

2016
NEW
EMPLOYEE
BOOK



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

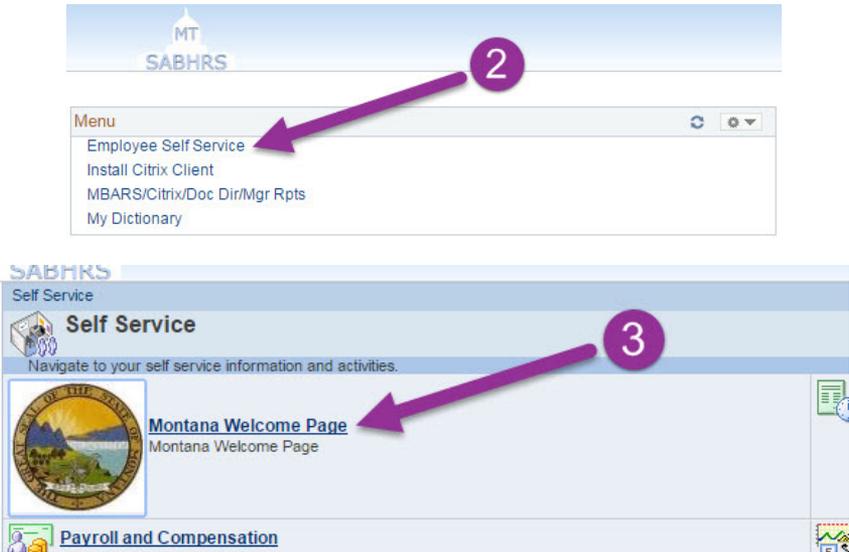
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How to Enroll In Benefits

Log Into the MINE Site

1. Log into MINE: <http://mine.mt.gov>.
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:

1. Go to the State Employee Access page at www.mt.gov/employee.
2. Click on the MINE *Employee Self Service Portal*.
3. Follow the directions above for access from MINE.

State of Montana Benefit Plan

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

Traditional Insurance

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

Our Self-Funded State Plan

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

- 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.

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.

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

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.

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.

Tax Status Flowchart

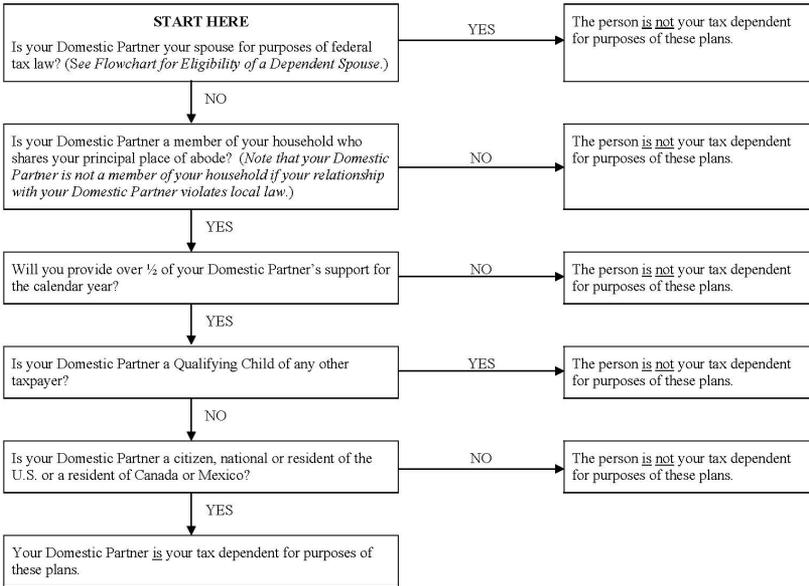
Spouse/Dependents

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, HCBP 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.

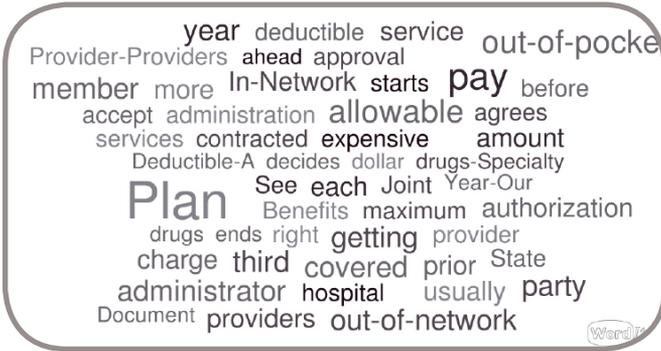
FLOWCHART FOR DEPENDENT STATUS OF A DOMESTIC PARTNER



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

Benefit Term Decoder

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



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.

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.

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

Benefit Cost Worksheet

For Employees and Legislators

Core Benefits		
Medical Plan (Rates on page 15)		\$ _____ (a)
Dental Plan (Rates on page 22)		\$ _____ (b)
Basic Life Insurance of \$14,000 (page 28)		\$1.90 (c)
Total Core Benefits Contribution	Add lines a, b, and c =	\$ _____ (d)
Optional Benefits		
Flexible Spending Accounts (FSA) (page 26)	Medical FSA	\$ _____ (e)
	Dependent Care FSA	\$ _____ (f)
Flex Administrative Fee (page 27)		\$ _____ (g)
Flex Debit Fee (page 27)		\$ _____ (h)
Vision Hardware (Rates on page 24)		\$ _____ (i)
Life Insurance (Rates on page 28)	Dependent Life	\$ _____ (j)
	Optional Employee Life	\$ _____ (k)
	Supplemental Spouse	\$ _____ (l)
Accidental Death & Dismemberment (Rates on page 28)		\$ _____ (m)
Long Term Disability (LTD) (page 30)		\$ _____ (n)
Optional Benefits Contribution Total	Add lines e, f, g, h, i, j, k, l, m, and n =	\$ _____ (o)
Totals		
Core Benefits	Enter amount from line d	\$ _____ (p)
Optional Benefits	Enter amount from line o	\$ _____ (q)
Total Benefits	Add lines d and q	\$ _____ (r)
State Contribution		\$976(s)
Member's Total Monthly Costs for 2016 Benefits	Subtract line s from line r	\$ _____

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 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 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.

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.

Employee	\$963
Employee & Spouse	\$1,183
Employee & Child(ren)	\$1,034
Employee & Family	\$1,260
Joint Core	\$995



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

Alliegance 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.

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

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 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.*

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.

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>.

Drug Tier	Deductible	Retail Rx 30 day supply What you pay	Mail Rx 90 day supply What you pay
A	\$0	\$0 copay	\$0 copay
B	\$0	\$15 copay	\$30 copay
C	\$0	\$50 copay	\$100 copay
D*	\$0	50%**	50%**
F*	\$0	100%**	100%**
Specialty	\$0	<ul style="list-style-type: none"> • Diplomat-\$150 or \$250 copay • Pharmacy other than Diplomat-50% coinsurance** 	Not covered
Specialty NC		Not covered	Not covered

*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.

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

Mail Order & Specialty Pharmacy

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!

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 lifelifewell@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.

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.

	Premium Plan
Member only	\$41.10
Member & Spouse	\$62.50
Member & Child(ren)	\$61
Member & Family	\$70
Joint Core	\$48

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.

(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.

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

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

*Diagnostic 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

Member Only	\$7.64
Member & Spouse	\$14.42
Member & Child(ren)	\$15.18
Member & Family*	\$22.26



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.

Vision Hardware Cost Sharing

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



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.

Visit www.benefits.mt.gov/flexible-spending
for more details.



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.

Plans	Monthly Contributions
Plan A: Basic Life	\$1.90 per month
Plan B: Dependent Life	\$0.52 per month
Plan C: Employee Life	(every \$1,000 of coverage) x (Age Rate*)
Plan D: Spouse Life	(every \$1,000 of coverage) x (Age Rate*)
Plan E: AD&D Employee only	\$0.020 / \$1,000 of coverage
AD&D Employee plus dependents	\$0.030 / \$1,000 of coverage

***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.

Life Insurance Plan Details

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.



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.



TheStandard®

Positively different.

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.

Workers' Comp. & Safety

Supporting injured State of Montana employees and avoiding injuries by creating safe work environments.



Visit www.workerscomp.mt.gov for more information!

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



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