Ded- 50%
Telemedicine – MD Live	Ded- 90%	N/A	N/A	N/A
High Cost Diagnostics	Ded- 100%	N/A Pays as Tier 3	Ded-70%	Ded-50%
Out Patient Surgery	Ded-90%	Ded-90%	Ded-70%	Ded-50%
Lab/X-ray	Ded-100%	N/A Pays as Tier 3	Ded-70%	Ded-50%
Emergency	\$150 Copay (Ded)	\$150 Copay (Ded)	\$150 Copay (Ded)	\$150 Copay (Ded)
Urgent Care – Includes Diagnostics	Ded-90%	Ded-90%	Ded-70%	Ded-50%
Psychiatric Care: Out-Patient	Ded-90%	Ded-90%	Ded-70%	Ded-50%
Psychiatric Care: Inpatient	Ded-90%	Ded-90%	Ded-70%	Ded-50%
Physical Therapy	Ded-90%	Ded-90%	Ded-70%	Ded-50%
Dermatology - Office Visit and Surgeries	Ded-90%	Ded-90%	Ded-70%	Ded-50%
Dermatology - Diagnostics or pathology	Ded- 90%	N/A Pays as Tier 3	Ded-70%	Ded-50%
All Other Procedures	Ded-90%	Ded-90%	Ded-70%	Ded-50%

Note: Deductibles, copays, and coinsurance accumulate towards out-of-pocket maximums. Ded-XX% means that you first must hit your deductible then the plan pays at XX% and you are responsible for the remaining charges until your Out of Pocket is met. **Note:** Subject to deductible, unless stated otherwise-copays not subject to deductible. **Note:** Benefits is excluded from this plan except for Emergency Care

Medical

Allegiance | www.askallegiance.com/SPH | 1.877.424.3570

PPO Health Plan:

A PPO Plan has higher monthly premiums but you get lower entry level cost of care. This means that on the PPO Plan, there are office visit copays for certain services and lower deductible than the HDHP Plan.

- Copays for doctor visits and prescriptions before you meet deductible - Pay attention to new copays available.
- In network and out of network benefits
- Compatible with an FSA plan

2025 PPO Health Plan Design Overview

	Tier 1 SPH Provider/Facility Discounts	Tier 2 Friendly Provider Discount	Tier 3 Standard Allegiance Network	Tier 4 Out-Of -Network
Deductible				
Single/Family	\$1,000/\$2,000	\$2,000/\$4,000	\$7,500/\$15,000	\$9,100/\$18,200
Out of Pocket Max				
Single/Family	\$3,000/\$6,000	\$4,000/\$8,000	\$9,000/\$18,000	Unlimited
Services – This is not a comprehensive list, please refer to the plan design document for full details				
Preventative Care	100%	100%	100%	N/A
Office Visit	\$25 Copay	\$35 Copay	Ded-70%	Ded-50%
Specialist Visit	\$35 Copay	\$45 Copay	Ded-70%	Ded-50%
Telemedicine-MD Live	\$25 Copay	N/A	N/A	N/A
OBGYN Deliver (Professional and facility if SPH – If facility is Not SPH then tier 3 Ded/CoIn)	\$500 Copay -Professional and Facility, if Facility is SPH	\$500 Copay -Professional and Facility, if Facility is SPH	Ded-70%	Ded-50%
OB/GYN Care Office visits	\$25 Copay	\$25 Copay	Ded-70%	Ded-50%
Women's Routine/Preventive Care	100%	100%	100%	N/A
Female Cancer Screening	100%	100%	100%	N/A
Gynecological surgical procedures – professional Services	\$250 Copay	\$250 Copay	Ded-70%	Ded-50%
Gynecological services in office	\$25 Copay	\$25 Copay	Ded-70%	Ded-50%
High-Cost Diagnostics	\$150 Copay	N/A Pays as Tier 3	Ded-70%	Ded-50%
Out-Patient Surgery	\$250 Copay	Ded-70%	Ded-70%	Ded-50%
Lab/X-ray	100%	N/A Pays as Tier 3	Ded-70%	Ded-50%
Emergency	\$150 Copay, Ded- 90%	\$150 Copay, Ded- 90%	\$150 Copay, Ded- 90%	\$150 Copay, Ded- 90%
Urgent Care	\$40 Copay	\$75 Copay (Outside of Helena)	Ded-70%	Ded-50%
Psychiatric Care: Out-Patient	\$25 Copay	\$35 Copay	\$75 Copay	Ded-50%
Psychiatric Care: In-Patient	Ded-90%	Ded-70%	Ded-70%	Ded-50%
Physical Therapy	\$75 Copay	Ded-70%	Ded-70%	Ded-50%
Dermatology - Office Visit and Surgeries	\$75 Copay	\$75 Copay	Ded-70%	Ded-50%
Dermatology - Diagnostics or pathology	Ded-90%	N/A Pays as Tier 3	Ded-70%	Ded-50%
Non-Routine Vision- Ophthalmology	Ded-90%	Ded-70%	Ded-70%	Ded-50%
All Other Procedures	Ded-90%	Ded-70%	Ded-70%	Ded-50%
Population/Lifestyle Health Services	\$50 Copay	\$50 Copay	N/A	N/A
Disease Specific Supplies (e.g. Diabetic Supplies)	Special Rate	Special Rate	Ded- 70%	Ded- 50%

Note: Deductibles, copays, and coinsurance accumulate towards out-of-pocket maximums. Ded-XX% means that you first must hit your deductible then the plan pays at XX% and you are responsible for the remaining charges until your Out of Pocket is met.

Note: Subject to deductible, unless stated otherwise-copays not subject to deductible. **Note:** Benefits is excluded from this plan except for Emergency Care

Medical

Allegiance | 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. Even if you live outside of the 50 mile radius, all Benefits providers are excluded from this plan except in the case of qualified emergencies.

Out of Area Plan (Only available to those employees living ~50 miles or more from SPH Hospital)		
BENEFIT	Tier 1 (Cigna OAP Network)	Out-Of -Network
Services – This is not a comprehensive list, please refer to the plan design document for full details		
Deductible (Ded)-(Individual/Family)	\$3,000/\$6,000	\$9,100/\$18,200
Out of Pocket Max (Individual/Family)	\$6,000/\$12,000	Unlimited
Coinsurance (% you pay/%paid by insurance)	10%/90%	50%/50%
Preventative Care	100% Covered	Not Covered
Office Visits	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	Ded-10%	Ded-50%
Acupuncture	Ded-10%	Ded-50%
<p>Note: Deductibles, copays, and coinsurance accumulate towards out-of-pocket maximums. Ded-XX% means that you first must hit your deductible then the plan pays at XX% and you are responsible for the remaining charges until your Out of Pocket is met.</p> <p>Note: Subject to deductible, unless stated otherwise-copays not subject to deductible.</p> <p>Note: Benefits is excluded from this plan except for Emergency Care</p>		



Pharmacy Benefits

HDHP Plan	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	90 days	30 days	90 days	90 days	N/A
				31-60 days for 2 copays					
				61-90 days for 3 copays					
*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 and North Pharmacy are the preferred network pharmacy for the prescription drug benefit. Employees who use the Broadway Pharmacy or North 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

	PPO/Out of Area Plan Full Time- 2025 Monthly Rates			
	Wellness Rates		Non-Wellness Rates	
	SPH Pays (per month)	You Pay (per month)	SPH Pays (per month)	You Pay (per month)
	\$0 to \$50,000 in annual income			
Employee (EE)	\$804.28	\$0.00	\$776.17	\$28.11
EE & Spouse	\$1,540.87	\$363.40	\$1,508.31	\$395.96
EE & Children	\$1,059.31	\$279.43	\$1,034.27	\$304.47
EE & Family	\$2,081.09	\$483.53	\$2,037.76	\$526.86
	\$50k to \$125K in annual income			
Employee (EE)	\$759.32	\$44.97	\$754.65	\$49.63
EE & Spouse	\$1,400.07	\$504.20	\$1,347.73	\$556.54
EE & Children	\$952.51	\$386.23	\$912.42	\$426.32
EE & Family	\$1,891.64	\$672.98	\$1,821.77	\$742.85
	\$125K to \$225K in annual income			
Employee (EE)	\$749.50	\$54.78	\$742.08	\$62.20
EE & Spouse	\$1,327.68	\$576.59	\$1,259.86	\$644.41
EE & Children	\$896.46	\$442.28	\$844.44	\$494.30
EE & Family	\$1,795.87	\$768.75	\$1,705.45	\$859.17
	\$225K + in annual income			
Employee (EE)	\$738.94	\$65.34	\$730.09	\$74.19
EE & Spouse	\$1,244.84	\$659.43	\$1,167.28	\$736.99
EE & Children	\$832.24	\$506.50	\$772.67	\$566.07
EE & Family	\$1,686.40	\$878.22	\$1,583.11	\$981.51

Your Full Time Equivalent (FTE)	Hours (per pay period)	Benefit Status
.75-1.0	60-80 hours	Full Time
.40-.74	32-59 hours	Part Time
0-.39	0-31 hours	Not benefit eligible

Medical - Full Time Employee Rates

	High Deductible Health Plan (HDHP) Full Time-2025 Monthly Rates			
	Wellness Rates		Non-Wellness Rates	
	SPH Pays (per month)	You Pay (per month)	SPH Pays (per month)	You Pay (per month)
	\$0 to \$50,000 in annual income			
Employee (EE)	\$705.79	\$0.00	\$675.29	\$30.50
EE & Spouse	\$1,323.76	\$299.56	\$1,287.93	\$335.38
EE & Children	\$909.54	\$226.78	\$882.42	\$253.91
EE & Family	\$1,782.12	\$405.85	\$1,733.57	\$454.39
	\$50k to \$125K in annual income			
Employee (EE)	\$700.04	\$5.75	\$663.71	\$42.08
EE & Spouse	\$1,299.53	\$323.78	\$1,256.20	\$367.11
EE & Children	\$891.09	\$245.23	\$858.27	\$278.05
EE & Family	\$1,751.80	\$436.16	\$1,693.44	\$494.53
	\$125K to \$225K in annual income			
Employee (EE)	\$698.35	\$7.44	\$656.12	\$49.67
EE & Spouse	\$1,269.01	\$354.31	\$1,210.40	\$412.92
EE & Children	\$867.62	\$268.70	\$823.17	\$313.15
EE & Family	\$1,711.19	\$476.77	\$1,632.32	\$555.64
	\$225K + in annual income			
Employee (EE)	\$696.42	\$9.36	\$649.87	\$55.91
EE & Spouse	\$1,222.68	\$400.64	\$1,156.40	\$466.91
EE & Children	\$835.85	\$300.48	\$786.14	\$350.18
EE & Family	\$1,657.04	\$530.92	\$1,569.21	\$618.75

Your Full Time Equivalent (FTE)	Hours (per pay period)	Benefit Status
.75-1.0	60-80 hours	Full Time
.40-.74	32-59 hours	Part Time
0-.39	0-31 hours	Not benefit eligible

Medical - Part Time Employee Rates

	PPO/Out of Area Plan Part Time-2025 Monthly Rates			
	Wellness Rates		Non-Wellness Rates	
	SPH Pays (per month)	You Pay (per month)	SPH Pays (per month)	You Pay (per month)
	\$0 to \$50,000 in annual income			
Employee (EE)	\$386.85	\$401.97	\$379.37	\$424.92
EE & Spouse	\$799.97	\$1,067.68	\$813.64	\$1,090.63
EE & Children	\$490.74	\$822.25	\$493.54	\$845.20
EE & Family	\$1,096.69	\$1,418.61	\$1,123.06	\$1,441.56
	\$50k to \$125K in annual income			
Employee (EE)	\$374.69	\$436.15	\$333.53	\$470.76
EE & Spouse	\$751.54	\$1,143.57	\$711.52	\$1,192.75
EE & Children	\$451.61	\$880.70	\$414.40	\$924.34
EE & Family	\$1,032.85	\$1,519.44	\$988.09	\$1,576.53
	\$125K to \$225K in annual income			
Employee (EE)	\$357.90	\$478.06	\$298.93	\$505.35
EE & Spouse	\$702.29	\$1,256.91	\$620.34	\$1,283.93
EE & Children	\$409.37	\$967.98	\$343.74	\$995.00
EE & Family	\$968.57	\$1,670.03	\$867.57	\$1,697.05
	\$225K + in annual income			
Employee (EE)	\$330.85	\$496.64	\$284.24	\$520.04
EE & Spouse	\$640.07	\$1,319.14	\$569.49	\$1,334.78
EE & Children	\$361.45	\$1,015.90	\$304.33	\$1,034.41
EE & Family	\$885.89	\$1,752.71	\$800.36	\$1,764.26

Your Full Time Equivalent (FTE)	Hours (per pay period)	Benefit Status
.75-1.0	60-80 hours	Full Time
.40-.74	32-59 hours	Part Time
0-.39	0-31 hours	Not benefit eligible

Medical - Part Time Employee Rates

	High Deductible Health Plan (HDHP) Part Time-2025 Monthly Rates			
	Wellness Rates		Non-Wellness Rates	
	SPH Pays (per month)	You Pay (per month)	SPH Pays (per month)	You Pay (per month)
	\$0 to \$50,000 in annual income			
Employee (EE)	\$443.64	\$262.14	\$366.91	\$338.87
EE & Spouse	\$877.32	\$745.99	\$797.00	\$826.31
EE & Children	\$563.08	\$573.25	\$484.04	\$652.29
EE & Family	\$1,194.03	\$993.93	\$1,111.88	\$1,076.09
	\$50k to \$125K in annual income			
Employee (EE)	\$421.35	\$284.43	\$336.96	\$368.83
EE & Spouse	\$824.30	\$799.02	\$735.53	\$887.78
EE & Children	\$522.33	\$613.99	\$435.51	\$700.81
EE & Family	\$1,123.39	\$1,064.57	\$1,031.82	\$1,156.14
	\$125K to \$225K in annual income			
Employee (EE)	\$392.48	\$313.31	\$304.41	\$401.38
EE & Spouse	\$740.76	\$882.56	\$654.52	\$968.80
EE & Children	\$458.14	\$678.18	\$371.56	\$764.76
EE & Family	\$1,012.09	\$1,175.88	\$926.32	\$1,261.64
	\$225K + in annual income			
Employee (EE)	\$384.96	\$320.83	\$275.02	\$430.77
EE & Spouse	\$710.33	\$912.99	\$572.94	\$1,050.38
EE & Children	\$434.76	\$701.57	\$307.16	\$829.16
EE & Family	\$971.54	\$1,216.42	\$820.08	\$1,367.88

Your Full Time Equivalent (FTE)	Hours (per pay period)	Benefit Status
.75-1.0	60-80 hours	Full Time
.40-.74	32-59 hours	Part Time
0-.39	0-31 hours	Not benefit eligible

Wellness Program

Due to the changes in our Wellness Program for the 2025 plan year, everyone will receive the wellness rates for 2025. Your 2026 Health Insurance rates are based off your participation in the 2025 Wellness Incentive Program. You will have the opportunity to keep (or earn) your wellness incentive for the 2026 plan year as long as you complete the required activities 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, 2024 to the Wellness Department so it can be counted toward your wellness incentive.	December 1, 2025
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. 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, 2025
Lifestyle Medicine Program	New for 2025, we are inviting qualified individuals to participate in the Lifestyle Medicine Program. For these individuals, participation and completion of the program will be required to maintain the wellness discount for the 2026 plan year.	December 1, 2025

**Employees hired on or after September 1, 2025 will automatically receive the incentive for the 2026 plan year. They do not need to complete the requirements.*

People Support Resources

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)

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. For more information on how to access our EAP, please visit the [people support hub](#) on the intranet.

Capital City Health Club Membership

As a SPH employee, you have access to a FREE membership for you and your household! All employees are eligible for this benefit, including part-time and pool employees

How to Enroll

Bring your SPH employee badge and family member to CCHC to enroll. You can visit CHCC's website (<https://www.cchc.co/>) for more information on the club. If you have questions, please contact CHCC at 406-442-6577 or Wellness at 406-444-2128. Please use your legal name when enrolling.

Details

- A household is considered a married couple and dependents 18 and under that live in the household.
- A dependent is a person other than the taxpayer or spouse who entitles the taxpayer to claim a dependency exemption per the IRS.
- 24-hour access to the club is not included.
- There is an additional fee for 24-hour access.
- Family size is capped at 6. There may be fees for additional family members.
- Per IRS guidelines, enrolled employees will be taxed a small amount each pay period for this benefit. Based on the corporate rate we negotiated with CCHC for these memberships, the taxable value equal to approximately \$480 dollars per year (\$20.00 over 24 pay periods). Depending on your tax bracket, it usually equates to only a few dollars in taxes taken out of your paycheck. This will show as an imputed earning on your pay stub.

Employee Assistance Fund & Employee Childcare Assistance Fund

St. Peter's Health operates an Employee Assistance Fund (EAF) and Employee Childcare Assistance Fund (ECAAF) to financially assist St. Peter's Employees, volunteers and their immediate family through short-term, emergency situations. Learn more here: [Employee Assistance Fund & Employee Childcare Assistance Fund \(sharepoint.com\)](#)

Pete's Place

About Pete's Place

The original Pete's Place center was founded in 1986 as the first employer-operated child care center in Helena and continues to serve families at the on-site location near the Regional Medical Center. In August 2022, St. Peter's added a second facility, Pete's Place North. In August 2024, St. Peter's closed both facilities and both Pete's Place centers moved into a former elementary school located near the Regional Medical Center, greatly expanding their capacity. Pete's Place accepts children of St. Peter's employees on a first priority basis and serves three primary age groups: infants, toddlers and preschoolers. Pete's Place Child Care Center is a fulltime child care facility owned and operated by St. Peter's Health.

- Fully licensed through the State of Montana
- Best Beginnings STARS to Quality Program
- Child and Adult Care Food Program participant

Learning and play

Pete's Place's mission is to provide quality, compassionate child care that meets the developmental needs of the children in a safe, fun and loving environment. Each day includes developmentally-appropriate learning and play that helps prepare children for future success in life. Daily schedules vary by age, but include:

- Outdoor play
- Meals & Snacks
- Arts, reading, music and more

Infant, toddler and preschool rooms follow developmentally appropriate practices established by the National Association for the Education of Young Children. Preschool rooms follow Creative Curriculum.

The secure Class Dojo app is available to parents, who can sign-up to see pictures, videos and messages from teachers throughout the day.

Pete's Place Early Childhood Learning Center

- Fully licensed through the State of Montana
- Best Beginnings STARS to Quality Program
- Child and Adult Care Food Program participant

Enrollment

[Click on the link](#) to add your information to the waiting list. If you have questions on rates and availability, reach out to blorenz@sphealth.org.

Educational Benefits

SPH offers a variety of educational-related benefits intended to support employees. People Development manages the educational benefits and can help answer questions regarding your educational pursuits.

Educational Assistance Program

- Up to \$1,000 per Fiscal Year (May be considered to be taxable income per the IRS)
- Covers work related courses and continuing education development
- Payments are processed through payroll and reflected on the employee pay check
- See Educational Reimbursement policy for details on how to apply and submit for reimbursement
 - Requires pre-approval by People Services and your Leader

NOTE: Not all educational related expenses are covered under these benefits. Specific fees and costs excluded include: Lab fees, registration fees, testing fees, other organizational imposed student fees (such as parking, etc.) and books, as well as study materials.

NOTE: The IRS requires proof of eligible expenses. People Development collects receipts and other documentation used to verify successful completion of approved educational programs.

Fred C. Olson Learning and Development Institute

- Annual scholarships available through the SPH Foundation
- 13+ endowed scholarship funds from gracious community donors funded in support of furthering the educational pursuits of SPH employees
- Provides education and training scholarships of all kinds, including certifications, associate degrees, undergraduate degrees and advance degrees.
- Applications due by May 31 of each year
- Annual scholar/donor recognition ceremony held to honor the successful completion of educational pursuits with the assistance of awarded scholarship funds

NOTE: Awarded payments to be made directly to the educational institution unless the expenses are being reimbursed to the employee due to prior payment in which case the scholarship award will be paid directly to the awardee.

Dental Insurance

America's Choice | 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 \(ffga.com\)](http://Dental.St.Peter'sHealth.ffga.com)

Dental Monthly Full Time Rates			Dental Monthly Part Time Rates	
	Basic	Enhanced	Basic	Enhanced
Employee Only	\$2.28	\$33.06	\$11.36	\$44.42
Employee + Spouse	\$18.76	\$60.46	\$46.92	\$88.62
Employee + Children	\$14.20	\$87.06	\$35.56	\$108.42
Employee + Family	\$22.08	\$119.24	\$55.24	\$152.40

Your Full Time Equivalent (FTE)	2025	Benefit Status
.75-1.0	60-80 hours	Full Time
.40-.74	32-59 hours	Part Time
0-.39	0-31 hours	Not benefit eligible

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. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. 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://Vision.St.Peter'sHealth.ffga.com)

Vision Monthly Premium	
Employee Only	\$0.86
Employee + Spouse	\$1.72
Employee + Children	\$1.84
Employee + Family	\$2.95



Disability Insurance

American Fidelity Assurance | www.americanfidelity.com | 800-654-7734

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.

AVAILABLE SHORT-TERM DISABILITY

- 3 coverage options to choose from, 60 days, 90 days or 180 days of coverage to choose from * Please note MNA nurses are only eligible for the 60 day plan.
- Pre-existing conditions will not be covered for the first 12 months on the plan.

Long-Term Disability (LTD)

St. Peter's Health also provides LTD Insurance to protect your finances when you have a qualified disability. After satisfying being out for 180 days, the Long Term Disability policy will cover you until age 65 (see brochure if over 65) and are unable to work. St. Peter's Health will contribute a portion of premium to each plan.

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

Accident Insurance

[Aetna | www.myaetnasupplemental.com](https://www.myaetnasupplemental.com) | 800-607-3366

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 \(fpga.com\)](https://www.fpga.com)



Critical Illness Insurance

[Aetna](#) | www.myaetnasupplemental.com | 800-607-3366

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 times, 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.

Texas Life - Permanent Life Highlights

- 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 \(ffga.com\)](http://Texas Life Insurance | St. Peter's Health (ffga.com))

Employer Paid Group Life



BCBS of Montana | www.bcbsmt.com | 800-447-7828

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 \(fpga.com\)](http://St.Peter's Health (fpga.com))

Term Life Insurance

BCBS | www.bcbsmt.com | 800-447-7828

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.

New this year, spouses are also eligible for additional term coverage!

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.

Employees who make deferrals into the Plan are eligible for employer matching contributions. SPH makes matching contributions of 100% of employees' salary deferral amounts on the first 3% of employees' compensation to employees not participating in the St. Peter's Hospital CashPlus Plan. SPH also makes a non-elective contribution of 3% of eligible compensations to employees who complete 1,000 hours of service, are employed on the last day of the plan year and are not participating in the St. Peter's Hospital CashPlus Plan. Contributions are subject to certain limitations.

*Roth contributions are not a pre-tax election and will not reduce your taxable 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

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

Contribution Limits	
2024	2025
\$23,000	\$23,500

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.

All investing involves risk. Past performance is not a guarantee of future returns.

Flexible Spending Accounts

Allegiance | 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 \$640 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$640 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$640 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2024 is \$3,200. The 2025 maximum has not been released by the IRS at this time.

Medical FSA 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 \(ffga.com\)](http://Daycare FSA | St. Peter's Health (ffga.com))

Health Savings Account

Allegiance | www.askallegiance.com | 877-424-3570

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	2025
HSA Contribution Limits	<ul style="list-style-type: none">• Self: \$4,150• Family: \$8,300	<ul style="list-style-type: none">• Self Only: \$4,300• Family: \$8,550
Health Insurance Deductible Limits	<ul style="list-style-type: none">• Self Only: \$1,600• Family: \$3,200	<ul style="list-style-type: none">• Self Only: \$1,650• Family: \$3,300

\$1,000 catch-up contributions (age 55 or older)

Health Savings Account 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 HRA 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

Aetna | www.myaetnasupplemental.com | 800-607-3366

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 \(ffga.com\)](#).



Contact Information

St. Peter's Health Benefits Dept.
2475 Broadway | Helena, MT 59601
406.457.4307

www.employeefbenefitsandleave@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

Benefit	Carrier	Website	Phone
Medical	Allegiance	askallegiance.com	877-424-3570
Dental	America's Choice	www.achonline.com	800-640-7005
Vision	VSP	www.vsp.com	800-877-7195
Disability	AFA	www.americanfidelity.com	800-654-7734
Accident	Aetna	www.myaetnasupplemental.com	800-607-3366
Critical Illness	Aetna	www.myaetnasupplemental.com	800-607-3366
Hospital Indemnity	Aetna	www.myaetnasupplemental.com	800-607-3366
Permanent, Portable Life	Texas Life	www.texaslife.com	800-283-9233
Employer Paid Group Life	BCBS of Montana	www.bcbsmt.com	800-447-7828
Term Life	BCBS of Montana	www.bcbsmt.com	800-447-7828
403(b) Retirement Plan	Principal	www.principal.com	800-986-3343
Health FSA	Allegiance	www.askallegiance.com	877-424-3570
Dependent Care FSA	Allegiance	www.askallegiance.com	877-424-3570
Health Savings Account	Allegiance	www.askallegiance.com	877-424-3570