2018
LEGISLATOR BENEFITS BOOK

HEALTH CARE & BENEFITS DIVISION
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 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 you don't want to miss.

Yours in good health,

John Lewis, Director
Department of Administration
# Table of Contents

State of Montana Benefit Plan .............................................................................. 4, 5  
New Legislator Enrollment .............................................................................. 6, 7  
Benefit Costs .................................................................................................. 8  
Medical Plan .................................................................................................. 9  
Medical Plan Cost Sharing ............................................................................. 10, 11  
Prescription Drug Plan .................................................................................. 12  
Pharmacy Options ......................................................................................... 13  
Montana Health Centers ............................................................................... 14  
Well-Being Services ..................................................................................... 15  
Dental Plan .................................................................................................. 16  
Dental Plan Cost Sharing ............................................................................. 17  
Vision Hardware Plan .................................................................................. 18  
Vision Hardware Cost Sharing ..................................................................... 19  
Life Insurance ............................................................................................... 20  
Optional Life Insurance Plans ........................................................................ 21  
Live Life Well Incentive Program .................................................................. 22  
Employee Assistance Program ...................................................................... 23  
Workers’ Comp. & Safety ............................................................................. 24  
Proof of Dependent Eligibility Documentation .............................................. 25  
Pre-Tax vs. Post-Tax for Spouses and Domestic Partners ............................ 26  
Benefit Term Decoder .................................................................................. 27, 28  
HIPPA Notice ................................................................................................ 29  
Language Assistance & Non-Discrimination Statement ............................. 30, 31  
Contact Information ..................................................................................... Back Cover
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 a Legislator via your monthly contributions. 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.

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

For complete details about the State Plan, refer to the Wrap Plan Documents (WPD) available on the website www.benefits.mt.gov.
Initial Enrollment Period
Submit your enrollment form to the Health Care & Benefits division within 31-days of being appointed as a Legislator.
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 (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/monthly contributions are less.

Late Enrollment
If you waive coverage, or do not enroll within the Initial Enrollment Period, 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 Initial Enrollment Period, the effective date of coverage will not be retroactive.

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),
• Dental Plan, and
• Basic Life Insurance ($14,000).

Optional Benefits
• Medical and/or dental coverage for spouse/domestic partner and/or child(ren),
• Vision hardware coverage,
• Additional life insurance for you and/or your spouse/domestic partner or child(ren), and
*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 25 for details.

**Paying for Coverage**

The State of Montana contributes $1,054/month per eligible Legislator to the State Plan (employer contribution). The State of Montana employer contribution 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. When you are in session your contributions will be taken out of your bi-weekly paycheck. When you are not in session you will be billed monthly.

**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;
- Legislator life coverage over $50,000; 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.

**Waiving Coverage**

If you choose not to take State Plan coverage, you will need to complete the Legislator Opt Out/Waiver Form. You may be eligible for the Option 2 Reimbursement. See form for details.

For complete details about the State Plan, refer to the Wrap Plan Documents (WPD) 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 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>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>$0.44 per month</td>
</tr>
</tbody>
</table>

*See Age Rates and other details on page 21.*
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

1-800-287-8266
www.benefits.mt.gov

- Eligibility-Who’s Covered
- Mid-year Changes
- Open Enrollment
- Benefit Contributions
- Live Life Well Incentive

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 Documents (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>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</td>
<td>$1,000 per member</td>
</tr>
<tr>
<td>Out-of-Pocket)</td>
<td>per Plan Year</td>
</tr>
<tr>
<td>Benefit % (What the plan pays</td>
<td>75% after deductible</td>
</tr>
<tr>
<td>after you meet your deductible.</td>
<td>is met</td>
</tr>
<tr>
<td>Counts towards Max Out-of-Pocket.)</td>
<td>100% after Max</td>
</tr>
<tr>
<td>Max Out-of-Pocket</td>
<td>$4,000/member</td>
</tr>
<tr>
<td></td>
<td>$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 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 for Out-of-State Non-Participating**
Applies to all services unless stated otherwise in the WPD.

<table>
<thead>
<tr>
<th>Cost Sharing Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Counts towards Max Out-of-Pocket)</td>
<td>$1,500 per member per Plan Year (This is separate from the $1,000 deductible on page 10.)</td>
</tr>
<tr>
<td>Benefit % (What the plan pays after you meet your deductible.)</td>
<td>65% + balance billing</td>
</tr>
<tr>
<td>Balance bill does not count towards Max Out-of-Pocket.</td>
<td></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>

For complete details about the State Plan, refer to the Wrap Plan Documents (WPD) available on the website [www.benefits.mt.gov](http://www.benefits.mt.gov).
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 Documents (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](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.

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 Documents (WPD) 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>

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

<table>
<thead>
<tr>
<th>Maximum amount plan pays per member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Calendar Year</td>
</tr>
<tr>
<td>Lifetime for Implant Benefits</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.

For complete details about the State Plan, refer to the Wrap Plan Documents (WPD) available on the website www.benefits.mt.gov.
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>Exam Copay</td>
<td>$10</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam Allowance (once per frequency period)</td>
<td>Covered 100% after Copay</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Materials Copay</td>
<td>$20</td>
<td>N/A</td>
</tr>
<tr>
<td>Eyeglass Lenses Allowances:</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>Contact Lenses Allowances:</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>Frame Retail Allowance</td>
<td>Up to $130</td>
<td>Up to $52</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.

For complete details about the State Plan, refer to the Wrap Plan Documents (WPD) available on the website [www.benefits.mt.gov](http://www.benefits.mt.gov).
**Life Insurance**

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

**Eligibility**
Basic life Insurance is a required Core Benefit for all active Employees, Legislators, and non-Medciare 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.
- Legislators 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 Legislator and/or Spouse Supplemental Life;
- Add, increase or decrease AD&D;
- Delete Dependent Life, Legislator and/or Spouse Supplemental Life, and/or AD&D; or
- Decrease Legislator Supplemental Life or Optional Spouse Life (minimum amount for Legislator 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](http://www.benefits.mt.gov).
Optional Life Insurance Plans

Legislator Supplemental Life - Available during 31-day enrollment period without EOI* up to the Legislators’ 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) Legislator 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 - Legislator 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) Legislator 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 Legislator coverage amount. A spouse with children is eligible for 40% of the Legislator coverage amount. Children are eligible for 10% of the Legislator coverage amount.
  • 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. 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 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 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 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=$0.021, 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

To complete an EOI, go to https://connection.standard.com/deliver/eeoi/startup1.do?method=startup&microsite=homesite.
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

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.

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.

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 Documents (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](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.
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 Documents (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 (HCBD) 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.

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

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.

*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 Documents (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 (the PBME) for your care.

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

STATE OF MONTANA HIPAA NOTICE OF PRIVACY PRACTICES

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 Documents (WPD) available on the website www.benefits.mt.gov.
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)
## Contact Information

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<thead>
<tr>
<th><strong>ELIGIBILITY AND GENERAL QUESTIONS</strong></th>
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<tr>
<td>(800) 287-8266, (406) 444-7462; TTY (406) 444-1421</td>
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<td>Fax (406) 444-0080</td>
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<td><a href="mailto:benefitsquestions@mt.gov">benefitsquestions@mt.gov</a></td>
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<tr>
<td><a href="http://www.benefits.mt.gov">www.benefits.mt.gov</a></td>
</tr>
<tr>
<td>100 N Park Ave., Suite 320 PO Box 200130</td>
</tr>
<tr>
<td>Helena, MT 59620-0130</td>
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<th><strong>ALL MONTANA HEALTH CENTERS</strong></th>
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<tr>
<td>(855) 200-6822</td>
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<tr>
<td><a href="mailto:help.montana@carehere.com">help.montana@carehere.com</a></td>
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<tr>
<td>General Info: <a href="http://www.healthcenter.mt.gov">www.healthcenter.mt.gov</a></td>
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<td>Appointments: <a href="http://www.carehere.com">www.carehere.com</a></td>
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<td>Registration Code: MANA9</td>
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<tr>
<th><strong>CLAIMS, BENEFITS, PARTICIPATING PROVIDERS, ETC.</strong></th>
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<tr>
<td>(855) 999-1057</td>
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<tr>
<td><a href="http://www.askallegiance.com/som">www.askallegiance.com/som</a></td>
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<tr>
<td>PO Box 3018 Missoula, MT 59806</td>
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<th><strong>PRESCRIPTIONS AND CUSTOMER SERVICE</strong></th>
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<tr>
<td>Phone: 866-333-2757 Web: <a href="http://www.navitus.com">www.navitus.com</a></td>
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**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

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<th><strong>DENTAL BENEFITS, CLAIMS, &amp; CUSTOMER SERVICE</strong></th>
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<tr>
<td>Phone: (866) 496-2370 Web: <a href="http://www.deltadentalins.com/stateofmontana">www.deltadentalins.com/stateofmontana</a></td>
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<th><strong>VISION SERVICE PROVIDERS AND HARDWARE COVERAGE</strong></th>
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<tr>
<td>Phone: (877) 478-7557 <a href="https://cigna.vsp.com">https://cigna.vsp.com</a></td>
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<th><strong>FLEXIBLE SPENDING</strong></th>
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<td>Phone: (866) 339-4310 Fax: (406) 523-3149 or (877) 424-3539 Web: <a href="http://www.askallegiance.com">www.askallegiance.com</a></td>
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<th><strong>LIFE &amp; LONG TERM DISABILITY INSURANCE</strong></th>
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<tr>
<td>For questions about benefits, claims, status of application:</td>
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<tr>
<td>(800) 759-8702 <a href="http://www.standard.com">www.standard.com</a></td>
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<td>For all other questions call HCBD: (800) 287-8266</td>
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