

# 2025 BENEFIT GUIDE



## Qualifying Life Events

The benefit elections you make now will be in effect on January 1, 2025 until December 31, 2025. IRS regulations do not allow changes to your benefit elections outside of your initial eligibility or open enrollment unless you experience a qualifying event such as:

- » Marriage
- » Divorce
- » Birth of a Child
- » Adoption or Placement for Adoption
- » Court Ordered Dependent Coverage
- » Loss of Coverage

If your notification of a qualifying event is received after 31 days of the event, then you are not able to make changes to your coverage until Wood's Powr-Grip's next open enrollment period.

Please take time during this open enrollment period to review your current enrollment elections. Please contact Human Resources for any questions regarding open enrollment.

## Medical Plan Summary

**Administered by: EBMS**

Benefit Description	In-Network Coverage	Out-of-Network Coverage		
Deductible (calendar year)	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family		
Coinsurance	80/20%	60/40%		
Out of Pocket Maximum (includes deductible)	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family		
Well Child and Adult Preventive Care	100%; deductible waived	100% first \$500, then deductible / coinsurance		
Eye Exam	One routine eye exam covered per Calendar Year			
RecuroTelehealth Benefit	\$0 co-pay			
Prescription Drug Coverage through TrueScripts				
	Day Supply	Preferred Pharmacy Copay	Non-Preferred Pharmacy Copay	Mail Order Copay
Tier 1 Generics	1-30	\$0	\$10	\$0
	31-90	\$0	\$10	\$0
Tier 2 Preferred	1-30	\$30	\$60	\$30
	31-90	\$60	\$120	\$60
Tier 3 Non-Preferred	1-30	\$60	\$120	\$60
	31-90	\$120	\$240	\$120
Specialty Medications Contact TrueScripts for TrueScripts Specialty Care program	Limited to 30 Day Supply	Tier 1	\$150 Copay	

Note: If pharmacy dispenses brand name prescription when generic is available for any reason other than no substitution, the member is to pay the brand copay PLUS the difference in cost between the brand and generic.

	Total Monthly Premiums	Employee Monthly Cost	Premium Per Paycheck	Premium Per Paycheck With Discount
Employee Only	\$1,076.79	\$76.18	\$35.16	\$22.18
Employee + Spouse	\$1,958.23	\$234.20	\$108.09	\$85.05
Employee + Child(ren)	\$1,848.05	\$207.78	\$95.90	\$81.14
Employee + Family	\$2,729.48	\$416.84	\$192.39	\$168.96

# Flexible Spending Account

## Administered by: EBMS

Wood's Powr-Grip offers both a Health Flexible Spending Account and a Dependent Care Flexible Spending Account.

The Health Flexible Spending Account (FSA) allows you to pay for eligible medical expenses on a pre-tax basis. You elect to have a specified amount deducted from your paycheck each pay period to pay for these expenses. The maximum Health FSA annual contribution is currently \$3,300.

The Dependent Care Flexible Spending Account allows you to pay for out-of-pocket, work-related dependent care expenses with pre-tax dollars. The maximum dependent care limit is \$5,000 (\$2,500 if married filing separately).

Any unused funds will be forfeited at the end of the year. Members can submit Flex claims within 90 days after the end of the plan year.

For example:

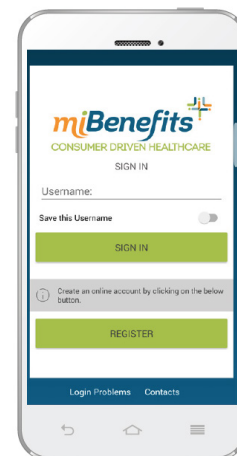
Flex claims incurred 1/1/2023-12/31/2023 must be submitted to EBMS prior to the run-out period deadline of 3/30/2024. Any flex claims incurred 1/1/2024-12/31/2024 must be received at EBMS prior to 3/30/2025.

**For questions, contact an EBMS team member at any of the following:**

**P (866) 857-8182  
T (800) 777-3575  
flex@ebms.com**

### Take control of your healthcare finances by downloading the EBMS CDH Mobile App!

- Search "EBMS miBenefits CDH" in the App Store or Google Play store and download the app.
- Follow the instructions on the registration screens. You can find your employee and employer IDs on your benefit card.
- Your employee ID is your nine-digit ID number, including hyphens.
- The employer ID is EBX, followed by the last five digits of your group number. For instance, if your group number is 0000123, the ID would be EBX00123.



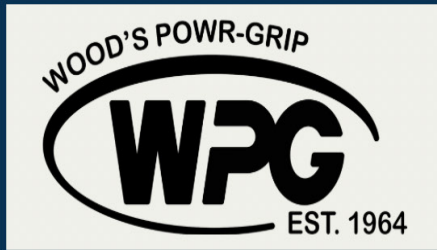
# Pharmacy Benefit Manager

## Administered by: TrueScripts

Effective 1/1/2025, **TrueScripts** will replace TrueRx, to become Wood's Powr-Grip's new Pharmacy Benefit Manager and Mail Order Prescription Management partner.

1. You will receive new insurance ID cards from EBMS in December with TrueScripts pharmacy billing information. You must present this card to our pharmacy when filling prescriptions on or after 1/1/2025 (including refills).
2. 90-day supply prescriptions can be filled at any retail pharmacy or filled through our mail order provider.
3. If you have a Prior Authorization in place for a medication or taking a Specialty Medication, please contact our Member Care staff prior to 1/1/2025 to prevent disruption at the pharmacy. If you are not sure if a prior authorization required for any of your current medications, please contact TrueScripts.
4. The TrueScripts Member Portal gives you 24/7 access to your plan information, claims history, and other tools and resources that will help you save money. To register please visit [memberportal.truescripts.com](https://memberportal.truescripts.com).

Our friendly Member Care staff is available to address any concerns. Please contact us toll free Monday-Friday 8:00 a.m. – 6:00 p.m. EST at (844) 257-1955 with any questions.



# EMPLOYEE MEMBERSHIP INFORMATION

## ABOUT FLEX FAMILY HEALTH

FLEX FAMILY HEALTH IS A DIRECT PRIMARY CARE CLINIC LOCATED IN BILLINGS. PATIENTS AT FLEX FAMILY HEALTH CAN ACCESS AN ARRAY OF PRIMARY HEALTHCARE SERVICES INCLUDING UNLIMITED AND EXTENDED IN-PERSON APPOINTMENTS, SAME OR NEXT DAY APPOINTMENTS, AND 24/7 ACCESS TO THEIR HEALTH CARE PROVIDER VIA PHONE, TEXT, EMAIL, OR VIDEO CALL. THEY ALSO PROVIDE LAB TESTING, IMAGING, AND PRESCRIPTIONS. AT FLEX, PATIENTS CAN TYPICALLY RECEIVE 80-90% OF THE HEALTHCARE NEEDS THEY WILL EVER HAVE. IF THE NEED TO ACCESS SERVICES OUTSIDE OF FLEX FAMILY HEALTH ARISES, THEY WILL ENSURE THAT PATIENTS ARE REFERRED TO THE HIGHEST QUALITY AND MOST AFFORDABLE SERVICES AVAILABLE, AS WELL AS FLEX STAFF WILL ASSIST PATIENTS IN NAVIGATING AND UNDERSTANDING TODAY'S COMPLEX HEALTHCARE WORLD. FLEX FAMILY HEALTH CURRENT HEALTHCARE PROVIDERS ARE COLE WHITMOYER, DNP, DR. JENNIFER FOWLER, DO, ALICIA BERVE, NP, AND DR. BRAD POSTON, DO.

*WPG employees who are eligible for the health insurance plan are also eligible for Flex Family Health. Employees do not have to be enrolled in the health insurance plan to enroll in Flex Family Health.*

### SERVICES OFFERED

- Primary Healthcare for all ages (newborn - 99+)
- Chronic Disease Management
- Illness and Urgent Care
- Mental Health Care
- Preventative and Wellness Exams
- Joint Injections
- Sutures/Staples
- Toenail Removal
- Skin Biopsies
- Lab Testing
- X-Rays
- Ultrasounds
- Prescriptions
- PLUS MORE!

Employee Cost Share <i>(one time payroll deduction at first pay period after effective date)</i>	
EMPLOYEE ONLY	\$59
EMPLOYEE + SPOUSE	\$118
EMPLOYEE + CHILD(REN)	\$84
EMPLOYEE + FAMILY	\$144

*See HR for information on how to opt-in to this benefit*



406-894-2425  
 contact@flexfamilyhealth.com  
 www.flexfamilyhealth.com

## Voluntary Dental Plan Summary

Insured by: Delta Dental

Benefit Description		Low Plan	High Plan
Deductible (calendar year)		\$50 Individual \$150 Family	\$50 Individual \$150 Family
Maximum Annual Benefit		\$1,000	\$1,000
Preventive & Diagnostic		100%; deductible waived	100%; deductible waived
Basic		80%	80%
Major		Not Covered	50%
Orthodontia	Coinsurance	Not Covered	50%
	Lifetime Maximum		\$1,000
	Age Limitation		26 years

\*Enrollees switching from the low option to the high option must satisfy the 12-month waiting periods for major and orthodontic services.

### Voluntary Dental Premiums

	Low Plan Employee Cost Per Pay Period	High Plan Employee Cost Per Pay Period
Employee Only	\$9.24	\$18.94
Employee + Spouse	\$18.40	\$37.37
Employee + Child(ren)	\$33.56	\$48.71
Employee + Family	\$42.42	\$67.15

## Voluntary Vision Plan Summary

Insured by: Vision Service Plan (VSP)

Benefit Description	In-Network Coverage	Frequency of Service
Eye Exam	\$20 copay	12 months
Materials	\$20 copay	Various
Lenses (single, bifocal, trifocal, lenticular)	Paid in full after copay	12 months
Frames	\$200 allowance	24 months
Contact Lenses	\$150 allowance	12 months (in lieu of glasses)

### Voluntary Vision Premiums

	Employee Cost Per Pay Period
Employee Only	\$6.33
Employee + Spouse	\$10.13
Employee + Child(ren)	\$10.34
Employee + Family	\$16.67

## Group Life and AD&D Plan Summary

Insured by: The Hartford

Benefit Description		Coverage
Life and AD&D Benefit		\$25,000
Benefit Reduction Schedule		At age 65: reduces to 65% At age 70: reduces to 50%
Dependent Coverage	Spouse	\$5,000
	Child	14 days to 6 months: \$1,000 6 months to age 19 (26 FT student) \$5,000

Wood's Powr-Grip pays 100% of this policy.

## Voluntary Term Life and AD&D Plan Summary

Insured by: The Hartford

Benefit Description	Employee	Spouse	Dependent
Benefit Maximum	5x annual salary up to \$500,000	100% of employee elected amount up to \$100,000	\$10,000
Guarantee Issue	\$120,000	\$25,000	\$10,000
Increments	\$10,000	\$5,000	One day to 6 months: \$1,000 6 months to 26 years: \$2,000-\$10,000 in increments of \$2,000
Vol. AD&D Benefit	Matches Life Benefit		

Coverage Category/Class	Age Bracket	Rate Basis
Life & AD&D/Composite		Per \$1,000 Spouse Stepped*
	Under 25	\$0.116
	25-29	\$0.116
	30-34	\$0.137
	35-39	\$0.157
	40-44	\$0.186
	45-49	\$0.268
	50-54	\$0.419
	55-59	\$0.686
	60-64	\$1.010
	65-69	\$1.599
	70-74	\$2.986
	75+	\$2.986
Child Life/Composite		\$0.20 Per \$1,000 Unit
Child ADD/Composite		\$0.02 Per \$1,000 Unit

\*Spouse premium is based on employee's age

Example premium calculations:

30-year-old employee wishes to buy themselves additional \$100,000 in Vol. Life and AD&D coverage:  
 $\$100,000/\$1,000 = 100$ ;  $100 \times \$0.137 = \$13.70$  per month

60 year old employees wishes to buy themselves an additional \$200,000 Vol Life and AD&D coverage:  
 $\$200,000/\$1,000 = 200$ ;  $200 \times \$1.010 = \$202$  per month

# Long Term Disability Plan Summary

**Insured by: The Hartford**

Benefit Description	Coverage
Monthly Benefit Amount	60% of Monthly Earnings
Maximum Monthly Benefit	\$7,000
Monthly Minimum	The greater of \$100 or 10% of benefit
Elimination Period	90 Days
Benefit Duration	Social Security Normal Retirement Age

Wood's Powr-Grip pays 100% of this policy.

## Employee Assistance Program

**Insured by: The Hartford**









The Hartford Ability Assist Counseling Services, offered by ComPsych, provide simple solutions to help cope with stress, job pressures, relationships, grief, loss, retirement planning, and so much more at no cost to you. Each family member gets three face-to-face counseling sessions per occurrence per year. These sessions can assist you with legal, financial, medical, and benefit-related concerns.

1. Relationship/marital conflicts
2. Job pressures
3. Stress, anxiety and depression
4. Tax Questions
5. Guardianship
6. Buying a home

To Access: call **800-96-HELPS (800-964-3577)** OR  
 Visit [guidanceresources.com](https://guidanceresources.com)  
 If you're a first-time user, click on the Register tab.  
 1. In the Organization Web ID field, enter: **HLF902**  
 2. In the Company Name field at the bottom of personalization page enter: **ABILI**  
 3. After selecting "**Ability Assist program**", create your own confidential username and password

## Plan Administrators

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

	<b>Medical Flex</b>	<b>EBMS</b> (800) 777-3575 <a href="https://www.ebms.com">https://www.ebms.com</a>
	<b>Pharmacy Benefit Manager</b>	<b>TrueScripts</b> (844) 257-1955 <a href="https://www.truescripts.com/">https://www.truescripts.com/</a>
	<b>Dental</b>	<b>Delta Dental of Montana</b> (800) 521-2651 <a href="https://www.deltadentalins.com">https://www.deltadentalins.com</a>
	<b>Vision</b>	<b>Vision Service Plan (VSP)</b> (800) 877-7195 <a href="https://www.vsp.com">https://www.vsp.com</a>
	<b>Group Life and AD&amp;D Voluntary Life LTD</b>	<b>The Hartford</b> (800) 523-2233 <a href="https://www.thehartford.com/">https://www.thehartford.com/</a>
	<b>EAP</b>	<b>The Hartford</b> 800-96-HELPS (800-964-3577) <a href="https://guidanceresources.com">guidanceresources.com</a>
	<b>Human Resources</b>	<b>Wood's Powr-Grip</b> Katie Whitmoyer (800) 548-7341 <a href="mailto:katiew@wpg.com">katiew@wpg.com</a>
	<b>Benefit Contact</b>	<b>MarshMcLennan Agency</b> Meagan Schiffer Client Executive (406) 238-1982 <a href="mailto:Meagan.Schiffer@MarshMMA.com">Meagan.Schiffer@MarshMMA.com</a>

**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. All eligible employee contributions will be deducted on a pre-tax basis unless otherwise requested. Premiums deducted on a pre-tax basis cannot be changed except during the open enrollment period, unless the employee experiences a qualifying event.



MarshMcLennan  
Agency