



BENEFITS FOR A HEALTHY LIFE

Your 2026 Benefits Guide



Bozeman Health

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This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights and coverage effective dates for the benefits offered by Bozeman Health. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.

Bozeman Health is committed to supporting the unique needs of our physician team. HR will provide physicians with additional information about benefits enhancements tailored specifically for physicians.



Welcome to Bozeman Health

Bozeman Health is committed to excellence in patient care and cultivating a culture of excellence in all we do. This requires dedicated employees. We are pleased you have chosen to be a member of our team. We honor your commitment to Bozeman Health with a total rewards package that includes a comprehensive benefits and wellness program. Employees and their eligible dependents may participate in health, dental and vision insurance plans, tax-advantaged spending accounts, earned time off and retirement plans. Each employee's needs are unique, which is why Bozeman Health offers choices to our staff and their family members.

This guide highlights the many options available to you as part of your benefits package.

BOZEMAN HEALTH'S BENEFITS PHILOSOPHY

Bozeman Health is dedicated to offering a competitive benefits package to create value with our employees and promote community health.

BOZEMAN HEALTH'S BENEFITS GUIDING PRINCIPLES

- Deliver consistent benefits to all Bozeman Health facilities and in doing so acknowledge that **WE ARE ONE CARE TEAM.**
- Consistently benchmark our offerings to ensure we are providing financially sustainable benefits in alignment with employee needs.
- Empower our employees and families to lead healthy lives.
- Drive engagement by effectively and transparently communicating the value of benefits as a component of total rewards.

ELIGIBILITY

The benefit plans offered by Bozeman Health are outlined below along with the eligibility requirements for each plan.

BENEFIT PLAN	ELIGIBILITY	PAID FOR BY	PROVIDER
Medical and Prescription Drug	.4 FTE or greater Less than .4 FTE employees are eligible only if ACA lookback requirements are met*	Employee & Bozeman Health	Blue Cross Blue Shield of Montana
Health Savings Account (HSA)	.4 FTE or greater	Employee	Health Equity
Health Care Flexible Spending Account (FSA)	.4 FTE or greater	Employee	Health Equity
Dependent Care Flexible Spending Account (FSA)	.4 FTE or greater	Employee	Health Equity
Dental	.4 FTE or greater	Employee	Delta Dental
Vision	.4 FTE or greater	Employee	VSP
Basic Life and AD&D	.4 FTE or greater	Bozeman Health	Sun Life
Voluntary Life and AD&D	.4 FTE or greater	Employee	Sun Life
Short-Term Disability	.4 FTE or greater	Employee	Sun Life
Long-Term Disability	.75 FTE or greater	Bozeman Health	Sun Life
Accident Insurance	.4 FTE or greater	Employee	Sun Life
Critical Illness	.4 FTE or greater	Employee	Sun Life
Hospital Indemnity	.4 FTE or greater	Employee	Sun Life
Legal Plan	.4 FTE or greater	Employee	LegalEASE
Identity & Cyber Theft	.4 FTE or greater	Employee	Lifelock by Norton
Wellness Program	All employees	Bozeman Health	Healthy is Wellness
Employee Assistance Program (EAP)	All employees	Bozeman Health	Health Management Systems of America
Pet Insurance	All employees	Employee	MetLife
401(a) Retirement Plan	All employees that meet plan requirements (see page 24)	Bozeman Health	Fidelity as of 12/2025
403(b) Retirement Plan	All employees	Employee	Fidelity as of 12/2025

*In compliance with the Affordable Care Act (ACA), employees who, on average, work at least 30 hours per week or 130 hours per month over a twelve-month "lookback" measurement period will be eligible to enroll for medical coverage for a corresponding twelve-month stability period. Human Resources will notify eligible employees.

ELIGIBLE DEPENDENTS

You may enroll your legal spouse, domestic partner and dependent children up to age 26. Children must be unmarried to be enrolled for Accident, Critical Illness, Hospital Indemnity and Voluntary Child Life/AD&D insurance.

You may also enroll a disabled dependent child older than age 26 if they are physically or mentally incapable of self care.

You may enroll a domestic partner of the same or opposite gender if the following criteria are met:

1. Neither partner is or has been for the past 6 months married, legally separated, a cohabiter or a domestic partner to another individual;
2. The partners have cohabited for at least 6 months and continue to cohabitate;
3. The partners are at least 18 years of age and mentally competent to consent to the contract and mentally competent to execute the Affidavit of Domestic Partnership;
4. The partners are not related by blood to a degree that would bar marriage in the state of Montana;
5. The partners are each other's sole domestic partners and intend to remain so indefinitely; and
6. The partners are responsible for each other's common welfare and have a financial, interdependent relationship evidenced by any of the following:
 - Mutually granted financial or health care powers of attorney;
 - Designation of each other as primary beneficiary in wills, life insurance policies or retirement plans;
 - Executed a joint lease, mortgage or deed; or
 - Have a joint ownership of a banking account.



There are tax implications of enrolling a domestic partner. For more information, refer to the Domestic Partner packet that is posted on MIND. All employees that enroll a domestic partner will be required to sign an Affidavit of Domestic Partnership.

ENROLLMENT

HOW TO ENROLL

- Enrollment for most benefits described in this guide will be completed in Workday. Instructions are located on MIND under Departments > Shared Services > Human Resources > Benefits.
- Employees must enroll for health & welfare benefits by the deadlines outlined below.
- HSA and 403(b) contributions can be changed at any time.
- As of December 2025, 403(b) enrollment and changes will be handled in the Fidelity system.
- To enroll for pet insurance, see page 22.

NEW EMPLOYEES: You have 30 days from your hire date to enroll for your health & welfare benefits. The benefits you elect, as well as any company-provided benefits you are eligible for, will be effective on the first day of the month following 30 days after your hire date. If you do not enroll within 30 days, you will not have another opportunity to enroll until the next open enrollment period unless you experience a qualified life event.

ENROLLMENT (CONTINUED)

JOB CHANGES

If you experience a job change that causes you to be newly eligible for one or more benefits, you will have 30 days from your job change date to enroll for benefits. The benefits you elect, as well as any company-provided benefits you become newly eligible for, will be effective on the first day of the month following your job change. If you do not enroll within 30 days, you will not have another opportunity to enroll until the next open enrollment period unless you experience a qualified life event.

If you experience a job change that causes you to no longer be eligible for one or more benefits, coverage will end according to the terms of the applicable benefit plan. You will be offered the opportunity to continue medical, dental, vision and/or health care FSA coverage pursuant to COBRA if coverage ends due to ineligibility.

OPEN ENROLLMENT

Eligible employees will have an opportunity to enroll or change their benefit elections for the upcoming year during the annual open enrollment period. Open enrollment is typically held in October, and benefits elected during open enrollment will be effective on January 1st of the following calendar year. Elections made during open enrollment will be in effect for the entire calendar year unless you experience a qualified life event.

Open enrollment for 2026 benefits will be held from October 20, 2025 through November 7, 2025.

QUALIFIED LIFE EVENTS

The events listed below allow you to enroll, decline or make changes to your benefit elections outside of the annual open enrollment period. You will have 30 days from the date of the life event to enroll and submit supporting documentation of the event. Changes made due to the life event must be consistent with the event.

- Marriage.
- Divorce.
- Birth or adoption of a child.
- Change in employment status for you or your spouse that results in a gain or loss of coverage.
- Loss of a dependent.
- Change in dependent care cost or availability (Dependent Care FSA only).

Instructions for how to request changes to your benefits as a result of a qualified life event are located on MIND under Departments > Shared Services > Human Resources > Benefits.

IMPORTANT

You must enroll by the enrollment deadline or you will not have coverage.



MEDICAL BENEFITS

Quality health coverage is one of the most valuable benefits you enjoy as a Bozeman Health employee. We offer plans to keep you and your family healthy and provide important protection in the event of illness or injury.

MEDICAL

Bozeman Health provides three plan options administered by **Blue Cross Blue Shield of Montana (BCBSMT)**. The options are the Gallatin High Deductible Health Plan (HDHP), the Madison PPO Plan and the Jefferson High Deductible Health Plan (HDHP).

All three plans feature a three-tier design:

- Tier 1 is the Bozeman Health Partners Network
- Tier 2 is the BCBSMT PPO network
- Tier 3 is Out-of-Network

You can minimize your cost by utilizing Bozeman Health Partners Network providers where available.

Refer to your Summary Plan Description for details on services, including out-of network coverage.

Save 20% on your share of medical costs incurred at Bozeman Health.
See page 26 for details.

PRESCRIPTION DRUG BENEFITS

The Bozeman Health medical plans provide comprehensive prescription drug coverage with a variety of opportunities for cost savings. It is important to understand how the prescription drug coverage works under each medical plan before making your plan selection. Carefully review the comparison table on page 8 and contact Blue Cross Blue Shield of Montana (BCBSMT) if you have specific questions about the medications you or your family members are taking. Once enrolled, you may log into your BCBSMT account to find the cost of prescriptions at different pharmacies.

If you select the Madison PPO:

A separate \$200 deductible for prescription drugs will apply for all drugs except generic. This means you will pay the first \$200 of non-generic prescription drug costs per person per year before you pay copays. The prescription drug deductible is separate from the annual medical plan deductible.

If you select the Gallatin HDHP or Jefferson HDHP:

- You must first satisfy the plan's annual deductible (medical and prescription drug expenses apply). After the deductible has been met, you will pay a percentage of the prescription drug cost (coinsurance) or a specialty copay as shown in the table.
- Certain generic preventive drugs will be covered at 100% without satisfying the deductible if filled at Highland Park Pharmacy at Deaconess Regional Medical Center or Big Sky Pharmacy at Big Sky Medical Center.

With all three plans:

- You will typically save the most money if you use the Highland Park Pharmacy at Deaconess Regional Medical Center or Big Sky Pharmacy at Big Sky Medical Center.
- You will be charged an additional fee if a formulary or non-formulary drug is chosen when a generic equivalent is available.
- Specialty drugs will only be covered if filled at Highland Park Pharmacy at Deaconess Regional Medical Center or Big Sky Pharmacy at Big Sky Medical Center.
- Coverage is limited to a 30-day supply at retail locations or a 90-day supply at select retail pharmacies, Bozeman Health pharmacies and the mail order pharmacy.

SUMMARY OF BENEFITS AND COVERAGE

The medical section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on MIND under Departments > Shared Services > Human Resources > Benefits.

BOZEMAN HEALTH PARTNERS NETWORK

Bozeman Health Partners Network (BHPN) is a specially designed network of providers in our community that are committed to high quality care. This network includes all Bozeman Health providers and many others in southwestern Montana. By utilizing these providers for your health care needs, you reduce your out-of-pocket expenses and support our mission for a sustainable, affordable employee benefits program at Bozeman Health.

FACILITIES AND CARE SITES INCLUDED IN THE BOZEMAN HEALTH PARTNERS NETWORK: TIER 1

- All Bozeman Health care sites
- Absaroka Emergency Physicians
- Advanced Medical Imaging
- Alpine Orthopedics and Orthopedic Surgical Center of Montana
- Barrett Hospital and Healthcare
- Bozeman Clinic
- Bozeman Outpatient Surgery Center
- Bozeman Radiation Oncology
- Bridger Orthopedics
- Community Health Partners
- Deer Lodge Medical Center
- Garden City Professional Offices
- Gallatin Valley Anesthesia
- Intercity Radiology
- Madison Valley Medical Center
- Rocky Mountain Surgical Center
- Ruby Valley Hospital
- Yellowstone Pathology



This list is intended to be a guide and not a comprehensive list of participating providers. If you have questions about whether a facility is currently in the Bozeman Health Partners Network versus the BCBSMT PPO Network, contact Blue Cross Blue Shield at **800-447-7828** or visit [BCBSMT.com](https://www.bcbsmt.com).

BOZEMAN HEALTH SPINE + JOINT INSTITUTE

If you are in need of orthopedic care such as a hip, knee, or shoulder replacement or spine surgery, you have access to high quality, compassionate care at Bozeman Health Spine + Joint Institute (SJI). SJI is proud to be designated as a BCBS Blue Distinction Center for hip and knee replacements, demonstrating excellence in patient safety, care and results. SJI was also Montana's first DNV certified Orthopedic & Spine Center of Excellence.

Bozeman Health medical plan participants will benefit from Tier 1 coverage when receiving care at SJI. Contact the Spine + Joint Institute at 406-414-5094 or visit Bozemanhealth.org/SJI for more information.

FERTILITY, PREGNANCY AND PARENTING SUPPORT

All three medical plans offered by Bozeman Health include a fertility benefit with a \$10,000 lifetime cap. The benefit covers the diagnosis and treatment of infertility, including:

- Medically necessary evaluation to determine the cause of infertility.
- Artificial insemination (AI) or intrauterine insemination (IUI).
- Medically necessary reproductive procedures.
- Charges related to in vitro fertilization and prescription drugs.

Fertility services will be subject to the deductible and coinsurance for the plan you elect until the \$10,000 lifetime maximum is met. Coverage will be based on the network tier of your selected provider.

HOW TO ACCESS YOUR INSURANCE

You will receive a BCBS medical card in the mail within 7-10 business days of your coverage beginning. If you need to use your coverage prior to then, you can reach out to BCBSMT at **800-447-7828**. Provide BCBSMT with your group number (below) and they can provide you with your member ID number. You can either give your member ID number to your provider or use it to log into your BCBSMT account and download a digital copy of your card from the website or mobile app.

- Madison PPO: 233082-0011
- Gallatin HDHP: 233081-0012
- Jefferson HDHP: 233081-0013



DOWNLOAD THE BCBSMT APP

App features:

- See the provider directory to find doctors and facilities in the Bozeman Health Tier 1 network or the BCBSMT Tier 2 network.
- Access medical and Rx claims, benefit design and accumulator tracking.
- Look up pharmacy information from MyBlueRx through Prime Therapeutics.
- Access your digital member ID card.

COMPARE MEDICAL PLANS

The chart below provides a comparison of key coverage features and costs.

Madison PPO

Gallatin HDHP

Jefferson HDHP

	Tier 1 (BHPN) / Tier 2 (BCBSMT PPO) / Tier 3 (Out of Network)		
Annual Deductible (Embedded)	Individual: \$500 / \$1,500 / \$2,500 Family: \$1,000 / \$3,000 / \$5,000	Individual: \$3,400 / \$4,000 / \$7,500 Family: \$6,800 / \$8,000 / \$15,000	Individual: \$4,500 / \$5,500 / \$8,000 Family: \$9,000 / \$11,000 / \$16,000
Coinsurance (member share after deductible)	20% / 30% / 50%	10% / 30% / 50%	10% / 30% / 50%
Out-of-Pocket Maximum (includes deductible)	Individual: \$2,500 / \$4,000 / \$5,000 Family: \$5,000 / \$8,000 / \$10,000	Individual: \$4,000 / \$5,000 / \$9,000 Family: \$8,000 / \$10,000 / \$18,000	Individual: \$6,000 / \$7,000 / \$11,000 Family: \$12,000 / \$14,000 / \$22,000
Preventive Care including Well Child Care	\$0 (no deductible)		
Office Visit – PCP	\$10 / \$25 / 50%	10% / 30% / 50% (after deductible)	
Office Visit – Specialist	\$25 / \$40 / 50%		
Mental Health Office Visit	\$10 / \$10 / 50%	10% / 10% / 50% (after deductible)	
Emergency Room	\$250 (no deductible)	10% / 30% / 50% (after deductible)	
Hospital Services (lab and X-ray, surgery centers, other facility services)	20% / 30% / 50% (after deductible)		
Urgent Care	\$10 / \$25 / 50%		
Physical Therapy	\$0 (no deductible) at Bozeman Health Physical Therapy facilities.		
Generic Drugs	\$20 / \$30 / \$30	10% / 30% / 50% (after deductible)	
Preferred Brand Drugs	\$40 / \$50 / \$50 after \$200 Rx deductible		
Non-Preferred Brand Drugs	\$60 / \$70 / \$70 after \$200 Rx deductible		
Specialty Drugs (Preferred / Non-Preferred)	\$75 / \$150 after \$200 Rx copay. Must be obtained at Highland Park or Big Sky pharmacies.	\$75 / \$150 after medical plan deductible. Must be obtained at Highland Park or Big Sky pharmacies.	
Mail Order	2 copays for 90-day supply	10% / 30% / 50% (after deductible)	
Pre-Tax Savings Options	Health Care FSA	HSA	

MEDICAL EMPLOYEE CONTRIBUTIONS (SEMI-MONTHLY)

JEFFERSON PLAN	.9 FTE OR GREATER		.75-.89 FTE		.4 - .74 FTE	
	BASE	ENGAGED	BASE	ENGAGED	BASE	ENGAGED
Employee Only	\$31.98	\$6.98	\$31.98	\$6.98	\$89.77	\$64.77
Employee + Spouse	\$106.63	\$81.63	\$212.84	\$187.84	\$212.84	\$187.84
Employee + Child(ren)	\$96.44	\$71.44	\$192.50	\$167.50	\$192.50	\$167.50
Family	\$139.99	\$114.99	\$286.04	\$261.04	\$286.04	\$261.04

GALLATIN PLAN	.9 FTE OR GREATER		.75-.89 FTE		.4 - .74 FTE	
	BASE	ENGAGED	BASE	ENGAGED	BASE	ENGAGED
Employee Only	\$50.63	\$25.63	\$50.63	\$25.63	\$179.78	\$154.78
Employee + Spouse	\$210.77	\$185.77	\$448.45	\$423.45	\$448.45	\$423.45
Employee + Child(ren)	\$187.31	\$162.31	\$398.54	\$373.54	\$398.54	\$373.54
Family	\$270.78	\$245.78	\$592.58	\$567.58	\$592.58	\$567.58

MADISON PLAN	.9 FTE OR GREATER		.75-.89 FTE		.4 - .74 FTE	
	BASE	ENGAGED	BASE	ENGAGED	BASE	ENGAGED
Employee Only	\$94.28	\$69.28	\$94.28	\$69.28	\$237.16	\$212.16
Employee + Spouse	\$347.80	\$322.80	\$601.79	\$576.79	\$601.79	\$576.79
Employee + Child(ren)	\$306.88	\$281.88	\$530.98	\$505.98	\$530.98	\$505.98
Family	\$454.88	\$429.88	\$789.67	\$764.67	\$789.67	\$764.67

DUAL EMPLOYED SPOUSE	MADISON PLAN		GALLATIN PLAN		JEFFERSON PLAN	
	BASE	ENGAGED	BASE	ENGAGED	BASE	ENGAGED
Employee + 1	\$162.44	\$137.44	\$50.63	\$25.63	\$31.98	\$6.98
Family	\$231.73	\$206.73	\$192.64	\$167.64	\$99.59	\$74.59



HOW TO QUALIFY FOR ENGAGED RATES

BASE VS. ENGAGED RATES

As outlined on page 9, employees who are “engaged” in the Healthy is Wellness program pay \$25 less toward their medical coverage on a semi-monthly basis. That equates to \$600 per year!

If you were hired on or before October 1, 2025, you will pay the engaged rate in 2026 if you:

- Attended at least one Healthy is Wellness session during the 2025 calendar year AND
- Select the “Engaged Wellness Incentive” when you complete your 2026 enrollment in Workday.

If you were hired or became newly eligible for medical coverage after October 1, 2025 you will pay the Engaged rate for 2026 if you:

- Select the “Engaged Wellness Incentive” when you complete your enrollment in Workday, which attests that you plan to meet the incentive requirements AND
- Attend one Healthy is Wellness session within 90 days of your hire date.

Employees who do not meet the requirements for the engaged rate will pay the base rate.

SCHEDULE YOUR HEALTHY IS WELLNESS SESSION TODAY.

Sessions are conveniently held on-site and last fewer than 20 minutes. Virtual sessions are available for remote care team members who do not work on-site.

- Sign up now at WellworksForYouLogin.com or through the WellWorks app.
- Select “Forgot Username or Password” to receive assistance.

Contact bozeman@healthyiswellness.com if you need assistance with scheduling your appointment.

Contact benefits@bozemanhealth.org if you have general questions about the wellness program.



HEALTHY IS WELLNESS

LIFE IS BUSY AND STAYING HEALTHY SHOULD NOT BE A CHALLENGE.

That's why Bozeman Health has teamed up with Montana-based Healthy is Wellness to bring you the opportunity to participate in an innovative, comprehensive wellness service like no other in the market today!



Your goals, your journey, your best life.
We can't wait to help you get started!



FACE-TO-FACE SUPPORT

And always personalized! Our wellness coaches will meet with you one on one to customize a plan specific to your unique goals and lifestyle no matter your starting point.



EVERY BODY IS DIFFERENT

The same goes for your health goals. That's why we bring innovative technology that gives you feedback on how your unique body is responding to changes.



PROGRESS, NOT PERFECTION

Our mission is to put you back in the driver's seat of your health. Your health, like your life, is a journey. We are here to help you navigate and overcome any barriers that may arise.

Wellworks FOR YOU

UTILIZING THE WELLWORKS PLATFORM

The Wellworks For You platform allows you to schedule Healthy Is Wellness sessions, participate in wellness challenges, and track wellness data.



CONVENIENT & FAST



MONTHLY PROGRAM



EASY SCHEDULING



FREE FOR EMPLOYEES

APP STORE



GOOGLE PLAY



DOWNLOAD
NOW:

HAVE QUESTIONS? GET IN TOUCH!
bozeman@healthyiswellness.com | 406.589.4203

Bozeman Health



MENTAL HEALTH SUPPORT

Bozeman Health is committed to providing meaningful mental health resources for you and your family. We offer benefits and programs that support your total health.

EMPLOYEE ASSISTANCE PROGRAM

As your employer, Bozeman Health is interested in your total wellness. That is why we offer the Employee Assistance Program through Health Management Systems of America (HMSA). This program provides a counseling service that helps you to manage problems before they adversely affect your personal life, health and job performance. Counselors are available to assist you with any issue, 24 hours a day, seven days a week.

All employees and their household members are eligible for the Employee Assistance Program. This is a free service, strictly confidential and includes up to five, face-to-face counseling visits along with counseling access over the telephone. If your supervisor refers you to the program for a work-related issue, he or she will never be told the nature of your personal event.

Assistance is available for, but not limited to, the following personal and work life situations:

- Emotional and mental health
- Family
- Relationships and marriage
- Workplace
- Substance abuse/addictions
- Financial
- Legal
- Health and wellness resources

There is a wealth of valuable work and life resources available online, including legal and financial resources, wellness information, elder care providers, child care providers and informational resource articles.

You can find these and more at:

HMSA Employee Assistance Program

AdvantageEngagement.com/1611/login_company.php

Username: hmsa

Password: myresource

To speak with HMSA or to set up a face-to-face visit, call **800-847-7240**.

MENTAL HEALTH: TIER 1 & TIER 2

Bozeman Health understands that access to a mental health provider in your network is important to employees. That is why we have chosen to have mental health coverage the same for Tier 1 Bozeman Network and Tier 2 BCBSMT network.



Bozeman Health offers a mental health program, **Learn To Live**, available through Blue Cross Blue Shield of Montana (BCBSMT). **Learn To Live** is a self-directed, online program based on the principles of Cognitive Behavioral Therapy. It's confidential and accessible anywhere for employees who are enrolled in a BCBSMT medical plan.

More information available at BCBSMT.com.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the Gallatin or Jefferson HDHP, you are eligible to open an HSA. An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.

HOW DOES AN HSA WORK?

Build tax-free savings for health care

You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits are for 2026:

- Up to \$4,400 for employee-only coverage.
- Up to \$8,750 if you cover dependents.
- Add \$1,000 to these limits if you're age 55 or older.

Keep your money

Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave Bozeman Health.

Use it like a bank account

Pay for eligible medical, prescription, dental and vision expenses for yourself and your family by swiping your HSA debit card or reimburse yourself for payments you've made (up to the available balance in your account). View the HSA qualified expense list for more information at HealthEquity.com/hsa-qme. Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your records).

Earn interest and invest for the future

Once your interest-bearing HSA reaches the \$2,000 minimum balance, you can invest in a variety of mutual funds similar to retirement plan investments. Learn more at My.HealthEquity.com or call 866-346-5800.

Triple tax advantage

Contributions are made on a pre-tax basis and your withdrawals are not subject to federal income taxes when used for eligible expenses. Any interest or earnings on your HSA balance builds tax-free, too*.

* Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses. If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax.



Health Equity administers the HSA accounts for Bozeman Health.

Monthly fee

There is a \$2.95 administration fee monthly that is collected directly from your HSA account. **If your account has \$2,500 available in the account, the monthly fee will be waived.**

HSA ELIGIBILITY

In order to establish and contribute to an HSA, you must be enrolled in a high-deductible Bozeman Health plan, either:

- Gallatin HDHP
- Jefferson HDHP

FLEXIBLE SPENDING ACCOUNT (FSA)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

BOZEMAN HEALTH OFFERS YOU THE FOLLOWING FSA OPTIONS:

● Health Care FSA

Pay for eligible health care expenses, such as plan deductibles, copays and coinsurance.

Contribute up to the IRS maximum contribution limit (projected to be \$3,400 in 2026), and you must contribute a minimum of \$100 annually to participate.

Bozeman Health allows up to the IRS carryover limit (\$680 projected for 2026) of remaining Health Care FSA funds to rollover into the new benefit year as long as a Health Care FSA account is elected in the subsequent year.

► Eligible Expenses | Health Care FSA

Plan deductibles, copays, coinsurance and other health care expenses. To learn more, see the FSA qualified expense list at HealthEquity.com/fsa-qme.

● Limited Purpose Health Care FSA

If you are enrolled for a Health Savings Account (HSA) and wish to set aside additional pre-tax dollars, you may elect a Limited Purpose FSA which works just like a regular FSA but can only be used for dental and vision expenses (not medical).

● Dependent Care FSA

Pay for eligible dependent care expenses, such as day care for a child or adult dependent care, so you and/or your spouse can work, look for work or attend school full-time.

Contribute up to \$7,500 in 2026 or \$3,750 if you are married and file separate tax returns. Minimum election is \$120 annually to participate. **Note:** Dependent Care FSAs must satisfy IRS requirements to prevent highly compensated employees (HCEs) from benefiting more from the plan than non-highly compensated employees. As a result, some HCEs may not be able to contribute the full \$7,500 each year. Impacted employees (if any) will be notified in early 2026.

► Eligible Expenses | Dependent Care FSA

Child day care, babysitters, home care for dependent elders and related expenses. To learn more, see the Dependent Care FSA qualified expense list at HealthEquity.com/dcfsa-qme.

HSA vs. Health Care FSA: What's the difference?		
	HSA	Health Care FSA
Available if you enroll in the...	Gallatin or Jefferson HDHP	Madison PPO or not enrolled in a Bozeman Health medical plan
Change your contribution amount any time	Yes	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that have been deposited	Yes	No
"Use-it-or-lose-it" at year-end	No	Yes
Money is always yours to keep	Yes	No

ESTIMATE CAREFULLY

Keep in mind, FSAs are "use-it-or-lose-it" accounts. You will forfeit any amount above the IRS carryover limit remaining in the Health Care FSA at the end of the plan year and any money remaining in the Dependent Care FSA.

The FSA accounts are administered by Health Equity. There is a \$2.95 or \$1.75 (Limited Purpose FSA) per month administration fee for one or both accounts that will be collected pre-tax from your paycheck.

When you enroll in a Health Care FSA, you will receive a debit card which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to Health Equity.

DENTAL

Bozeman Health offers two dental plan options administered by Delta Dental. Key features of the Base Plan and the Enhanced Plan are outlined below. Review the options carefully and select the plan that fits your family’s needs and budget. Note that employees who enroll in the Enhanced Plan must remain enrolled for this plan for two consecutive benefit years.

It is important to know if your dentist is in the Delta Dental network before receiving care. Dentists in Delta Dental’s network agree to charge discounted rates, which saves you money. Delta Dental has a “2 tiered” network. Dentists in the Delta Dental PPO Network provide the best discounts, while those in the Delta Dental Premier Network also provide discounted rates. Both networks are considered “in-network” so you will have the same benefits and will not be “balance billed” for any charges that are not covered by Delta Dental (with the exception of your share as outlined below).

Delta Dental continues to maintain one of the largest provider networks in the country; however, dentists may choose not to participate in any insurance networks. Therefore, it is important to understand how out-of-network coverage works. Some things to consider when using an out-of-network dentist are:

- Both dental plans include out-of-network coverage. The out-of-network plan design is the same as the in-network plan design.
- Your dentist may not submit your claim to Delta Dental. If this happens, you are responsible for submitting the claim to Delta Dental and you will be reimbursed directly.
- The out-of-network dentist can “balance bill” you for charges not paid by Delta Dental.

If your dentist is not a member of the Delta Dental network, you could consider asking them to join. To access the most accurate and personalized information about your dental plan through Bozeman Health, be sure to review the provider directory and create an account at DeltaDentalins.com.

DENTAL EMPLOYEE CONTRIBUTIONS (SEMI-MONTHLY)

	BASE PLAN	ENHANCED PLAN
Employee Only	\$11.18	\$18.52
Employee + Spouse	\$22.34	\$37.04
Employee + Child(ren)	\$27.34	\$41.74
Family	\$38.51	\$61.19

	BASE PLAN	ENHANCED PLAN
Annual Deductible (per person/per family)	\$50	
Maximum Benefit (per person, per calendar year)	\$750	\$2,000
Preventive and Diagnostic Services (exams, cleanings, sealants and bitewing x-rays)	100%, deductible and annual maximum waived (see above regarding out-of-network coverage).	
Basic Services (fillings and other x-rays)	80% after deductible	
Endodontics, Periodontics and Oral Surgery (root canals, gum treatment)	Not Covered	80% after deductible
Major Services (crowns, onlays, cast restorations, bridges and dentures)	Stainless Steel Crowns: 80% after deductible Other major services not covered.	50% after deductible
Orthodontia	Not Covered	50% up to \$1,500 lifetime maximum for dependent children up to age 26. No coverage for adults.

MONEY-SAVING TIP

You can use your HSA and/or FSA for qualified out-of-pocket dental and vision expenses.

VISION

Bozeman Health offers a vision plan through Vision Service Plan (VSP) for you and your eligible dependents. The vision plan's network of participating providers can be found at [VSP.com](https://www.vsp.com). You will receive the maximum benefit under the plan and pay less out of pocket when you receive care from a network provider.

VISION PREMIUMS
(SEMI-MONTHLY)

VISION PLAN	
Employee Only	\$4.00
Employee + 1	\$7.99
Family	\$12.87

VISION OVERVIEW

	COVERAGE FREQUENCY	CO-PAY (Applies In- and Out-of-Network)	IN-NETWORK COVERAGE (After Co-Pay)	OUT-OF-NETWORK COVERAGE (After Co-Pay)
Well Vision Exam	Once every calendar year	\$10	100%	\$45 allowance
Single Vision Lenses	Once every calendar year	\$25	100%	\$30 allowance
Lined Bifocal Lenses	Once every calendar year	\$25	100%	\$50 allowance
Lined Trifocal Lenses	Once every calendar year	\$25	100%	\$65 allowance
Frames	Once every other calendar year	Combined with lenses co-pay	\$160 allowance plus 20% off remaining balance	\$70 allowance
Contact Lens Exam and Contact Lenses (instead of glasses)*	Once every calendar year	Up to \$60 for Contact Lens Exam	\$160 allowance for contacts	\$105 allowance
Non-Prescription Sunglasses or Blue-Light Filtering Glasses (instead of glasses or contacts)**	Once every other calendar year	\$25	\$160 allowance	\$70 allowance

*If you choose to use the plan for contact lenses, you will be eligible for a frame the next calendar year. Frames will remain every other calendar year if you use this benefit instead of contacts.

**You can use the VSP LightCare benefit for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses instead of prescription glasses or contacts. Not available at Walmart or Sam's Club.

Extra Discounts and Savings

	IN NETWORK	OUT OF NETWORK
Additional Glasses and Sunglasses	20% off (including lens options) 30% off on lens options (progressive, scratch-resistant, anti-reflective coatings)	Not covered
Laser Vision Correction	Average 15% off the regular price, or 5% off the promotional price from contracted facilities.	Not covered

INCOME PROTECTION

Your benefits include programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

LIFE AND AD&D INSURANCE

Life insurance provides the people you love with financial support when you can't be there – and when they need it most. AD&D benefits are paid in addition to life insurance if you die in an accident or become seriously injured or physically disabled. Sun Life is Bozeman Health's life insurance carrier.

BASIC LIFE AND AD&D

Bozeman Health provides Basic Life and AD&D insurance to eligible employees in the amount of the employee's annual base salary. The maximum coverage provided is \$350,000*.

VOLUNTARY LIFE AND AD&D

For added protection, you may purchase Voluntary Life and/or AD&D insurance for yourself, spouse/domestic partner and children.

- **Employee**

Elect in increments of \$10,000 to a maximum of five times your annual base salary or \$500,000, whichever is less. Coverage elected upon initial eligibility that is over the Guaranteed Issue amount of \$150,000 will be subject to medical underwriting / Evidence of Insurability (EOI). In addition, any new coverage elected after the initial eligibility window (including Open Enrollment) will be subject to EOI. Amounts subject to EOI will not take effect until approved by Sun Life.

- **Spouse/Domestic Partner**

If you elect Voluntary Employee Life and/or Voluntary Employee AD&D, you may purchase Voluntary Life and/or Voluntary AD&D for your spouse or domestic partner in increments of \$5,000 to a maximum of \$500,000 (not to exceed your Voluntary Employee Life and/or AD&D amount). Coverage elected upon initial eligibility that is over the Guaranteed Issue amount of \$25,000 will be subject to medical underwriting / EOI. In addition, any new coverage elected after the initial eligibility window (including open enrollment) will be subject to EOI. Amounts subject to EOI will not take effect until approved by Sun Life

- **Child**

If you elect Voluntary Employee Life and/or Voluntary Employee AD&D, you may purchase Voluntary Child Life and/or Voluntary Child AD&D insurance in increments of \$2,000 to a maximum of \$10,000. The plan a \$1,000 benefit for children 14 days old to six months old.

COST OF COVERAGE

The cost of Voluntary Life insurance is based on age and the amount of coverage elected. AD&D and Voluntary Child Life premiums are not age-based. You will see your personalized cost as you enroll in Workday. All Life and AD&D insurance premiums will be deducted on a semi-monthly basis.

*Federal tax law requires Bozeman Health to report the cost of company-paid life insurance in excess of \$50,000 as imputed income.



NAME A BENEFICIARY

Your beneficiary will receive your life insurance in the event of your death, so it's important to keep your beneficiary designations updated in Workday.

DISABILITY INSURANCE

Disability insurance protects your income when you can't work due to a covered disability. Bozeman Health provides a Long-Term Disability benefit to eligible employees as well as the option to purchase Short-Term Disability insurance. Sun Life is Bozeman Health's disability insurance carrier.

SHORT-TERM DISABILITY

If you are unable to work due to a covered disability such as an accidental injury, illness, or maternity/childbirth, Short-Term Disability insurance would replace 60% of your base earnings up to \$1,500 per week. Benefits begin as soon as eight days from the date of disability/illness and could be payable for up to 12 weeks if you continue to be unable to work. The cost of Short-Term Disability insurance is based on age and base salary. You will see your personalized cost as you enroll in Workday.

LONG-TERM DISABILITY

Bozeman Health provides Long-Term Disability insurance to employees with an FTE of .75 or greater. Long-Term Disability insurance would replace 60% of your base earnings up to \$10,000 per month if you were unable to work due a covered disability. Benefits would begin after 90 days of disability and would be payable until you're no longer considered disabled or until you reach normal retirement age, whichever comes later.

	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Who Pays	Employee	Bozeman Health
Benefit Provided	60% of weekly base salary up to \$1,500 per week.	60% of monthly base salary up to \$10,000 per week.
When Benefits Begin (elimination period)	8 days from the disability date.	90 days from the disability date.
Maximum Duration	12 weeks	Until you are no longer considered disabled or until you reach normal retirement age, whichever comes later.

PRE-EXISTING CONDITIONS

There is no Evidence of Insurability (EOI) requirement for disability coverage. However, during the first 12 months of coverage, disability benefits will not be payable for a condition for which you sought medical treatment, consultation, advice, care or services during the 3 months prior to the effective date of your coverage.

SUPPLEMENTAL INSURANCE

IMPORTANT: These policies are NOT health insurance. See pages 5-9 for medical plan options.

ACCIDENT INSURANCE

You can't always avoid accidents, but you can protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your medical and disability benefits by providing a cash payment in the case of accidental injury. You can use this money to help pay for uncovered medical expenses and ongoing living expenses such as your mortgage or rent. Benefits are paid in addition to other coverages you may have. Sun Life is Bozeman Health's accident insurance carrier.

ACCIDENT INSURANCE RATES

Semi-Monthly	
Employee	\$3.08
Employee + Spouse/DP	\$5.28
Employee + Child(ren)	\$6.47
Family	\$8.67

CRITICAL ILLNESS INSURANCE

Critical Illness insurance helps protect from financial loss by providing a \$15,000 employee benefit and \$7,500 spouse/child benefit upon diagnosis of a covered condition.

- Covered conditions include (but are not limited to) heart attack, stroke, cancer, major organ failure, occupational infectious diseases, end-stage kidney disease, brain tumors and paralysis.
- The full benefit is available for invasive cancers, and a reduced benefit is available for non-invasive cancers and skin cancer.
- Covered conditions for children include down syndrome, cerebral palsy, complex congenital heart disease, cystic fibrosis, spina bifida, cleft lip/palate, type 1 diabetes and muscular dystrophy.

The cost of Critical Illness insurance is based on age, tobacco use, and the amount of coverage elected. You will see your personalized cost as you enroll in Workday. Critical Illness insurance premiums will be deducted on a semi-monthly basis.

HOSPITAL INDEMNITY INSURANCE

This benefit can help you with out-of-pocket medical costs incurred with a hospital stay. While medical coverage may cover some or all of your medical bills, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays. Hospital Indemnity insurance payments can be used however you want, and benefits are paid in addition to other coverage you may already have. Covered conditions include sickness, accidents, pregnancy and more.

HOSPITAL INDEMNITY RATES

Semi-Monthly	
Employee	\$10.68
Employee + Spouse/DP	\$22.57
Employee + Child(ren)	\$17.74
Family	\$29.63

\$50 PREVENTIVE SCREENING BENEFIT

Did you know your Critical Illness, Accident and Hospital Indemnity coverage includes a Preventive Screening Benefit?

This benefit was created to promote annual screenings, and we encourage you to take advantage of it. The benefit pays \$50 per covered person, per calendar year, and it pays in addition to your other coverages.

More information can be found at [MIND > Departments > Shared Services > Human Resources > Benefits](#).

IDENTITY THEFT AND CYBER PROTECTION

Help safeguard you and your family’s identity, privacy and security with all-in-one protection through the Norton LifeLock ID Theft and Cyber Protection benefit.

- Identity alerts with credit monitoring.
- Device security to protect your mobile devices, tablets and computers.
- Access to a Norton secure VPN.
- Parental control support to easily monitor a child’s online activities and search history.
- Up to \$1 million for lawyers and experts, stolen funds reimbursement, and/or personal expense reimbursement.
- Dark Web monitoring that notifies you if your information is found.

For more information visit Norton.com/BenefitPremier

IDENTITY THEFT AND CYBER PROTECTION RATES
Semi-Monthly

Employee	\$4.00
Employee + Dependent(s)	\$7.49

LEGAL

Bozeman Health offers a legal plan through LegalEASE. The LegalEASE benefit provides you and your dependents access to a network of professional legal representation at an affordable price. The plan includes:

- Home and Residential
- Financial and Money Matters
- Consumer
- Auto and Driving
- Family and Personal
- Civil Lawsuits
- Estate Planning and Will

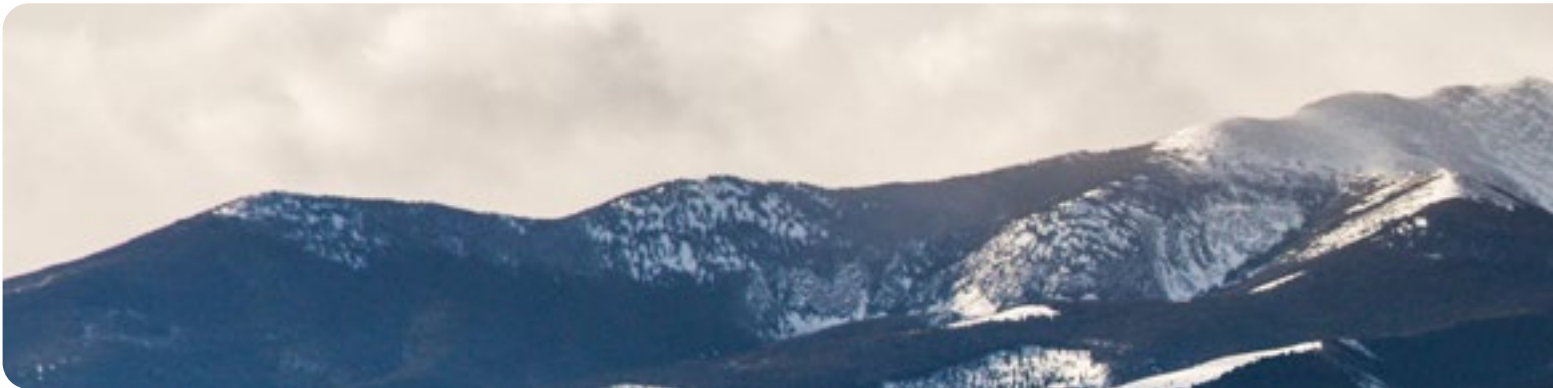
LEGAL PLAN RATE (SEMI-MONTHLY): \$7.72



PET INSURANCE

MetLife offers a variety of coverage options for your furry friends at a discount to Bozeman Health employees. Payment through direct bill allows you to add, drop or change your coverage at any time. MetLife offers coverage for any licensed veterinarian in the United States for cats and dogs with options for deductibles, reimbursement levels, and maximums that fit your budget.

Pet Insurance enrollment is not completed in Workday. Get a quote and enroll at Metlife.com/getpetquote or call 1-800-GET-MET8.



TIME OFF BENEFITS

Earned Time

Regular employees with a FTE of .4 or greater who are not providers accrue hours into an earned-time bank for each hour worked, per pay period, to be used for vacation, holidays, leaves of absence, illness and personal time off. Additionally, Earned time is used for instances that you do not work up to your regularly scheduled FTE. Earned time does rollover from year to year and you can accrue a maximum of 560 hours in your bank. Below are the accrual rates for exempt and non-exempt employees. Contracted nurses should refer to their contract for their accrual schedule.

EARNED TIME ACCRUAL

FOR EXEMPT EMPLOYEES		FOR NON-EXEMPT EMPLOYEES	
HOURS WORKED	ACCRUAL FACTOR	HOURS WORKED	ACCRUAL FACTOR
0 - 1920	0.1125	0-1920	0.0959
1921-3840	0.1208	1921-3840	0.1
3841-5760	0.125	3841-5760	0.1042
5761 - 7680	0.1292	5761 - 7680	0.1083
7681 - 9600	0.1333	7681 - 9600	0.1125
9601 - 11520	0.1375	9601 - 11520	0.1167
11521 - 13440	0.1417	11521 - 13440	0.1208
13441 - 15360	0.1458	13441 - 15360	0.125
15361 - 17280	0.15	15361 - 17280	0.1292
17281 - 19200	0.1542	17281 - 19200	0.1334
19201 - 21120	0.1583	19201 - 21120	0.1375
21121 - 23040	0.1625	21121+	0.1417
23041 +	0.1667		

Extended Medical Bank

Regular employees with a FTE of .4 or greater accrue .021 hours into an extended medical bank for each hour worked, per pay period. These accrued hours are to be used for the employee's personal illness or temporary disability associated with pregnancy/childbirth. Thirty-two consecutive hours of earned time (or unpaid time if no earned time is available) must be used first. Extended medical bank hours roll over from year to year, and an employee can accrue a maximum of 240 hours.

Bereavement

Employees may receive up to three shifts of bereavement pay due to the death of a qualifying family member.

Education

Regular non-exempt employees with a FTE of .4 or greater are eligible for up to sixteen hours of paid education time per year. It is to be used for non-mandatory, continuing education related to your employment/position. It is subject to approval by your manager, and you must present evidence of attendance to your manager. Contracted nurses should refer to their union contract for eligibility.

Jury Duty

Bozeman Health recognizes and respects the civic responsibility of its employees to serve on a jury when summoned. Employees who are requested to serve their community through jury duty may elect to receive pay from Bozeman Health by putting the jury duty on their time card. Refer to the Jury Duty policy on PolicyStat for more information.

LEARN MORE

This page is only a summary of the time off benefits available at Bozeman Health. For detailed information, review the applicable policy on [PolicyStat](#).



RETIREMENT SAVINGS

Bozeman Health provides two retirement plans to help employees reach their retirement savings goals. One plan is funded by Bozeman Health and the other is funded with employee contributions.

Bozeman Health 401(a) Plan **6% Annual Employer Contribution**

Employees enter the plan on January 1st or July 1st following the attainment of one year of service with 1,000 hours.*

Employees who have entered the plan will receive an employer contribution for each calendar year if the contribution requirements are met for that year.

- Must have 1,000 hours* in the calendar year.
- Must be employed on December 31st of the calendar year.
- The contribution will be 6% of the employee's eligible compensation* for the calendar year.
- The contribution will be deposited into the employee's 401(a) account during the first quarter of the following year.

EXAMPLE

- Employee is hired February 15, 2026.
- Employee completes one year of service with 1,000 hours on February 15, 2027.
- Employee enters the plan on July 1, 2027.
- Bozeman Health contributes 6% of the employee's 2027 compensation into the employee's 401(a) account during the first quarter of 2028.

VESTING

Employees are 20% vested after two years of vesting service*, and vesting increases by 20% each year until the employee is 100% vested after 6 years. A year of vesting service is a calendar year in which 1,000 hours are met.

*As defined in the plan document.

Bozeman Health 403(b) Plan **Employee Contributions**

All Bozeman Health employees are eligible to contribute a percentage of eligible earnings into the 403(b) plan each paycheck.

- Maximum contribution (under age 50):
\$24,500 projected for 2026*
- Employees age 50-59 and 64+ may make "catch-up" contributions to the IRS catch-up limit:
\$8,000 projected for 2026*
- Employees age 60-63 may make "catch up" contributions up to a higher IRS limit:
\$11,500 projected for 2026*



- Contributions can be made pre-tax or after-tax (Roth); however, 2026 catch-up contributions for employees who earned \$145,000 or more in 2025 must be made on a Roth basis.
- Your contribution amounts can be changed at any time throughout the year.
- Several investment options are available to select, including target date funds.
- Contributions and earnings are 100% vested immediately.

The plan is moving to Fidelity in December 2025.

* The official maximum 403(b) contribution limits for 2026 will be announced by the IRS in the fall of 2025.

Welcome TO FIDELITY INVESTMENTS®



BEGINNING DECEMBER 2025

Fidelity services and resources—at your convenience

With Fidelity, you have access to a variety of resources for managing your accounts, finding answers to questions, and getting help with long- and short-term planning needs.



ACCOUNT INQUIRIES

For general questions or inquiries regarding Fidelity accounts, or to execute transactions by phone, call **800-343-0860**, Monday through Friday, from 8:30 am - midnight ET.



ONE-ON-ONE

Schedule a consultation with a Fidelity Representative by calling **800-642-7131**, or online at www.fidelity.com/schedule. Review your portfolio, discuss savings and investing needs, as well as other financial goals. Phone consultations are available from 8 am to 9 pm ET.



ONLINE

Log in to www.netbenefits.com/atwork to check account balances, view your statements, make investment changes, update your account beneficiaries, take advantage of interactive planning tools, and much more.

Download the NetBenefits® Mobile App

Access all your Fidelity® workplace accounts—anytime, anywhere.*

VIEW

Review account balances, investments, your personal rate of return next steps, and more.



ALERTS

Get messages about timely actions to take within your account.



PLAN

See how much you may need in retirement, and get your Fidelity Retirement ScoreSM.



ACT

Change contributions or investments, update your profile or beneficiaries, send paperwork and more.



LEARN

Access articles, videos, podcasts and interactive tools.



Download the NetBenefits® app today for an Apple, Android, or Amazon device.



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*There is a maintenance period when some services may not be available.

System availability and response times may vary.

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CORPORATION

DISCOUNT PROGRAMS

20% SERVICES DISCOUNT

Bozeman Health provides a discount of 20% off the remaining balance on bills incurred at any Bozeman Health care site or employed provider, including inpatient and outpatient services. All employees are eligible for the 20% discount. You do not need to enroll in a Bozeman Health medical plan to qualify. To take advantage of the discount, contact Patient Financial Services at **406-414-1720** and inform them of your employment with Bozeman Health.

10% PHARMACY DISCOUNT

Highland Park Pharmacy and Big Sky Pharmacy offer over-the-counter medicine and prescription fills at cost plus 10%. Employees have the option to take the pharmacy discount or have the prescription run through insurance, but cannot take both.

BOZEMAN HEALTH MEDICAL SPA

Bozeman Health Medical Spa, located at Deaconess Regional Medical Center, offers a 10% discount on all services and products for employees, as well as a 20% discount during the employee's birthday month for a single spa service.

20% CAFETERIA DISCOUNT

Employees receive a 20% discount on food and drinks from The Bistro at Deaconess Regional Medical Center. Employees at a .4 FTE or greater may elect to have the purchases paid through payroll withholding.

THE GIFT SHOP AT DEACONESS REGIONAL MEDICAL CENTER

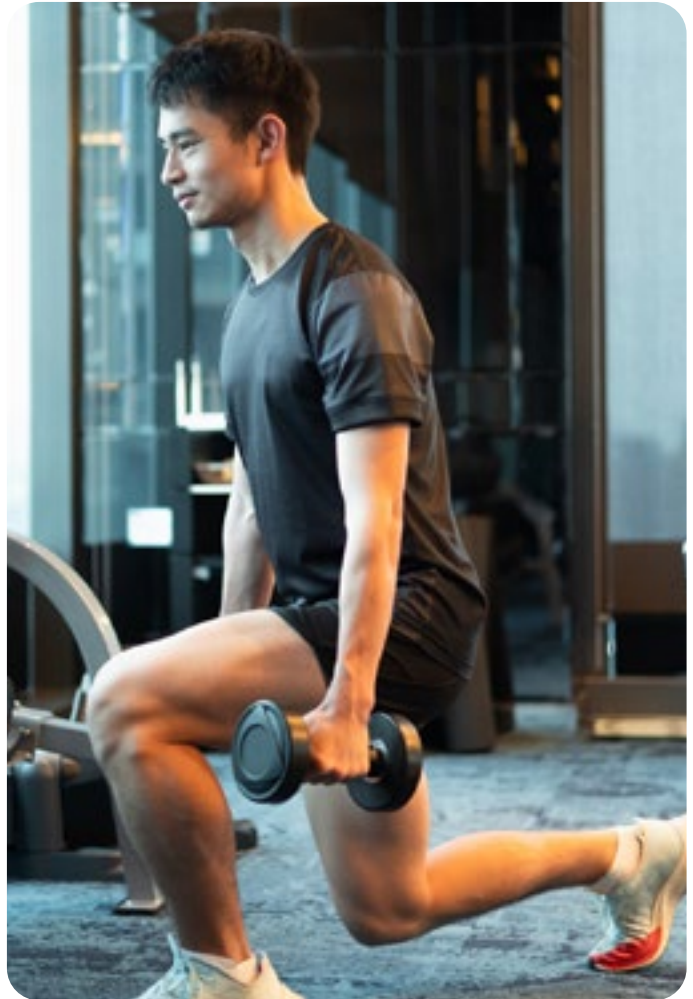
Employees at a 0.6 FTE or greater may elect to have Gift Shop purchases paid through payroll withholding following 60 days of employment.

GYM MEMBERSHIP THROUGH BCBSMT

These exclusive discounts are available to members of any three of our BCBSMT medical plans.

Go to [BCBSMT.com](https://www.bcbsmt.com) and login to learn more or enroll.

Access 12,200+ gyms for just \$28/month, plus an extra 5,800+ premium gym options at up to 70% off!



DISCOUNTED MEMBERSHIP TO THE RIDGE ATHLETIC CLUBS

A corporate discount is available to all employees. To sign up and/or inquire about the rates, visit the Ridge Athletic Club at 4181 Fallon Avenue in Bozeman, or call **406-586-1737**.

DISCOUNTS AND OFFERS ON ENTERTAINMENT AND TRAVEL

Through **Tickets at Work**, Bozeman Health employees are able to purchase discounted tickets to theme park, zoo, shows and other area attractions nationwide, as well as receive discounts on hotel and car rentals.

- Visit [TicketsAtWork.com](https://www.ticketsatwork.com)
- Bozeman Heath code: **BDHOS**

BENEFIT QUESTIONS?

Please contact the appropriate provider listed below to learn more about a specific benefit plan.



CONTACT INFORMATION

BENEFIT PLAN	PROVIDER	PHONE #	WEBSITE
Medical and Prescription Drug	Blue Cross Blue Shield of Montana	800-447-7828	BCBSMT.com
Health Savings Account (HSA) and Flexible Spending Account (FSA)	Health Equity	866-346-5800	HealthEquity.com
Dental	Delta Dental	800-521-2651	DeltaDentalIns.com
Vision	VSP	800-877-7195	VSP.com
Life, AD&D, STD, LTD, Accident, Critical Illness, Hospital Indemnity	Sun Life	800-786-5433	Sun Life Benefits Explorer
Legal	LegalEASE	888-416-4313	LegalEasePlan.com/bozemanhealth
Identity and Cyber Theft	LifeLock by Norton	800-607-9174	my.norton.com Norton.com/BenefitPremier
Wellness Program	Healthy is Wellness	406-589-4203	HealthylsWellness.com WellworksForYouLogin.com
Employee Assistance Program (EAP)	Health Management Systems of America	800-847-7240	See page 13 for login details.
Retirement	Fidelity (as of Dec. 2025)	800-642-7131	NetBenefits.com/AtWork
Workday	Online Enrollment		https://www.myworkday.com/wday/authgwy/bozemanhealth/login.html
Pet Insurance	Metlife	800-GET-MET8	Metlife.com/getpetquote
Bozeman Health	Human Resources	406-414-5421	Benefits@bozemanhealth.org



Bozeman Health