

2018 QUALIFIED BENEFICIARY OPEN ENROLLMENT BOOKLET ELECTION FORM DUE NOVEMBER 3, 2017

WHAT'S INSIDE

A Message from Director Lewis	2
Important Information - Please Read!	3
2018 Qualified Beneficiary Benefit Costs.	4
Changes for 2018	5
Important Reminders	6
2018 Live Life Well Incentive Program	7
Language Assistance	8
Non-Discrimination Statement.	9

**Don't miss the live, interactive
webcasts! See page 3 for details!**

**MORE
INFO**

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

Wrap Plan Document (WPD) with full benefit details
Webcast enrollment and recorded presentation
Additional Live Life Well Incentive information

Please be aware, 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.



A MESSAGE FROM DIRECTOR LEWIS

2

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

I'm pleased to announce that due to our innovative work managing healthcare and controlling State Plan spending, monthly out-of-pocket contributions required for State Plan coverage will not increase in 2018.

Additionally, the State Plan has been able to minimize benefit changes for 2018, resulting in no change to member deductibles, benefit percentages, office visit/urgent care co-payments, or out-of-pocket maximums.

I want to personally thank you as a member of our self-funded plan for the work you're doing to stay educated as a healthcare consumer—from getting your health screening done early and saving money with the Live Life Well Incentive Program, to choosing Montana Health Centers for primary care (under 65), and shopping around for the best cost and quality for your medical needs.

The effort you put into managing your health and your health-related expenses results in State Plan savings and allows the State Plan to offer continued benefits with minimal increases to member contributions or cost-sharing.

I am committed to ensuring our State Plan is run as effectively and efficiently as possible while providing quality care and services to all plan members.

Please review the Open Enrollment Booklet and contact the Health Care & Benefits Division at (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or via email benefitsquestions@mt.gov with questions.



John Lewis, Director
Department of Administration

IMPORTANT INFORMATION 3 PLEASE READ!

OPEN ENROLLMENT

A period in which you have the opportunity to make changes to your State Plan benefits for the following Plan Year (January 1 - December 31, 2018). Changes take effect January 1, 2018.

During this year's Open Enrollment Period, you can add or remove dependent children under age 26 and/or a spouse or domestic partner.

If you do not complete and return the enclosed Qualified Beneficiary Open Enrollment Election Form, you will have the same Medical, Dental, and/or Vision Hardware for yourself, your spouse/ domestic partner, and/or dependent(s) in 2018 as you elected for 2017.

LIVE, INTERACTIVE WEBCASTS

Closed Captioning available on all webcasts.

- Tuesday, October 17, 2017 - 10:00 am
- Wednesday, October 18, 2017 - 2:00 pm
- Thursday, October 19, 2017 - 1:00 pm

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

View any time after October 17, 2017 at www.benefits.mt.gov.

REMINDER: The Qualified Beneficiary Open Enrollment Election Form is due by November 3, 2017.

CHECK
YOUR
WPD

For complete details about State Plan coverage, refer to the Wrap Plan Document (WPD) at www.benefits.mt.gov or by request at (800) 287-8266, TTY (406) 444-1421 or benefitsquestions@mt.gov.

YOUR 2018

MONTHLY CONTRIBUTION COSTS

Qualified beneficiaries enrolled as a single participant will experience a rate reduction for the Medical Plan in 2018. All other rates remain unchanged for 2018.

QUALIFIED BENEFICIARY MEDICAL PLAN RATES

	Monthly Rate	Potential Live Life Well Incentive
Qualified Beneficiary Only	\$688.50	up to \$30 off
Qualified Beneficiary & Spouse	\$1,286.22	up to \$60 off
Qualified Beneficiary & Child(ren)	\$1,134.24	up to \$30 off
Qualified Beneficiary & Family	\$1,364.76	up to \$60 off

QUALIFIED BENEFICIARY DENTAL PLAN RATES

	Dental
Qualified Beneficiary Only	\$41.92
Qualified Beneficiary & Spouse	\$63.75
Qualified Beneficiary & Child(ren)	\$62.22
Qualified Beneficiary & Family	\$71.40

QUALIFIED BENEFICIARY VISION HARDWARE PLAN RATES

	Vision Hardware
Qualified Beneficiary Only	\$7.79
Qualified Beneficiary & Spouse	\$14.71
Qualified Beneficiary & Child(ren)	\$15.48
Qualified Beneficiary & Family	\$22.71

CHECK
YOUR
WPD

For complete details about State Plan coverage, refer to the Wrap Plan Document (WPD) at www.benefits.mt.gov or by request at (800) 287-8266, TTY (406) 444-1421 or benefitsquestions@mt.gov.

CHANGES FOR 2018!

APPLIED BEHAVIOR ANALYSIS (ABA) TREATMENT

The State of Montana has adopted a licensing process for ABA therapists. Effective 04/01/18, the State Plan will only pay ABA claims submitted by a licensed ABA therapist.

CHOLESTEROL MEDICATION (STATINS)

Effective 01/01/18, the Affordable Care Act (ACA) requires cholesterol medicines like Lipitor or similar equivalents to be covered as preventative treatment at no member copay. The Navitus formulary will apply. Additional questions should be directed to Navitus at (866) 333-2757 or www.navitus.com.

DIABETIC TEST STRIPS

Effective 01/01/18 all diabetic test strips will apply a Tier 2 (\$50) copay under the Navitus prescription drug program. The Navitus formulary will apply. Additional questions should be directed to Navitus at (866) 333-2757 or www.navitus.com.

NON-AMBULANCE TRAVEL BENEFIT

The non-ambulance travel benefit was added to the State Plan effective 07/01/16 as a way to assist members who may need to travel to a non-participating facility (hospital) for services. Effective 01/01/18, the non-ambulance travel benefit is being removed from the State Plan due to the fact all facilities (hospitals) within the State of Montana are participating with the State Plan.

CHECK
YOUR
WPD

For complete details about State Plan coverage, refer to the Wrap Plan Document (WPD) at www.benefits.mt.gov or by request at (800) 287-8266, TTY (406) 444-1421 or benefitsquestions@mt.gov.

IMPORTANT REMINDERS

AIR AMBULANCE TRANSPORTATION

The Montana Legislature passed Senate Bill 44 which pertains to emergent flights provided by non-participating air ambulance transport companies not controlled by a Montana hospital. Emergency care for SB 44 means care that is necessary to stabilize a patient for transfer to another hospital or medical unit within a hospital. Transferring a patient between hospitals on a fixed wing flight would not typically be considered “emergent” care under SB 44. The bill requires the State Plan to make payment based on billed charges, a negotiated amount, or the participating provider contracted amount. If either party (State Plan or air transport company) does not like the required payment amount, either party can take the other party to dispute resolution. The State Plan pays any emergent transport at 250% Medicare (participating provider amount). In this case a member is held harmless except for their deductible, etc. In the event a member receives a non-emergent transport by a non-participating air ambulance transport company, the member may still be balance billed. Contact Allegiance (855) 999-1057 with any questions about air ambulance transportation coverage or participating air transport companies.

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 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 for additional details.

CHECK
YOUR
WPD

For complete details about State Plan coverage, refer to the Wrap Plan Document (WPD) at www.benefits.mt.gov or by request at (800) 287-8266, TTY (406) 444-1421 or benefitsquestions@mt.gov.

2018 LIVE LIFE WELL INCENTIVE PROGRAM

Earn \$30 per month off your 2019 benefit contribution! Double your incentive if a covered spouse/domestic partner also participates.

NEW THIS YEAR!

You must complete all 3 activities (health screening, be nicotine free (or self-report an alternative), and self-report a Next Step activity) between November 1, 2017 and October 31, 2018 to earn ANY incentive.



HEALTH SCREENING INCENTIVE

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



NICOTINE FREE INCENTIVE

You are required to self-report your nicotine use at www.myactivehealth.com/som. If you self-report that you use nicotine, and you would like to earn the incentive, you must complete and self-report that you have completed one of two alternatives:

- Complete a nicotine cessation program; or
- Have a nicotine education session with your primary care provider.



NEXT STEP INCENTIVE

Complete an eligible activity related to your health screening results and self-report it at www.myactivehealth.com/som by October 31, 2018.

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 – General Taglines

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

لو مهنا تفاهكم: 1-855-999-1062 (رقم: 1-855-999-1062-999-1063 قهر صئلا . نجمالبا لئدر فار تديغوللا هئد صال تامدخان ،مغلا كرا تئئح نكت ال: مئحورله

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、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 (телерайн: 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)



HEALTH CARE & BENEFITS DIVISION
100 N PARK AVE SUITE 320
PO BOX 200130
HELENA, MONTANA 59620-0130
PHONE: (406) 444-7462/(800) 287-8266
FAX: (406) 444-0080 TTY (406) 444-1421
www.benefits.mt.gov