2017 LEGISLATOR BENEFITS BOOK
Dear State of Montana Benefit Plan (State Plan) Member,

Every year health care costs around the country rise at an alarming rate. The State Plan is not immune to these rising costs. The Health Care & Benefits Division (HCBD) works hard to control expenses incurred by our self-funded benefit plan. HCBD partners with vendors to look at new ways to control medical costs on high dollar claims and pilot new programs designed to benefit members and the State Plan.

The following tips can save you money and help curb State Plan costs. Reducing the costs incurred by the State Plan helps control the monthly contributions required of you and the State Share amount, which is funded by the taxpayers.

- If you live near a Montana Health Center, make one of their providers your “regular doctor.”
- Use participating providers when accessing medical services.
- Use in-network dentists when accessing dental and vision services.
- If you take a medication regularly, consider switching to a 90 day supply through an in-network retail pharmacy or begin filling at a mail-order pharmacy.
- Live Life Well by participating in wellness programs and challenges offered by the State Plan.
- If you are retired, or plan to do so soon, consider alternative coverage options like the Health Insurance Marketplace (under 65) or Medicare supplement options (over 65). These options may result in cost savings to you.

Finally, be sure to pay close attention to communications from HCBD. HCBD sends important information throughout the year via email and paper mail you don't want to miss.

Yours in good health,

John Lewis, Director
Department of Administration
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State of Montana Benefit Plan

The State of Montana Benefit Plan (State Plan) is self-funded. This is different than traditional insurance that you may have had in the past.

Traditional Insurance
With traditional insurance you pay an insurance company a monthly premium and if you go to the doctor or hospital the insurance company pays some of the cost. The insurance company decides what’s covered and how much you pay out-of-pocket. They also accept financial risk if you have a serious health condition like cancer or a heart attack.

Our Self-Funded State Plan
Your State Plan coverage is paid for by your monthly contributions and taxpayer funded State Share. The State Plan:

- Provides coverage in accordance with state and federal law,
- Sets the monthly rates and out-of-pocket costs, and
- Carries the liability for all 31,000 members of the State Plan.

Our Third Party Administrators (TPAs) and Vendors
With 31,000 members state-wide, the State Plan needs a little help. That’s why we contract with outside companies to process claims and administer State Plan benefits. We also rely on these companies for their expertise and cost saving contracts.

Our TPAs include:

- Allegiance Benefit Plan Management, Inc. - Medical Claims, Vision and Vision Hardware (subcontracted through Cigna), and Flexible Spending Accounts
- Delta Dental - Dental
- Navitus Health Solutions - Prescriptions
We also contract with a few other companies:
• CareHere manages the Montana Health Centers.
• The Standard provides fully insured life and accidental death and dismemberment insurance options, as well as Long Term Disability insurance for active employees.

**Bottom Line**
Because it’s your money and taxpayer dollars that fund the State Plan, we all have to work together to be good health care consumers. You can do that by:
• Reading this book carefully and understanding your benefits,
• Reading emails and mail sent home by the Health Care & Benefits Division (HCBD),
• Visiting [www.benefits.mt.gov](http://www.benefits.mt.gov) on a regular basis, and
• Taking good care of your health by engaging in Live Life Well programs.
New Legislator Enrollment

Initial Enrollment Period
Submit your enrollment form to the Health Care & Benefits division by February 1, 2017.
100 N Park Ave., Suite 320 PO Box 200130
Helena, MT 59620-0130
benefitsquestions@mt.gov
Fax (406) 444-0080

Joint Core
If you and your spouse both work for the State and have at least one dependent enrolled on the State Plan, you can elect to be Joint Core. Your family shares one family Maximum Out-of-Pocket.

Late Enrollment
If you waive coverage or do not enroll by February 1, 2017, you may be able to join the State Plan at a later date, but you will only be eligible for Core Benefits for yourself. You will not be able to add a spouse or dependents to the plan or elect optional benefits without a special enrollment period. If you enroll after February 1, 2017, the effective date of coverage will not be retroactive to January 1, 2017.

Core Benefits
Legislators who enroll in the State Plan must enroll in Core Benefits.
• Medical Plan (includes prescription drug coverage and an annual eye exam),
• Legislator Only Dental Plan, and
• Basic Life Insurance ($14,000).

Optional Benefits
• Medical and/or dental coverage for spouse/domestic partner and/or dependents*,
• Vision Hardware coverage,
• Additional life insurance for you and/or your spouse/domestic partner or dependents, and
• Accidental Death & Dismemberment (AD&D) coverage.
*Proof of Eligibility*

If you want to add a spouse/domestic partner, or dependent(s) to the State Plan, you must provide proof of their eligibility. See page 26 for details.

**Paying for Coverage**

State Share may not cover all of your benefit costs. You must pay any extra cost. You start owing your benefit contribution the day your coverage begins.

**Tax Information**

Your benefit contribution will be deducted pre-tax out of your paycheck while you're receiving a State pay-check with the exception of the following:

- Dependent life insurance coverage;
- Supplemental spouse life insurance coverage; and
- Legislator life coverage over $50,000.

Legislators will be required to self-pay benefit contributions while not receiving a State pay-check.

**Benefit Identification Cards**

You will receive medical, dental, vision, and prescription drug plan identification cards within six weeks of completing your enrollment.

**Open Enrollment**

You will have the opportunity to make changes to your State Plan options during Open Enrollment that takes place each fall. These changes take effect January 1 of the following Plan Year. Be sure to read all mail and email from HCBFD for details.

**Waiving Coverage**

If you choose not to take State Plan coverage, you will need to complete the 2017 Legislator Opt Out/Waiver Form.

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Benefit Costs

Medical/Dental/Vision Hardware
A contribution of $1,054/month per eligible Legislator is made to the State Plan (State Share).

<table>
<thead>
<tr>
<th>Plans</th>
<th>Core Benefits (See Below)</th>
<th>Optional Dental</th>
<th>Vision Hardware</th>
<th>Potential Live Life Well Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislator Only</td>
<td>$30</td>
<td>-</td>
<td>+$7.64</td>
<td>up to $30 off</td>
</tr>
<tr>
<td>Legislator &amp; Spouse</td>
<td>$250</td>
<td>+$21.40</td>
<td>+$14.42</td>
<td>up to $60 off</td>
</tr>
<tr>
<td>Legislator &amp; Child(ren)</td>
<td>$101</td>
<td>+$19.90</td>
<td>+$15.18</td>
<td>up to $30 off</td>
</tr>
<tr>
<td>Legislator &amp; Family</td>
<td>$327</td>
<td>+$28.90</td>
<td>+$22.26</td>
<td>up to $60 off</td>
</tr>
<tr>
<td>Joint Core (Per Legislator/ Employee)</td>
<td>$30 (includes Legislator &amp; Family dental)</td>
<td>-</td>
<td>+$11.13</td>
<td>up to $30 off</td>
</tr>
</tbody>
</table>

Core Benefits Include: Medical, Prescription, Basic Vision ($10 copay for an eye exam/member at a participating provider), Legislator Only Dental, and Basic Life.

Life Insurance

<table>
<thead>
<tr>
<th>Plans</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislator Supplemental Life</td>
<td>(every $1,000 of coverage) x (Age Rate*)</td>
</tr>
<tr>
<td>AD&amp;D Legislator Only</td>
<td>$0.020 / $1,000 of coverage</td>
</tr>
<tr>
<td>AD&amp;D Legislator and Dependents</td>
<td>$0.030 / $1,000 of coverage</td>
</tr>
<tr>
<td>Spouse Supplemental Life</td>
<td>(every $1,000 of coverage) x (Age Rate*)</td>
</tr>
<tr>
<td>Dependent Life</td>
<td>$0.52 per month</td>
</tr>
</tbody>
</table>

*See Age Rates and other details on page 23.
Live Life Well Incentive Program

- Earn up to $30/month off your 2018 benefit contribution by completing the following activities between November 1, 2016 and October 31, 2017.
- Double your incentive and earn up to $60/month if you and your covered spouse/domestic partner complete the incentive program.

A State-sponsored health screening is required in order to qualify for any part of the Live Life Well Incentive Program.

$5 Health Screening Incentive
Have a State-sponsored health screening with CareHere by October 31, 2017.

$10 Nicotine Free Incentive
Your State-sponsored health screening indicates you are nicotine free OR your State-sponsored health screening indicates you are NOT nicotine free and you:
- Complete a nicotine cessation program OR
- Have a nicotine counseling session with your primary care provider.

$15 Next Steps Incentive
Complete an eligible activity related to your health screening results.
- See www.benefits.mt.gov/Incentive for details.

The State Plan offers the incentive program to all plan members and their enrolled spouse/domestic partner. If you think you may be unable to meet a standard of the incentive program, you may qualify for an alternative program or different means to earn the incentive. You must contact the Health Care & Benefits Division (HCBD) as soon as possible at 800-287-8266 or email livelifewell@mt.gov. We will work with you (and if you wish, your doctor) to design a program with the same incentive that is right for you.

Any personal medical information gathered during the course of the incentive program is protected by and will be treated consistent with the HIPAA Privacy and Security Rules. A copy of the Plan’s privacy notice is available upon request or at www.benefits.mt.gov/Portals/59/Documents/hipaa%20notice.pdf.

Make an account at www.myactivehealth.com/som to report and track your incentive activities!
Medical Plan

In addition to medical benefits, the Plan includes
- One eye exam per Plan Member per Plan Year with a $10 copay at a participating provider
- Prescription Drug Coverage
- Use of all Montana Health Centers at no cost (see page 16)

Third Party Administrator
Allegiance Benefit Plan Management processes medical claims for the State Plan. Remember, it’s the State that decides rates, out-of-pocket costs, and coverages.

Questions

1-800-287-8266
www.benefits.mt.gov
- Eligibility-Who’s Covered
- Mid-year Changes
- Open Enrollment
- Benefit Contributions
- Live Life Well Incentive

1-855-999-1057
www.askallegiance.com/som
- Claims/Billing
- Participating Providers
- Online Account Information
- What’s Covered
- Pre-Certification/Pre-Treatment Review
- Case Management
- Appeals

Eligibility
For detailed information on who’s eligible for the State Plan, please refer to the Summary Plan Documents available at www.benefits.mt.gov.
Medical Plan Cost Sharing

**Transparent Pricing**
Providers and medical facilities are either participating or non-participating.

Check Your Provider/Facility Before You Go!
www.askallegiance.com/som or (855) 999-1057
- Allegiance participating inside Montana.
- Cigna participating outside Montana.

**Participating**
Participating providers and facilities have contracted with Allegiance in Montana and Cigna outside of Montana to charge a low, fair rate for your care.

All deductibles and maximums will be based upon a Plan Year, which is January 1st through December 31st.

**Cost Sharing**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana Health Center</td>
<td>$0 Copay</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$25 Copay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$35 Copay</td>
</tr>
<tr>
<td>Urgent Care Office Visit</td>
<td>$35 Copay</td>
</tr>
<tr>
<td>Deductible (Counts towards Max Out-of-Pocket)</td>
<td>$1,000 per member per Plan Year</td>
</tr>
<tr>
<td>Benefit % (What the plan pays after you meet your deductible. Counts towards Max Out-of-Pocket.)</td>
<td>75% after deductible is met 100% after Max Out-of-Pocket is met</td>
</tr>
<tr>
<td>Max Out-of-Pocket</td>
<td>$4,000/member $8,000/family</td>
</tr>
</tbody>
</table>
In-State Non-Participating
In-State Non-Participating providers and facilities have chosen not to sign a contract with Allegiance. If you use a non-participating facility or provider in Montana, you pay the cost sharing shown on page 12 and the State Plan will pay a fair rate for your care, but the non-participating provider may balance bill you for more. You are responsible for this balance bill and it does not count toward your deductible or Max Out-of-Pocket.

Out-of-State Non-Participating
If you go out-of-state and use a non-Cigna provider/facility, the cost sharing is as follows:

Cost Sharing
Applies to all services unless stated otherwise in the SPD.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td><strong>$1,500 per member per Plan Year</strong></td>
</tr>
<tr>
<td>(Counts towards Max Out-of-Pocket)</td>
<td>(This is separate from the $1,000 deductible on page 12.)</td>
</tr>
<tr>
<td><strong>Benefit %</strong></td>
<td><strong>65% + balance billing</strong></td>
</tr>
<tr>
<td>(What the plan pays after you meet your deductible.) Balance bill does not count towards Max Out-of-Pocket.</td>
<td></td>
</tr>
<tr>
<td><strong>Max Out-of-Pocket</strong></td>
<td><strong>$4,950/member + balance billing</strong></td>
</tr>
<tr>
<td></td>
<td><strong>$10,900/family + balance billing</strong></td>
</tr>
<tr>
<td></td>
<td>(These are separate from annual Max Out-of-Pockets shown on page 12.)</td>
</tr>
</tbody>
</table>

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Navitus Health Solutions has been chosen as our Pharmacy Benefit Manager starting January 1, 2017. Watch your mail for your benefit card and information on how to access the formulary listing (shows what tier prescriptions fall under) and pharmacy network information.

### Prescription Tiers

<table>
<thead>
<tr>
<th>Prescription Tiers</th>
<th>Retail Network Pharmacy (34 days) or Out-of-Network Pharmacy (10 days)</th>
<th>Retail Network or Mail Order Pharmacy (90 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier $0</strong> - Certain preventive medications</td>
<td>$0 Copay</td>
<td>$0 Copay</td>
</tr>
<tr>
<td><strong>Tier 1</strong> - Preferred generics and some low cost brand products</td>
<td>$15 Copay</td>
<td>$30 Copay</td>
</tr>
<tr>
<td><strong>Tier 2</strong> - Preferred brand products (may include some high cost non-preferred generics)</td>
<td>$50 Copay</td>
<td>$100 Copay</td>
</tr>
<tr>
<td><strong>Tier 3</strong> - Non-preferred products (may include some high cost non-preferred generics)</td>
<td>50% Coinsurance (does not apply to Maximum Out-of-Pocket)</td>
<td>50% Coinsurance (does not apply to Maximum Out-of-Pocket)</td>
</tr>
<tr>
<td><strong>Tier 4</strong> - Specialty Drugs</td>
<td>Preferred Specialty Pharmacy $200 Copay</td>
<td>Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy 50% Coinsurance (does not apply to Maximum Out-of-Pocket)</td>
</tr>
</tbody>
</table>

### Prescription Maximum Out-of-Pocket

Separate from Medical Maximum Out-of-Pocket (see Medical Plan Cost Sharing on pages 12 and 13).
- $1,800/individual
- $3,600/family

Maximum Out-of-Pocket will be based upon a Plan Year, which is January 1st through December 31st.
Pharmacy Options

SAVE BIG with a 90 Day Supply of Your Medication

You can get a three month supply of some maintenance medication for a two month copay!

The State Plan pays less for many medications when a 90 day supply is filled at an in-network retailer or preferred mail order pharmacy. We pass those savings on to you by reducing your copay.

Preferred 90 Supply Options
- Most in-network retail pharmacies (refer to network directory)
- Costco (You do NOT need to be a Costco member) (800) 607-6861 www.pharmacy.costco.com
- MiRx (866) 894-1496 www.mirxpharmacy.com
- Ridgeway (800) 630-3214 www.ridgewayrx.com

Specialty Pharmacy
Lumicera is the State Plan’s preferred pharmacy to handle specialty medications (drugs that require special administration). Using a pharmacy other than Lumicera for specialty medications could cost significantly more and does not accumulate toward your prescription annual Max Out-of-Pocket.

Navitus Customer Care
24 Hours a Day/7 Days a Week (866) 333-2757
www.navitus.com
The Montana Health Centers offer the same kinds of services you’d find at your regular doctor’s office and more, all at no-cost to you and a much lower cost to our self-funded State Plan!

**Who Can Use Montana Health Centers**
Employees, Legislators and non-Medicare eligible Retirees and their non-Medicare eligible spouse/domestic partners and their dependents age two and older who are covered on the State Plan. **Medicare eligible Retirees and their Medicare eligible dependents may only use the Montana Health Centers for flu shots and health screenings.**

**Services**
Primary care including treatment for colds, flus, allergies, hypertension, diabetes, high cholesterol, minor wound care, health screenings, routine blood work, skin checks and biopsies, health coaching, wellness programs, well-woman exams, birth control, and more.

**Appointments**
Visit [www.carehere.com](http://www.carehere.com) or call (855) 200-6822. The first time you go to [www.carehere.com](http://www.carehere.com), you will need to register. The system will ask you for your code. The code is MANA9.
Well-Being Services

Live Life Well and the Montana Health Centers partner to offer many lifestyle and condition management programs.

Five Ways to Connect with a Health Coach
1. Call or email one of the coaches found at: www.healthcenter.mt.gov/Health-Coaching.
2. Call (855) 200-6822 and ask for a health coaching appointment.
3. Follow the steps below:
   a) Have your State-sponsored health screening.
   b) Have a follow-up appointment with a Montana Health Center provider.
   c) Ask the provider about making an appointment with a coach.
4. Attend a wellness presentation or invite a coach to your workplace.
5. If you live outside a Montana Health Center area, you can either travel to a Montana Health Center to visit one of the Montana Health Center health coaches in-person or you can contact HCBD at livelifewell@mt.gov or (800) 287-8266.

Nutrition
Diabetes, weight management, lowering cholesterol, allergies, sports performance, etc.

Exercise
Group fitness classes, personal training, personalized plans, working with injuries, etc.

Tobacco, Stress, etc.
Stress management, tobacco cessation, work/life balance, etc.

Nursing
Blood pressure, asthma, medication management, diabetes, etc.

Other Medical Conditions
Teams of healthcare professionals including physicians, mental health care providers, physician assistants, nurse practitioners, nurses, dietitians, and fitness experts give you the best overall care.
Talk with a Montana Health Center provider for a plan that is right for you.

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Third Party Administrator
Delta Dental processes dental claims for the State Plan. Remember, it’s the State that decides rates, out-of-pocket costs, and coverages.

Delta Dental Networks
$ Preferred Provider (PPO Dentist)
You usually pay the least when you visit a PPO Dentist because they agree to Delta’s lowest contracted fees.

$$ Premier Dentist
Premier Dentists have slightly higher contracted fees than PPO Dentists. You may end up paying more out-of-pocket at a Premier Dentist.

$$ Non-Network Dentist
If you see a Non-Network Dentist, you will be responsible for the difference between the allowable charge set by Delta Dental and what that dentist bills.
Dental Plan Cost Sharing

Deductibles and maximums will be based upon a Plan Year, which is January 1st through December 31st.

<table>
<thead>
<tr>
<th>Services</th>
<th>% Plan pays after Deductible is met up to Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Benefits</td>
<td>100%*</td>
</tr>
<tr>
<td>Basic Benefits**</td>
<td>80%</td>
</tr>
<tr>
<td>Major Benefits**</td>
<td>50%</td>
</tr>
<tr>
<td>Implant Benefits</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Deductibles**

- Per Enrollee per Calendar Year: $50
- Per Family per Calendar Year: $150

**Maximum amount plan pays per member**

- Per Calendar Year: $1,800
- Lifetime for Implant Benefits: $1,500

*Diagnostic & Preventive Benefits are not subject to the deductible.

**For details including what is covered under Basic and Major Benefits see the Dental SPD at www.benefits.mt.gov or call Delta Dental (866) 496-2370.

**Eligibility**

Employees, Legislators, Retirees*, COBRA members, and eligible spouse/domestic partners and dependents.

*Retirees under age 65 are required to elect the Dental Plan unless they waive the entire benefits package; once Medicare eligible, dental coverage is optional.
Vision Hardware Plan

Eye Exam
ALL members covered on the Medical Plan may have one routine vision and eye health evaluation each year for a $10 copay at a participating Cigna vision provider.

Vision Hardware Coverage
You may enroll for Vision Hardware coverage each year for an extra cost.
• If you elect vision hardware coverage, it will apply to everyone covered on your Medical Plan.
• You must re-enroll each year.

Eligibility
Employees, Retirees, Legislators, COBRA members, and eligible spouse/domestic partners and dependents covered on the Medical Plan.

Cigna Vision
(877) 478-7557
stateofmontana@cigna.com
https://cigna.vsp.com
Check to make sure BOTH your eye doctor and the store where you purchase your hardware are participating.
### BENEFIT HIGHLIGHTS

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examinations</strong></td>
<td>The Plan will pay 100% after any copayment, subject to any maximum shown below</td>
<td>The plan will reimburse you at 100%, subject to any maximum shown below</td>
</tr>
<tr>
<td>One Eye Exam every</td>
<td>$10 Copay</td>
<td>$45</td>
</tr>
<tr>
<td>Calendar Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses &amp; Frames</strong></td>
<td>$20 Copay*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Note: Lenses &amp; Frames Copay does not apply to Contact Lenses</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One pair per Plan Year instead of contacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>100%</td>
<td>$45</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>100%</td>
<td>$55</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>100%</td>
<td>$65</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>100%</td>
<td>$80</td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>100%</td>
<td>$55</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One benefit per Plan Year instead of Lenses or lenses and frames.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>100% up to $130</td>
<td>$95</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>100%</td>
<td>$210</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One pair in any 2 Calendar Years</td>
<td>100% up to $130</td>
<td>$52</td>
</tr>
</tbody>
</table>

All maximums will be based upon a Plan Year, which is January 1st through December 31st.
Life Insurance

Basic Life Insurance
Required Core Benefit for state Legislators on the State Plan. Providers $14,000 of term life coverage for $1.90/month.

Life Insurance Information
• Plans are fully insured and administered by The Standard Insurance Company.
• Plans are term life.
• They provide inexpensive protection but do not earn any cash value.
• A member may carry all life plans until separation from service. At separation, contact The Standard for conversion or portability options.
• At retirement, only Basic Life may be continued without conversion or portability until age 65 or Medicare eligible.

During Open Enrollment you may:
• Delete Dependent Life, Legislator and/or Spouse Supplemental Life, and/or AD&D;
• Decrease coverage in Legislator Supplemental Life down to your annual salary, rounded to the next highest $5,000 increment;
• Increase Legislator and/or Spouse Supplemental Life.
• Add, increase or decrease AD&D.

Eligibility
Basic Life Insurance is a required Core Benefit for all active Employees, Legislators, and non-Medicare Retirees on the State Plan. Supplemental Life Insurance and Accidental Death & Dismemberment Insurance are available for Legislators, spouses, and dependents. Refer to the SPD for more information on eligibility.

The Standard
(800) 759-8702
www.standard.com/individual
Optional Life Insurance Plan Details

**Legislator Supplemental Life** - Available during 31-day enrollment period without EOI* up to the Plan Member’s annual salary. Enrollment after the 31 days requires EOI*.
- Coverage Amount - Minimum - Your annual salary rounded to the next highest $5,000. Maximum - 10x your annual salary with EOI*.
- Monthly Cost - (Every $1,000 of coverage) x (Age Rate**)

**Accidental Death & Dismemberment (AD & D) Legislator Only** - Available during 31-day enrollment period without EOI*. Enrollment after February 1, 2016 requires EOI*.
- Coverage Amount - Legislator Only: $25,000 increments up to 10x your annual salary rounded down to the next $25,000.
- Monthly Cost - $0.02 per $1,000 of coverage

**Accidental Death & Dismemberment (AD & D) Legislator and Dependents**
- Coverage Amount - A spouse with no children is eligible for 50% of the Legislator coverage. A spouse with children is eligible for 40% of the Legislator coverage. Children are eligible for 10% of the Legislator coverage.
- Monthly Cost - $0.03 per $1,000 of coverage

**Spouse Supplemental Life** - Legislator must be enrolled in Legislator Supplemental Life for the spouse to be eligible. Up to $10,000 without EOI* during 31-day enrollment period.
- Coverage Amount - Coverage is for a minimum of $5,000. Additional amounts are available in $5,000 increments, up to the amount of Legislator Supplemental Life. If increasing existing coverage, EOI* required.
- Monthly Cost - (Every $1,000 of coverage) x (Age Rate**). Spouse’s rate is based on the Legislator’s age, not the spouse’s age.

**Dependent Life** - Available during 31-day enrollment period or within the first 60 days of marrying or having your first child.
- Coverage Amount - $2,000 of coverage for a spouse and $1,000 of coverage per dependent child.
- Monthly Cost - $0.52

*Evidence of Insurability (EOI) is a medical application to prove good health. A link to the form can be found at www.benefits.mt.gov/life-and-accident.

**Age Rates** for Legislator and Spouse Supplemental Life is based on the Legislator’s age on the last day of the month that contributions are paid. The first payment after the Legislator’s birthday will reflect the new rate.
0-29=$0.025, 30-34=$0.042, 35-39=$0.067, 40-44=$0.084, 45-49=$0.126, 50-54=$0.193, 55-59=$0.361, 60-64=$0.554, 65+=$0.823

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Employee Assistance Program

EAP helps you privately solve problems that may interfere with your work, family, and life in general. EAP services are FREE to you, your dependents, and all household members. EAP services are confidential and provided by experts.

CONFIDENTIAL COUNSELING
24-hour Crisis Help – toll-free access for you or a family member experiencing a crisis.

IN-PERSON COUNSELING
Up to four (4) face-to-face counseling sessions are available for each new issue. Simply call for access to qualified, local counselors who can help you with a variety of problems such as family, parenting, relationship, stress, anxiety, and other challenges.

ONLINE CONSULTATIONS
Convenient access to on-line consultations with licensed counselors through RBH eAccess at www.MyRBH.com. Online consultations are a great way to try counseling for the first time or to get support even when time is limited.

LIFE-BALANCE RESOURCES
• Child Resources
• Adult and Elder-care Services
• Legal Services
• Financial Services
• Mediation Services
• Home Ownership Program
• Identity Theft Services

WWW.MYRBH.COM
(866) 750-0512
Access current health news, tools for parenting, health topic movies, wellness resources, financial calculators, legal forms, and over 50 on-line trainings for personal and professional development.
Who Is Eligible?
All active State of Montana employees are eligible for Workers’ Compensation programs.

Working Safely
• *Take safety seriously.* A moment of distraction or carelessness is all it takes to cause a lifetime of disability.
• *Take responsibility* for keeping yourself and others safe.
• *Be aware of your environment!* Head off problems before an injury occurs.
• *Participate in safety* training and programs to learn how to keep yourself, your work environment, and your coworkers safe.
• *Use proper safety equipment* and follow recommended safety instructions.

Reporting an Injury
Work-related injuries and diseases must be reported to the Montana State Fund within 24 hours. Learn more about reporting an injury at [www.workerscomp.mt.gov](http://www.workerscomp.mt.gov).

Return to Work
Getting injured employees back to work is one of the most important things we can do for injured workers. Visit [www.workerscomp.mt.gov/About-RTW](http://www.workerscomp.mt.gov/About-RTW) to learn more about getting workers back to work as soon as possible.
Proof of Eligibility Documentation

If you add a spouse/domestic partner or dependent(s) to the State Plan, you will be required to provide the following proof:

**Dependent Children**
- A copy of your child’s/children’s birth certificate(s), adoption order, pre-adoption order; or
- A copy of a court-ordered parenting plan, custody agreement or legal guardianship.

**Spouse**
- A copy of your marriage certificate; or
- A copy of the front page of your tax return showing your tax filing status as “married” (you may black out any financial information); or

**Domestic Partner**
- A Declaration of Domestic Partner Relationship form (available on the HCBD website at http://benefits.mt.gov/forms); AND
- Proof of a shared residence: AND
- A copy of mutually-granted powers of attorney or health care powers of attorney; or
- A copy of mutual designations of primary beneficiary in wills, life insurance policies or retirement plans.

**Grandchild(ren)**
- A copy of a court-ordered custody agreement or legal guardianship.

**Stepchildren**
- Required documentation listed above for Domestic Partner or Spouse, if individual is not enrolled; AND
- A copy of your stepchild’s/stepchildren’s birth certificate(s), adoption order, pre-adoption order; or
- A copy of a court-ordered parenting plan, custody agreement or legal guardianship.
Spouse/Dependents
Contributions for qualified spouse/dependent coverage on the State Plan will be deducted from your pay pre-tax.

Domestic Partner
If you elect to cover a domestic partner on the State Plan, HCBD will send you a tax status form to complete. See the flow chart below to see if your domestic partner qualifies for pre-tax deductions.

FLOWCHART FOR DEPENDENT STATUS OF A DOMESTIC PARTNER

START HERE

Is your Domestic Partner your spouse for purposes of federal tax law? (See Flowchart for Eligibility of a Dependent Spouse)

YES

NO

Is your Domestic Partner a member of your household who shares your principal place of abode? (Note that your Domestic Partner is not a member of your household if your relationship with your Domestic Partner violates local law.)

YES

NO

Will you provide over ½ of your Domestic Partner’s support for the calendar year?

YES

NO

Is your Domestic Partner a Qualifying Child of any other taxpayer?

YES

NO

Is your Domestic Partner a citizen, national or resident of the U.S. or a resident of Canada or Mexico?

YES

NO

Your Domestic Partner is your tax dependent for purposes of these plans.

- If your Domestic Partner is your tax dependent for purposes of these plans, then you should put a check in the box next to “Yes” on the Declaration of Tax Status form.

- If your Domestic Partner is not your tax dependent for purposes of these plans, then you should put a check in the box next to “No” on the Declaration of Tax Status form.
Benefit Term Decoder

The following explanations are to help you understand the terms in this book and do not replace the definitions found in the Summary Plan Documents. The definitions in the Summary Plan Documents govern the rights and obligations of the State Plan and Plan Members.

Balance Billing - The amount over the State Plan’s allowable charge that may be billed to the member by a non-participating provider.

Benefits Payment/Contribution - What you pay each month for your State Plan coverage.

Benefit Percentage - The percent the State Plan pays after you meet your deductible.

Copay - A copay is a fixed dollar amount you pay for a covered service. The State Plan pays the rest of the fair amount billed for a service.

Deductible - A deductible is how much you must pay each Plan Year before the State Plan starts to pay.

Maximum Out-of-Pocket - The Maximum Out-of-Pocket is the most you’ll have to pay for covered services in a Plan Year. See pages 12 and 14 for details.

Non-Participating Providers - Non-participating providers and facilities have chosen not to sign a contract with Allegiance in Montana or Cigna outside of Montana. If you use a non-participating facility or provider, the State Plan will pay a fair rate for your care, but the non-participating provider may balance bill you for more. You are responsible for any balance bills you receive.
Open Enrollment - A period each fall in which you have the opportunity to make changes to your State Plan options for the following Plan Year. These changes take effect January 1 of the following year.

Participating Provider - Participating providers and facilities have contracted with Allegiance in Montana and Cigna outside of Montana to accept a low, fair rate (the PBME) for your care.

Plan Member - Anyone covered on the State Plan including Employees, Legislators, Retirees, COBRA members, and eligible spouse/domestic partner and/or dependents.

Plan Year - The Plan year starts January 1 and ends December 31 each year.

Pre-Admission Certification Review - Calling Allegiance so they can determine if an inpatient hospital stay meets the criteria to be covered by the State Plan. It's important to get this approval for non-emergency hospital stays ahead of time and within 72 after a non-planned admission.

Pre-Treatment Review - Calling Allegiance before you have a medical service to make sure it meets “medically necessary” criteria. This is not a guarantee of payment.

Procedure Based Maximum Expense (PBME) - The fair amount the State Plan will pay for a service.

Special Enrollment Period - A period of time during which an eligible person may request coverage under the State Plan as a result of certain events that create special enrollment rights.

Specialty Drugs - Specialty drugs usually require special handling, administration, unique inventory management, a high level of patient monitoring and more intense support than conventional therapies. They could include all routes of administration (self-injectable, oral, or infused). They are typically very expensive.

State of Montana Non-Discrimination Statement

State of Montana complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status.
Non-Discrimination Statement Continued

State of Montana does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the Customer Care Center at 866-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email:

John Pavao
State Diversity Program Coordinator
Department of Administration
State Human Resources Division
125 N. Roberts
P.O. Box 200127
Helena, MT 59620
Phone: (406) 444-3984
Email: jpavao@mt.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
## Contact Information

**ELIGIBILITY AND GENERAL QUESTIONS**
(800) 287-8266, (406) 444-7462; TTY (406) 444-1421  
Fax (406) 444-0080  
benefitsquestions@mt.gov  
www.benefits.mt.gov  
100 N Park Ave., Suite 320 PO Box 200130  
Helena, MT 59620-0130

**ALL MONTANA HEALTH CENTERS**  
(855) 200-6822  
help.montana@carehere.com  
General Info: www.healthcenter.mt.gov  
Appointments: www.carehere.com  
Registration Code: MANA9

**CLAIMS, BENEFITS, PARTICIPATING PROVIDERS, ETC.**  
(855) 999-1057  
www.askallegiance.com/som  
PO Box 3018 Missoula, MT 59806

**PRESCRIPTIONS AND CUSTOMER SERVICE**  
Phone: 866-333-2757  
Web: www.navitus.com

**Mail Order Prescription Drugs:**  
Costco (800) 607-6861  
Ridgeway Pharmacy (800) 630-3214  
MiRx (866) 894-1496

**Specialty Meds:**  
Lumicera Health Services (855) 847-3553

**DENTAL BENEFITS, CLAIMS, & CUSTOMER SERVICE**  
Phone: (866) 496-2370  
Web: www.deltadentalins.com/stateofmontana

**VISION SERVICE PROVIDERS AND HARDWARE COVERAGE**  
Phone: (877) 478-7557  
https://cigna.vsp.com

**FLEXIBLE SPENDING**  
Phone: (866) 339-4310  
Fax: (406) 523-3149 or (877) 424-3539  
Web: www.askallegiance.com

**LIFE & LONG TERM DISABILITY INSURANCE**  
For questions about benefits, claims, status of application:  
(800) 759-8702  
www.standard.com  
For all other questions call HCB: (800) 287-8266

**WORKERS’ COMPENSATION**  
Workers’ Compensation Program (406) 444-5689  
Safety and Loss Control (406) 444-0122  
Return to Work (406) 444-7016  
www.workerscomp.mt.gov