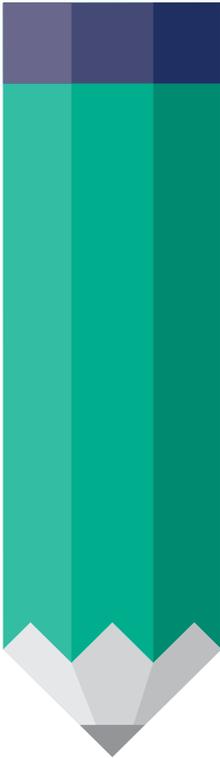


2019 EMPLOYEE OPEN ENROLLMENT BOOKLET



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This is the only document you will receive regarding Open Enrollment. If you have specific benefit questions, refer to www.benefits.mt.gov or contact HCBD at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov.

NOTICE

a message

FROM DIRECTOR LEWIS

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

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

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

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

The combination of all cost-saving actions implemented have allowed the State Plan to minimize the financial impact to State Plan members over the past few years, as well as again this year. We are pleased to announce that Employee, and Employer, contributions will not increase in 2019. Additionally, benefit changes were minimized for 2019, resulting in no change to member deductibles, benefit percentages, office visit/urgent care co-payments, or out-of-pocket maximums.

During 2019, the Department will continue its efforts to control costs and manage the State Plan. We will continue working with Montana hospitals and other partners to address the rising costs of health care.

The Health Care & Benefits Division will be implementing a new benefits administration and enrollment system through a partnership with Businessolver. The Open Enrollment Booklet contains important information about the new system and the State Plan for 2019, review carefully and contact HCBDB at (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or email benefitsquestions@mt.gov with questions.

Yours in good health,



John Lewis, Director

Department of Administration

2019 open enrollment

OCTOBER 28 - NOVEMBER 10

2019 BENEFIT CHANGES - GOOD NEWS!

There are no changes to member deductibles, benefit percentages, office visit/urgent care co-payments or out-of-pocket maximums.

OPEN ENROLLMENT

Open Enrollment is your opportunity to make changes to your State Plan coverage. During this year's Open Enrollment Period, you can add/remove a spouse or domestic partner and/or add/remove a dependent child/ren under age 26. Be aware, you are required to submit verification of eligibility documentation to HCBD in order for the added dependent to be enrolled on State Plan benefits effective January 1, 2019.

If you do not complete a benefit election online between October, 28, 2018 and November 10, 2018 you and your dependents will be enrolled in the same Medical, Dental, Life, and Long Term Disability coverage in 2019 as you have now. **Vision Hardware and Flexible Spending must be elected each year.** If you fail to re-elect Flexible Spending or the Vision Hardware Plan, that coverage will terminate January 1, 2019.

LIVE, INTERACTIVE WEBCASTS

- » Tuesday, October 16, 2018 - 10:30 am
- » Wednesday, October 17, 2018 - 1:30 pm
- » Thursday, October 18, 2018 - 9:00 am

TO WATCH OPEN ENROLLMENT PRESENTATIONS:

1. Go to the HCBD website www.benefits.mt.gov/openenrollment.
2. Pick the date you would like to participate. (You don't need to pre-register.)
3. Click on the Join Skype meeting link.

ON-DEMAND PRESENTATION

A recorded version of the presentation can be viewed any time after October 18, 2018 at www.benefits.mt.gov.

BENEFITS ENROLLMENT SYSTEM OPEN

October 28th - November 10th at www.benefits.mt.gov/openenrollment.

REMINDER: You must complete an Open Enrollment election if you wish to elect or re-elect Flexible Spending or the Vision Hardware Plan.

2019 employee benefit costs

There is no increase to your monthly benefit contribution for 2019! The chart below shows what you will pay monthly.

MEDICAL/DENTAL/VISION HARDWARE

Your out of pocket costs after the Employer Contribution is applied.

Plans	Core Benefits (See below)	Optional Dental	Vision Hardware	Potential Live Life Well Incentive
Employee Only	\$30.00	-	+\$7.64	up to \$30 off
Employee & Spouse	\$250.00	+\$21.40	+\$14.42	up to \$60 off
Employee & Child(ren)	\$101.00	+\$19.90	+\$15.18	up to \$30 off
Employee & Family	\$327.00	+\$28.90	+\$22.26	up to \$60 off
Joint Core (Per Employee)	\$30 .00 <i>(includes Employee & Family dental)</i>	-	+\$11.13	up to \$30 off

Core Benefits Include: Medical, Prescription, Basic Vision (\$10 copay for an eye exam/member at a participating provider), Employee Only Dental, and Basic Life.

FLEXIBLE SPENDING ACCOUNTS (FSA)

- » \$2.26/month fee
- » Optional \$1/month fee for debit card (active flex election required)
- » Medical FSA - \$120 - \$2,650/employee per year + up to \$500 rollover
- » Dependent Care (Daycare) FSA - \$120 - \$5,000/household per year

LIFE INSURANCE

Plans	Monthly Contributions
Employee Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)
AD&D Employee Only	\$0.020 / \$1,000 of coverage
AD&D Employee Plus Dependents	\$0.030 / \$1,000 of coverage
Dependent Life	\$0.44 per month
Spouse Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)

PREMIUMS WITHHELD AFTER TAX

*See Age Rates at www.benefits.mt.gov/Life-and-Accident/Life-Insurance-Rates.

LONG TERM DISABILITY

\$9.90/member per month AFTER TAX for active employees only.

important reminders

MEDICAL FSA LIMIT INCREASE

The IRS has increased the annual limit allowed for Medical FSA contributions from \$2,600 to \$2,650. Plan members may now contribute \$2,650 annually to their Medical FSA.

FLEXIBLE SPENDING ACCOUNTS - DEBIT CARDS

Debit cards are only available during Plan Years in which you have an active FSA election. If you do not elect to participate in the FSA for the 2019 Plan Year, your debit card will be terminated as of January 1, 2019. Roll over does not count as an active FSA election.

PARTICIPATING PROVIDERS

Participating providers and facilities have contracted with Allegiance in Montana and Cigna outside of Montana to accept a low, fair rate for your care. Check if your provider and/or facility are participating before you go! Visit www.askallegiance.com/som or (855) 999-1057.

RETAIL PHARMACY FILL - REMINDER

Did you know you can get up to a 90 day supply of medication from your retail pharmacy for two copays? This same benefit is available to you when utilizing the State Plan Mail Order Pharmacies: COSTCO Mail Order Pharmacy, MiRx Mail Order Pharmacy, or Ridgeway Mail Order Pharmacy. Contact Navitus for additional details.



LOOKING FOR MORE INFO ON YOUR BENEFITS?

www.benefits.mt.gov | (800) 287-8266
Hearing Impaired TTY (406) 444-1421

- » Employee Presentation Schedule
- » Recorded Presentation
- » Wrap Plan Document (WPD) - Full Benefit Details
- » Additional Live Life Well Incentive Information

how to complete your 2019 open enrollment

COMPLETING YOUR 2019 OPEN ENROLLMENT

Big Changes are happening for this years Open Enrollment! HCBD has implemented a new benefits administration and enrollment system, Businessolver. The new system allows you to complete your Open Enrollment elections on-line or on a mobile device in an easy to use format.

If you do not need to make changes to your current benefit elections, and do not need to elect or re-elect Flexible Spending Accounts (Medical and/or Dependent Care FSA) or the Vision Hardware Plan, you do not need to complete Open Enrollment elections.

1 TO ACCESS

the new benefits system, go to benefits.mt.gov.

Click on the picture. →



If accessing on the state network, once you click the OpenenrollMT logo go to STEP 3.

how to complete your 2019 open enrollment

2 OPENING SCREEN

If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is stateofmontana and will already be filled in (note: it's case sensitive).

Welcome

User Name *

case sensitive

Password *

case sensitive

First time here?
Register to create your user name and password.

Register

Login >

[Forgot your user name or password?](#)

Info Create Confirm Login

Info

Company Key *

stateofmontana

case sensitive

Social Security Number *

123-45-6789

Date of Birth *

MM/DD/YYYY

Directions

All fields are required.

If you don't already have your Company Key, contact your benefits administrator.

Cancel Continue >

how to complete your 2019 open enrollment

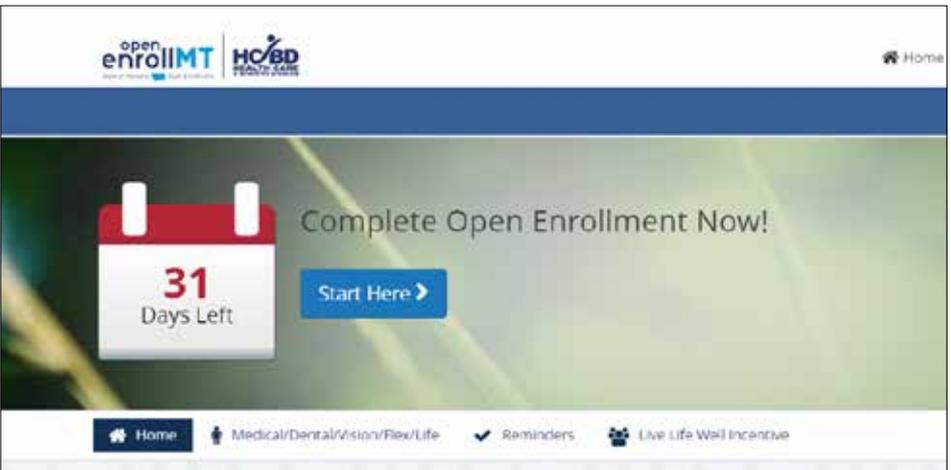
3 GETTING STARTED

Click Yes and continue to start enrollment.



4 BEGIN ENROLLMENT

Click 'Start Here' and follow the instructions to re-enroll in your benefits or waive coverage. You must make your elections by the deadline shown on the calendar, if you wish to make changes to your current elections or enroll in the Flexible Spending Accounts or Vision Hardware Plan.





2019 INCENTIVE

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



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

NOTICE

ACTIVITIES CHECKLIST



HEALTH SCREENING

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



NICOTINE FREE

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

If you use nicotine and need an alternative to complete this portion of the incentive, you must complete and self-report one of two alternatives:

- A nicotine cessation program; or
- A nicotine education session with your primary care provider.



NEXT STEP ACTIVITY

Complete an eligible activity and self-report it at www.myactivehealth.com/som by October 31, 2019.



HAVE ALL THREE CHECKED? To make sure you've earned \$30 off per month, check your status at www.myactivehealth.com/som.



CHECK YOUR STATUS

www.myactivehealth.com/som

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

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

For more information about Live Life Well Incentives or for instructions for self-reporting visit www.benefits.mt.gov/incentive.

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

The State Plan offers the incentive program to all plan members and their enrolled spouse/domestic partner. If you think you may be unable to meet a standard of the incentive program, you may qualify for an alternative program or different means to earn the incentive. You must contact the Health Care & Benefits Division (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.

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

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

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

language assistance

Language Assistance – General Taglines

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

لار جیسا تفہام کیجئے۔ 1-855-999-1062 (رقم) 1063-999-855۔ نچمالیا لئار فارقتہ پئےغلا قسد عمالات تامدخ فلن، بئغلا کرڈا تاتخذ نکت الیٰ: بظحولہ

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

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

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

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

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

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

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

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

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

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

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

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

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

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

non-discrimination language

State of Montana complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status.

State of Montana does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages.

If you need these services, contact customer service at 855-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email:

John Pavao, State Diversity Program Coordinator
Department of Administration
State Human Resources Division
125 N. Roberts
P.O. Box 200127
Helena, MT 59620
Phone: (406) 444-3984
Email: jpavao@mt.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)



PO Box 200130, Helena, MT 59620
(800) 287-8266 | (406) 444-7462
(406) 444-1421 - TTY
benefitsquestions@mt.gov
www.benefits.mt.gov