

2019  
Retirement  
Health Benefits  
Planning Book



# A Message from DOA Director John Lewis

Dear State of Montana Benefit Plan (State Plan) Retiree,

The State of Montana has implemented many practical and innovative solutions to continue to provide and expand access to quality and affordable healthcare. Many of these strategies were also successful in allowing the State Plan to control cost, better manage the plan, and improve health outcomes for members.

In 2016, Transparent Pricing, also known as Reference Based Pricing, was implemented and allowed us to control the cost of health care while maintaining quality, predictability, and fairness. We called this new way of reimbursing providers “Transparent Pricing,” but it really was the introduction of what many in the healthcare industry call Value Based Care. Value Based Care is part of the transformation taking place in healthcare communities to help rein in costs. By implementing this, we helped reduce the unexplained variation in pricing for the same services across the different facilities in Montana.

In 2017, Navitus became the State Plan’s Pharmacy Benefit Manager. Navitus allows for a full pass-through transparent pricing model that ensures the State Plan receives all rebates and reimburses pharmacies for the exact amount paid by the State Plan.

The combination of all cost-saving actions implemented have allowed the State Plan to minimize the financial impact to State Plan members. The Department will continue its efforts to control costs and manage the State Plan.

However, managing State Plan costs are a group effort and there are things you can do to assist:

- 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.

Be sure to pay close attention to communications from HCBD and contact HCBD with questions.

Yours in good health,



John Lewis, Director  
Department of Administration

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### **Eligibility for State Plan Coverage in Retirement**

You may continue coverage with the State of Montana Benefit Plan (State Plan) if you are eligible, at the time you leave active State employment, to receive a retirement benefit under the applicable provisions of your retirement system. You must notify the State Plan of your decision to elect retiree benefits, via on-line enrollment, within sixty (60) days of the end of your State of Montana service.

### **Judge Eligibility for State Plan Coverage in Retirement**

A member of the judges' retirement system who leaves judicial office but continues to be an inactive vested member of the judges' retirement system may continue coverage under the Plan if the judge notifies the Plan, via on-line enrollment, within ninety (90) days of the end of the judge's judicial service.

### **How to Transfer Coverage to Spouse/Domestic Partner**

- A Retiree may choose to become a dependent of an employed or retired spouse/domestic partner on the State Plan while still keeping their right to return to State Plan coverage under his or her own name at a later date.
- A Retiree who transfers to another State Plan member's coverage does not have to begin a new deductible for the remainder of the Plan Year.
- If you transfer to your spouse/domestic partner's coverage, and your spouse/domestic partner is an active employee, you may be able to transfer some or all of your Optional Life Insurance.
- If you transfer to your retired spouse/domestic partner's coverage, you lose all life insurance coverage.
- If your Retiree coverage is reinstated due to termination of your spouse/domestic partner's employment, death, or divorce, and you are not Medicare eligible, Basic Life coverage is reinstated.

Contact the Health Care & Benefits Division if any of the above scenarios apply to you.

## 5 How to Elect State Plan Retiree Benefits

### COMPLETING YOUR RETIREE ENROLLMENT

If you do not complete the on-line enrollment within sixty (60) days of the date your active service ends, your State Plan coverage will be terminated and will not be able to be reinstated.

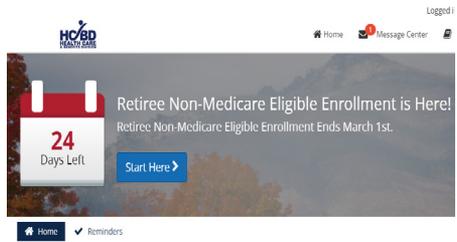
#### 1. TO ACCESS

the enrollment system, go to [benefits.mt.gov](https://benefits.mt.gov) and click on the green Get Started Button.



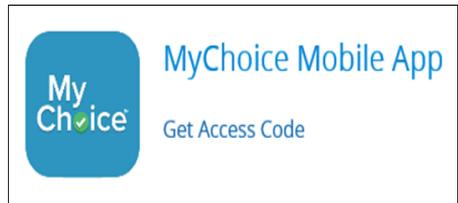
#### 2. BEGIN ENROLLMENT

Click "Start Here" and follow the instructions to enroll in your benefits. You must make your elections by the deadline shown on the calendar.



#### 3. ENROLL ON THE GO

Enroll in your benefits from your mobile device. Download the MyChoice Mobile App by searching Mychoice Mobile in your app store. To sync the MyChoice Mobile app you will need an access code which is available on the home page of the enrollment system.



### VIEW YOUR CURRENT BENEFITS OR MAKE UPDATES YEAR-ROUND

You have year-round access to your benefit summary and specific benefit elections.

### QUESTIONS

Your enrollment isn't complete until you confirm your benefit elections and cost. If you have any questions, please contact HCBBD at (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or via email at [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

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

## Your Benefits in Retirement

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The following chart gives you an outline of your State Plan coverage options in retirement. It shows what's required, what's optional, and what benefits you are not eligible for as a Retiree.

	<b>Non-Medicare (Under 65)</b>	<b>Medicare Eligible (Over 65)</b>	<b>Dependents</b>
<b>Medical/ Prescription</b>	Required	Required	Optional*
<b>Dental</b>	Required	Optional	Optional (If Retiree has dental)
<b>Basic Life</b>	Required	May Port/ Convert-See p. 7	Not Eligible
<b>Optional Life Plans</b>	May Port/ Convert-See p. 7	May Port/ Convert-See p. 7	Not Eligible
<b>Accidental Death &amp; Dismemberment</b>	Not Eligible	Not Eligible	Not Eligible
<b>Vision Hardware</b>	Optional	Optional	Optional (If Retiree has Vision Hardware)
<b>Flexible Spending</b>	Option to prepay for rest of the Plan Year in which you retire- See p. 8	Option to prepay for the rest of the Plan Year in which you retire- See p. 8	Not Eligible
<b>Long Term Disability</b>	Not Eligible	Not Eligible	Not Eligible

\*If you currently have dependents who are covered under your Dental Plan, but not your Medical Plan, you can only add them to your Medical Plan during a Special Enrollment Period or the annual Open Enrollment Period.

### **Dependent Eligibility Upon a Retiree's Death**

When a Retiree passes away the covered surviving spouse/domestic partner and/or child(ren) may only remain covered by the State Plan (as a Survivor) until the spouse or child is eligible for Medicare or another group health plan.

## Life Insurance in Retirement

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### **Non-Medicare Retirees (Under 65)**

Basic Life is required if you stay on the State Plan. However, you are no longer eligible for any of the optional life insurance benefits.

### **Retirees (Over 65)**

If you are over 65 and/or Medicare eligible when you retire or become Medicare eligible after retirement, you are no longer eligible for ANY group life insurance.

### **Portability and Conversion Information**

As you plan for retirement, we strongly recommend you contact The Standard Life Insurance Company at (800) 378-4668 to discuss the portability and conversion options for your current life insurance coverage.

When you lose eligibility for group life insurance coverage you are eligible to port or convert your life insurance coverage to an individual policy with the Standard Life Insurance Company by making application to the Standard. The deadline to apply and pay premium for portability is 31 days after employment terminates. For conversion, the deadline to apply and pay premium is 31 days after coverage was reduced or ended. Please note the termination date for employment may differ from the termination date for coverage.

Portability allows you to “port” (or buy) Group Life Insurance coverage when you lose coverage because your employment is being voluntarily or involuntarily terminated. The portable group insurance coverage offers group term Life, Accidental Death and Dismemberment (AD&D), as well as Dependents Life Insurance.

Conversion allows you to convert some or all of your Group Life coverage to an individual whole Life insurance policy when your coverage is reduced or terminated for any reason other than non-payment of premiums.

To port or convert your life insurance coverage, contact the Standard Life Insurance Company at (800) 378-4668.

## Other Benefits in Retirement

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### **Disability Waiver of Life Insurance Payments**

If you are retiring prior to age 60, and are permanently and totally disabled, you may qualify for waiver of life insurance payments through The Standard. Contact The Standard at (800) 378-4668 for more information.

### **Long Term Disability Coverage**

If enrolled in long term disability, your coverage ends the date you retire.

### **Medical Flexible Spending Account (FSA)**

Your account terminates the end of the month in which contributions have been collected. You have 120-days after the date your account terminates to submit receipts for eligible expenses incurred during the time your account was active. However, you have two options for your medical FSA if you wish to continue accessing your FSA funds for dates of service past your retirement:

- You can pre-pay the remainder of your annual FSA election with your final paycheck on a pre-tax basis. Your FSA funds will continue to be available until the end of the Plan Year in which you retire. (Discuss this option with your agency payroll prior to receiving your final paycheck.)

OR

- If you do not pay the remainder of your annual FSA election from your final paycheck you may be eligible to elect COBRA Continuation Coverage due to the termination of employment. Contact Allegiance at (800) 259-2738 for more information.

### **Dependent Care Flexible Spending Account (FSA)**

Dependent care FSAs will terminate at the end of the month in which you retire and are not eligible to be pre-paid. You have 120-days from the end of the Plan Year to submit receipts for eligible expenses incurred during the Plan Year.

Contact ASI Flex at (800) 659-3035 or visit their website [www.asiflex.com](http://www.asiflex.com) to see your account balances, elections, and types of eligible expenses.

## Payment Options

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You will need to indicate your method of payment when you complete your on-line enrollment. Once your on-line enrollment is completed, your Retiree coverage will be re-instated retroactive to when your employee coverage ended.

### **#1 - Prepayment from Your Final Pay Check**

You may prepay benefit contributions from your final paycheck for any months remaining in the current Plan Year. This option is only available if your final paycheck has not yet been issued. To pre-pay, you must complete and return a Retiree Prepayment Option Form (available from your agency payroll) to your agency payroll before your final pay period ends. Once you have been terminated you will be directed to complete your on-line enrollment for retiree benefits.

### **#2 - Electronic Deduction of Benefit Contributions from a Checking or Savings Account**

Benefit contributions are deducted from your designated account on the 5th of each month. If the 5th falls on a Saturday, payment will be withheld on Friday the 4th. If the 5th falls on a Sunday, payment will be withheld on Monday the 6th.

### **#3 - Automatic Deduction from MPERA or TRS Retirement Benefit**

Contact HCBDB to find out when your first payment can be deducted from your MPERA or TRS retirement benefit. You must self-pay benefit contributions to HCBDB for any months prior to the date MPERA or TRS deductions begin. This option normally takes 60 days to begin.

Billing information is available in the on-line enrollment system. For questions regarding payment options and billing contact the Health Care & Benefits Division.

### **VEBA**

If you will have a VEBA account, you can select any of the options above. With VEBA, you will pay the State Plan for your benefits and VEBA will reimburse you.

## Medicare Eligibility and Enrollment

It is very important Retirees and their spouse/domestic partner and/or dependents covered by the State Plan enroll in Medicare Parts A and B when they become eligible. When you become eligible for Medicare Parts A and B, the State Plan will coordinate your State Plan benefits with the benefits you are eligible for with Medicare. *If you do not enroll in Medicare Parts A and B, the State Plan will pay claims as if you were enrolled, which WILL result in larger out-of-pocket costs for you.*

### **Medicare Retiree Rate**

Your monthly premium contribution amount (see rates on page 17) will automatically be reduced to the Medicare Retiree Rate the first of the month following the date you or your spouse/domestic partner turn 65 and become Medicare eligible.

### **Medicare Part A and B Enrollment Upon Retirement**

If you or your spouse/domestic partner are a) over age 65, b) waived Medicare Parts A and/or B at the time you turned 65 because you were an active employee, and c) plan to elect Medicare Parts A and B now due to retirement, you must act promptly to avoid penalties by Medicare for late enrollment. Contact HCBDB for a letter verifying your State Plan coverage for Medicare purposes.

### **Medicare Part D Coverage**

If you enroll as a State Plan Retiree, you and your spouse/domestic partner and/or dependent's Medicare Part D prescription drug coverage will be provided by the State Plan. If you are enrolled on State Plan coverage, you may NOT purchase Medicare Part D coverage with any other provider. If you enroll in other Medicare Part D coverage, all of your State Plan coverage (medical, prescription, vision, dental, and life) will be terminated.

Please call Navitus Medicare Rx(PDP) for more information:

Medicare Rx Phone: (866) 270-3877

[www.medicarerx.navitus.com](http://www.medicarerx.navitus.com)

## 11 Alternative Coverage - Things to Consider

Many retirees have had State Plan coverage for years and aren't aware of other available options. Much has changed in the health insurance market in the last few years including the cost, benefits, and availability of private and marketplace plans. Please take the time to educate yourself and find the best insurance option for you and your family.

Please note: If you elect to terminate State Plan coverage for any reason, you will not be eligible to return to the State Plan in the future. Once you terminate coverage, you are no longer eligible for the State Plan.

Here are a few things to consider choosing coverage.

- **Premiums:** Coverage sold through the Health Insurance Marketplace (under 65) or Medicare Supplements (over 65) may be less expensive than State Plan coverage.
- **Preexisting conditions:** Non-Medicare (under 65) Retirees CANNOT be denied coverage or charged more for coverage because of preexisting conditions for plans on the Health Insurance Marketplace.
- **Providers:** If you're currently getting care or treatment for a condition, a change in your health insurance may affect your access to a particular health care provider. You should see if your current health care providers will accept any new insurance coverage you consider.
- **Service Areas:** Some plans do not have extensive out of state healthcare provider access. You should check out of state provider access if you travel for extended periods of time. If you move permanently to another area of the country, or out of the country, you will need to inform your insurer immediately and you may need to change your health plan or Medicare supplement coverage. Some health plans available in the Health Insurance Marketplace have narrower provider access, but those plans are often cheaper.

- **Drug Formularies:** If you're currently taking medication, a change in your health insurance may affect the cost of your medication – and in some cases, your medication may not be covered by another insurance plan. Make sure you check if your current medications are listed in the drug formularies for other health insurance coverage.
- **Other Cost-Sharing:** In addition to premiums or contributions for health insurance coverage, be sure to consider copays, deductibles, coinsurance, and other cost sharing amounts when comparing insurance options. Cost sharing can vary significantly among different plans, so you should shop carefully for a plan that fits your health and financial needs. For example, one option may have much lower monthly premiums, but much higher deductible, coinsurance and maximum out of pocket.
- **Out-of-network:** Healthcare services from out-of-network providers may have high cost-sharing. Be aware of how going out-of-network or using non-participating providers or facilities could effect you.



## 13 Alternative Coverage Options Under 65

### **Under 65**

If you are not eligible for Medicare, you may be able to get coverage through the Health Insurance Marketplace that costs less than State of Montana Retiree coverage.

#### **Health Insurance Marketplace**

The Marketplace offers “one-stop shopping” to find and compare most private health insurance options.

You can access the Montana Marketplace at [www.healthcare.gov](http://www.healthcare.gov).

- You might be eligible for a tax credit that lowers your monthly premiums and offers cost-sharing reductions.
- You can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.
- You can learn if you qualify for free or low-cost coverage from Medicaid.

#### **Eligibility**

Being offered State Plan Retiree coverage won't limit your eligibility for coverage or for a possible tax credit through the Health Insurance Marketplace. However, you must dis-enroll from the State Plan before you begin to receive premium tax credits.

You should consult with an insurance professional (see next page) about this process.



## Contact an Expert for FREE

Insurance professionals available to assist w/alternative coverage options include:

- *Certified Insurance Agents* or Certified Exchange Producers (CEPs) are registered Montana Insurance Agents who have taken special training to understand the Health Insurance Marketplace. CEPs are found throughout the state.
- *Certified Application Counselors (CACs)* are health care provider staff who have been trained to help people understand, apply for and enroll in insurance coverage through the Health Insurance Marketplace. You will find these individuals in hospitals and community health centers throughout the state.
- *Navigators* are public advisors who help people compare the health insurance options on the Health Insurance Marketplace website. Navigators have taken Federal and State training and have been fingerprinted and undergone a Montana background check.

**Note: You should consult only with insurance professionals who are certified by the Montana Insurance Commissioner.**

A list of these experts can be found at:

**Web:** [www.montanahealthanswers.com/talk-to-a-human/](http://www.montanahealthanswers.com/talk-to-a-human/)

Scroll down to see contact lists for Navigators, CACs, and Certified Insurance Agents in your area.

**Call:** The Office of the Commissioner of Securities and Insurance (800) 332-6148

## 15 Alternative Coverage Options Over 65

### Over 65

If you are over 65 and/or eligible for Medicare, you do not qualify for a plan on the Health Insurance Marketplace, but you might want to consider Medicare Supplemental Insurance or Medicare Advantage Plans.

#### Contact an Expert for FREE

The Montana State Health Insurance Assistance Program (SHIP) is a FREE health-benefits counseling and advocacy service for Medicare beneficiaries and their families or caregivers.

Its mission is to educate, advocate FOR, counsel and empower people to make informed benefit decisions. You may also consult with a Certified Insurance Agent who is trained in Medicare supplement or Medicare advantage plans.

**Call:** (800) 551-3191

**Web:** [www.dphhs.mt.gov/sltc/aging/ship.aspx](http://www.dphhs.mt.gov/sltc/aging/ship.aspx)



### **What if I sign up for the State Plan in retirement, but later decide to enroll in a different plan?**

If you would like to leave the State Plan, you must contact HCBD prior to the 1st of the month in which you would like your coverage to end.

Phone: (800) 287-8266

Email: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

Address: Health Care & Benefits Division (HCBD)

PO Box 200130

Helena, MT 59620-0130

### **What if I leave the State Plan but later want to come back?**

Retirees who leave the State Plan after January 1, 2017, will not have an opportunity to re-enroll at a later date. Once a Retiree terminates State Plan coverage, they are no longer eligible for State Plan coverage.

### **What if I'm in a VEBA?**

The Affordable Care Act (ACA) regulations state participation in a VEBA may potentially disqualify participants from becoming eligible for a premium tax credit to purchase qualified health insurance from the Health Insurance Marketplace. If you are a State of Montana VEBA participant, please contact the State of Montana's VEBA administrator, Rehn & Associates, at (800) 872-8979 to inquire about your options.

## Benefit Costs

### Non-Medicare (Under 65) Retiree Medical Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Retiree Only	\$1,231	up to \$30 off
Non-Medicare Retiree & Non-Medicare Spouse	\$1,737	up to \$60 off
Non-Medicare Retiree & Medicare Spouse	\$1,436	up to \$60 off
Non-Medicare Retiree & Children	\$1,477	up to \$30 off
Non-Medicare Retiree, Non-Medicare Spouse & Child(ren)	\$1,777	up to \$60 off
Non-Medicare Retiree, Medicare Spouse & Child(ren)	\$1,651	up to \$60 off

### Medicare (Over 65) Retiree Medical Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Medicare Retiree Only	\$448	up to \$30 off
Medicare Retiree & Non-Medicare Spouse	\$1,019	up to \$60 off
Medicare Retiree & Medicare Spouse	\$781	up to \$60 off
Medicare Retiree & Children	\$733	up to \$30 off
Medicare Retiree, Non-Medicare Spouse, & Child(ren)	\$1,066	up to \$60 off
Medicare Retiree, Medicare Spouse & Child(ren)	\$800	up to \$60 off

### Retiree Dental and Vision Hardware Plan Rates

	Dental	Vision Hardware
Retiree Only	\$41.10	\$7.64
Retiree & Spouse	\$62.50	\$14.42
Retiree & Children	\$61.00	\$15.18
Retiree & Family	\$70.00	\$22.26

### Basic Life Insurance

Non-Medicare (Under-65) Retirees must also pay \$1.90/month for Basic Life Insurance Coverage.

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



# 2019 INCENTIVE

Earn \$30 per month off your 2020 benefit contribution! Get **2X** the incentive if a covered spouse/domestic partner also participates.



You must complete **ALL THREE ACTIVITIES** between November 1, 2018 and October 31, 2019 to earn ANY incentive.

**NOTICE**

## ACTIVITIES CHECKLIST

### HEALTH SCREENING

Have a State-sponsored health screening. Appointments are subject to availability. Make an appointment at [www.carehere.com](http://www.carehere.com) or call (855) 200-6822.

### NICOTINE FREE

Nicotine testing is NOT included as part of your State-sponsored health screening! Self-report if you are nicotine free or have completed an alternative at [www.myactivehealth.com/som](http://www.myactivehealth.com/som).

If you use nicotine and need an alternative to complete this portion of the incentive, you must complete and self-report one of two alternatives:  
 - A nicotine cessation program; or  
 - A nicotine education session with your primary care provider.

### NEXT STEP ACTIVITY

Complete an eligible activity and self-report it at [www.myactivehealth.com/som](http://www.myactivehealth.com/som) by October 31, 2019.

★ **HAVE ALL THREE CHECKED?** To make sure you've earned \$30 off per month, check your status at [www.myactivehealth.com/som](http://www.myactivehealth.com/som).



### CHECK YOUR STATUS

[www.myactivehealth.com/som](http://www.myactivehealth.com/som)

Click the "My Rewards" tab. Health screenings take a month to appear after you've completed your screening.

Self-report Next Step and Nicotine Free status or alternatives any time. Call (855) 206-1302 for help with the MyActiveHealth site.

For more information about Live Life Well Incentives or for instructions for self-reporting visit [www.benefits.mt.gov/incentive](http://www.benefits.mt.gov/incentive).

*New employees who begin after October 15, 2019 are not eligible to participate in the 2019 Incentive Program.*

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 (HCBDB) as soon as possible at 800-287-8266 or email [livelifewell@mt.gov](mailto:livelifewell@mt.gov). We will work with you (and if you wish, your doctor) to design a program with the same incentive that is right for you.

We will maintain the privacy of your personally identifiable health information. Medical information that personally identifies you and that is provided through the incentive program will not be used to make decisions regarding your employment. Your health information shall only be disclosed to carry out specific activities related to the incentive program (such as responding to your request for a reasonable accommodation). You will not be asked or required to waive the confidentiality of your health information to participate or to receive an incentive. Anyone who receives your information for purposes of providing you services through the incentive program will abide by the same confidentiality requirements.

We securely maintain all electronically stored medical information we obtain through the incentive program, and will take appropriate precautions to avoid a data breach. If a data breach does occur involving information you provided to us for the incentive program, we will notify you immediately.

A copy of the Plan's privacy notice is available on the HCBDB website or by going to <http://benefits.mt.gov/Portals/59/Documents/hipaa%20notice.pdf>.

## 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
- Non-Medicare Retirees - Use of all Montana Health Centers at no cost (see page 24)
- Medicare Retirees - Use of Montana Health Centers ONLY for flu shots and State-sponsored health screenings (see page 24)

### Third Party Administrator

Alliance 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



**HEALTH CARE &  
BENEFITS DIVISION**

**1-800-287-8266**

**[www.benefits.mt.gov](http://www.benefits.mt.gov)**

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



**1-855-999-1057**

**[www.askallegiance.com/som](http://www.askallegiance.com/som)**

- Claims/Billing
- Participating Providers
- Online Account Information
- What's Covered
- Pre-Certification/Pre-Treatment Review
- Case Management
- Appeals

### Eligibility

For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Documents available at [www.benefits.mt.gov](http://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](http://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](http://www.benefits.mt.gov).

## Transparent Pricing

Providers and medical facilities are either participating or non-participating.

### **Check Your Provider/Facility Before You Go!**

[www.askallegiance.com/som](http://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 31.

## Cost Sharing for Participating and In-State Non-Participating\*\*

Montana Health Center	\$0 Copay
Primary Care Office Visit	\$25 Copay
Specialist Office Visit	\$35 Copay
Urgent Care Office Visit	\$35 Copay
Deductible (Counts towards Max Out-of-Pocket)	\$1,000 per member per Plan Year
Benefit % (What the plan pays after you meet your deductible. Counts towards Max Out-of-Pocket.)	75% after deductible is met 100% after Max Out-of-Pocket is met
Max Out-of-Pocket	\$4,000/member \$8,000/family

## **\*\*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 20 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 WPD.

Annual Deductible (Counts towards Max Out-of-Pocket)	\$1,500 per member per Plan Year (This is separate from the \$1,000 deductible on page 20.)
Benefit % (What the plan pays after you meet your deductible.) Balance bill does not count towards Max Out-of-Pocket.	65% + balance billing
Max Out-of-Pocket	\$4,950/member + balance billing \$10,900/family + balance billing (These are separate from annual Max Out-of-Pockets shown on page 20.)

## Prescription Drug Plan

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.

	<b>Retail Network Pharmacy (34-days) or Out-of-Network Pharmacy (10-days)</b>	<b>Retail Network or Mail Order Pharmacy (90-days)</b>
<b>\$0 Preventive products*</b>	\$0 Copay	\$0 Copay
<b>Tier 1</b> - Preferred generics and some lower cost brand products	\$15 Copay	\$30 Copay
<b>Tier 2</b> - Preferred brand products (may include some high cost non-preferred generics)	\$50 Copay	\$100 Copay
<b>Tier 3</b> - Non-preferred products (may include some high cost non-preferred generics)	50% Coinsurance (does not apply to Maximum Out-of-Pocket)	50% Coinsurance (does not apply to Maximum Out-of-Pocket)
<b>Tier 4</b> - Specialty products	<b>Preferred Specialty Pharmacy</b> \$200 Copay	<b>Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy</b> 50% Coinsurance (does not apply to Maximum Out-of-Pocket)
<b>Tier 4</b> - Specialty products (Medicare eligible Retirees)	<b>Preferred Specialty Pharmacy</b> \$50 Copay	<b>Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy</b> 50% Coinsurance (does not apply to Maximum Out-of-Pocket)

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

### Prescription Max Out-of-Pocket

Separate from Medical Max Out-of-Pocket (see Medical Plan Cost Sharing on pages 20 and 21).

- \$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](http://www.pharmacy.costco.com)
- MiRx (866) 894-1496 [www.mirxpharmacy.com](http://www.mirxpharmacy.com)
- Ridgeway (800) 630-3214 [www.ridgewayrx.com](http://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

Commercial Phone: (866) 333-2757

Web: [www.navitus.com](http://www.navitus.com)

Medicare Rx Phone: (866) 270-3877

Web: [www.medicarerx.navitus.com](http://www.medicarerx.navitus.com)



## Montana Health Centers

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Anaconda, Billings, Butte, Helena, Missoula



Visit

[www.healthcenter.mt.gov](http://www.healthcenter.mt.gov)

Learn all about the Montana Health Centers:  
services, hours of operation, provider bios and more!

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 Center for flu shots and State-sponsored health screenings.**

### Services

Primary care services including treatment for colds, flus, infections, minor stitches, strains, sprains, wound care, asthma, cardiovascular disease, chronic kidney disease, chronic stress, pre-diabetes, diabetes, gastroesophageal reflux disease, high blood pressure, specialized diets, tobacco cessation 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. You can also make appointments using the CareHere App. It's free. Find it by searching "CareHere" in your App stores.



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](http://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.



**(866) 496-2370**

**[www.deltadentalins.com/stateofmontana](http://www.deltadentalins.com/stateofmontana)**

Claims/Billing  
Cost Estimates  
In-network Providers  
Online Account Info.

### 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.

<b>Services</b>	<b>% Plan pays after Deductible is met up to Maximum Amount</b>
Diagnostic & Preventive Benefits*	100%
Basic Benefits**	80%
Major Benefits**	50%
Implant Benefits	50%

<b>Deductibles</b>	
Per Enrollee per Calendar Year	\$50
Per Family per Calendar Year	\$150
<b>Maximum amount plan pays per member</b>	
Per Calendar Year	\$1,800
Lifetime for Implant Benefits	\$1,500

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

\*\*For details including what is covered under Basic and Major Benefits see the dental section of the WPD at [www.benefits.mt.gov](http://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.

## 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.



**Cigna Vision**  
**(877) 478-7557**

**[stateofmontana@cigna.com](mailto:stateofmontana@cigna.com)**

**[www.cigna.vsp.com](http://www.cigna.vsp.com)**

Check to make sure BOTH your eye doctor and the store where you purchase your hardware are participating.

## Eligibility

Employees, Retirees, Legislators, COBRA participants, and eligible spouse/domestic partners and child(ren) covered on the Medical Plan.

## Vision Hardware Cost Sharing

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

**\*\*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 charges 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.

## Basic Life Insurance

Core benefit for non-Medicare eligible Retirees only.  
\$1.90/month=\$14,000 of term-life coverage

Basic Life provides \$14,000 of term-life coverage. It is available to non-Medicare Retirees under age 65 who elect to continue State Plan coverage into retirement.

The life insurance plan is term life, meaning it provides inexpensive protection but does not earn cash value.

Portability and conversion coverage may be available if requested when coverage ends. See page 7 for additional information.

The Basic Life Insurance benefit may not provide enough life insurance coverage at retirement. Choosing other life insurance is important if you want post-employment protection at a higher amount.

For complete details about the Basic life plan, refer to the life plan Summary Plan Document (SPD) at [www.benefits.mt.gov](http://www.benefits.mt.gov).



**The Standard**  
(800) 759-8702  
[www.standard.com](http://www.standard.com)

# HIPAA Notice

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## STATE OF MONTANA HIPAA NOTICE OF PRIVACY PRACTICES

The State of Montana HIPAA Notice is available on our website [www.benefits.mt.gov](http://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](mailto:benefitsquestions@mt.gov)
- Address: Health Care & Benefits Division  
PO Box 200130  
Helena, MT 59620-0130

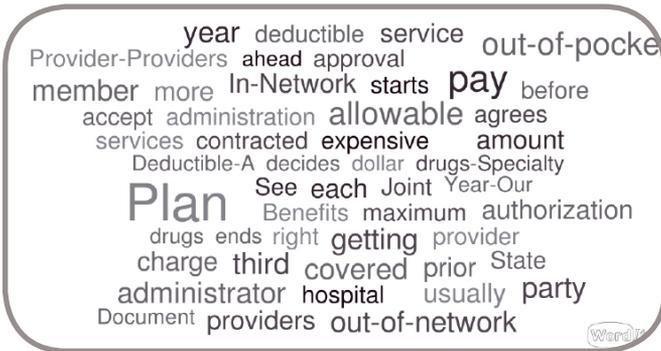
Copies of the HIPAA Notice are also available at 100 North Park Avenue, Suite 320, Helena, MT 59601. You may request the Notice by calling the Health Care & Benefits Division or sending a request by email to the above address.

### 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.

## 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.

**Grandfather Month** - If you were hired before August 1, 1998 and have had no lapse in service, 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 page 20 and 22 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

**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 Plan** - The self-funded State of Montana Benefit Plan.

# Language Assistance and Non-Discrimination Statement

## Language Assistance – General Taglines

*State of Montana is required by federal law to provide the following information.*

لار جیسا تفاهکیم: 1-855-999-1062 (رقم) 1063-999-855 قیبر صتلا. نجمالبا لدر فار تده فورلا عد صال تامد فین، تعلا کرا ذا شتخ نکت الذا: تعلمولم

**注意：** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-999-1062 ( TTY : 1-855-999-1063)

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-855-999-1062 (TTY: 1-855-999-1063).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-999-1062 (TTY: 1-855-999-1063).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-999-1062 (ATS: 1-855-999-1063).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-999-1062 (TTY: 1-855-999-1063).

**注意事項：** 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-999-1062 (TTY: 1-855-999-1063) まで、お電話にてご連絡ください。

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телегайн: 1-855-999-1063).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-999-1062 (TTY: 1-855-999-1063).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-999-1062 (TTY: 1-855-999-1063).

## **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 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](mailto: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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## HEALTH CARE & BENEFITS DIVISION

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

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

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

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PRESCRIPTIONS AND CUSTOMER SERVICE  
Commercial Phone: (866) 333-2757, [www.navitus.com](http://www.navitus.com)  
Medicare Rx Phone: (866) 270-3877, [www.medicarerx.navitus.com](http://www.medicarerx.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

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

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VISION SERVICE PROVIDERS AND HARDWARE COVERAGE  
Phone: (877) 478-7557  
Web: [www.askallegiance.com/som](http://www.askallegiance.com/som) "Vision" under "Benefits" Tab

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FLEXIBLE SPENDING  
Phone: (800) 659-3035 Fax: (877) 879-9038  
Email: [asi@asiflex.com](mailto:asi@asiflex.com)  
Web: [www.asiflex.com](http://www.asiflex.com)

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The Standard®  
Positively different.

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

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