



Forsyth Public Schools

EMPLOYEE BENEFITS GUIDE

2024-2025

Medical | Rx | Voluntary Dental | Voluntary Vision | Life and AD&D | Voluntary Life and
AD&D | Accident | Critical Illness | Hospital Indemnity | Long-Term Disability |
Short-Term Disability | FSA | HSA

Medical Benefit Overview

Insured by: Blue Cross Blue Shield of Montana

Benefit Description	Option 1: Traditional \$2,000	Option 2: HDHP \$3,500	Option 3: HDHP \$5,000			
Lifetime Maximum	Unlimited	Unlimited	Unlimited			
Deductible (plan year)	\$2,000 Individual \$4,000 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family			
Coinsurance	80/20%	100%	100/0%			
Out of Pocket Maximum (includes deductible)	\$4,000 Individual \$8,000 Family	\$4,500 Individual \$9,000 Family	\$5,000 Individual \$10,000 Family			
Office Visit	Primary Care Physician: \$25 Copay	Deductible/Coinsurance	Deductible/Coinsurance			
Urgent Care	\$25 Copay					
Emergency Room	\$200 Copay					
Adult & Well Child Preventive Care	Covered 100%; Deductible Waived					
Chiropractic	\$25 Copay; 10 Visits per Year	Deductible then No Charge 10 Visits per Year	Deductible then No Charge 10 Visits per Year			
Virtual Visits	Medical: \$15 Copay	Medical: \$48 Copay	\$48 Copay			
Prescription Benefits						
	Value Pharmacy	Participating Pharmacy	Value Pharmacy	Participating Pharmacy	Value Pharmacy	Participating Pharmacy
Deductible	No Deductible		Medical Deductible Applies		Medical Deductible Applies	
Maximum Out-of-Pocket	Medical Maximum OOP Applies					
Generic	\$0 Preferred \$10 Non-Preferred	\$10 Preferred \$20 Non-Preferred	Covered at 100% after Deductible HDHP Preventive Rx: \$0 Copay; Deductible Waived		Covered at 100% after Deductible HDHP Preventive Rx: \$0 Copay; Deductible Waived	
Preferred Brand Name	\$50 Copay	\$70 Copay				
Non-Preferred Brand Name	\$100 Copay	\$120 Copay				
Specialty	\$150 Copay preferred \$250 Copay Non-Preferred					
Mail Order	3x Value Copay for 90 Day Supply					
Pre-tax savings						
Options	Flex			HSA		



Medical Premiums

Medical Option 1—Traditional

	Total Premium/Month	Employer Paid/Month	Employee Paid/Month
Employee Only	\$845.05	\$845.05	\$0.00
Employee + Spouse	\$1,690.09	\$845.05	\$845.04
Employee + Child(ren)	\$1,605.59	\$845.05	\$760.54
Employee + Family	\$2,111.77	\$845.05	\$1,266.72

Medical Option 2—HDHP

	Total Premium/Month	Employer Paid/Month	Employee Paid/Month	HSA Deposit per Month
Employee Only	\$808.21	\$808.21	\$0.00	\$36.84
Employee + Spouse	\$1,616.44	\$808.21	\$808.23	\$36.84
Employee + Child(ren)	\$1,535.61	\$808.21	\$727.40	\$36.84
Employee + Family	\$2,019.74	\$808.21	\$1,211.53	\$36.84

Medical Option 3—HDHP \$5,000

	Total Premium/Month	Employer Paid/Month	Employee Paid/Month	HSA Deposit per Month
Employee Only	\$726.87	\$726.87	\$0.00	\$118.18
Employee + Spouse	\$1,453.73	\$726.87	\$726.86	\$118.18
Employee + Child(ren)	\$1,381.05	\$726.87	\$654.18	\$118.18
Employee + Family	\$1,816.45	\$726.87	\$1,089.58	\$118.18

Health Savings Account (HSA)

Administered by: Health Equity

Contribution Limits	2024
Employee Only	\$4,150
Employee + 1 or more	\$8,300
Age 55+ Catch Up Contribution	\$1,000

What is an HSA?

A Health Savings Account is an individually owned, earnings-bearing account to help pay for future qualified medical expenses with tax-free dollars.

Who is eligible for an HSA?

An HSA owner must be enrolled in an HSA-eligible High-Deductible Health Plan (HDHP).

You are NOT eligible if:

- You are enrolled in Medicare.
- A tax dependent on someone else's tax return.
- Have received VA benefits in the last 3 months.
- You are enrolled in a non-qualified medical plan.

How do I manage my HSA?

Your HSA is your account and the dollars are your dollars. Since you are the account holder, you manage your HSA account. You may choose when to use your HSA dollars or when not to use your HSA dollars. HSA dollars pay for any eligible medical expense.

Where do I open my HSA?

It is up to you to determine where you would like to open your Health Savings Account. Most banks have the option and if you have an employer-sponsored program, you can contribute to your HSA through payroll deductions.

What expenses are eligible for reimbursement?

HSA dollars may be used for qualified medical expenses incurred by the account holder and his or her spouse and IRS dependents. Qualified medical expenses are outlined within IRS Section 213(d) which states that "the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness."

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- COBRA premiums.
- Health insurance premiums while receiving unemployment benefits.
- Qualified long-term care premiums.
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals ages 65 and over.

Are dental and vision care considered qualified medical expenses under an HSA?

Yes, as long as these are deductible under the current rules. For example, cosmetic procedures, like cosmetic dentistry, would not be considered qualified medical expenses.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20% tax penalty. The exception to this rule is if the account holder is over age 65, disabled, or upon death of the account holder.

When can I start using my HSA dollars?

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.

When do I contribute to my HSA account, and how often?

You, your employer, or others can contribute to your HSA account through payroll deductions or as a lump sum deposit. You can contribute as often as you like, provided you and your employer's total annual contributions do not exceed the contribution limits shown above.

What if I have HSA dollars left in my account at the end of the year?

The money is yours to keep. It will continue to earn interest and will be available for you and your healthcare costs next year. Any dollars left in your HSA account at year-end will automatically roll over.

What happens to my HSA dollars if I leave my employer?

The funds are yours to keep! It is your account and you manage it as you see appropriate.

Can I use the money in my account to pay for my dependents' medical expenses?

You can use the money in the account to pay for the medical expenses of yourself, your spouse, and your dependents. You can pay for expenses for your spouse and dependents even if they are not covered by your HDHP.

Who qualifies as a dependent?

A person generally qualifies as your dependent for HSA purposes if you claim them as an exemption on your Federal tax return. Please see IRS publication 502 for exceptions.

Can couples establish a "joint" account and both make contributions to the account, including "catch-up" contributions?

"Joint" HSA accounts are not permitted. Each spouse should consider establishing an account in his or her own name. This allows you to both make catch-up contributions when you are 55 or older.

Flexible Spending Account(s) (FSA)

Administered by: Allegiance

Flexible Spending Account

A Flexible Spending Account (FSA) allows you to budget and save for qualified expenses, by putting aside pre-tax dollars. Forsyth Public Schools offers Flexible Spending Account options. These include a Medical Flex Account and a Dependent Care Flex Account. Employees are not required to be enrolled in one of Forsyth Public School's medical plans in order to open a Flexible Spending Account.

Dependent Care Flex Account

The Dependent Care Flex Account allows you to set aside pre-tax dollars semi-monthly to be used for qualifying dependent care services.

2024 IRS Contribution Limit: \$5,000 per year per couple if married and filing federal taxes jointly, \$2,500 if married and filing a separate federal tax return.

Allowable rollover: no rollover amounts allowed; use it or lose it rule applies to entire contribution

Flex puts Tax Dollars back into your account. Here's an example:

Mary is a single mother of two earning a salary of \$3,500.00 per month. Mary elects health insurance coverage for her children and herself. Her employer covers some of the insurance premium cost, but Mary is required to contribute \$100.00 each month. Her oldest child has braces and Mary is paying the orthodontist \$100.00 per month. Mary's youngest child attends pre-school while Mary is at work, and she is paying \$300.00 per month to the day care provider. Let's compare Mary's monthly take-home pay if she enrolls in the employer's flexible benefits plan to her take-home pay if she pays these expenses with after-tax income:

	No Plan	Flex Plan
Gross Pay	\$3,500	\$3,500
Flex Plan	\$0	\$500
Taxable Pay	\$3,500	\$3,000
Federal Tax*	\$290	\$229
State Tax*	\$146	\$116
FICA/Medicare*	\$368	\$230
Net Pay	\$2,796	\$2,425
Insurance	\$100	\$0
Braces	\$100	\$0
Daycare	\$300	\$0
Monthly Net Pay	\$2,296	\$2,425

Through her participation in her employer's Flex Plan, Mary is able to put an extra \$129 in her pocket each month. That's a total increase of \$1,548 in spending income for the year.

*Actual amounts will vary based on the current Federal and State Income tax rates and withholdings

For more information about Flexible Spending Accounts, visit www.askallegiance.com

Blue Access for Members

Administered by: Blue Cross Blue Shield of Montana

Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access to the Blue Cross and Blue Shield of Montana (BCBSMT) secure member website, Blue Access for Members (BAM)

With BAM you can

- » Check the status or history of a claim
- » View or print Explanation of Benefits Statements
- » Locate a doctor or hospital in your plan's network
- » Find Spanish-speaking providers
- » Request a new ID card—or print a temporary one
- » Visit Health Care School to see articles and videos to help you make the most of your benefits
- » Schedule a Virtual Visit

It's Easy to Get Started

1. Go to bcbsmt.com/member
2. Click **Register Now**
3. Use the information on your BCBSMT ID to complete the registration process.



Text* BCBSMTAPP to 3363 to get the BCBSMT App that lets you use BAM while you're on the go

*Message and data rates may apply

MDLIVE

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. But with your virtual visits benefit, provided by Blue Cross Blue Shield of Montana (BCBSMT) and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home. Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

Virtual visits doctors can treat a variety of health conditions, including:

- » Allergies
- » Ear problems (age 12+)
- » Pink eye
- » Asthma
- » Fever (age 3+)
- » Rash
- » Cold/flu
- » Nausea
- » Sinus infections

Talk Therapy

Speak with a licensed counselor, therapist or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma and loss or relationship problems.

Activate your account or schedule a virtual visit. There is no charge for our members to set up an account. But you may have a charge for your visit depending on your benefit plan.

- » Go to Blue Access for MembersSM or MDLIVE.com/bsbsmt
- » Download the MDLIVE app from Apple's App StoreSM or Google PlayTM
- » Call MDLIVE at (888) 684-4233



Get to Know Your Employee Assistance Program

Find professional support when you need it for challenging life events.

ComPsych GuidanceResources is an Employee Assistance Program (EAP) included with your Blue Cross and Blue Shield of Montana (BCBSMT) plan. You and your family members can use EAP services — no copays or deductibles needed.

Make a Positive Change

Connect with a therapist for confidential emotional support. A trained mental health professional can counsel you through concerns like:

- Sadness, worry and stress
- Alcohol or drug use
- Grief, loss and personal struggles
- Conflicts with people in your life

Your EAP includes 5 free therapy sessions per issue. Once you've used these free sessions, you can use your BCBSMT network benefits to keep seeing the same therapist in most cases.

Check off Your To-dos

Specialists can save you time by searching for local services so you don't have to. They can help find:

- Child care, elder care or pet care
 - Movers or home repair services
- » And much more

Have Your Legal Questions Answered

Talk to a lawyer for help with legal questions, including:

- Divorce, adoption and family law
- Wills and trusts
- Landlord/tenant issues

Get Help with Your Finances

Financial experts can help with a wide range of money matters. Call to discuss:

- Retirement planning or taxes
- Relocation, mortgages or insurance
- Budgeting, debt or bankruptcy

Access Online Tools 24/7

GuidanceResources Online is your link to information and support whenever you need it. Log on for:

- Articles, podcasts, videos and slideshows
 - On-demand trainings
- » "Ask the Expert" responses to your questions

Reach Out

Don't be afraid to reach out for help. Your health records are kept private from your employer, as required by law.

- Call: **844-216-8709**
- Online: [guidanceresources.com](https://www.guidanceresources.com)
- App: **GuidanceNow**
- Web ID: **BCBSMTEAP**

Voluntary Dental Benefit Overview

Insured by: Blue Cross Blue Shield of Montana

Benefit Description	Coverage
Deductible (calendar year)	\$50 Individual \$150 Family
Maximum Annual Benefit (per covered person)	\$1,000
Preventive Care	100% (deductible waived)
Basic Care	80%
Major Care	50%
Orthodontia (Employee, Spouse and Dependent Children up to age 19)	50% Coinsurance Lifetime Maximum \$1,000
Waiting Period	12 months for surgical perio/major restorative/misc. restorative

*Implants are not covered on this plan

Voluntary Dental Premiums

	Total Premium/Month	Employer Paid/Month	Employee Paid/Month
Employee Only	\$38.70	\$0.00	\$38.70
Employee + Spouse	\$77.38	\$0.00	\$77.38
Employee + Child(ren)	\$96.31	\$0.00	\$96.31
Employee + Family	\$148.22	\$0.00	\$148.22

Remember: Your Employers Dental plan with BCBS is an Indemnity Plan, meaning you have the freedom to visit the Dentist of your choice. You do not need to get services from an In-network dentist.

You will receive a BCBS dental card. Simply provide your dentist with this BCBS dental card and your Dentist will submit your dental claims on your behalf. If your Dentist has any questions regarding your dental plan, please have the Dentist contact BCBS by calling the number on the back of your card.

Your Indemnity dental plan is very rich. The plan will pay up to the 90th percentage of Usual and Customary Charges. This means the plan will pay up to what 9 out of 10 dentists charge in your zip code. The chance of being balance billed is minimal unless your provider charges more than what 9 out of 10 dentist charge in your zip code.

However, there are some advantages to visiting an In-Network Dentist if they exist in your area. If you visit an In-network Dentist the cost of services are less due to pre-negotiated pricing. As a result, your Dental plan's annual maximum benefit will stretch further. To search for an In-Network Dentist in your area, please visit: www.bcbsmt.com

What if I cannot locate an In-network Dentist in my area?

If you cannot locate an in-network dentist in your area, as is the case in many rural areas, remember that you are free to choose any Dentist you like under your Indemnity dental plan with BCBS.

Accessing Vision Benefits

- » Navigate to <https://www.vsp.com/> and find an in-network provider
- » At your appointment, simply tell your provider you have VSP insurance through Equitable
- » Provide them with your Social Security Number or Date of Birth

Your provider's office will locate you in the VSP database and verify your coverage

To learn more, visit <https://www.equitable.com/EBVision>

Voluntary Vision Benefit Overview

Insured by: Equitable | Group Number: 007412

Benefit Description		In-Network Coverage	Frequency of Service
Vision Provider Network		Vision Service Plan (VSP) https://www.vsp.com/ . Please ensure your provider is in-network to take best advantage of your vision plan. See summary for out-of-network benefits	
Exam		\$10 Copay	12 Months
Materials		\$25 Copay	
Lenses (single, bifocal, trifocal, lenticular)		\$25 Copay	12 Months
Frames		\$130 Allowance + 20% off amount exceeding balance	24 Months
Contacts	Lense Evaluation & Fitting	Up to \$60 Copay	12 months (in lieu of glasses)
	Medically Necessary	\$25 Copay	
	Elective	\$130 Allowance	

Eligibility: All full time employees regardless of medical enrollment

Voluntary Vision Premiums

	Total Premium	Employer Paid/Month	Employee Paid/Month
Employee Only	\$6.61	\$0.94	\$5.67
Employee + Spouse	\$13.20	\$1.88	\$11.32
Employee + Child(ren)	\$14.12	\$2.07	\$12.05
Employee + Family	\$22.57	\$3.01	\$19.56

How to print your member vision card and view benefits

Employees can simply use their social security number to verify coverage with their provider. To easily download a member vision card, you have two options: From eB360 or directly from VSP at any time. Simply review vision information on your smartphone or tablet via your EB360 personalized dashboard through VSP. Effortlessly print your own card so you can carry it with you.

Access your Member Vision Card on the VSP Vision Care's website by following the instructions below:

1. Go to equitable.com/employeebenefits and click **Sign in** at the top of the page.
2. Enter the User ID and password you set up during registration.
3. Click **Visit website** to the right of the details of your vision policy. The VSP website will open up in a separate tab in your browser.
4. Create an account and log in at <https://www.vsp.com/register.html>
5. Access and print your Member Vision Card.
6. Don't forget to view special offers from VSP by visiting [vsp.com/specialoffers](https://www.vsp.com/specialoffers).

**For additional assistance, contact the customer service team at (866) 274-9887
Monday-Thursday 8am-6:30pm (ET) | Friday 8am-5:30pm (ET)**



Life and AD&D Benefit Overview

Insured by: Equitable | Group Number: 007412

All full time employees are automatically enrolled in the employer paid Life and AD&D insurance in the amount of \$30,000. Please see contract for complete age reduction information.

Benefit Description	Coverage
Life Benefit	\$30,000
AD&D Benefit	\$30,000
Age Reduction	65% of benefit at age 65

Voluntary Life and AD&D Benefit Overview

Insured by: Equitable | Group Number: 007412

Benefit Description	Employee	Spouse	Dependent*
Increments	\$10,000	\$5,000	\$1,000
Guarantee Issue	\$150,000	\$25,000	\$10,000
Benefit Maximum	The lesser of 5x annual salary or \$250,000	Lesser of 50% of employee life or \$125,000	Lesser of 100% of employee life or \$10,000
AD&D Benefit	Matches Elected Life Benefit		
Age Reduction	65% of benefit at age 65 50% of benefit at age 70		N/A
Additional Features	Waiver of Premium, Accelerated Death Benefit, Portability, Conversion		

* Illustration for dependents 15 months -19 years of age or 26 if full-time student.
Eligibility: All full time employees regardless of medical enrollment

Long-Term & Short-Term Disability Benefit Overview

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Who is it for? If you rely on your income to pay for everyday expenses, then you should consider disability insurance. It helps ensure you'll receive a partial income if you're injured or too sick to work.

What does it cover? Many disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it? Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy to help pay your bills if you're unable to work

Long Term Disability Benefit Overview

Insured by: Principal

Benefit Description	Coverage
Monthly Benefit	60% of salary to maximum of \$6,000 per month
Elimination Period	Benefits begin after 90 days of disability
Own Occupation Period	2 Years
Any Occupation Period	To Social Security Normal Retirement Age (SSNRA)
Pre-existing Condition Limitation	6 months prior/12 months insured

Short Term Disability Benefit Overview

Insured by: Principal

Benefit Description	Coverage
Weekly Benefit	60% of salary to maximum of \$1,500 per week
Elimination Period	Benefits begin on 8th day for accident; 8th day for sickness
Maximum Payment Period	Up to 12 weeks
Pre-existing Condition Limitation	No limitations

For more details and benefits, refer to the Voluntary LTD and STD Benefit Summaries on Ease. Rates for these benefits are also available on Ease.

Voluntary Accident Insurance Benefit Overview

Insured by: Principal

The Accident plan provides cash benefits directly to you (unless otherwise assigned) that help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident.

Benefit Description	Coverage
Accident Coverage Type	On and Off Job
Schedule of Accident Insurance Benefits	Paid Up To:
Burn	\$5,000
Coma	\$15,000
Concussion	\$500
Dental Injury	\$500
Dislocation	\$7,500
Eye Injury w/Surgical Repair	\$500
Internal Injury	\$1,500
Knee Cartilage Injury w/Surgical	\$1,500
Ruptured Disc w/Surgical Repair	\$1,500
Health Screening Benefit Payable once per calendar year per insured	\$100

Voluntary Accident Premiums

	Total Monthly Premium	Employee Paid Per Pay Period
Employee Only	\$9.52	\$9.52
Employee + Spouse	\$15.05	\$15.05
Employee + Child(ren)	\$15.90	\$15.90
Employee + Family	\$24.87	\$24.87

For more details and benefits, refer to the Voluntary Accident Benefit Summary on Ease. Rates for this benefit are also available on Ease.

Hospital Indemnity Benefit Overview

Insured by: Principal

The Hospital Indemnity Plan provides cash benefits directly to you (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Benefits	Coverage
First Day Hospital (Sickness & Injury) Once per covered sickness or injury per calendar year	\$1,000
First Day Hospital Intensive Care (Sickness or Injury) Once per covered sickness or Injury per calendar year	\$2,000
Per Day Hospital Confinement (Sickness/Injury) Maximum confinement period: 30 days per covered sickness or covered accident	\$100
Hospital Intensive Care (Sickness/Injury) Per Day Maximum confinement period: 30 days per covered sickness or covered accident	\$200
Newborn Nursery Maximum of 1 day per year	\$100
Health Screening Benefit Payable once per calendar year per insured	\$50
Pre-existing Condition Limitation	6 months prior/12 months insured

Voluntary Hospital Indemnity Premiums

	Total Monthly Premium	Employee Paid Per Pay Period
Employee Only	\$18.03	\$18.03
Employee + Spouse	\$36.85	\$36.85
Employee + Child(ren)	\$28.71	\$28.71
Employee + Family	\$49.53	\$49.53

For more details and benefits, refer to the Voluntary Hospital Indemnity Benefit

Summary on Ease. Rates for this benefit are also available on Ease.

Voluntary Critical Illness Benefit Overview

Insured by: Principal

Should you consider Critical Illness Insurance? Experiencing a critical illness can be overwhelming and expensive. CI insurance provides cash for the unexpected costs related to a Critical Illness. It works WITH your medical coverage to help pay for out-of-pocket expenses. What is covered? Based upon your election, the plan will pay the following percentage toward the listed illnesses:









Covered Illness (first occurrence)	Percentage Plan will Pay
Invasive Cancer	100%
Stroke (ischemic or Hemorrhagic)	100%
Benign Brain Tumor	100%
Invasive Cancer	100%
Major Organ Failure	100%
Coronary Artery Disease	25%
Heart Attack	100%
Skin Cancer	\$250
Advanced Parkinson's Disease	100%
Advanced Alzheimer's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Multiple Sclerosis (MS)	100%
Infectious Diseases (various)	25%
Health Screening Benefit (Payable once per calendar year per	\$50

Benefit Description	Employee	Spouse	Child(ren)
Benefit Amount (up to)	\$50,000	\$25,000	25% of Employee
Guarantee Issue	\$20,000	\$10,000	\$25,000
Pre-existing Condition	6 Months prior/12 months insured		
Waiting Period	None		
Portable	Yes— you can take this coverage with you		

For more details and benefits, refer to the Voluntary Critical Illness Benefit Summary on Ease. Rates for this benefit are also available on Ease.

Plan Administrators

Click on the links below to open the website or send an email.

	<p>Medical Voluntary Dental</p>	<p>Blue Cross Blue Shield of Montana (800) 447-7828 www.BCBSMT.com</p>
	<p>Virtual Visits</p>	<p>MDLIVE (800) 684-4233 www.MDLIVE.com/bcbsmt</p>
	<p>Voluntary Vision Life and AD&D Voluntary Life and AD&D</p>	<p>Equitable (866) 274-9887 https://equitable.com/</p> <p>Vision Provider Network www.VSP.com</p>
	<p>Flexible Spending Account (FSA)</p>	<p>Allegiance (406) 256-9910 www.AskAllegiance.com</p>
	<p>Health Savings Account (HSA)</p>	<p>Health Equity (866) 346-5800 www.HealthEquity.com</p>
	<p>Accident Critical Illness Hospital Indemnity Long-Term Disability Short-Term Disability</p>	<p>Principal (800) 986-3343 https://www.principal.com/</p>
	<p>Benefits & Enrollment Portal</p>	<p>GIS Benefits Melissa Lee (503) 479-5482 Melissa.Lee@GISBenefits.net</p> <p>Brittney Falcon-Noles (512) 593-1363 Brittney.Falcon@GISBenefits.net</p>
	<p>Benefits Contacts</p>	<p>Forsyth Public Schools Stacy Montgomery <i>Business Manager</i> (406) 346-2796 Smontgomery@forsyth.k12.mt.us</p> <hr/> <p>Marsh McLennan Agency Matt Hardy Angie Carlton <i>Client Manager</i> (406) 238-1962 Angie.Carlton@MarshMMA.com</p>

Disclaimer

This information is a summary of benefits and does not supersede the carrier-provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.



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