A Message from DOA Director Sheila Hogan

Dear Members of the State Employee Benefit Plan,

As you know, health care costs around the country continue to rise. The Health Care and Benefits Division (HCBD) is working hard to control costs of our self-funded plan in many ways such as looking at new ways to cut medical costs on high dollar claims and piloting new programs to save money on prescriptions, but HCBD needs your help.

I hope you join me in taking these steps to better health:
• If you live near a Montana Health Center, make one of their providers your “regular doctor.”
• Use participating doctors, facilities and dentists.
• Consider switching to a mail-order pharmacy if you take a medication regularly.
• Live Life Well by participating in wellness programs and challenges offered by the State.
• If you’re retired or plan to do so soon, consider alternative coverage options like the Health Care Marketplace (under 65) or Medicare supplement options (over 65.) These options may result in cost savings to you.

Following these tips can save you money and help curb the State Plan costs.

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

Yours in good health,

Sheila Hogan, Director
Department of Administration
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4 How to Enroll In Benefits

Log Into the MINE Site
2. Click Employee Self Service.
3. Click Montana Welcome Page.
4. Watch the videos and follow the on screen instructions.

To access MINE from home:
2. Click on the MINE Employee Self Service Portal.
3. Follow the directions above for access from MINE.
The State of Montana Benefit Plan (State Plan) is self-funded. This is different than traditional insurance that you may have had in the past.

**Traditional Insurance**

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

**Our Self-Funded State Plan**

Your State Plan coverage is paid for by your monthly contributions and taxpayer funded State Share. The State:
- Decides what’s covered in accordance with state and federal law;
- Sets the monthly rates and out-of-pocket costs; and
- Carries the liability for all 33,000 members of the State Plan.

**Our Third-Party Administrators (TPAs) and Vendors**

With 33,000 members state-wide, the State Plan needs a little help. That’s why we contract with outside companies to process claims. 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
- MedImpact - URx - Prescriptions

We also contract with a few other companies:
- CareHere manages the Montana Health Centers.
- The Standard provides fully insured life, accidental death and dismemberment and long term disability insurance options.
- Costco Mail Order Pharmacy & Ridgeway Mail Order Pharmacy for prescriptions.

**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) and
- Visiting www.benefits.mt.gov on a regular basis; and
- Taking good care of your health by engaging in Live Life Well programs.

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Initial Enrollment Period
Enroll within 31 days of your date of hire in order to take full advantage of all the benefits available to you. Your coverage is effective on your date of hire. Flexible spending accounts become effective on a different date. See page 26 for details.

Late Enrollment
If you waive coverage or do not enroll within 31 days of your date of hire, you may be able to join the State Plan at a later date, but you will only be eligible for Core Benefits for yourself. You will not be able to add a spouse or dependents to the plan or elect optional benefits without a special enrollment. If you enroll after the first 31 days of your date of hire, the effective date of coverage will not be retroactive to your hire date.

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

Optional Benefits
- Medical and/or dental coverage for spouse/domestic partner or dependents*;
- Vision hardware coverage;
- Additional life insurance for you and/or your spouse/domestic partner or dependents;
- Long-Term Disability (LTD) coverage;
- Accidental Death & Dismemberment (AD&D) coverage; and
- Flexible spending accounts for medical and/or dependent care.

*Proof of Eligibility
If you want to add a spouse/domestic partner, or dependent(s) to the State Plan, you must provide proof of their eligibility. See page 8 for details.
State Share
The State contributes $976/month per employee to defer the cost of your benefit payment/contribution.

Paying for Coverage
State Share may not cover all your benefit costs. Any extra cost is automatically deducted from your pay. You start owing your benefit payment the day your coverage begins. If you submit your benefit choices within 31 of your date of hire, but after your first pay period you’ll see two pay periods worth of payments come out of your second paycheck. After that, the payments will be distributed evenly.

Tax Information
Most of your benefit payments will be deducted pre-tax out of your paycheck with the exception of the following:
• Dependent life insurance coverage;
• Supplemental spouse life insurance coverage;
• Employee life coverage over $50,000; and
• Long Term disability insurance coverage.

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

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

Summary Plan Documents (SPDs)
Details of all aspects of the plan including what’s covered, eligibility, special enrollments, and enrollment may be found in the SPDs on our website www.benefits.mt.gov or by request.

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Proof of Eligibility Documentation

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

Spouse
• A copy of your marriage certificate; or
• A copy of the front page of your tax return showing your tax filing status as “married” (you may black out any financial information); or
• A copy of your recorded and notarized Affidavit of Common Law Marriage (available on the HCBD website at http://benefits.mt.gov/forms).

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

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

Stepchildren
• Required documentation listed above for Domestic Partner or Spouse, if individual is not enrolled; AND
• A copy of your stepchild’s/stepchildren’s birth certificate(s), adoption order, pre-adoption order; or
• A copy of a court-ordered parenting plan, custody agreement or legal guardianship.

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

**Spouse/Dependents**

Payments for qualified spouse/dependent coverage on the State Plan will be deducted from your pay pre-tax.

**Domestic Partner**

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

---

**FLOWCHART FOR DEPENDENT STATUS OF A DOMESTIC PARTNER**

- **START HERE**
  - Is your Domestic Partner your spouse for purposes of federal tax law? (See Flowchart for Eligibility of a Dependent Spouse)
  - **YES** → The person is not your tax dependent for purposes of these plans.
  - **NO**
    - Is your Domestic Partner a member of your household who shares your principal place of abode? (Note that your Domestic Partner is not a member of your household if your relationship with your Domestic Partner violates local law)
    - **NO** → The person is not your tax dependent for purposes of these plans.
    - **YES** → The person is not your tax dependent for purposes of these plans.

- Will you provide over ½ of your Domestic Partner’s support for the calendar year?
  - **NO** → The person is not your tax dependent for purposes of these plans.
  - **YES**
    - Is your Domestic Partner a Qualifying Child of any other taxpayer?
      - **NO** → The person is not your tax dependent for purposes of these plans.
      - **YES** → The person is not your tax dependent for purposes of these plans.

- Is your Domestic Partner a citizen, national or resident of the U.S. or a resident of Canada or Mexico?
  - **NO** → The person is not your tax dependent for purposes of these plans.
  - **YES** → The person is your tax dependent for purposes of these plans.

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

- If your Domestic Partner is not your tax dependent for purposes of these plans, then you should put a check in the box next to “No” on the Declaration of Tax Status form.
The following explanations are to help you understand the terms in this book and do not replace the definitions found in the Summary Plan Documents. The definitions in the Summary Plan Documents govern the rights and obligations of the State Plan and Plan Members.

**Annual Change** - A period each fall in which you have the opportunity to make changes to your State Plan options. These changes take effect January 1 of the following year.

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

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

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

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

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

**Joint Core** - If you and your spouse both work for the State and have at least one dependent enrolled on the State Plan, you can elect to be Joint Core. Your family shares 1 family maximum out-of-pocket.

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Out-of-Pocket Maximum - The out-of-pocket maximum is the most you’ll have to pay for covered services in a Plan Year. See page 14-15 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.

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

Plan Member - Anyone covered on the State Plan including employees, legislators, retirees, COBRA members, and eligible spouse/domestic partner and/or dependents.

Plan Year - The Plan year starts January 1 and ends December 31 each year regardless of when you were hired.

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.

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.


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

**For Employees and Legislators**

<table>
<thead>
<tr>
<th>Core Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plan (Rates on page 15)</td>
<td>$_______ (a)</td>
</tr>
<tr>
<td>Dental Plan (Rates on page 22)</td>
<td>$_______(b)</td>
</tr>
<tr>
<td>Basic Life Insurance of $14,000 (page 28)</td>
<td>$1.90 (c)</td>
</tr>
<tr>
<td>Total Core Benefits Contribution</td>
<td>Add lines a, b, and c = $_______ (d)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Spending Accounts (FSA) (page 26)</td>
<td>Medical FSA $_______(e)</td>
</tr>
<tr>
<td></td>
<td>Dependent Care FSA $_______(f)</td>
</tr>
<tr>
<td>Flex Administrative Fee (page 27)</td>
<td>$_______(g)</td>
</tr>
<tr>
<td>Flex Debit Fee (page 27)</td>
<td>$_______(h)</td>
</tr>
<tr>
<td>Vision Hardware (Rates on page 24)</td>
<td>$_______(i)</td>
</tr>
<tr>
<td>Life Insurance (Rates on page 28)</td>
<td>Dependent Life $_______(j)</td>
</tr>
<tr>
<td></td>
<td>Optional Employee Life $_______(k)</td>
</tr>
<tr>
<td></td>
<td>Supplemental Spouse $_______(l)</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment (Rates on page 28)</td>
<td>$_______(m)</td>
</tr>
<tr>
<td>Long Term Disability (LTD) (page 30)</td>
<td>$_______(n)</td>
</tr>
<tr>
<td>Optional Benefits Contribution Total</td>
<td>Add lines e, f, g, h, i, j, k, l, m, and n = $_______(o)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Benefits</td>
<td>Enter amount from line d $_______(p)</td>
</tr>
<tr>
<td>Optional Benefits</td>
<td>Enter amount from line o $_______(q)</td>
</tr>
<tr>
<td>Total Benefits</td>
<td>Add lines d and q $_______(r)</td>
</tr>
<tr>
<td>State Contribution</td>
<td>$976(s)</td>
</tr>
</tbody>
</table>

**Member’s Total Monthly Costs for 2016 Benefits**

Subtract line s from line r $__________

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

- Earn up to $30/month off your 2017 benefit payment by completing the following activities between November 1, 2016 and October 31, 2017.
- Double your discount and earn up to $60/month if you and your covered spouse/domestic partner complete the incentive program.
- New employees who begin after October 15, 2016 are not eligible to participate in the 2017 Incentive Program.

Make an account at [www.myactivehealth.com/som](http://www.myactivehealth.com/som) to report your incentive activities and track your discount!

$5 Health Screening Discount
Have a State-sponsored health screening with CareHere by Oct. 31, 2016.

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

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

$15 Next Steps Discount
Complete an eligible activity related to your health screening results.
- See [www.benefits.mt.gov/discount](http://www.benefits.mt.gov/discount) for details.

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

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

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

Monthly Cost
The amount required for Core Benefits will be subtracted from the State Share ($976) to see what, if any, cost the Plan Member will pay per month.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$963</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$1,183</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$1,034</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$1,260</td>
</tr>
<tr>
<td>Joint Core</td>
<td>$995</td>
</tr>
</tbody>
</table>

Plan Includes
- One eye exam per Plan Member per Plan Year with a $10 copay at a participating provider
- Prescription Drug Coverage
- Use of all Montana Health Centers at no cost see page 20

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

Questions
1-800-287-8266
www.benefits.mt.gov
- Eligibility-Who’s Covered
- Mid-year Changes
- Annual Change
- Pay Deductions
- Live Life Well Incentive

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

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

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) 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.

Cost Sharing

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

In-State Non-Participating
In-State Non-Participating providers and facilities have chosen not to sign a contract with Allegiance. If you use non-participating facility or provider in Montana, you pay the cost sharing shown above 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.)

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Out-of-State Non-Participating
If you go out-of-state and use a non-Cigna provider/facility, the cost sharing is as follows:

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

| 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 16) |
| 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 16.) |

Prescriptions
There is separate cost sharing for prescriptions, including a separate max out-of-pocket. See page 18-19 for more details.

| What You Pay |
| Annual URx Max Out-of-Pocket | $1,800/member $3,600/Family |

For complete details about State Plan medical coverage, refer to the Summary Plan Document (SPD) at www.benefits.mt.gov.

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

URx
URx is your prescription drug benefit. It is administered by MedImpact. You are automatically enrolled in URx when you enroll in the Medical Plan.

Drug Tiers
Look up the tier of your drug at: https://mp.medimpact.com/mtn.

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Deductible</th>
<th>Retail Rx 30 day supply What you pay</th>
<th>Mail Rx 90 day supply What you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$0</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>B</td>
<td>$0</td>
<td>$15 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>C</td>
<td>$0</td>
<td>$50 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>D*</td>
<td>$0</td>
<td>50%**</td>
<td>50%**</td>
</tr>
<tr>
<td>F*</td>
<td>$0</td>
<td>100%**</td>
<td>100%**</td>
</tr>
<tr>
<td>Specialty</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Diplomat-$150 or $250 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacy other than Diplomat-50% coinsurance**</td>
<td></td>
</tr>
<tr>
<td>Specialty NC</td>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

*If your drug is a D or F, call URx Ask A Pharmacist at (888) 527-5879 for lower cost alternatives.
**Does not count toward your out-of-pocket maximum.

Max Out-of-Pocket
There is separate max-out-of-pocket for prescriptions.

<table>
<thead>
<tr>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual URx Max Out-of-Pocket</td>
</tr>
<tr>
<td>$1,800/member</td>
</tr>
<tr>
<td>$3,600/Family</td>
</tr>
</tbody>
</table>
SAVE BIG with Mail Order Pharmacies
You can get a three month supply of some medication for the price of two months!
The State Plan pays less for many medications through mail order pharmacies, Costco Mail Order Pharmacy and Ridgeway Mail Order Pharmacy. We pass those savings on to you by reducing your copay.
• Costco (You do NOT need to be a Costco member) (800) 607-6861
• Ridgeway (800) 630-3214

Specialty Pharmacy
Diplomat Specialty Pharmacy is the State Plan’s preferred pharmacy to handle specialty medications (drugs that require special administration). Using a pharmacy other than Diplomat for specialty medications could cost significantly more and does not accumulate toward your prescription annual max out-of-pocket.
• Diplomat Specialty Pharmacy (877) 319-6337

URx Ask-a-Pharmacist program
(888) 527-5879
Monday - Friday 8am - 5pm
Drug Tiers
Alternative Medications
Drug Interactions
And More!

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Montana Health Centers
Anaconda, Billings, Butte, Helena, Miles City, Missoula

Visit
WWW.HEALTHCENTER.MT.GOV
Learn all about your Montana Health Center:
Services, hours of operation, provider bios and more!

The Montana Health Centers offer the same kinds of services you’d find at your regular doctor’s office and more, all at no-cost to you and a much lower cost to our self-funded State Plan!

Who Can Use Montana Health Centers
Active employees and non-Medicare retirees and their spouse/domestic partners and their dependents age two and older who are covered on the State Plan may receive all available services at any Montana Health Center location. Medicare retirees may only use the Health Center for flu shots and health screenings.

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

Appointments
Visit www.carehere.com or call (855) 200-6822.
The first time you go to www.carehere.com, you will need to register. The system will ask you for your code. The code is MANA9.

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Well-Being Services

Live Life Well and the Montana Health Centers partner to offer many lifestyle and condition management programs. Some programs offer co-payment reductions on applicable medications for participating members.

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

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

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

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

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

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

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

Monthly Cost
The amount for Core Benefits will be subtracted from the State Share ($976) to see what, if any, cost the Plan Member will pay per month.

<table>
<thead>
<tr>
<th></th>
<th>Premium Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member only</td>
<td>$41.10</td>
</tr>
<tr>
<td>Member &amp; Spouse</td>
<td>$62.50</td>
</tr>
<tr>
<td>Member &amp; Child(ren)</td>
<td>$61</td>
</tr>
<tr>
<td>Member &amp; Family</td>
<td>$70</td>
</tr>
<tr>
<td>Joint Core</td>
<td>$48</td>
</tr>
</tbody>
</table>

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 what’s covered.

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.

$$ Angebot Netzwerkzahnarzt
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.

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

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

### Services

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

### Deductibles

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

### Maximum amount plan pays per member

<table>
<thead>
<tr>
<th>Per Calendar Year</th>
<th>$1,800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime for Implant Benefits</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

*Diagnostic and Preventive Benefits are not subject to the deductible.
**For details including what is covered under Basic and Major Benefits see the Dental SPD at www.benefit.mt.gov or call Delta Dental (866) 496-2370.

### Eligibility

Employees, legislators, retirees*, COBRA members, and eligible spouse/domestic partners and dependents.

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

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

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

Monthly Cost

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Only</td>
<td>$7.64</td>
</tr>
<tr>
<td>Member &amp; Spouse</td>
<td>$14.42</td>
</tr>
<tr>
<td>Member &amp; Child(ren)</td>
<td>$15.18</td>
</tr>
<tr>
<td>Member &amp; Family*</td>
<td>$22.26</td>
</tr>
</tbody>
</table>

Joint Core Vision Hardware
*If you are Joint Core and want Vision Hardware coverage for yourself and your family, the primary Joint Core member will elect Member & Family Coverage at the Member & Family Rate.

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

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

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

### BENEFIT HIGHLIGHTS

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Plan will pay 100% after any copayment,</td>
<td>The plan will reimburse you at 100%, subject to any maximum shown below</td>
</tr>
<tr>
<td></td>
<td>subject to any maximum shown below</td>
<td></td>
</tr>
<tr>
<td><strong>Examinations</strong></td>
<td>$10 Copay</td>
<td>$45</td>
</tr>
<tr>
<td>One Eye Exam every</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses &amp; Frames</strong></td>
<td>$20 Copay*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Note: Lenses &amp; Frames Copay does not apply to Contact Lenses</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One pair per Plan Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>instead of contacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>100%</td>
<td>$40</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>100%</td>
<td>$65</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>100%</td>
<td>$75</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>100%</td>
<td>$100</td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>100%</td>
<td>$75</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One benefit per Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year instead of Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or lenses and frames.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>100% up to $130</td>
<td>$115</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>100%</td>
<td>$210</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One pair in any 2</td>
<td>100% up to $130</td>
<td>$71</td>
</tr>
<tr>
<td>Calendar Years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Flexible Spending Accounts (FSA)

Visit www.allegianceflexadvantage.com for full details.

You must RE-ENROLL each year for FSA!

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

**Medical FSA**

- Annual maximum contribution per employee $2,550.
- $500 may be rolled from year to year. Visit www.benefits.mt.gov/Flexible-Spending/Rollover to learn all the details.
- May be used for eligible MEDICAL EXPENSES for yourself, your spouse/domestic partner, and your dependents.
- Eligible expenses include: deductibles, copays, benefit percentage, prescription drug costs, dental and vision expenses, non-covered medical expenses. See a complete list by visiting www.allegianceflexadvantage.com.
- Entire yearly contribution may be used starting on your FSA effective date.

**Dependent Care FSA**

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

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

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

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

Other Info
- $120/year minimum contribution for both types of FSAs
- $2.26/month fee for one or both types of FSAs
- You will have until April 30th of next year to submit claims to Allegiance for this year’s expenses.

FSA Reimbursement Options
Traditional—File claims with Allegiance by fax, mail or securely through the Allegiance website. You can do this even if you elect joint processing or the debit card.

Debit Card - $1/month fee
Used just like a regular debit card for any qualified medical expense. You are responsible for keeping all receipts in case you are audited. If you select the debit card:
• You may use it for both Medical and Dependent Care if you have both; and
• You may always file paper forms.

If you select the debit card, you are not eligible for joint processing.

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

If you select joint processing, you are not eligible for the debit card reimbursement option.


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

Fully insured and administered by TheStandard insurance company.

- Plans are term life.
- They provide inexpensive protection but do not earn any cash value.
- A member may carry all life Plans until separation from employment. At separation, contact The Standard for conversion or portability options.
- At retirement, only Plan A—Basic Life—may be continued until age 65 or Medicare eligible.

Eligibility

Basic Life Insurance is a required Core Benefit for all active employees, legislators, and non-Medicare retirees on the State Plan. Optional life insurance and Accidental Death & Dismemberment Insurance are available for employees, spouses, and dependents. Refer to the SPD for more information on eligibility.

During Annual Change you may:

- Delete Plans B, C, D, and E;
- Decrease coverage in Plan C down to your annual salary, rounded to the next highest $5,000 increment;
- Apply for, increase or decrease coverage under Plans C and D;
- Add, increase or decrease Plan E.

<table>
<thead>
<tr>
<th>Plans</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A: Basic Life</td>
<td>$1.90 per month</td>
</tr>
<tr>
<td>Plan B: Dependent Life</td>
<td>$0.52 per month</td>
</tr>
<tr>
<td>Plan C: Employee Life</td>
<td>(every $1,000 of coverage) x (Age Rate*)</td>
</tr>
<tr>
<td>Plan D: Spouse Life</td>
<td>(every $1,000 of coverage) x (Age Rate*)</td>
</tr>
<tr>
<td>Plan E: AD&amp;D Employee only</td>
<td>$0.020 / $1,000 of coverage</td>
</tr>
<tr>
<td>AD&amp;D Employee plus dependents</td>
<td>$0.030 / $1,000 of coverage</td>
</tr>
</tbody>
</table>

*Age Rates* for Plans C & D Based on employee’s age on the last day of the month that contributions are paid. The first payment after the employee’s birthday will reflect the new rate.

0-29=$0.025, 30-34=$0.042, 35-39=$0.067, 40-44=$0.084, 45-49=$0.126, 50-54=$0.193, 55-59=$0.361, 60-64=$0.554, 65+=$0.823

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Plan A – Basic Life
Required Core Benefit for state employees on the State Plan
• $1.90/month=$14,000 of term-life coverage

Plan B – Dependent Life
Available during 31-day enrollment period or within the first 60 days of marrying or having your first child.
• $0.52/month=$2,000 of coverage for a spouse and $1,000 of coverage per dependent child.

Plan C – Optional Employee Life
Available during 31-day enrollment period without EOI* up to the Plan Member’s annual salary. Enrollment after the 31 days requires EOI*.
• Minimum of your annual salary rounded to the next highest $5,000. May elect coverage of up to $500,000 with EOI*.
• During Annual Change, those employees with existing Plan C coverage may add an extra $5,000 or $10,000 to their coverage without EOI* each year up to the cap of $500,000.

Plan D – Optional Spouse Life
May make a NEW election of Plan D coverage of up to $10,000 without EOI* during 31-day enrollment period and annual change.
• Employee must be enrolled in Plan C for the spouse to be eligible for Plan D.
• Spouse’s rate is based on the employee’s age, not the spouse’s age.
• Coverage is for a minimum of $5,000.
• Additional amounts are available in $5,000 increments, up to the amount of optional employee Plan C.
• If increasing existing coverage, EOI* required.

Plan E—Optional Accidental Death & Dismemberment
Available without EOI*.
• Employee Only: $25,000-$500,000 in increments of $25,000 up to 10 times your annual salary rounded down to the next $25,000.
• Employee and Dependents: A spouse with no children is eligible for 50% of the employee coverage. A spouse with children is eligible for 40% of the employee coverage. Children are eligible for 10% of the employee coverage.

*Evidence of Insurability (EOI) is a medical application to prove good health.
Long Term Disability

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

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

Eligibility
Available to active employees who are enrolled in the Medical Plan. Retirees, legislators, and COBRA members are not eligible to participate. New hires may enroll within 31 days of your date of hire without EOI. All other applicants must provide EOI*. Refer to the SPD for more information on eligibility.

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

*Evidence of Insurability (EOI) is a medical application to prove good health.

For complete details about the State Plan, refer to the Summary Plan Documents (SPDs) available on the website www.benefits.mt.gov.
Long Term Disability Details

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

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

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

The information in this booklet is only a summary of the Life and LTD benefit. The controlling provisions are the group policy issued by The Standard Insurance Company. Refer to the Life and LTD policy at http://benefits.mt.gov/pages/forms.publications for further information.

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

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

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

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

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

For general information: Karen Wood-Employee Assistance Program Manager  
State Human Resource Division (406) 444-2466
Life-Balance Resources

- **Child Resources** – Childcare professionals provide information and support for parenting, school issues, adoption, college planning, teenager challenges, summer camps, daycare, and other important issues for parents.

- **Adult and Eldercare Services** – Adult and eldercare specialists assist with finding quality information and services including transportation, meals, exercise, activities, prescription drug information, in-home care, daytime care, and housing.

- **Legal Services** – Access a free, half-hour consultation, by phone or in person, for any non-work related issue, followed with a 25% discount in legal fees.

- **Financial Services** – Access free phone support for up to 30 days for each new financial issue, such as debt counseling, budgeting, and college or retirement planning.

- **Mediation Services** – Request free consultations for personal, family, and non-work related issues such as divorce, neighbor disputes or real estate transactions.

- **Home Ownership Program** – Get free support and information about making smarter choices when shopping for a new home, making financing decisions, relocating or selling a home.

- **Identity Theft Services** – Access support in planning the recovery process for restoring your identity and credit after an incident.

**WWW.MYRBH.COM**

Access current health news, tools for parenting, health topic movies, wellness resources, financial calculators, legal forms, and over 50 online trainings for personal and professional development.
Who Is Eligible?
All active State of Montana employees are eligible for Workers’ Compensation programs.

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

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

Return to Work
Getting injured employees back to work is one of the most important things we can do for injured workers. Visit www.workerscomp.mt.gov/About-RTW to learn more about getting workers back to work as soon as possible.
# Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Information</th>
</tr>
</thead>
</table>
| **ELIGIBILITY AND GENERAL QUESTIONS** | (800) 287-8266, (406) 444-7462; TTY (406) 444-1421  
Fax (406) 444-0080  
benefitsquestions@mt.gov  
www.benefits.mt.gov  
100 N Park Ave., Suite 320 PO Box 200130  
Helena, MT 59620-0130 |
| **ALL MONTANA HEALTH CENTERS** | (855) 200-6822  
help.montana@carehere.com  
General Info: www.healthcenter.mt.gov  
Appointments: www.carehere.com  
Registration Code: MANA9 |
| **CLAIMS, BENEFITS, PARTICIPATING PROVIDERS, ETC.** | (855)999-1057  
www.askallegiance.com/som  
PO Box 3018 Missoula, MT 59806 |
| **PRESCRIPTIONS AND URX CUSTOMER SERVICE** | (888) 648-6764  
askurx@mt.gov  
www.mp.medimpact.com/mtn |
| **Mail Order Prescription Drugs:** |  
Costco (800) 607-6861  
Ridgeway Pharmacy (800) 630-3214  
Specialty Meds  
Diplomat Specialty Pharmacy (877) 319-6337 |
| **DENTAL BENEFITS, CLAIMS, & CUSTOMER SERVICE** | Phone: (866) 496-2370  
Web: www.deltadentalins.com/stateofmontana |
| **VISION SERVICE PROVIDERS AND HARDWARE COVERAGE** | Phone: (877) 478-7557  
Web: www.askallegiance.com/som “Vision” under “Benefits” Tab |
| **FLEXIBLE SPENDING** | Phone: (866) 339-4310 Fax: (406) 523-3149 or (877) 424-3539  
Web: www.askallegiance.com |
| **LIFE & LONG TERM DISABILITY INSURANCE** | For questions about benefits, claims, status of application:  
(800) 759-8702  
www.standard.com  
For all other questions call HCBD: (800) 287-8266 |
| **WORKERS’ COMPENSATION** | Workers’ Compensation Program (406) 444-5689  
Safety and Loss Control (406) 444-0122  
Return to Work (406) 444-7016  
www.workerscomp.mt.gov |