



# 2025

## Benefits Guide

Benefit Plans Effective January 1–December 31, 2025



**Billings Clinic**

We care where you are.

# What's Inside

## 1 >> How Benefits Work

Benefits for a Healthy Future .....	3
Eligibility.....	3
Enrollment .....	4
Changing Your Benefits .....	5
Key Terms to Know .....	5

## 2 >> Health Plans

Medical Benefits.....	6
Dental Benefits.....	12
Vision Benefits.....	13

## 3 >> Tax Savings

Budgeting for Your Care .....	14
Health Savings Account .....	15
Flexible Spending Accounts.....	16

## 4 >> Financial Security

Life and AD&D Benefits.....	17
Disability Benefits .....	19
Optional Benefits .....	21
Time Off Benefits .....	23
Retirement Benefits.....	25

## 5 >> Additional Information

Additional Benefits .....	26
Employee Assistance Program.....	27
Contacts .....	28



Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2025 plan year (January 1–December 31, 2025). The information inside this guide can help you review your health coverage options, discover tax savings opportunities, and learn about optional benefit offerings.

# Benefits for a Healthy Future

Billings Clinic is a company who cares. We recognize that what makes us strong is our employees. That's why we've put together a benefits package that values your and your family's total health.

We have handpicked benefits we believe will strengthen your physical, emotional, and financial wellbeing. Carefully review the benefits offered and choose the plans that fit your personal situation.

## Eligibility

If you are regularly scheduled to work at least 20 hours per week (0.5 FTE or greater) you are eligible for benefits following a one-month waiting period. Internal Medicine Resident Physicians are not subject to the waiting period.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse or partner:** This includes your legal spouse or domestic partner.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian), as well as children of any age who are physically or mentally unable to care for themselves.

## Dependent Relationship Eligibility

Billings Clinic requires proof of a dependent relationship for dependents covered under the health plans. Proof of dependency may vary, however there are common forms which will typically be required to prove your dependent is eligible to be or stay on your policy, as listed below.

### Spouse:

- Marriage Certificate or Signed marriage license; or
- First page of your most recently filed tax return (1040). Please black out your financial information before submitting the form.

### Domestic partner:

- Affidavit of Domestic Partnership and proof of joint ownership that is no more than 6 months old. Affidavit of Domestic Partnership may be printed from the The Source > Human Resources > Forms, or may be requested or picked up in Human Resources.

### Child(ren):

- Certified birth certificate; or
- Hospital issued birth certificate if child is being added onto the policy after a recent birth

### Adopted child(ren):

- Adoption certification; or
- Adoption placement and petition for adoption

### Legal ward or foster child(ren):

- Certified birth certificate and court ordered document of legal custody; or
- Certified birth certificate and foster care documents.

Proof of your relationship to dependents is due within 31 days of the qualifying event. Please send proof your dependent's relationship to one of the following options:

- **Mail:** Billings Clinic, Human Resources, PO Box 37000, Billings, MT 59107-7000
- **In-person:** Billings Clinic Human Resources Office, 801 N. 29th Street, Billings, MT 59101
- **Service Now Portal**
- **Phone:** 406-238-2518
- **Fax:** 406-238-2355

# Enrollment

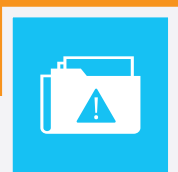
You can only sign up for benefits or change your benefits at the following times.

- Within 31 days of joining Billings Clinic as a new employee.
- During the annual open enrollment period.
- Within 31 days of a qualifying life event.

The choices you make at this time will remain in place through **December 31, 2025**, unless you experience a qualifying life event as described on page 5. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.



## How to Enroll



### Have important documentation ready.

You will be asked questions regarding you and your family, including birth dates, Social Security numbers, and phone numbers.



### Schedule an appointment with a benefits counselor.

Scan the QR code above or log into [embbenefits.com/billingsclinic](https://embbenefits.com/billingsclinic). Benefits counselors will help you understand and identify the right benefits for you.



### Log into your Employee Self Service (ESS) portal.

Go to the Billings Clinic Icons Page > ESS > Life Events then follow the enrollment instructions.

For questions about your benefits, please contact Human Resources at 406-238-2518. If you have a specific medical plan question, please contact PacificSource at 888-246-1370 or email [cs@pacificsource.com](mailto:cs@pacificsource.com). If you have questions about your HSA, contact Fidelity at 800-544-3716.

# Changing Your Benefits

Due to IRS regulations, once you have made your elections for the 2025 plan year, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

**Qualifying life events include, but are not limited to:**

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

**To request a benefits change, notify Human Resources within 31 days of the qualifying life event.** Change requests submitted after 31 days cannot be accepted. You will need to provide proof of the event, such as a marriage license or birth certificate.

Note: If you are on a current Billings Clinic plan and experience a qualifying life event, you cannot change plan type (e.g. from Traditional to HSA or Comprehensive to Preventative; vice versa).

## Key Terms to Know

Take the first step to understanding your benefits by learning these four common terms.



### Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



### Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



### Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



### Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services within the same tier network for the rest of the year.

# Medical Benefits

PacificSource | [pacificsource.com/billingsclinic](https://pacificsource.com/billingsclinic) | 888-246-1370

## Billings Clinic offers two medical insurance plan options through PacificSource.

Before you enroll in medical coverage, take some time to understand how each plan works. The table below summarizes the key features of the medical plan options. See page 7 for an overview of the plan benefits.

Overview of Benefits	HSA Plan	Traditional Plan
<b>Network</b> Tier 1 Tier 2	Billings Clinic Custom Network, includes Billings Clinic and Logan Health providers PacificSource Network	Billings Clinic Custom Network, includes Billings Clinic and Logan Health providers PacificSource Network
<b>How You Pay for Care</b>	You pay the full discounted rate for all services, including office visits, hospital services, and prescription drugs until you meet your annual deductible, then you pay coinsurance	You pay copays for physician services and prescription drugs
<b>Pay for Health Care with Pre-Tax Dollars</b>	Fund a health savings account or use your limited purpose flexible spending account	Fund a health care flexible spending account
<b>Coinsurance</b> Tier 1/Tier 2 and 3	20%/40% after deductible	20%/40% after deductible

## Medical Costs

Listed below are the **semi-monthly** and **monthly** costs for medical insurance. The amount you pay for coverage is deducted from your first two paychecks of the month on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

### FULL-TIME EMPLOYEES (.75–1.0 FTE)

Level of Coverage	HSA Plan				Traditional Plan			
	Employee Cost Semi-Monthly	Employee Cost Monthly	Billings Clinic Monthly Cost	Total Monthly Cost	Employee Cost Semi-Monthly	Employee Cost Monthly	Billings Clinic Monthly Cost	Total Monthly Cost
Employee Only	\$26.88	\$53.76	\$706.17	\$759.93	\$73.92	\$147.84	\$682.40	\$830.24
Employee + Spouse	\$128.80	\$257.60	\$1,337.31	\$1,594.91	\$193.76	\$387.52	\$1,355.62	\$1,743.14
Employee + Child(ren)	\$114.80	\$229.60	\$1,214.04	\$1,443.64	\$175.28	\$350.56	\$1,226.05	\$1,576.61
Employee + Family	\$176.40	\$352.80	\$1,925.81	\$2,278.61	\$276.64	\$553.28	\$1,936.23	\$2,489.51

### PART-TIME EMPLOYEES (.50–.74 FTE)

Level of Coverage	HSA Plan				Traditional Plan			
	Employee Cost Semi-Monthly	Employee Cost Monthly	Billings Clinic Monthly Cost	Total Monthly Cost	Employee Cost Semi-Monthly	Employee Cost Monthly	Billings Clinic Monthly Cost	Total Monthly Cost
Employee Only	\$117.04	\$234.08	\$525.85	\$759.93	\$150.64	\$301.28	\$528.96	\$830.24
Employee + Spouse	\$295.68	\$591.36	\$1,003.55	\$1,594.91	\$361.76	\$723.52	\$1,019.62	\$1,743.14
Employee + Child(ren)	\$267.12	\$534.24	\$909.40	\$1,443.64	\$328.72	\$657.44	\$919.17	\$1,576.61
Employee + Family	\$420.56	\$841.12	\$1,437.49	\$2,278.61	\$518.00	\$1,036.00	\$1,453.51	\$2,489.51

# Medical Benefits

The table below summarizes the benefits of each medical plan.

The medical plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose Tier 1 provider.

The amount you pay varies based on whether you see a Tier 1, Tier 2, or Tier 3 provider:

- **Tier 1:** Billings Clinic Custom Network which includes Billings Clinic and Logan Health providers.
- **Tier 2:** Providers not in Billings Clinic Custom Network but participate in the PacificSource Network.
- **Tier 3:** Providers not in Billings Clinic Custom Network or the PacificSource Network; subject to balance billing.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	HSA Plan		Traditional Plan	
	In-Network (Tier 1)	Out-of-Network (Tier 2 and Tier 3)	In-Network (Tier 1)	Out-of-Network (Tier 2 and Tier 3)
<b>Calendar Year Deductible<sup>1</sup></b> Individual/Family	Non-Embedded \$2,500/\$5,000      \$5,300/\$7,500		Embedded \$1,500/\$3,000      \$2,800/\$5,500	
<b>Out-of-Pocket Maximum<sup>1</sup></b> Individual/Family	Includes deductible, copays, and coinsurance			
	Embedded \$5,000/\$10,000      \$7,500/\$15,000		Embedded \$3,500/\$7,500      \$7,000/\$15,000	
<b>Preventive Care</b>	Plan pays 100%		Plan pays 100%	
<b>Physician Services</b>				
Primary Care Physician	20% after deductible	40% after deductible	\$30 copay	40% after deductible
Specialist	20% after deductible	40% after deductible	\$40 copay	40% after deductible
Urgent Care	20% after deductible	40% after deductible	\$100 copay	40% after deductible
<b>Lab/X-Ray</b>				
Diagnostic Lab/X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible
High-Tech Services (MRI, CT, PET)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Hospital Services</b>				
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>Emergency Room</b>	20% after deductible		\$200 copay <sup>2</sup>	
<b>Artificial Insemination and IVF</b>	Please refer to the Summary Plan Description for benefit details		Please refer to the Summary Plan Description for benefit details	
<b>Prescription Drugs<sup>3</sup></b> (Up to a 30-day supply)				
Generic	Deductible, then: \$10 copay	Not covered	\$10 copay <sup>4</sup>	Not covered
Preferred Brand	\$30 copay		\$30 copay <sup>4</sup>	
Non-Preferred Brand	\$60 copay		\$60 copay <sup>4</sup>	

(1) In- and out-of-network deductibles and out-of-pocket maximums do not cross accumulate.

(2) Physician, lab, and X-ray fees, or procedures are in addition to the ER copay and subject to your plan deductible and coinsurance.

(3) The Billings Clinic Atrium Pharmacy is the in-network pharmacy in Yellowstone County.

(4) If a prescription drug costs \$300 or more, you pay 20% coinsurance up to a maximum of \$150.

# Medical Benefits

## Are You Covering Your Spouse and/or Children?

- **HSA plan members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible DOES NOT apply. The family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The individual out-of-pocket maximum applies to each covered member of the family (capped at family amount).
- **Traditional plan members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).



## Preventive Care

**In- and out-of-network preventive care is 100% free for medical plan members.**

You won't have to pay anything out of your pocket when you receive preventive care. Practice preventive care and reap the rewards of a healthier future.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Access important plan information on any device, view your ID card, find doctors, compare costs, and track your account balances, and more.  
Register at [pacificsource.com/billingsclinic](https://pacificsource.com/billingsclinic).



### Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective. Preventive care helps keep your costs low.



### Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Learn more about preventive care, call the PacificSource customer service line at 888-246-1370 or visit [pacificsource.com/billingsclinic](https://pacificsource.com/billingsclinic). Or visit [healthcare.gov](https://healthcare.gov) for more information on preventive care.

# Medical Benefits

## Prescription Drug Coverage

The Billings Clinic Atrium Pharmacy is the in-network pharmacy for the Billings Clinic medical plans in Yellowstone County.

To contact the Atrium Pharmacy, call 406-238-2084 or toll-free 866-369-9873, fax to 406-657-3861.

### URGENT OR EMERGENT PRESCRIPTIONS

- **Pharmacy network extended:** You may obtain up to a 14-day supply of antibiotics and pain medications at most major participating pharmacies at the in-network copay. Visit [medimpact.com](https://www.medimpact.com) to locate an in-network pharmacy outside of Yellowstone County.
- **Pharmacy network exception:** If you live outside of Montana or Wyoming, you may request a pharmacy exception to obtain your prescriptions locally. Contact Human Resources at 406-238-2518 for more information.
- **In-network pharmacies outside of Yellowstone County:** In addition to the Atrium Pharmacy, there are multiple in-network pharmacies in communities outside of Billings where Billings Clinic employees can fill prescriptions. Using these pharmacies when possible for staff who live in or near those communities helps to provide prescriptions more quickly and efficiently. Please see the list of in-network pharmacies located on The Source. If you have additional questions about in-network pharmacies and their locations, please contact MedImpact at 877-403-6030.

### MEDIMPACT

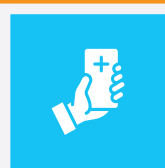
MedImpact is the pharmacy administrator. For member support, contact MedImpact at 877-403-6030 or visit [medimpact.com](https://www.medimpact.com). Register online to review your pharmacy benefits, find a participating pharmacy, and to learn more about your medications.



#### MedImpact Member Portal

Access important health information like your individual prescription benefit and drug coverage detail so you can better understand your prescription benefit plan.

Visit [medimpact.com](https://www.medimpact.com) for more information.



#### MedImpact App

Download the MedImpact mobile app from the App Store or Google Play for on-the-go access to your important health information, no matter where you are.

Visit [apps.apple.com/us/app/medimpact/id1442487898](https://apps.apple.com/us/app/medimpact/id1442487898) or [play.google.com/store/apps/details?id=com.medimpact.cpp&hl=en\\_US](https://play.google.com/store/apps/details?id=com.medimpact.cpp&hl=en_US) to download.



#### Online Pharmacy Refill

The Billings Clinic Atrium Pharmacy offers convenient online prescription refills. Order from anywhere and pick them up at your convenience.

Visit [billingsclinic.com/medrefill](https://www.billingsclinic.com/medrefill) for more information.



## Medical Benefits

### Billings Clinic OnCall

Billings Clinic OnCall is a fast, easy way to see a health care provider when and where you need it most.

**Visits are just \$67 (due at time of service) using your credit, debit, or HSA card.** Please note this service is not covered under the employee health plans.



Scan the QR code to the left to get started.



#### Get care for non-emergency conditions.

Billings Clinic OnCall can connect you to a provider from your phone, computer, or tablet for diagnosis, treatment, and prescriptions (if, and as appropriate). Receive care for common health issues like allergies, asthma, sore throat, fever, headache, and much more.



#### Talk with a provider by phone or video, 24/7.

Use Billings Clinic OnCall to prioritize your health by getting the care you need when you need it. Visit [billingsclinic.com/services-specialties/get-care-now-urgent-care-services/oncall](https://billingsclinic.com/services-specialties/get-care-now-urgent-care-services/oncall) to get started.

## Telehealth

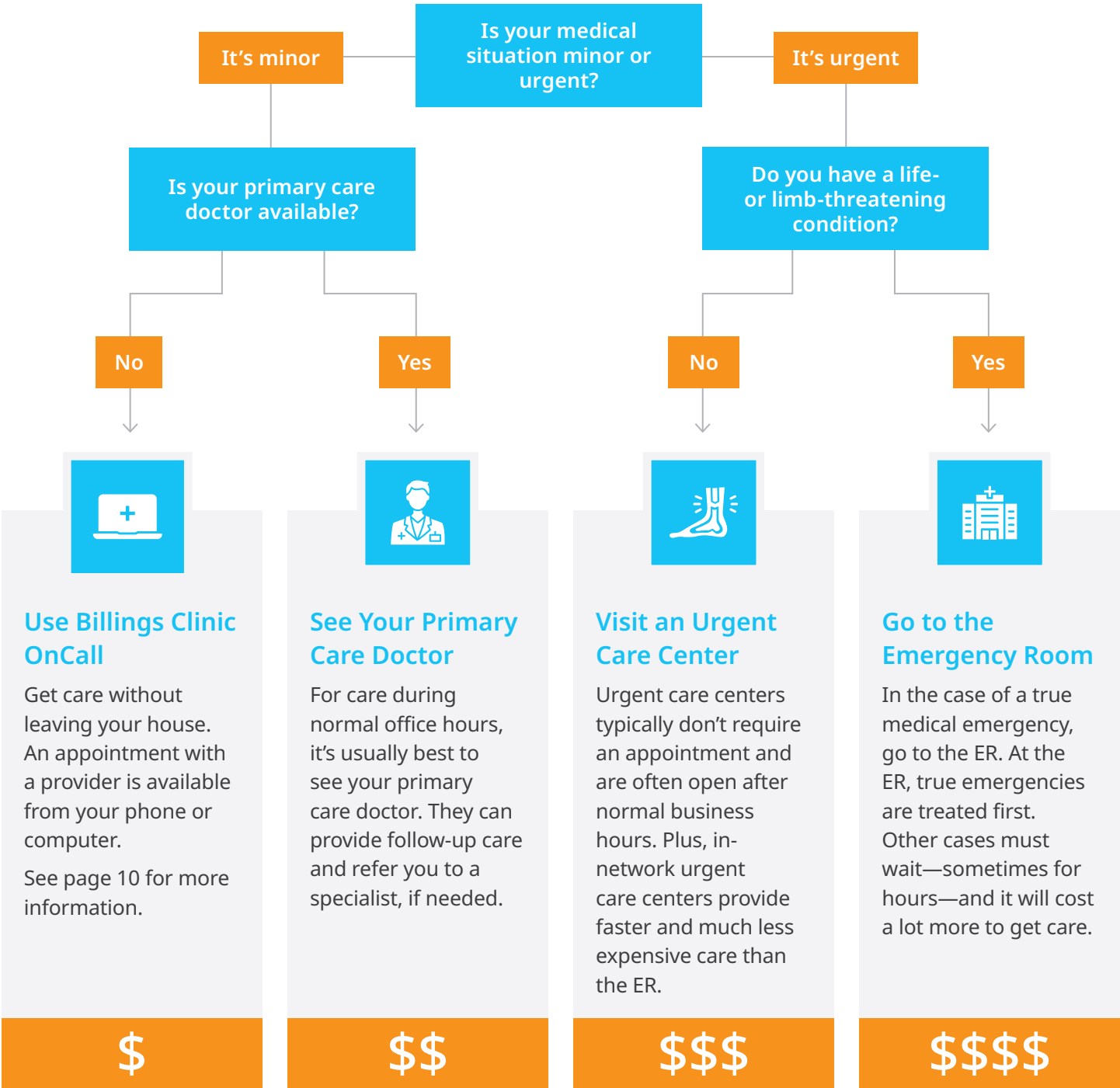
As a patient of Billings Clinic, telehealth visits are offered by many providers and departments. Please check with your medical provider to see if this convenient option is available to best treat your care needs.

Please also refer to PacificSource for coverage details.

# Medical Benefits

## Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



# Dental Benefits

PacificSource | [pacificsource.com/billingsclinic](https://pacificsource.com/billingsclinic) | 866-373-7053

**Billings Clinic offers two dental insurance plan options administered by PacificSource. There is no preferred network, allowing you the flexibility to visit any dental provider of your choice.**

The **Preventive** plan pays up to \$500 for preventive services only, you pay the full cost for all other services.

With the **Comprehensive** plan, you pay for all services out of your pocket until you reach your deductible. Once you reach your deductible, you pay a portion of the cost for all other services. Preventive care benefits are paid 100% by the plan and are not subject to the deductible.

**Benefits for orthodontic services are paid monthly on a pro-rated basis over the length of the treatment.** If the orthodontic treatment began before the patient was eligible for this plan, this plan will continue to make payment toward the remaining balance due as of the patient's initial eligibility date. The lifetime maximum shown below will apply fully to this amount. Billings Clinic's obligation to make payments for orthodontic treatment ends when the patient's eligibility ends, or when treatment is terminated before the case is completed.

Note: Eligible dental charges are limited to the usual, customary, and reasonable (UCR) fee of dental providers in the same service area for similar treatment of dental conditions. If charges exceed the UCR, the excess charges are your responsibility.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Preventive Plan	Comprehensive Plan
<b>Calendar Year Deductible</b> Individual/Family	\$0/\$0	\$50/\$100
<b>Calendar Year Benefit Maximum</b>	Plan pays up to \$500 for preventive services, you pay the full cost for all other services <sup>1</sup>	\$2,000 <sup>2</sup>
<b>Preventive Care</b> (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%
<b>Basic Services</b> (Oral surgery: simple extractions and fillings)	Not covered	20% after deductible
<b>Major Services</b> (Periodontal services, endodontic services, bridges, root canals, crowns [inlays/onlays], dentures [full/partial])	Not covered	50% after deductible
<b>Orthodontia Services<sup>3</sup></b> (Children up to age 19)	Not covered	50% (no deductible)
<b>Orthodontia Lifetime Maximum</b>		Up to \$1,500 per person

(1) Eligible charges are limited to the usual, customary and reasonable (UCR) fee of dental providers in the same service area for similar treatment of dental conditions. If charges exceed the UCR, the excess charges are your responsibility. (2) All benefits including preventive care apply to the calendar year benefit max. (3) Must be enrolled in comprehensive dental for one year to be eligible.

## Dental Costs

Listed below are the **semi-monthly** and **monthly** costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Preventive Plan				Comprehensive Plan			
	Employee Cost Semi-Monthly	Employee Cost Monthly	Billings Clinic Monthly Cost	Total Monthly Cost	Employee Cost Semi-Monthly	Employee Cost Monthly	Billings Clinic Monthly Cost	Total Monthly Cost
<b>Employee Only</b>	\$0.50	\$1.00	\$14.64	\$15.64	\$19.00	\$38.00	\$21.59	\$59.59
<b>Employee + Spouse</b>	\$1.00	\$2.00	\$24.82	\$26.82	\$38.00	\$76.00	\$43.18	\$119.18
<b>Employee + Child(ren)</b>	\$1.00	\$2.00	\$24.82	\$26.82	\$35.50	\$71.00	\$40.72	\$111.72
<b>Employee + Family</b>	\$2.00	\$4.00	\$41.80	\$45.80	\$57.50	\$115.00	\$66.24	\$181.24



## Vision Benefits

PacificSource | [pacificsource.com/billingsclinic](https://pacificsource.com/billingsclinic) | 888-246-1370

**Billings Clinic offers a vision insurance plan administered by PacificSource. There is no preferred network, allowing you the flexibility to visit any vision provider of your choice.**

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision Plan
<b>Eye Exam</b> (Once per calendar year)	Up to \$150 allowance
<b>Frames, Lenses, and Contact Lenses Combined</b> (Once per calendar year)	Up to \$200 allowance

## Vision Costs

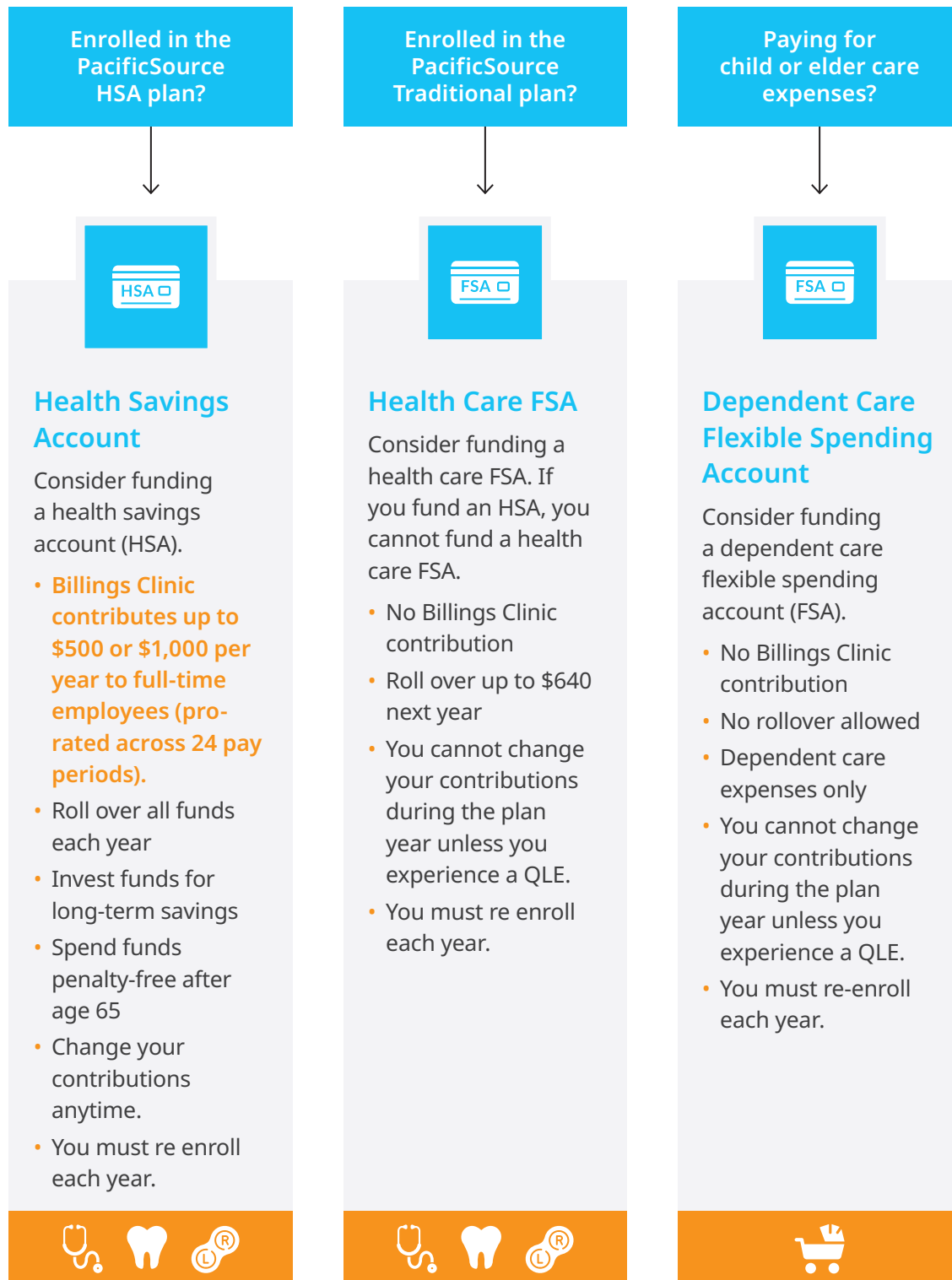
Listed below are the **semi-monthly** and **monthly** costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Vision Plan			
	Employee Cost Semi-Monthly	Employee Cost Monthly	Billings Clinic Monthly Cost	Total Monthly Cost
Employee Only	\$7.95	\$15.90	\$0.00	\$15.90
Employee + Spouse	\$15.34	\$30.68	\$0.00	\$30.68
Employee + Child(ren)	\$15.34	\$30.68	\$0.00	\$30.68
Employee + Family	\$23.86	\$47.72	\$0.00	\$47.72

# Budgeting for Your Care

Billings Clinic offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

When you put money into a pre-tax account, you can **SAVE UP TO 20%\*** on your care and increase your take home pay. This is because you don't pay tax on your contributions.



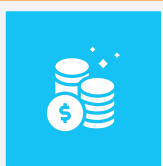
\*Percentage varies based on your tax bracket.

# Health Savings Account

Fidelity Investments | [netbenefits.com/billingsclinic](https://netbenefits.com/billingsclinic) | 800-544-3716

**If you enroll in the PacificSource HSA plan, you may be eligible to open and fund a health savings account (HSA) through Fidelity Investments.**

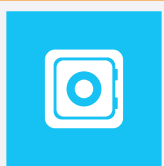
An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Visit [fidelity.com/healthsavingsaccount](https://fidelity.com/healthsavingsaccount) to learn more about HSAs and their tax savings benefits.



## Spend

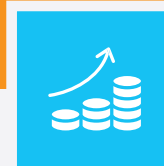
Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.

Visit [irs.gov/forms-pubs/about-publication-502](https://irs.gov/forms-pubs/about-publication-502) for a list of eligible expense.



## Save

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



## Invest

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

## Billings Clinic Contribution

If you are a full-time (0.75-1.0 FTE) employee and enroll in the PacificSource HSA plan, Billings Clinic will help you save by contributing to your account.

- **Employee-only:** Up to \$500 per year
- **All other coverage levels:** Up to \$1,000 per year

Billings Clinic contributes \$20.84 or \$41.67 the first two pay periods of each month beginning on the pay period following the date you open your HSA through Fidelity.

## 2025 IRS HSA Contribution Maximums

Contributions to an HSA (including the Billings Clinic contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,300
- **All other coverage levels:** \$8,550

If you are age 55+ by December 31, 2025, you may contribute an additional \$1,000.

## HSA Eligibility

**You are eligible to fund an HSA if:**

- You are enrolled in the PacificSource HSA plan.

**You are NOT eligible to fund an HSA if:**

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to [IRS Publication 969](#) for eligibility details. If you are over age 65, please contact Human Resources.

## Opening an HSA

Visit [netbenefits.com/billingsclinic](https://netbenefits.com/billingsclinic) to open an HSA with Fidelity. After you open your HSA, you will receive an HSA welcome kit in the mail with more information.

# Flexible Spending Accounts

Rocky Mountain Reserve | [rockymountainreserve.com](https://rockymountainreserve.com) | 888-722-1223

## Billings Clinic offers two flexible spending account (FSA) options through Rocky Mountain Reserve (RMR).

Log into your RMR account to view your account balance(s), view eligible expenses, download forms, and more.

### Health Care FSA (Not Allowed if You Fund an HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. **The health care FSA maximum contribution is \$3,200 for the 2025 calendar year.**

Note: If you move from the Traditional plan to the HSA plan unused health care FSA funds will roll over into a limited purpose health care FSA, which can only be used for dental and vision expenses.

### Dependent Care FSA

Pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

**You may make contributions into your dependent care FSA in accordance with the following limits:**

- Up to \$2,500 if you are married filing separately.
- Up to \$2,500 if you are a highly-compensated employee (HCE) filing separately or up to \$3,600 for a married couple filing jointly. An employee who earns more than \$155,000 is considered an HCE.
- \$5,000 if you are an individual or are married filing jointly and are not a highly-compensated employee.

### Submit Claims for Reimbursement

- **Mobile app:** Take a picture of your receipt and submit it with your reimbursement request.
- **RMR website:** File requests for reimbursement at [rockymountainreserve.com](https://rockymountainreserve.com).
- **Manually:** File directly via fax, email, or mail.
  - Fax—866-557-0109
  - E-mail—[claims@rmrbenefits.com](mailto:claims@rmrbenefits.com)
  - Mail  
PO Box 631458  
Littleton, CO 80163

Note: Claims submitted via RMR app and website receive priority.

1

#### Contribute

Decide how much to contribute to your FSA on a calendar year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods (24) and deducted on a pre-tax basis from your paycheck.

2

#### Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at [rockymountainreserve.com](https://rockymountainreserve.com). Keep all receipts in case RMR requires you to verify the eligibility of a purchase.

Note: Remember to keep your FSA card. New cards will not be issued in future years.

3

#### Use It or Lose It

Use your health care FSA funds before the end of the year—any funds in excess of \$640 will be forfeited. Dependent care FSA dollars do not roll over.

You will have an additional 90 days to submit and be reimbursed for expenses incurred during the plan year.

# Life and AD&D Benefits

Sun Life Financial | mysunlifebenefits.com | 800-247-6875

**Billings Clinic's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.**

## Basic Life and AD&D Insurance

Billings Clinic automatically provides basic life and AD&D insurance through Sun Life Financial to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Please be sure to keep your beneficiary designations up to date.

- **Employee life benefit:** 1x annual base salary up to a maximum of \$500,000 (minimum of \$25,000)
- **Employee AD&D benefit:** 1x annual base salary up to a maximum of \$500,000 (minimum of \$25,000)

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase optional coverage.

## Optional Life and AD&D Insurance

Billings Clinic provides you the option to purchase optional life and AD&D insurance for yourself, your spouse, and/or your dependent children through Sun Life Financial. If both you and your spouse are employed at Billings Clinic you cannot cover one another for dependent life or double cover your children.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing evidence of insurability (statement of health). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Sun Life Financial.

**Optional life rates are age-banded for employees only (listed on the following page). Benefits will reduce to 67% at age 70 and to 50% at age 75.**

- **Employee:** \$10,000 increments up to \$500,000—guarantee issue: 2x annual earnings or \$200,000, whichever is greater, during the initial eligibility period
- **Spouse:** \$5,000 increments up to \$150,000—guarantee issue: \$50,000, during the initial eligibility period
- **Dependent children (up to age 26):** \$2,500 increments up to \$10,000—guarantee issue: \$10,000, during the initial eligibility period

## CONTINUATION OF COVERAGE

You may be eligible to continue your life insurance coverage after your employment ends with Billing Clinic. You have a limited time (31 days) to apply for conversion or portability. To continue your coverage individually as either a Term Life Insurance Policy (Portability) or a Whole Life Insurance Policy (Conversion), please call Sun Life Financial at 800-247-6875.

# Life and AD&D Benefits

## Optional Life and AD&D Insurance

### OPTIONAL LIFE AND AD&D INSURANCE COSTS

Listed below are the **monthly** rates for optional life and AD&D insurance. The amount you pay for coverage is deducted from your first two paychecks of the month on a post-tax basis.

Age	Optional Life Insurance	
	Employee Per \$1,000 of coverage	Dependents Per \$1,000 of coverage
< 25	\$0.059	Spouse: \$0.144 Child(ren): \$0.117
25–29	\$0.096	
30–34	\$0.108	
35–39	\$0.119	
40–44	\$0.155	
45–49	\$0.204	
50–54	\$0.311	
55–59	\$0.585	
60–64	\$0.802	
65–69	\$1.555	
70+	\$2.466	

Optional AD&D Insurance	
Employee Per \$1,000 of coverage	\$0.02



Follow the example below to estimate your monthly cost for optional life and AD&D insurance.

#### EMPLOYEE OPTIONAL LIFE

Benefit Amount	Divided by 1,000	Multiplied by Applicable Age Rate	Monthly Cost
\$100,000	$\$100,000 \div 1,000 = 100$	$100 \times \$0.096$ (age 25)	= \$9.60

#### SPOUSE OPTIONAL LIFE

Benefit Amount	Divided by 1,000	Multiplied by Spouse Rate	Monthly Cost
\$50,000	$\$50,000 \div 1,000 = 50$	$50 \times \$0.144$	= \$7.20

#### CHILD(REN) OPTIONAL LIFE

Benefit Amount	Divided by 1,000	Multiplied by Child(ren) Rate	Monthly Cost
\$10,000	$\$10,000 \div 1,000 = 10$	$10 \times \$0.117$	= \$1.17

#### EMPLOYEE OPTIONAL AD&D

Benefit Amount	Divided by 1,000	Multiplied by AD&D Rate	Monthly Cost
\$100,000	$\$100,000 \div 1,000 = 100$	$100 \times \$0.02$	= \$2.00

# Disability Benefits

Sun Life Financial | mysunlifebenefits.com | 800-247-6875

**Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.**

## Short-Term Disability Insurance

Billings Clinic generously provides short-term disability (STD) insurance to all benefits-eligible employees **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. PTO may be used to supplement STD to 100% of base pay, if available. Please see policy ESEP-152 for plan specifics. Residents/fellows who are a part of an ACGME-accredited program may have additional benefits; refer to Policy OGME-123.

- **Benefit:** 66 ⅔% of base weekly pay
- **Elimination period:** 7 calendar days
- **Benefit duration:** Up to 12 weeks

## Long-Term Disability Insurance

Billings Clinic automatically provides long-term disability (LTD) insurance to all benefits-eligible employees **AT NO COST** through Sun Life Financial. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 50% of base monthly pay per month up to a \$20,000 maximum monthly benefit
- **Elimination period:** 90 days
- **Benefit duration:** Social Security normal retirement

### Additional benefit details:

- Cost of living benefit—maximum annual increase: 5% for 5 years
- Protects own occupation
- Provides 24 months for disabilities due to mental, nervous, drug, or alcohol issues
- Benefits are offset by any social security benefits received due to disability
- Policy terminates when employment ends.
- Not a portable policy

## LONG-TERM DISABILITY TAX OPTION ELECTION

### Tax Now:

If you elect to pay taxes now on the employer paid LTD premium, this amount is added to your taxable income. In the event you become disabled, and eligible to receive benefits, no state or federal taxes would be withheld from your monthly benefit.

### Tax Later:

If you do not elect to pay taxes on the employer paid premium, and are eligible to receive benefits, your monthly benefit is subject to state and federal tax.

### Example:

- If you choose the tax now option and are not enrolled in the buy-up, 100% of your benefit will be received tax-free
- If you choose the tax now option and are enrolled in the buy-up, 100% of your benefit will be received tax-free
- If you choose the tax later option and are not enrolled in the buy-up, 100% of your benefit will be taxable
- If you choose the tax later option and are enrolled in the buy-up, 54% of your benefit will be taxable and 46% will be received tax-free per IRS rules

# Disability Benefits

## Optional Long-Term Disability Insurance

Billings Clinic provides you the option to purchase optional long-term disability (LTD) insurance through Sun Life Financial. The optional LTD insurance benefit is equal to 16 ⅔% of your base monthly pay for a combined coverage level of 66 ⅔% wage replacement.

- **Benefit:** 16 ⅔% of base monthly pay per month
- **Elimination period:** 90 days
- **Benefit duration:** Social security normal retirement

### OPTIONAL LTD INSURANCE COSTS

Listed below are the **monthly** costs for optional LTD insurance. The amount you pay for coverage is deducted from your first two paychecks of the month on a post-tax basis.

Age	Optional LTD Insurance All Employees Excluding Physicians Per \$100 of monthly covered payroll
< 25	\$0.128
25–29	\$0.174
30–34	\$0.220
35–39	\$0.220
40–44	\$0.348
45–49	\$0.494
50–54	\$0.613
55–59	\$0.816
60–64	\$0.925
65–69	\$0.320
70+	\$0.264



Follow the example below to estimate your monthly cost for optional long-term disability.

Base Annual Salary Divided by 12	Divided by 100	Multiplied by Applicable Age Rate	Monthly Cost
\$50,000 ÷ 12 = \$4,167	\$4,167 ÷ 100 = 41.67	41.67 x \$0.174 (age 25, non-physician)	= \$7.25

# Optional Benefits

Sun Life Financial | mysunlifebenefits.com | 800-247-6875

## Accident Insurance

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident. Members receive a \$50 wellness benefit every year when they complete a health screening.

### ACCIDENT INSURANCE COSTS

Listed below are the **semi-monthly** costs for accident insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	Accident Insurance
Employee Only	\$5.69
Employee + Spouse	\$9.99
Employee + Child(ren)	\$11.65
Employee + Family	\$15.95

## Critical Illness Insurance

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses.

- **Employee benefit:** \$10,000 to \$40,000—guarantee issue: \$40,000
- **Spouse benefit:** \$10,000 to \$40,000—guarantee issue: 100% of employee's benefit election
- **Dependent children benefit:** Up to age 26: \$5,000 to \$20,000—guarantee issue: 50% of employee's benefit election
- **Wellness screening benefit:** \$50 per year

### CRITICAL ILLNESS INSURANCE COSTS

Listed below are the **semi-monthly** costs for critical illness insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Age	Employee				Spouse				Dependent Children			
	\$10,000	\$20,000	\$30,000	\$40,000	\$10,000	\$20,000	\$30,000	\$40,000	\$5,000	\$10,000	\$15,000	\$20,000
< 25	\$1.70	\$3.40	\$5.10	\$6.80	\$1.70	\$3.40	\$5.10	\$6.80	\$0.08	\$0.15	\$0.23	\$0.30
25–29	\$1.90	\$3.80	\$5.70	\$7.60	\$1.90	\$3.80	\$5.70	\$7.60				
30–34	\$2.85	\$5.70	\$8.55	\$11.40	\$2.85	\$5.70	\$8.55	\$11.40				
35–39	\$3.55	\$7.10	\$10.65	\$14.20	\$3.55	\$7.10	\$10.65	\$14.20				
40–44	\$4.70	\$9.40	\$14.10	\$18.80	\$4.70	\$9.40	\$14.10	\$18.80				
45–49	\$7.00	\$14.00	\$21.00	\$28.00	\$7.00	\$14.00	\$21.00	\$28.00				
50–54	\$11.05	\$22.10	\$33.15	\$44.20	\$11.05	\$22.10	\$33.15	\$44.20				
55–59	\$14.70	\$29.40	\$44.10	\$58.80	\$14.70	\$29.40	\$44.10	\$58.80				
60–64	\$17.55	\$35.10	\$52.65	\$70.20	\$17.55	\$35.10	\$52.65	\$70.20				
65–69	\$22.95	\$45.90	\$68.85	\$91.80	\$22.95	\$45.90	\$68.85	\$91.80				
70–74	\$34.50	\$69.00	\$103.50	\$138.00	\$34.50	\$69.00	\$103.50	\$138.00				
75+	\$47.80	\$95.60	\$143.40	\$191.20	\$47.80	\$95.60	\$143.40	\$191.20				

# Optional Benefits

## Hospital Indemnity Insurance

This option will pay benefits that help you with costs associated with a hospital visit such as a covered accident, illness, or childbirth. This benefit pays you a lump-sum upon admittance so that you can choose how best to cover your expenses.

- **First day hospital admission:** \$1,000 per admission (up to 2 days per year)
- **Daily hospital confinement:** \$100 per day (up to 60 days per year)
- **Hospital intensive care unit confinement:** \$200 per day (up to 15 days per year)
- **Wellness screening benefit:** \$50 per year

Benefits are payable for hospital stays due to:

- Sickness
- Accidents
- Routine pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse
- Complications of pregnancy

### HOSPITAL INDEMNITY INSURANCE COSTS

Listed below are the **semi-monthly** costs for hospital indemnity insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	Hospital Indemnity Insurance
Employee Only	\$9.00
Employee + Spouse	\$19.61
Employee + Child(ren)	\$15.29
Employee + Family	\$25.89

### IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# Time Off Benefits

**Billings Clinic provides time off for all benefits-eligible employees based on employment.**

## Paid Time Off (PTO)

Billings Clinic provides for paid time away from work through a paid time off (PTO) program to be used for vacation, illness (employee or dependent), and personal or medical appointments.

Employees with a FTE of 0.5 or greater will earn PTO upon hire and can access those hours after one month of employment. PTO is earned on worked and system requested absence (SRA) hours only, and is not earned while on vacation (PTO or personal days), or short-term leave.

PTO hours are paid to the employee upon separation from Billings Clinic or when their status changes to per diem. Residents/fellows who are a part of an ACGME-accredited program may have additional benefits; refer to Policy OGME-123.

Years of Benefit Eligible Status	Staff Positions <sup>1</sup>		Leadership and APP Positions	
	Rate Per Productive Hour Worked <sup>2</sup>	Maximum Hours Allowed in PTO Bank	Rate Per Productive Hour Worked <sup>2</sup>	Maximum Hours Allowed in PTO Bank
Less than 1 year	0.04615	96	0.05384	112
1-4 years	0.06153	128	0.06923	144
5-9 years	0.07692	160	0.08461	176
10+ years	0.09230	192	0.10000	208
Also eligible for personal day hours, based on FTE				

(1) Includes non-exempt, exempt, supervisory, and clinical coordinators. (2) Hours earned on worked/SRA time only (no accrual on PTO, floating holidays, or extended leave time taken). **Hospital RN's—refer to the MNA Contract for PTO details.**

## Floating Holidays

Up to eighty (80) hours are available to staff and leadership each calendar year, from January 1 through the last day in the last full pay period ending in December, to use for both Billings Clinic observed holidays and days designated by the employee.

These hours are prorated by FTE and available after one month of employment. For newly hired employees, these hours will be prorated based upon the month of hire, and FTE. Any hours not utilized by the last day of the last pay period ending in December will be forfeited.

Use of floating day hours must be prescheduled and preapproved by your manager. These hours are not available for unscheduled absences, sick time, or leaves of absence.

Floating day hours are not paid out if you end employment or change to per diem status.

### FLOATING HOLIDAY SPLASH

In the calendar year when the employee completes 15, 20, 25, etc. years of service, an additional 40 hours of floating holiday will be available to the employee for use during that fiscal year.

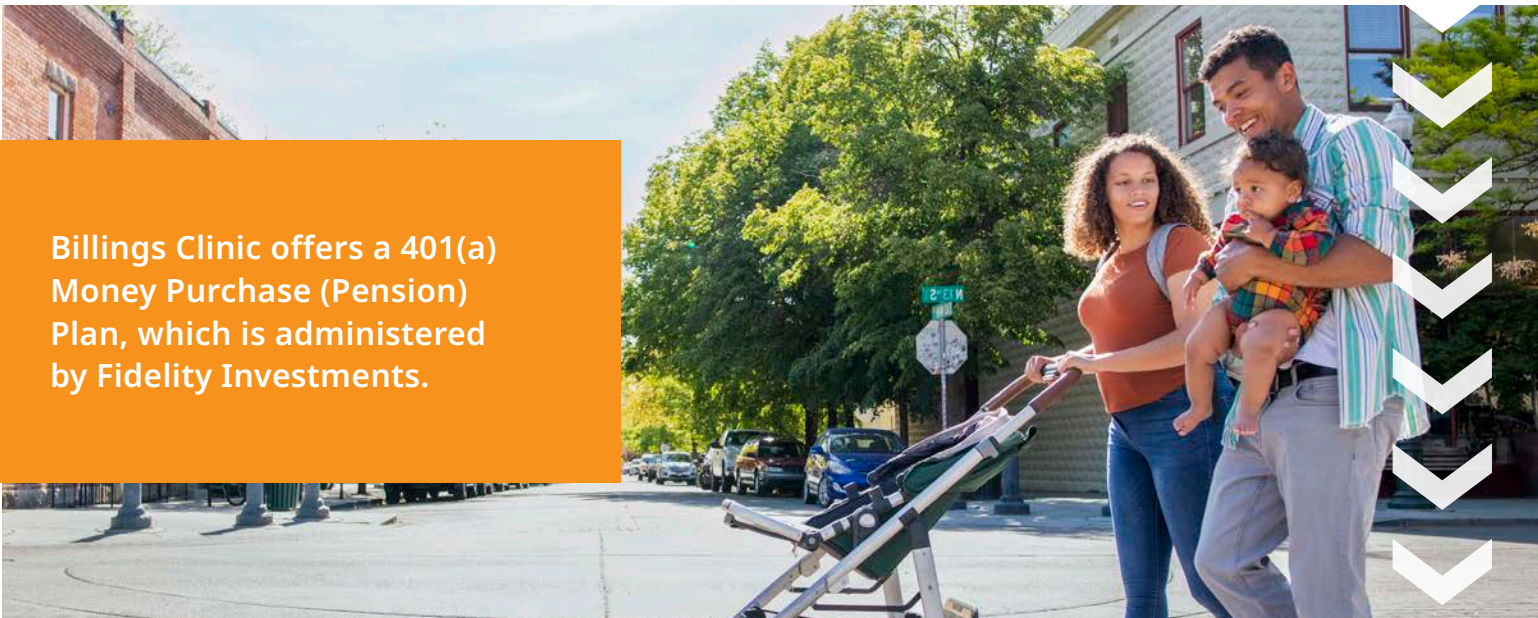
## Bereavement Leave

Billings Clinic provides paid leave support for employees when a family member passes away. Employees who are at least a 0.5 FTE, and have completed one month of employment qualify for bereavement leave.

A paid leave of absence of up to four (4) working days for the hours regularly scheduled to work on those days will be granted in the case of a death of a member of the immediate family or household. One (1) day will be granted for other family members. The days must be taken within 12 months of the family member's death. Please see policy ESEP-145 for plan specifics.

# Retirement Benefits

Fidelity Investments | [netbenefits.com/billingsclinic](https://netbenefits.com/billingsclinic) | 800-343-0860



Billings Clinic offers a 401(a) Money Purchase (Pension) Plan, which is administered by Fidelity Investments.

## 401(a) Money Purchase (Pension) Plan

### Eligibility for Employer Contributions to your 401(a) Money Purchase Plan

- Employees must have completed at least one “year of service” (1000+ worked hours in the twelve-month period starting on the date the employee began working for Billings Clinic, or an anniversary of that date).
- Once criteria are met, you’ll be eligible to participate in the plan at the next entry date (January or July).

### When you can access the funds:

- Upon retirement
- If you leave employment
- At age 62

### Options to take funds:

- Roll into an IRA or other eligible plan (defer taxes)
- Lump sum cash distributions (subject to taxes)
- Leave in account if balance is more than \$5,000
- Upon your death, to your beneficiary
- Qualified Joint and Survivor Annuity
- Pension plan does not allow for monthly distributions
- A loan provision is available through Fidelity

### PENSION CONTRIBUTION

After eligibility requirements are met (see above), Billings Clinic will contribute to your account as follows:

- 2.8% of first \$100,000 of salary earned
- 13% of salary earned from \$100,000 to \$170,000
- 5% of salary earned from \$170,000 to \$350,000

The contribution percentages reset at the beginning of each calendar year. See IRS Notice 2023-75 for cost of living adjustments.

**Billings Clinic contributes to your 401(a) Money Purchase Plan. Employee contributions are not permissible.**

You may choose how to invest the money in your account by using investment options offered through the plan.

### VESTING

Vesting service will be credited based on the number of plan years (January 1–December 31) in which you complete 1,000 worked hours.

For each year you meet this requirement, you will become 20% vested.

# Retirement Benefits

Fidelity Investments | [netbenefits.com/billingsclinic](https://netbenefits.com/billingsclinic) | 800-343-0860

## Billings Clinic offers two retirement plan options which are administered by Fidelity Investments.

### Eligibility for employer match contributions to your 403(b) savings plan

- Employees must be at least 18 years of age.
- Employees must have completed at least one “year of service” (1000+ worked hours in the twelve-month period starting on the date the employee began working for Billings Clinic, or an anniversary of that date).
- Once criteria are met, you’ll be eligible to receive employer match contributions at the next entry date (January or July).
- Employees are eligible to contribute at any time.
- After you meet the eligibility requirements, Billings Clinic may make a discretionary matching

contribution.

### When you can access the funds:

- Upon retirement
- If you leave employment
- At age 62 (or age 59-1/2 with 10 years of participation)

### Options to take funds:

- Roll into an IRA or other 403(b) plan (defer taxes)
- Upon your death, to your beneficiary
- Lump sum cash distributions (subject to taxes)
- Leave in account if balance is more than \$5,000
- Installment payments pursuant to a fixed schedule

## 403(b) Savings Plan

The 403(b) Savings Plan gives you an opportunity to set aside earnings from each paycheck, before federal and state income taxes are assessed. All new Billings Clinic employees are eligible to make contributions upon hire or at any time during the year. You will elect how to invest your money by using investment options offered through the plan. The 403(b) savings plan also accepts roll overs from qualified plans. If you wish to change your election, contact Fidelity by phone or go online no later than the Wednesday prior to the pay period end.

### **You are 100% vested in money you contribute as well as the Billings Clinic matching contributions when eligible.**

The maximum employee contribution for 2025 is \$23,500. If you are turning 50 or older in 2025, then your maximum contribution is \$31,000.

If Billings Clinic makes a discretionary matching contribution, it will match 50% of your contribution, but will be limited to 2.5% of your gross earnings, up to \$350,000. In order to receive the maximum match, you must elect to defer at least 5% of your paycheck to your 403(b) account. The match will be calculated on a pay period basis and an end-of-year match true-up will not occur.

## Roth 403(b)

You have the option of contributing to a Roth 403(b) through your retirement savings account.

### **How the Roth 403(b) compares with a traditional pretax 403(b)**

Just as with a traditional pretax 403(b):

- You elect how much of your salary you wish to contribute.
- Your contributions to a Roth 403(b) and traditional pretax 403(b) cannot exceed IRS limits.
- Your contribution is based on your eligible compensation.

Unlike a traditional pre-tax 403(b), the Roth 403(b) allows you to withdraw your money tax free when you retire. But it will also require you to make after-tax contributions now.

For details, visit [netbenefits.com/billingsclinic](https://netbenefits.com/billingsclinic) or to make a 2025 election contribution.

Remember to choose a Beneficiary for these plans directly through Fidelity.

Contact Fidelity at 800-343-0860 or visit [netbenefits.com/billingsclinic](https://netbenefits.com/billingsclinic).

# Additional Benefits

## Club Billings Clinic

For a list of businesses in our community that offer a discount to Billings Clinic employees, please refer to The Source, Billings Clinic's intranet. Go to Quick Links and click on Club Billings Clinic.

## PacificSource Active&Fit Direct Fitness Center Program

PacificSource members and their covered dependents (18 years and older) are eligible for the Active&Fit Direct program.

**For one low monthly, you receive:**

- 1,500 digital workout videos for home or on-the-go
- Access to more than 11,000 fitness centers and studios
- Unlimited one-on-one lifestyle coaching for fitness, nutrition, stress, and sleep
- Online fitness tracking tool, a fitness center locator, and more

**Choose between two plans:**

- 1. Standard Plan:** Access begins immediately upon enrollment, and you can print your membership card online
  - Enrollment fee: \$28
  - Monthly fee: \$28
- 2. Premium Plan:** Access to a select network of premium studios, facilities, and class packages, with a discount ranging from 20–70% off
  - Prices vary
  - Change or switch at any time

To enroll, you must log into your InTouch for Members account and scroll through the banner on the top to find Active&Fit. For additional information and club locations, visit [pacificsource.com/billingsclinic](https://pacificsource.com/billingsclinic) or call 844-646-2746 between 6 a.m.–7 p.m. MST.

## Pet Insurance **NEW!**

Billings Clinic provides you the option to purchase pet insurance at discounted group rates through PetsBest.

**What is covered\*:**

- Accidental injuries
- Illnesses
- Exam fees
- Surgeries
- Medications
- Ultrasounds
- Hospital stays
- X-rays and other diagnostics

\*Pet insurance may not cover pre-existing conditions.

For more information or to get a quote, call 888-984-8700 or visit [petsbest.com/BCPET](https://petsbest.com/BCPET).

# Employee Assistance Program

Billings Clinic EAP Team | 406-435-6266 | eap1@billingsclinic.org

ComPsych | 800-609-2356 | guidanceresources.com (web ID: BillingsClinic)

**Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through ComPsych.**

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **six free face-to-face** visits per person, per issue, per year with a licensed counselor. Counseling services are available through both programs; Billings Clinic onsite EAP team and through ComPsych.



## Tools and Resources

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



## Care Options

Find child and elder care to support you and your family's day-to-day needs.



## Legal and Financial Guidance

Receive guidance for buying a home, planning for retirement, budgeting, and more.



## Support All Year

Connect with a mental health professional about addiction, family, and individual counseling.

### When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Billings Clinic and access to the EAP is completely confidential.



Access your EAP 24/7 by calling 800-609-2356 or visiting [guidanceresources.com](https://guidanceresources.com) (web ID: BillingsClinic).

# Contacts

Billings Clinic, Benefits Team | Benefitsteambc@billingsclinic.org | 406-238-2518 | Fax: 406-238-2355

If you have any questions regarding your benefits or the material contained in this guide, please contact Billings Clinic Human Resources.

Provider/Plan	Phone Number	Website/Email
<b>Benefit Counselors, Explain My Benefits</b>	Schedule an appointment	embbenefits.com/billingsclinic
<b>Medical</b>   PacificSource Group Number G0037418 PO Box 7068, Springfield, OR 97475-0068	888-246-1370	pacificsource.com/billingsclinic pacificsource.com/mobile cs@pacificsource.com
<b>Dental</b>   PacificSource	866-373-7053	pacificsource.com/billingsclinic dentalcs@pacificsource.com
<b>Vision</b>   PacificSource	888-246-1370	pacificsource.com/billingsclinic cs@pacificsource.com
<b>COBRA</b>   PacificSource PO Box 2440 Omaha, NE 68103-2440	877-355-2760	cobra.pacificsource.com cobra@pacificsource.com
<b>Pharmacy</b>   Atrium Pharmacy	866-369-9873 or 406-238-2084	billingsclinic.com/medrefill
<b>Pharmacy Benefit Administrator</b>   MedImpact Group Number PHI05	877-403-6030	customerservice@medimpact.com
<b>Flexible Spending Accounts</b>   Rocky Mountain Reserve	888-722-1223	rockymountainreserve.com Employee ID = SSN, no dashes or spaces claims@rmrbenefits.com
<b>Health Savings Account</b>   Fidelity Investments Plan Number 86485	800-544-3716	netbenefits.com/billingsclinic
<b>Retirement Savings Plan</b>   Fidelity Investments 403(b)/Roth Plan, Group Number 68119 401(a) Plan, Group Number 68117	800-343-0860	netbenefits.com/billingsclinic
<b>Leave of Absence</b>   FMLASource	833-475-1001 877-309-0218 (fax)	fmlasource.com (use your home address zip code when registering) fmlacenter@fmlasource.com
<b>Employee Assistance Program</b>   ComPsych Billings Clinic EAP (onsite) Team	800-609-2356 406-435-6266	guidanceresources.com (web ID: BillingsClinic) eap1@billingsclinic.org
<b>Life/AD&amp;D and LTD Insurance</b>   Sun Life Financial Policy Number 246228	800-247-6875	mysunlifebenefits.com
<b>Accident, Critical Illness, and Hospital Indemnity Insurance</b>   Sun Life Financial Policy Number 955398	Port/Convert questions: 800-247-6875	mysunlifebenefits.com
<b>Emergency Travel Assistance</b>   Sun Life Financial	800-872-1414 (within the U.S.) 609-986-1234 (outside of the U.S.)	medservices@assistamerica.com
<b>Identity Theft Protection</b>   Sun Life Financial	877-409-9597	securassist.com/sunlife
<b>Active &amp; Fit Program</b>   PacificSource	844-646-2746 6 a.m.–7 p.m. MST	pacificsource.com/members/individuals/ healthy-resources/fitness-center-discount
<b>Pet Insurance</b>   PetsBest	888-984-8700	petsbest.com/BCPET
<b>The Source</b>	N/A	billings.sharepoint.com/sitepages/home.aspx
<b>Service Now</b>	Ticketing help system	billingsclinic.service-now.com

This summary of benefits is not intended to be a complete description of the terms and Billings Clinic insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Billings Clinic maintains its benefit plans on an ongoing basis, Billings Clinic reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

Images © 2024 Getty Images. All rights reserved.