A Message from DOA Director John Lewis

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 contributions required of you and the State of Montana (the employer contribution - which is funded by the taxpayers).

• If you live near a Montana Health Center, make one of their providers your primary care physician.
• Use participating providers when accessing medical services.
• Use in-network providers 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 that you don’t want to miss.

Yours in good health,

John Lewis, Director
Department of Administration
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How to Enroll In Benefits

Log into the MINE Site from work:

» Access MINE at https://mine.mt.gov
» Click Green SABHRS button
» Click Human Resources
» Click Benefit Details
» Click Benefits Enrollment
» Be sure to fully submit your elections

To access MINE from home:

» Go to www.mt.gov/employee
» Under HR Self Service click on Employee Self Service (SABHRS HR)
» Enter UserID and Password
» Click Benefit Details
» Click Benefits Enrollment
» Be sure to fully submit your elections
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 funded by the State of Montana via the employer contribution and by you, as an employee, via your bi-weekly State Plan contribution. 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 on a regular basis, and
- Taking good care of your health by engaging in Live Life Well programs.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website www.benefits.mt.gov.
Initial Enrollment Period
Enroll within 31 days of your date of hire in order to take full advantage of all State Plan benefits available to you. Your coverage is effective on your date of hire. Flexible spending accounts become effective on a different date. See page 20 for details.

Joint Core
If you and your spouse both work for the State (as an Employee or Legislator) and have at least one dependent child who needs to be enrolled on the State Plan, you can elect to be Joint Core. Your family shares one family Maximum Out-of-Pocket and your bi-weekly contribution is less.

Late Enrollment
If you waive coverage, or do not enroll within 31 days of your date of hire, 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/domestic partner or dependent child(ren) to the plan or elect optional benefits without a Special Enrollment Period. If you enroll after the first 31 days of your date of hire, the effective date of coverage will not be retroactive to your hire date.

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

Optional Benefits
• Medical and/or dental coverage for spouse/domestic partner or child(ren)*,
• Vision hardware coverage,
• Additional life insurance for you and/or your spouse/domestic partner or child(ren),
• Long-Term Disability (LTD) coverage,
• Accidental Death & Dismemberment (AD&D) coverage, and
• Flexible spending accounts for medical and/or dependent care.
*Proof of Dependent Eligibility*
If you want to add a spouse/domestic partner or child(ren) to the State Plan, you must provide proof of eligibility. See page 29 for details.

**Employer Contribution**
The State contributes $1,054/month per eligible employee to the State of Montana Benefit Plan.

**Paying for Coverage**
The State of Montana employer contribution may not cover all of your benefit costs. Any extra cost is automatically deducted from your bi-weekly paycheck. You start owing your benefit contribution the day your coverage begins. If you submit your benefit elections within 31 days of your date of hire, but after your first pay period, you will see two pay periods worth of contributions come out of your second paycheck. After that, the contributions will be distributed evenly.

**Tax Information**
Most of your benefit contribution will be deducted pre-tax out of your paycheck with the exception of the following:
- Dependent life insurance coverage,
- Supplemental spouse life insurance coverage,
- Employee life coverage over $50,000,
- Long Term Disability insurance coverage, and
- Non-tax dependent coverage (i.e. domestic partner)

**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 the annual two-week Open Enrollment Period 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 HCBD for details about Open Enrollment.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website www.benefits.mt.gov.
### Benefit Costs

**MEDICAL/DENTAL/VISION HARDWARE**

A contribution of $1,054/month per eligible employee is made to the State Plan by the State of Montana (employer contribution).

<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>Employee Only</td>
<td>$30</td>
<td>-</td>
<td>+$7.64</td>
<td>up to $30 off</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$250</td>
<td>+$21.40</td>
<td>+$14.42</td>
<td>up to $60 off</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$101</td>
<td>+$19.90</td>
<td>+$15.18</td>
<td>up to $30 off</td>
</tr>
<tr>
<td>Employee &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 Employee)</td>
<td>$30 (includes 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), Employee Only Dental, and Basic Life.

**FLEXIBLE SPENDING ACCOUNTS (FSA)**

- $2.26/month fee + optional $1/month fee for debit card
- Medical FSA - $120 - $2,600/employee per year + up to $500 rollover
- Dependent Care (Daycare) FSA - $120 - $5,000/household per year

**LIFE INSURANCE**

<table>
<thead>
<tr>
<th>Plans</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Supplemental Life</td>
<td>(every $1,000 of coverage) x (Age Rate*)</td>
</tr>
<tr>
<td>AD&amp;D Employee Only</td>
<td>$0.020 / $1,000 of coverage</td>
</tr>
<tr>
<td>AD&amp;D Employee 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>$0.44 per month</td>
</tr>
</tbody>
</table>

*See Age Rates and other details on page 23.
Medical Plan

In addition to medical benefits, the Medical Plan includes

• One covered 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 14)

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

Eligibility

For detailed information on who’s eligible for the State Plan, please refer to the Wrap Plan Document available at www.benefits.mt.gov.

Health Care Bluebook - Available to All Plan Members

An online and mobile resource that quickly helps you to find cost and quality comparison information by ranking facilities in an easy-to-read color system. Log into www.askallegiance.com/som and click Health Care Bluebook on the right hand side of the screen.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website 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 for Participating and In-State Non-Participating**

<table>
<thead>
<tr>
<th>Montana Health Center</th>
<th>$0 Copay</th>
</tr>
</thead>
<tbody>
<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 10 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 towards 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 for Out-of-State Non-Participating
Applies to all services unless stated otherwise in the WPD.

<table>
<thead>
<tr>
<th>Annual Deductible (Counts towards Max Out-of-Pocket)</th>
<th>$1,500 per member per Plan Year (This is separate from the $1,000 deductible on page 10.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit % (What the plan pays after you meet your deductible.) Balance bill does not count towards Max Out-of-Pocket.</td>
<td>65% + balance billing</td>
</tr>
<tr>
<td>Max Out-of-Pocket</td>
<td>$4,950/member + balance billing $10,900/family + balance billing (These are separate from annual Max Out-of-Pockets shown on page 10.)</td>
</tr>
</tbody>
</table>
Navitus Health Solutions processes pharmacy claims for the State Plan. 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. Remember, it’s the State that decides rates, out-of-pocket costs, and coverages.

<table>
<thead>
<tr>
<th>Tier Description</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>$0 Preventive products*</td>
<td>$0 Copay</td>
<td>$0 Copay</td>
</tr>
<tr>
<td>Tier 1 - Preferred generics and some lower cost brand products</td>
<td>$15 Copay</td>
<td>$30 Copay</td>
</tr>
<tr>
<td>Tier 2 - Preferred brand products (may include some high cost non-preferred generics)</td>
<td>$50 Copay</td>
<td>$100 Copay</td>
</tr>
<tr>
<td>Tier 3 - 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>Tier 4 - Specialty products</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>

*$0 Preventive products apply to certain medications (as defined by the Affordable Care Act (ACA)) and select medications. See the formulary for a listing of covered products.

**Prescription Maximum Out-of-Pocket**

Separate from Medical Maximum Out-of-Pocket (see Medical Plan Cost Sharing on pages 10 and 11).

- $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 (90-day) 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-Day 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

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website www.benefits.mt.gov.
The Montana Health Centers offer the same kinds of services you would 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 the Montana Health Centers
Employees, Legislators, COBRA participants and non-Medicare eligible Retirees and their non-Medicare eligible spouse/domestic partners and their child(ren) 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 State-sponsored health screenings.

Services
Primary care services 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 much more.

Appointments
Visit www.carehere.com or call (855) 200-6822. The first time you go to 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.

Did you know that as a State Plan member or covered dependent you have access to no cost wellness events and presentations?

Health Coaches from the Montana Health Center provide expert-guided, evidence-based, group and individualized health coaching. Wellness events and presentations are a great way to experience the value Health Coaches provide to State Plan members!

Visit our website at http://benefits.mt.gov/Live-Life-Well-Programs/Health-Coaching to find out how to participate in wellness presentations or set up a health coaching appointment.

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, 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 Wrap Plan Document (WPD) available on the website www.benefits.mt.gov.
Th**ird 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>

**Dental Plan Cost Sharing**

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

<table>
<thead>
<tr>
<th>Deductibles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Enrollee per Calendar Year</td>
<td>$50</td>
</tr>
<tr>
<td>Per Family per Calendar Year</td>
<td>$150</td>
</tr>
</tbody>
</table>

Maximum amount plan pays per member

<table>
<thead>
<tr>
<th>Maximum amount plan pays per member</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Calendar Year</td>
<td>$1,800</td>
</tr>
<tr>
<td>Lifetime for Implant Benefits</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

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

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

Eligibility

Employees, Legislators, Retirees*, COBRA participants, and eligible spouse/domestic partners and child(ren).

*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 are entitled to one routine vision and eye health evaluation each year for a $10 copay at a participating provider without electing the Vision Hardware Plan. The eye exam benefit and Vision Hardware Plan are administered by Cigna Vision, not Allegiance.

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 during the Open Enrollment Period.

Eligibility
Employees, Retirees, Legislators, COBRA participants, and eligible spouse/domestic partners and child(ren) covered on the Medical Plan.
### Vision Hardware Cost Sharing

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam Copay</strong></td>
<td>$10</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Exam Allowance</strong></td>
<td>Covered 100% after Copay</td>
<td>Up to $45</td>
</tr>
<tr>
<td>(once per frequency period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Materials Copay</strong></td>
<td>$20</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Eyeglass Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allowances:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(one pair per frequency period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>100% after Copay</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>100% after Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>100% after Copay</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Lenticular</td>
<td>100% after Copay</td>
<td>Up to $80</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Allowances:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(one pair of single purchase per frequency period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Up to $130</td>
<td>Up to $95</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>Covered 100%</td>
<td>Up to $210</td>
</tr>
<tr>
<td><strong>Frame Retail Allowance</strong></td>
<td>Up to $130</td>
<td>Up to $52</td>
</tr>
<tr>
<td>(one per frequency period)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Your Frequency Period begins on January 1 (Calendar year basis)**

**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

**Coinsurance:** the percentage of changes Cigna will pay. Member is financially responsible for the balance.

**Allowance:** the maximum amount Cigna will pay. Member is financially responsible for any amount over the allowance.

**Materials:** eyeglass lenses, frames, and/or contact lenses.

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

Flexible Spending Accounts (FSA)

Visit www.allegianceflexadvantage.com for full details.

You must RE-ENROLL each year for FSA!

- If you enroll in a Medical or Dependent Care Flexible Spending Account (FSA), your account(s) become effective the first day of the month following your date of hire.
- FSA funds may only be used for claims incurred on or after your FSA effective date.
- Contributions are taken out of each bi-weekly paycheck—before taxes—in equal installments throughout the Plan Year (24 pay periods).

Medical FSA
- Annual maximum contribution per employee $2,600.
- $500 may be rolled from year to year. Visit www.benefits.mt.gov/Flexible-Spending/Rollover to learn all the details.
- May be used for eligible MEDICAL EXPENSES for yourself, your spouse/domestic partner, and your child(ren).
- Eligible expenses include: deductibles, copays, benefit percentage, prescription drug costs, dental and vision expenses, non-covered medical expenses. See a complete list by visiting www.allegianceflexadvantage.com.
- Entire yearly contribution may be used starting on your FSA effective date.

Dependent Care FSA
- Annual maximum contribution per household $5,000 or $2,500 if married but filing taxes separately.
- Can ONLY be used for: child care (age 12 and under) or disabled dependent care.
- Funds are only available as contributed.

Dependent Care FSA funds can NOT be used for dependent medical expenses.

(866) 339-4310
www.allegianceflexadvantage.com
FAX (877) 424-3539
FSA Reimbursement Options

Other Info
- $120/year minimum contribution for each type of FSA.
- $2.26/month admin fee for one or both types of FSAs.
- You will have until April 30th of the next Plan Year to submit claims to Allegiance for this year’s expenses (120 days after end of the Plan Year). See specific plan details for claim submission information if your coverage is terminated.

FSA Reimbursement Options
Visit www.benefits.mt.gov/flexible-spending for more details and to link to reimbursement option elections.

Traditional - File claims with Allegiance by fax, mail or securely through the Allegiance website at www.allegianceflexadvantage.com. You can do this even if you elect joint processing or a debit card.

Debit Card - $1/month fee
Use just like a regular debit card for any qualified medical expense. You are responsible for keeping all receipts in case you are audited. If you select the debit card:
- You may use it for both Medical and Dependent Care FSAs;
- Card is effective each Plan Year in which you make an active FSA contribution.

Joint Processing - Medical FSA Only
Allegiance automatically sends you reimbursement for your out-of-pocket claim expenses until your flex funds are gone.
- If you use flex funds to pay for items later in the year like orthodontics, this option may not be the best for you.
- You must re-elect Joint Processing annually.

Note: If you select the debit card, you are not eligible for joint processing. If you select joint processing, you are not eligible for the debit card.
Life Insurance

Basic Life Insurance
Provides $14,000 of term life coverage. This benefit is paid for via the employer contribution, no employee contribution required.

Eligibility
Basic Life Insurance is a required Core Benefit for all active Employees, Legislators, and non-Medicare Retirees.

Life Insurance Information
• Plans are fully insured and administered by The Standard Insurance Company.
• Plans are term life.
• Plans provide inexpensive protection, plans do not earn cash value.
• Employees are eligible until separation from service. At separation, contact The Standard for portability or conversion options.
• At retirement, Basic Life may be continued without portability or conversion until age 65 or Medicare eligible. Basic life may be converted once a Retiree reaches age 65.

During Open Enrollment you may:
• Increase Employee and/or Spouse Supplemental Life;
• Add, increase or decrease AD&D;
• Delete Dependent Life, Employee and/or Spouse Supplemental Life, and/or AD&D; or
• Decrease Employee Supplemental Life or Optional Spouse Life (minimum amount for Employee Suppl. Life is annual salary rounded to the next highest $5,000 increment.)

Evidence of Insurability (EOI):
Also known as “evidence of good health” is the process by which the Standard determines if a person is healthy enough to be considered eligible for the amount of insurance coverage they are requesting.

For complete details about all Standard life plans, refer to the life plan Summary Plan Documents (SPDs) at www.benefits.mt.gov.
Optional Life Insurance Plans

**Employee Supplemental Life** - Available during 31-day enrollment period without EOI* up to the employees’ annual salary. Enrollment after the 31 days requires EOI*. Coverage may be elected at anytime with EOI.

- **Coverage Amount** - Minimum - Your annual salary rounded to the next highest $5,000. Maximum - 10x your annual salary with EOI*, up to $500,000.
- **Monthly Cost** - (Every $1,000 of coverage) x (Age Rate**)

**Accidental Death & Dismemberment (AD & D) Employee Only** - Available during 31-day enrollment period. If coverage is not elected during 31-day enrollment period, it may be elected at any time.

- **Coverage Amount** - Employee Only: $25,000 increments up to 10x your annual salary rounded down to the next $25,000, max $500,000.
- **Monthly Cost** - $0.02 per $1,000 of coverage

**Accidental Death & Dismemberment (AD & D) Employee and Dependents** - Available during 31-day enrollment period. If coverage is not elected during 31-day enrollment period, it may be elected at any time.

- **Coverage Amount** - A spouse with no children is eligible for 50% of the Employee coverage amount. A spouse with children is eligible for 40% of the Employee coverage amount. Children are eligible for 10% of the Employee coverage amount.
- **Monthly Cost** - $0.03 per $1,000 of coverage

**Spouse Supplemental Life** - Employee must be enrolled in Employee Supplemental Life for the spouse to be eligible. Coverage is available up to $10,000 without EOI* during 31-day enrollment period. Coverage may be elected at anytime with EOI*.

- **Coverage Amount** - Coverage is for a minimum of $5,000. Additional amounts are available in $5,000 increments, up to the amount of Employee 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 Employee’s age, not the spouse’s age.

**Dependent Life** - Available during 31-day enrollment period or within the first 60 days of marrying or 91 days of having your first child.

- **Coverage Amount** - $2,000 of coverage for a spouse and $1,000 of coverage per dependent child.
- **Monthly Cost** - $0.44

**Age Rates** for Employee and Spouse Supplemental Life is based on the Employee’s age on the last day of the month that contributions are paid. The first payment after the Employee’s birthday will reflect the new rate. 0-29=$0.021, 30-34=$0.036, 35-39=$0.057, 40-44=$0.071, 45-49=$0.107, 50-54=$0.164, 55-59=$0.307, 60-64=$0.471, 65+=$0.700

Long Term Disability

Long Term Disability (LTD) is an insurance plan that pays a monthly benefit to you if you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, helping you with financial costs in a time of need.

Cost
$9.90 per month. Payment will be taken from your pay AFTER TAX in order to maximize the benefit should you ever need it. By paying LTD premiums after tax, benefit can be paid out tax free.

Eligibility
Available to active employees who are enrolled in the Medical Plan. Retirees, Legislators, and COBRA participants are not eligible to participate. New hires may enroll within 31 days of date of hire without EOI. Enrollment at any other time requires EOI. Refer to the LTD SPD for more information on eligibility.

Benefit Amount
The monthly LTD benefit is 60% of your insured pre-disability earnings—the amount you were earning before you became disabled—reduced by deductible income.

*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.
Benefit Duration
If you become disabled and your claim for LTD benefits is approved, LTD benefits are payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

For complete details about Long Term Disability coverage, refer to the LTD Summary Plan Document (SPD) at www.benefits.mt.gov.

More Information
For more information, visit The Standard Insurance Company’s website at www.standard.com, www.benefits.mt.gov or contact the Health Care & Benefits Division at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov.

The information in this booklet is only a summary of the Life and LTD benefits. The controlling provisions are the group policy issued by The Standard Insurance Company. Refer to the Life and LTD policy at www.benefits.mt.gov/Publications for further information.
Live Life Well Incentive Program
Earn $30 per month off your 2019 benefit contribution!
Double your incentive if a covered spouse/domestic partner also participates.

NEW THIS YEAR!
You must complete all three activities (health screening, be nicotine free or complete an alternative and self-report, and complete a Next Step activity and self-report) between November 1, 2017 and October 31, 2018 to earn ANY incentive.

Health Screening

Have a State-sponsored health screening with CareHere by October 31, 2018.

Nicotine Free

Nicotine testing is NOT included as part of your State-sponsored health screening this year! Self-report if you are nicotine free or if you are not nicotine free you must complete and self-report an alternative at www.myactivehealth.com/som.

If you use nicotine, you must complete and self-report one of the two eligible alternatives:
• Complete a nicotine cessation program OR
• Have a nicotine education session with your primary care provider.

Next Step

Complete and self-report ONE 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 benefitsquestions@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.
Employee Assistance Program

The 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

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website www.benefits.mt.gov.
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.

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 to learn more about getting workers back to work as soon as possible.
If you add a spouse/domestic partner or child(ren) to the State Plan, you will be required to provide the following proof:

**Dependent Child(ren)**
- A copy of your child(rens) 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.

**Stepchild(ren)**
- Required documentation listed above for Domestic Partner or Spouse, if individual is not enrolled; AND
- A copy of your stepchild(rens) birth certificate(s), adoption order, pre-adoption order; or legal guardianships.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website www.benefits.mt.gov.
Pre-Tax vs. Post-Tax for Spouses and Domestic Partners

**Tax Status**
The State of Montana is required by the Internal Revenue Service (IRS) to apply the proper tax treatment (pre or post tax) to the benefit contributions for State Plan benefits in which a spouse or domestic partner is enrolled. The qualification of a spouse or domestic partner for tax purposes does not affect their eligibility for State Plan benefits (medical, dental, or vision plans), but it does impact the tax treatment of the benefit contributions required for those plans.

**Spouse**
Contributions for spouse coverage on the State Plan will be deducted from your pay pre-tax.

**Domestic Partner**
Contributions for domestic partner coverage on the State Plan will be deducted from your pay post-tax.

If you do NOT want your spouse or domestic partner’s contributions to default as indicated above, you will need to contact the Health Care & Benefits Division (HCBID) at (800) 287-8266, (406) 444-7462; TTY (406) 444-1421 or at benefitsquestions@mt.gov.

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**Flowchart for Tax-Treatment of Spouse and Domestic Partner Health Coverage**

START HERE

Are you legally married to your same or opposite sex partner? 

*Your spouse is eligible for tax-favored payment of health coverage.*

Note: a declared common law marriage is a legal marriage under Montana law.

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YES

The employee premium share for your spouse’s health coverage may be paid on a pre-tax basis.

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NO

Your Domestic Partner is not eligible for tax-favored payment of health coverage:

The employee premium share for your Domestic Partner’s health coverage must be paid on a post-tax basis.

The value of the employer contribution will be imputed to you as taxable wages.

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*You should consult your personal tax advisor for questions related to your personal tax situation.*
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 Wrap Plan Document. The definitions in the Wrap Plan Document 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.

Benefit 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.

Grandfathered Month - If you were hired before August 1, 1998 and have had no lapse in State Plan coverage, you are entitled to one extra month of employer contribution and benefits coverage upon retiring or leaving State employment.

Maximum Out-of-Pocket - The Maximum Out-of-Pocket is the most you will have to pay for covered services in a Plan Year. See pages 10,11 and 12 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.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website www.benefits.mt.gov.
Open Enrollment Period - 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 (PBME) for your care.

Plan Member - Anyone covered on the State Plan including Employees, Legislators, Retirees, COBRA participant, and eligible spouse/domestic partners and/or child(ren).

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.

The State of Montana HIPAA Notice is available on our website www.benefits.mt.gov.

If you have any questions about your privacy rights, please contact the State Plan at the following address:

- Contact Office or Person: Privacy Official
- Plan Name: State of Montana Benefit Plan
- Telephone: (406) 444-7462 (in Helena) or (800) 287-8266; TTY (406) 444-1421
- Email: benefitsquestions@mt.gov
- Address: Health Care & Benefits Division
  
  PO Box 200130
  
  Helena, MT 59620-0130

Copies of the HIPAA Notice are also available at 100 North Park Avenue, Suite 320, Helena, MT 59601. You may request the Notice by calling the Health Care & Benefits Division or sending a request by email to the above address.

**DISCLAIMER**

The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010. The United States Departments of Health and Human Services, Labor, and Treasury have issued regulations to help entities comply with PPACA. However, additional clarifications to address issues that may arise under these regulations could also be published by the Departments on an on-going manner through administrative guidance possibly in another form than a regulation. Where the statutes or regulations were not clear regarding benefits, the State of Montana made a reasonable interpretation of the act and made a good faith effort to comply with the statutes and regulations. The State of Montana reserves the right to alter provisions of this document and its plan in order to comply with applicable law.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website www.benefits.mt.gov
Language Assistance and 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.
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 customer service at 855-999-1062. 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](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)
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
Web: www.askallegiance.com/som “Vision” under “Benefits” Tab

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 HCBD: (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