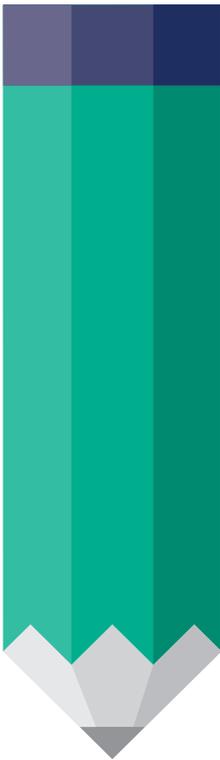




## 2020 LEGISLATOR OPEN ENROLLMENT BOOKLET



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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](http://www.benefits.mt.gov) or contact HCBD at (800) 287-8266, TTY (406) 444-1421, or [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

**NOTICE**

# A MESSAGE FROM DIRECTOR LEWIS

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

Open Enrollment is almost here! This year's Open Enrollment Period runs from October 27, 2019 – November 9, 2019. The Department of Administration is pleased to announce legislator and employer contributions will remain the same for 2020. This is the fourth year in a row the State Plan has been able to maintain contributions. Additionally, benefit changes were minimized for 2020, resulting in no change to member deductibles, benefit percentages, office visit/urgent care co-payments, or out-of-pocket maximums.

Log into the enrollment system (at [www.benefits.mt.gov](http://www.benefits.mt.gov)), review your current State of Montana Benefit Plan (State Plan) elections, and enroll or re-enroll for vision hardware coverage. Once you complete your elections, review your summary and make sure you have selected your benefits for the new plan year starting January 1, 2020.

The State of Montana has implemented many innovative solutions, such as Reference Based Pricing, which has allowed us to control the cost of health care while maintaining quality, predictability, and fairness. Our recent partnership with Navitus, the State Plan's Pharmacy Benefit Manager, ensures that the State Plan receives all rebates and reimburses pharmacies for the exact amount paid by the State Plan.

We continue to expand access to quality and affordable healthcare. Our strategies have been successful in allowing the State Plan to control costs, effectively manage the Plan, and improve health outcomes for members. The department will continue working with Montana hospitals and other partners to address the rising costs of health care and effectively manage the State Plan.

The Open Enrollment Booklet contains important information about how to complete your Open Enrollment election and the State Plan for 2020. Please review the information carefully and contact the Health Care and Benefits Division at 800-287-8266, 406-444-7462, TTY 406- 444-1421, or via email at [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov) with questions.

Yours in good health,



John Lewis, Director

Department of Administration

# 2020 OPEN ENROLLMENT

## OCTOBER 27 - NOVEMBER 9

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### 2020 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 HCBP in order for the added dependent to be enrolled on State Plan benefits effective January 1, 2020.

If you do not complete a benefit election online between October 27, 2019 and November 9, 2019 you and your dependents will be enrolled on the same Medical, Dental and Life coverage in 2020 as you have now. If you fail to re-elect the Vision Hardware Plan, that coverage will terminate January 1, 2020.

### LIVE, INTERACTIVE WEBCASTS

- » Monday, October 21, 2019 - 10:00 am

### TO WATCH OPEN ENROLLMENT PRESENTATIONS

1. Go to the HCBP website [www.benefits.mt.gov/openenrollment](http://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, 2019 at [www.benefits.mt.gov](http://www.benefits.mt.gov).

### BENEFITS ENROLLMENT SYSTEM OPEN

October 27th - November 9th at [www.benefits.mt.gov/openenrollment](http://www.benefits.mt.gov/openenrollment).

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

# 2020 LEGISLATOR BENEFIT COSTS

There is no increase to your monthly benefit contribution for 2020! 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
Legislator Only	\$30.00	-	+\$7.64	up to \$30 off
Legislator & Spouse	\$250.00	+\$21.40	+\$14.42	up to \$60 off
Legislator & Child(ren)	\$101.00	+\$19.90	+\$15.18	up to \$30 off
Legislator & Family	\$327.00	+\$28.90	+\$22.26	up to \$60 off
Joint Core (Per Legislator)	\$30.00 per Legislator (includes Legislator & Family dental)	-	+\$11.13 (Primary Joint Core Member only)	up to \$30 off

## LEGISLATOR LIFE INSURANCE

Plans	Monthly Contributions
Legislator Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)
AD&D Legislator Only	\$0.020 / \$1,000 of coverage
AD&D Legislator 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*)

\*See Age Rates at [www.benefits.mt.gov/Life-and-Accident/Life-Insurance-Rates](http://www.benefits.mt.gov/Life-and-Accident/Life-Insurance-Rates).



## LOOKING FOR MORE INFO ON YOUR BENEFITS?

[www.benefits.mt.gov](http://www.benefits.mt.gov) | (800) 287-8266

Hearing Impaired TTY (406) 444-1421

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

# IMPORTANT REMINDERS

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## LEGISLATOR OPT OUT / WAIVER (OPTION 2)

If a Legislator opts out/waives State Plan coverage, the Legislator is eligible to receive reimbursement, up to \$1,054 per month, for premiums paid by the Legislator in conjunction with an Employer Group Health Plan or premiums paid for certain types of disability and life insurance. The State Plan is restricted by federal regulation from providing reimbursement for Medicare, Medicare Supplement, Medicare Advantage, individual coverage through an insurance carrier or Health Insurance Marketplace premiums. Additionally, reimbursement of any kind is not available if the Legislator has enrolled on the State Plan. To opt out/waive State Plan coverage and receive the Option 2 reimbursement, complete the Legislator Opt Out/Waiver Form found at [www.benefits.mt.gov/Forms](http://www.benefits.mt.gov/Forms).

## 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](http://www.askallegiance.com/som) or (855) 999-1057.

## RETAIL PHARMACY FILL - REMINDER

Did you know you can now 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 (866) 333-2757 for additional details.

# HOW TO COMPLETE YOUR OPEN ENROLLMENT

## COMPLETING YOUR 2020 OPEN ENROLLMENT

If you do not need to make changes to your current benefit elections, and do not need to elect or re-elect the Vision Hardware Plan, you do not need to complete your Open Enrollment election.

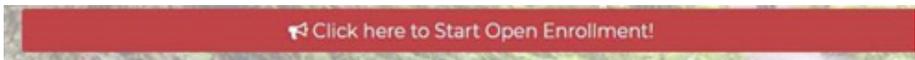
You can complete your Open Enrollment elections online or on a mobile device in an easy to use format. If you do not have access to the internet or a mobile device, you can ask for an alternative for completing your Open Enrollment elections. Contact HCBD for additional information.

### 1 TO ACCESS

the benefits system, go to [benefits.mt.gov](https://benefits.mt.gov).



Click on the red button (pictured below) to Start Open Enrollment.



OR

### ENROLL ON THE GO



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

# HOW TO COMPLETE YOUR

## 2 GETTING STARTED

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). If you have already registered but forgot your user name or password, click on Forgot your user name or password.

Welcome

**User Name \***

case sensitive

**Password \***

case sensitive

[Login >](#)

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

**First time here?**

Register to create your user name and password.

[Register](#)

## 3 COMPLETE OPEN 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.

Complete Open Enrollment Now!

12 Days Left

[Start Here >](#)

Home Medical/Dental/Vision/Flex/Life Reminders Live Life Well Incentive

# HOW TO COMPLETE YOUR OPEN ENROLLMENT

## 4 COMPLETING ENROLLMENT

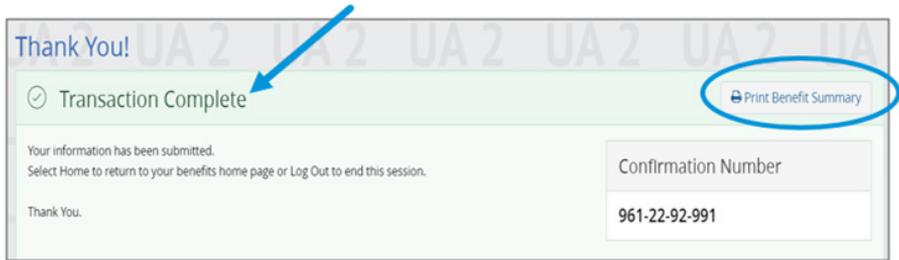
✓ Medical	\$125.00
✓ Dental	\$10.70
✓ Vision	\$7.21
✓ Basic Life	\$0.00
✓ Employee Supplemental Life II	\$3.50
✓ Optional AD&D	\$0.75
✗ Spouse Supplemental Life	

As each benefit is elected there is a box on the left side of the screen showing required contributions for each benefit elected. This is a great way to make sure every benefit has been reviewed and you have made the proper election.

If you wish to enroll in the Vision Hardware Plan make sure there is a cost listed on the vision line (shown to the left).

## 5 REVIEWING ENROLLMENT

Once you are complete, you will be taken to the confirmation page where you can print a copy of your elections by clicking the Print Benefit Summary button in the top right corner of the screen. This is where you can verify all elections are correct (including the vision hardware election). Make sure and print a copy for your records!!





# 2020 INCENTIVE

Earn \$30 per month off your 2021 benefit contribution! Get 2X the incentive if a covered spouse/domestic partner also participates.



You must complete ALL THREE ACTIVITIES between November 1, 2019 and October 31, 2020 to earn ANY incentive. Focus on Next Step Activities that address risk factors.

NOTICE

## ACTIVITIES CHECKLIST

### HEALTH SCREENING

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

### NICOTINE FREE

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

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

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

### NEXT STEP ACTIVITY

Complete an eligible activity and self-report it at [www.myactivehealth.com/som](http://www.myactivehealth.com/som) by October 31, 2019. Focus on Next Step Activities that address risk factors.

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



### CHECK YOUR STATUS

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

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

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

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

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

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

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

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



# NON-DISCRIMINATION LANGUAGE

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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](mailto:jpavao@mt.gov)

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

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



**HEALTH CARE &  
BENEFITS DIVISION**

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