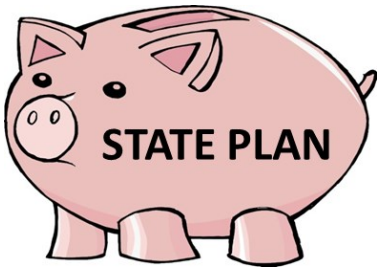
Introduction

Dear Members of the State Employee Benefits Plan,

This year, you'll likely notice two major changes in the Annual Change Book: the elimination of the Classic Plan and increases in rates. We want to help you understand why these changes were made, what it means for you, and what options you have.



The State Employee Benefits Plan (Plan) is *self-funded*. This is important to understand. It means the money that pays for your doctor visits, surgeries and other health care expenses comes from two places:

1. State share which is $887 per month per employee in 2015. This amount is set by the legislature and funded by taxes.

2. Plan members' monthly contributions, which are based on who's on your Plan and which optional benefits you choose.

All that money is held by the Plan. The State of Montana designs and administers the health Plan. This includes setting contribution rates and Plan coverage in accordance with federal guidelines like the Affordable Care Act. The Plan is described in the Summary Plan Document or SPD. It's *very* important to understand that changes to the Plan and rates are decided by the State, not Cigna, Delta Dental, or other third party administrators. The state contracts with these third party administrators for services including processing claims of our members, use of their medical policy and network of providers, handling appeals, and case management.

The claims paid by the Plan vary each year. This year the Plan experienced an increase in claims spending. This is due to many factors like last year's open enrollment, which brought additional members onto the Plan; a record number of members receiving health screenings and are subsequently seeking care for health conditions of which they may not have been aware; increases in the amounts charged by the hospitals; and more.

After careful consideration, the Classic Plan has been eliminated. Only 6% of members had the Classic Plan, and it historically cost more for both the member and the Plan as a whole. Current Classic Plan members will be glad to know the Capitol Plan has the same network that the Classic had and now also includes naturopathic and acupuncture benefits.

The Health Care and Benefits Division works to provide members with the most comprehensive coverage in the most cost effective manner possible. Money is spent to increase the health and wellness of our members. We also invest dollars in preventive screening and disease management, which will save you the member and Plan money in the long run. Remember, a $15/month blood pressure medication is much more cost effective than a stay in the cardiac intensive care unit.

One great example of an investment in the future of our members is the Montana Health Centers. First year numbers show big savings to members and the Plan when it comes to screenings, disease management, radiology, lab, and primary care services.

You may be wondering what you can do to help control costs. We all have the ability to be good health care consumers. We encourage you to use Montana Health Centers whenever possible, receive preventive screenings, participate in the Live Life Well Incentive program, use our mail order pharmacies if you have a recurring prescription, and always seek in-network providers.

Unfortunately, there is no "silver bullet" to solve the problem of rising health care costs, but the Health Care and Benefits Division is committed to seeking new and innovative ways to keep costs down while providing the top level benefits State of Montana employees deserve.

Thank you for the hard work you do to engage in your health and wellness.

Your partners in good health,

The HCBD Staff

HCBD
HEALTH CARE
& BENEFITS DIVISION

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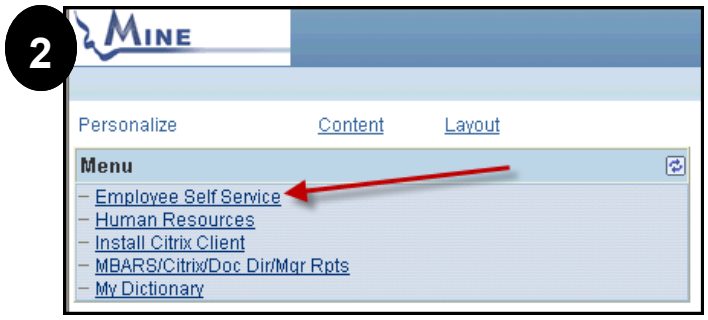
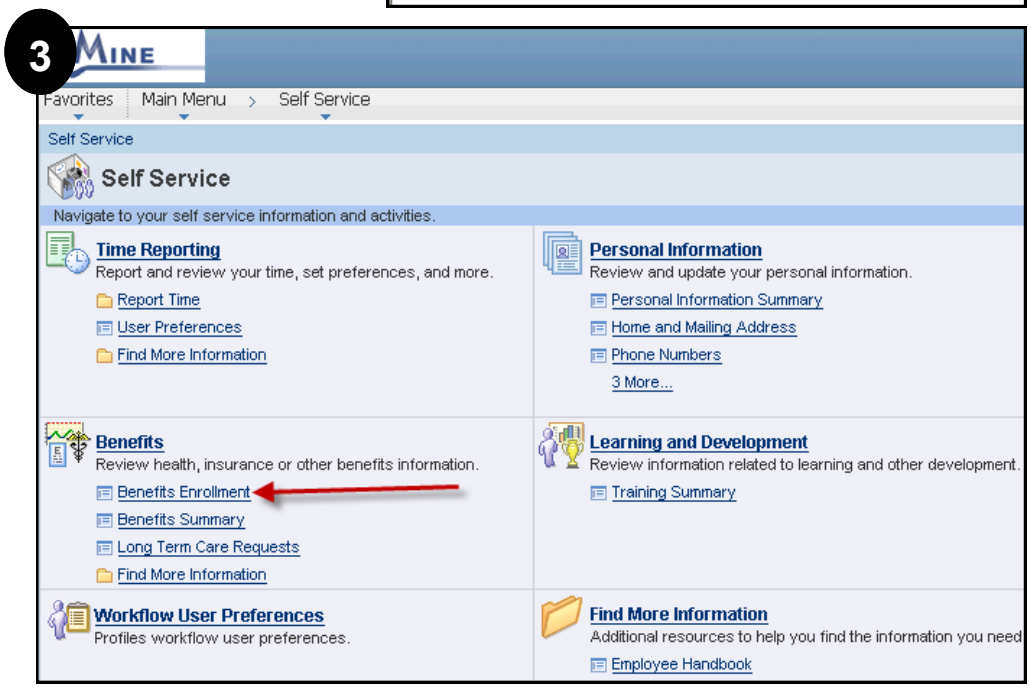
How To Do Elections Online

For access from MINE:

1. Log into MINE: http://mine.mt.gov
2. Click **Employee Self Service**
3. Click **Benefits Enrollment**
4. Follow the online directions.





For access from home:

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

Annual Change Employee Presentation Schedule

Town	Date	Time	Location
Anaconda	Oct 2 (Thurs)	1:00 PM	AOH 106 Cherry ST
Billings	Sept 30 (Tues)	7:00 PM Spouses	Hampton Inn – Clark Room 5110 South Gate DR
Billings	Oct 1 (Wed)	8:30 AM	Hampton Inn – Clark Room 5110 South Gate DR
Billings	Oct 1 (Wed)	1:00 PM	DPHHS Public Assistance 111 N 31st ST
Billings	Oct 2 (Thurs)	8:00 AM	Job Service 2121 Rosebud Dr
Billings	Oct 2 (Thurs)	10:00 AM	Revenue 175 N 27th ST #1400
Billings	Oct 2 (Thurs)	12:30 PM	**Corrections Parole Staff Only** 2615 4th AVE S Large Conference room
Billings	Oct 2 (Thurs)	2:30 PM	**Justice Building staff only** 615 S 27th ST
Billings	Oct 2 (Thurs)	4:30 PM, 6:00 PM	**Women's Prison Employees Only** 701 S 27th ST
Billings	Oct 3 (Fri)	8:30 AM	**DPHHS Child & Family Services Staff Only** 2525 4th AVE N #309 2nd Floor conference room
Billings	Oct 3 (Fri)	10:30 AM	**Public Defender Staff Only** 207 N Broadway #201
Billings	Oct 3 (Fri)	1:30 PM	**FWP & DEQ Employees** FWP 2300 Lake Elmo DR
Boulder	Sept 29 (Mon)	8:30 AM, 10:00 AM*	MT Devel.Ctr 310 4th Ave Recr Bldg-Multi-purpose Room
Bozeman	Oct 1 (Wed)	9:30 AM, 1:30 PM, 3:00 PM	FWP 1400 S 19th AVE
Bozeman	Oct 6 (Mon)	9:00 AM	FWP 1400 S 19th AVE
Butte	Sept 29 (Mon)	1:00 PM, 2:30 PM 6:30 Spouses	MT Tech Big Butte Room- Student Union Bldg
Columbia Falls	Sept 24 (Wed)	2:30 PM*	Veteran's Home Chapel 400 Veterans Dr
Columbia Falls	Sept 25 (Thurs)	7:00 AM, 8:30 AM	Veteran's Home Chapel 400 Veterans Dr
Deer Lodge	Oct 3 (Fri)	9:00 AM, 11:00 AM	DOC Training Center
Deer Lodge	Oct 14 (Tues)	9:30 AM, 2:30 PM	Prison 600 Conley Lake RD
Dillon	Oct 6 (Mon)	2:30 PM 5:30 PM Spouses	Search & Rescue Building 1116 HWY 41
Glasgow	Oct 6 (Mon)	1:30 PM, 3:00 PM*	Job Service 74 4th ST N
Glendive	Sept 29 (Mon)	8:30 AM	Dawson Comm Coll-UC 105 300 College DR
Great Falls	Oct 8 (Wed)	8:30 AM 6:30 PM Spouses	Benefis Hospital 1101 26th ST S Wiegand Room
Great Falls	Oct 8 (Wed)	1:00 PM,3:15 PM	School for the Deaf & Blind 3911 Central Ave-Upstairs room
Great Falls	Oct 9 (Thurs)	8:30 AM,10:00 AM	FWP 4600 Giant Springs RD

*Combined employee/retiree presentation. This presentation will include special retiree information and may take slightly longer.

Annual Change Employee Presentation Schedule Continued

Town	Date	Time	Location
Hamilton	Sept 22 (Mon)	8:30 AM	City Hall Council Chambers 223 S Second ST
Havre	Oct 7 (Tues)	8:30 AM, 10:00 AM*	Best Western 1345 1st ST
Helena	Sept 18 (Thurs)	8:30 AM,10:30 AM 1:00 PM, 3:00 PM	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Sept 22 (Mon)	8:30 AM 1:00 PM, 2:30 PM 7:00 PM Spouses	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Sept 23 (Tues)	8:30 AM, 10:00 AM 1:00 PM	MPERA Board Room **IBM Building employees only** 100 N. Park Ave.
Helena	Sept 24 (Wed)	8:30 AM, 10:00 AM	Scot Hart Scot Hart Auditorium 302 N Robert St
Helena	Sept 25 (Thurs)	8:30 AM 1:30 PM, 3:00 PM	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Sept 26 (Fri)	8:30 AM, 10:00 AM	Commerce 301 S Park Ave Room 226-228
Helena	Sept 30 (Tues)	8:30 AM 1:30 PM, 3:00 PM	MDT 2701 Prospect AVE Dave Manning Building
Helena	Oct 2 (Thurs)	6:30 Spouses	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Oct 7 (Tues)	8:30 AM, 10:00 AM 1:30 PM, 3:00 PM	State Fund 855 Front ST Room 109
Helena	Oct 10 (Fri)	8:30 AM, 10:00 AM	**State Auditors Building Employees Only** 840 Helena Ave Large conference room
Helena	Oct 14 (Tues)	8:30 AM, 10:00 AM	**Revenue-Donovan Building Employees Only** 340 N Last Chance Gulch
Helena	Oct 14 (Tues)	1:30 PM, 3:00 PM	**Liquor Division Warehouse crew** Conf Room 2517 Airport RD
Helena	Oct 16 (Thurs)	8:30 AM 1:30 PM, 3:00 PM	MDT 2701 Prospect AVE Dave Manning Building
Helena	Oct 17 (Fri)	8:30 AM, 10:00 AM	Dpt MA-Fort Harrison Auditorium
Helena	Oct 20 (Mon)	8:30 AM, 10:00 AM	Old State Fund 5 South Last Chance Gulch Basement Training Room
Helena	Oct 20 (Mon)	1:30 PM, 3:00 PM	**Colonial Building Employees Only** 2401 Colonial DR Wilderness Room
Helena	Oct 21 (Tues)	8:30 AM	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Oct 21 (Tues)	1:30 PM, 3:00 PM	**DEQ Employees Only** 1520 E 6th AVE Metcalf Building Rm 111

*Combined employee/retiree presentation. This presentation will include special retiree information and may take slightly longer.

Annual Change Employee Presentation Schedule Continued

Town	Date	Time	Location
Kalispell	Sept 23 (Tues)	1:30 PM	FWP 490 N Meridian RD
Kalispell	Sept 23 (Tues)	7:00 PM Spouses	ImagineIF Library 247 1st Ave E.
Kalispell	Sept 25 (Thurs)	10:30 AM	MDT 85 5th AVE EN Not Handicap Accessible
Lewistown	Oct 15 (Wed)	2:30 PM	FWP - 215 W Aztec DR
Lewistown	Oct 15 (Wed)	10:00 AM, 4:00 PM 6:30 PM Spouse	MMHNCC 800 Casino Creek DR
Libby	Sept 24 (Wed)	9:30 AM, 11:00 AM*	City Hall 952 E Spruce Ponderosa Room
Miles City	Sept 29 (Mon)	2:30 PM	Pine Hills 4 N Hayes Ave
Miles City	Sept 30 (Tues)	8:30 AM, 1:00 PM	Sleep Inn Tongue River 1006 S Haynes Ave
Missoula	Sept 22 (Mon)	1:30 PM 4:30 PM EE & Spouse	FWP- Staff 3201 Spurgin RD
Missoula	Oct 8 (Wed)	8:30 AM, 1:00 PM 7:00 PM Spouses	Ruby's Inn 4825 N Reserve ST
Missoula	Oct 9 (Thurs)	9:00 AM	MDT 2100 W Broadway
Missoula	Oct 9 (Thurs)	11:00 AM	Revenue Property **Revenue, Labor, Ag employees Only** 2681 Palmer ST, STE I 2nd Floor Conference room
Missoula	Oct 9 (Thurs)	1:00 PM	**Corrections P&P Employees Only** 2415 Mullen RD
Missoula	Oct 9 (Thurs)	3:00 PM	MHP conference room**—Employees in building only** Conference on 1st floor 2681 Palmer Street
Polson	Sept 23 (Tues)	9:30 AM	Lake County Court House Large Conference Room, 3rd Floor 106 4th AVE E
Shelby	Oct 7 (Tues)	2:00 PM	Marias Electric Co-op 910 Roosevelt Hwy
Warm Springs	Oct 2 (Thurs)	3:30 PM	MSH - 300 Garnet Way Classroom A & B
Warm Springs	Oct 3 (Fri)	7:00 AM	MSH - 300 Garnet Way Classroom A & B
Webinar	Sept 19 (Fri)	1-2 PM	http://mtdept.adobeconnect.com/benefits2011/
Webinar	Sept 23 (Tues)	9-10 AM	http://mtdept.adobeconnect.com/benefits2011/
Webinar	Oct 1 (Wed)	2:30-3:30 PM	http://mtdept.adobeconnect.com/benefits2011/
Webinar	Oct 9 (Thurs)	12:30-1:30 PM	http://mtdept.adobeconnect.com/benefits2011/
Webinar	Oct 14 (Tues)	8:30-9:30 AM	http://mtdept.adobeconnect.com/benefits2011/
Webinar	Oct 20 (Mon)	12-1 PM	http://mtdept.adobeconnect.com/benefits2011/
Wolf Point	Oct 6 (Mon)	10:30 AM*	County Court House District Court Room 400 2nd Ave S

*Combined employee/retiree presentation. This presentation will include special retiree information and may take slightly longer.

Eligibility

Dependent Changes, Information, Qualifying Events

2015 Open Enrollment
Members may add eligible dependents (see below) to their medical Plan without a qualifying event during Annual Change (September 17, 2014-October 22, 2014).

Eligible Dependents Defined
Eligible dependents include:

A. The eligible employee's lawful spouse or declared domestic partner. Declaration of Domestic Partnership forms may be obtained from Health Care and Benefits Division (HCBD).
B. The eligible employee's dependent children who are under age 26 and not in full-time active military service. Dependent children are:
   1) natural or legally adopted children of the eligible employee or the employee's lawful or declared domestic partner; or
   2) any other child with whom the eligible employee maintains a parent-child relationship.
C. An employee's dependent children who are incapable of self-sustaining employment by reason of mental or physical disability may be eligible for medical, dental, and life benefits after they turn 26.

See the Summary Plan Document for more details on Eligible Dependents.
The member is responsible for removing any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents.

Annual Change Elections
Members can use online benefits enrollment from September 17 to October 22, 2014 to make changes to Plan options for themselves and/or their eligible dependents. These changes take effect January 1, 2015.

Adding/Deleting Dependents
You may delete dependent coverage during annual change, but once a dependent is removed from the medical Plan, they *may not be re-enrolled outside of an open enrollment period* without a documented qualifying event (described on this page).

Declaring Dependent's Tax Status
All employees who add benefits coverage for a spouse or domestic partner during Annual Change may receive a Declaration of Tax Status form. If you do not return the form, your spouse or domestic partner will default to a non-qualified tax status. You can find the Declaration of Tax Status form on the HCBD website on the Forms and Publications page.

Enrolling Dependents After Annual Change
After Annual Change, dependent coverage enrollment is only allowed during **qualifying events**. Some examples include:

- Within 60 days of becoming a dependent (through marriage or court-ordered support/custody/legal guardianship);
- Within 60 days of losing eligibility (not voluntary cancellation) for other group coverage;
- Within 60 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits;
- Within 91 days after birth or adoption[1]

1The newborn child of a qualified dependent child (your grandchild) will automatically have coverage for the first 31 days after birth, but cannot be added permanently after that time.

Notify Health Care and Benefits Division when one of the above circumstances occurs (within the specified time frames) to enroll dependents after Annual Change.
For more details regarding qualifying events, call HCBD or see the Summary Plan Document available on the FORMS page at www.benefits.mt.gov.

Pre-tax Plan

IRS regulations do not permit refunds of contributions paid Pre-tax. Notify Health Care & Benefits Division of any changes as soon as possible to avoid overpayment.

The Pre-tax Plan allows you to deduct your portion of most of your monthly benefits payments on a Pre-tax basis. If the state contribution covers your benefits payment entirely, you do not need to participate in the Pre-tax Plan, *unless you have a Flexible Spending Account (FSA)*. Enrollment in an FSA requires participation in the Pre-tax Plan.

The tax status you selected for 2014 will continue into the 2015 Plan Year *unless* you indicate otherwise.

Who Is Eligible?
All employees enrolled in the State Employee Benefit Plan.

Eligible Benefits
Payments for the policyholder's medical, dental, vision, accidental death & dismemberment (AD&D), employee term life *(only Plans A and C up to $50,000 of coverage)*, and flexible spending elections may be paid Pre-tax through the Pre-tax Plan. Payments for the policyholder's tax qualified dependents are also eligible for the Pre-tax Plan.

Ineligible Benefits
Dependent life insurance coverage, supplemental spouse life insurance coverage, employee life coverage over $50,000, and long term disability insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan.

Retirees & COBRA Members
Retirees and COBRA members can elect to prepay contributions through the end of the year in which their employee coverage terminates. These contributions will be taken on a Pre-tax basis if you are currently enrolled in the Pre-tax Plan.

If you are thinking about leaving State employment and either taking COBRA or retiring, consult your tax advisor.

If you have mid-year coverage changes that reduce the amount of your contribution, and documentation is received within 60 days of the qualifying event, you will receive a refund. Refunds will not be issued after the 61st day.

The majority of benefits payments, whether paid with Pre-tax or after-tax dollars, cannot be refunded. In the event of automatic coverage termination due to death or Medicaid/SCHIP eligibility, contributions subsequently collected will be returned as regular taxable compensation.

Consult your tax advisor to determine the specific effect the Pre-tax Plan will have on your taxes.

What's the Catch?

According to IRS rules, a drawback of the Pre-tax Plan is that no refund is allowed. This means you **MUST** notify HCBD right away if a dependent spouse or child loses eligibility for coverage. If you do not notify HCBD of a loss of eligibility, you will continue to make benefit payments until you notify HCBD, and more contributions may be taken out of your check than you owe,
No refund is available for payments made for ineligible dependents.

Also, remember that gross earnings for purposes of determining social security benefits may be reduced by Pre-tax deductions. Consult your tax advisor for details.

Thinking about retiring?

Call MPERA:
Joel Thompson (406) 444-0199 or Armando Oropeza (406) 444-9139

Retiree Checklist
Visit www.benefits.mt.gov under EMPLOYEES tab then under PRE RETIREMENT.

Retiree Annual Change Book
There is a separate retiree booklet available containing important information on your benefit options through the open marketplace (under 65) and/or Medicare supplemental insurance (over 65) Please contact HCBD at 800-287-8266 for more information.

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Benefit Cost Worksheet

for Employees and Legislators

CORE Benefits		
Medical Plan (See rates on page 10)	Cigna	$_____ (a)
Dental Plan (See rates on page 15) Choose Basic or Premium	Delta Dental	$_____(b)
Basic Life Insurance of $14,000 (See page 23)		$_____1.90 (c)
Total Core Benefits Contribution	**Add lines a, b, and c =**	$_____(d)
Optional Benefits		
Flexible Spending Accounts (FSA) (page 21)	Medical FSA	$_____(e)
	Dependent Care FSA	$_____(f)
Vision hardware (See rates on page 17)		$_____(g)
Life Insurance (See rates on page 23)	**Dependent Life for $0.52** ($2,000 / spouse; $1,000 / child)	$_____(h)
	Optional Employee Life (Age rate x every $1,000 of coverage)	$_____(i)
	Supplemental Spouse (Age rate x every $1,000 of coverage)	$_____(j)
Accidental Death & Dismemberment ($0.020 x every $1,000 of coverage or $0.030 with dependents x every $1,000 of coverage)		$_____(k)
Long Term Disability (LTD)[2] (See info on page 25)		$_____(l)
[2]*Legislators are not eligible for LTD*		
Optional Benefits Contribution Total	**Add lines e, f, g, h, i, j, k, and l =**	$_____(m)
Totals		
Core Benefits	Enter amount from line d	$_____(n)
Optional Benefits	Enter amount from line m	$_____(o)
Total Benefits	Add lines n and o	$_____(p)
State Contribution	Enter $887 for active employees and legislators	$_____887(q)
Live Life Well Incentive total[3]		$_____(r)

[3]*Enter $10 for each of the following:*

- *You attended a 2014 State sponsored health screening AND filled out Cigna's online health assessment ($10)*
- *You are tobacco-free or completed a qualifying tobacco cessation program. ($10)*
- *You completed three Next Step activities. ($10)*
- *Your dependent over age 18 completed any or all of the three steps above. ($10-$30)*
- *Joint core members may qualify for a total monthly discount of $120.*

See benefits.mt.gov/pages/incentive.faqs.html for full details.

Member's Total Monthly Costs for 2015 Benefits	Subtract lines q and r from line p	$_____

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Medical Plan

One Plan for all!

The Capitol Plan now combines Cigna's vast group of in-network providers, low co-pays and deductibles, and additional services like naturopathic care from last year's Classic Plan to create the right plan for you.

Who is Eligible?

Employees, legislators, retirees, COBRA members, and dependents (spouse, domestic partner, children) are eligible for the medical plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package. For dependent eligibility, see page 7.

Plan Includes:

- One vision and eye health evaluation per Plan member each year for $10 at an in-network provider
- URx Prescription Drug Coverage (this benefit is administered by Medimpact—NOT CIGNA)
- Use of all Montana Health Centers at no cost
- No cost health screening provided by CareHere

Member Cost:

	In-Network	Out-of-Network
Office Visit	$20 copayment	35% + balance billing
Annual Deductible (Counts towards Annual Max Out-of-Pocket) Applies 1/1/15 — 12/31/15	$750/member $1,750/family	A separate $1,250/member A separate $2,750/family
Coinsurance %	25%	35% + balance billing
Annual Max Out-of-Pocket	$3,300/member $6,600/family	A separate $4,950/member A separate $10,900/family + balance billing
Annual URx Max Out-of-Pocket	$1,650/member $3,300/Family	

Plan Cost

The amount below will be subtracted from the State Share ($887) to see what, if any, cost the Plan member will pay per month.

	Capitol Plan
Employee	$845
Employee & Spouse	$1,070
Employee & Kids	$935
Employee & Family	$1,134
Joint Core	$873

Employees receive 26 paychecks / year. Contributions come out of 24 paychecks / year

In-Network Cost Example

Capitol Plan	Provider Charge	Allowed Fee	Plan Pays	You Pay	Amount Applied Toward	Amount Applied Toward Max Out-
Office Visit	$100	$80	$60	$20	$0	$20
MRI	$1000	$930	$135	$795	$750	$795 (includes deductible)
Lab work	$120	$90	$67.50	$22.50 (25% of the allowable)	$0 (Deductible met above)	$22.50
Total	**$1220**	**$1100**	**$262.50**	**$837.50**	**$750**	**$837.50**

Keep the Montana Health Center in mind!

Montana Health Center	You Pay
Office Visit	$0
MRI (With referral made by MHC provider)	$0
Lab work	$0
Total	**$0**

For more information about the Montana Health Center, see pg. 18

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Plan Details—What the Member Pays

Office/Routine Care		
	In-Network	**Out-of-Network**
Office visits—Includes specialists and naturopathic	$20—Covers office visit charge only	35% + balance billing D
Professional outpatient physical, occupational, cardiac, pulmonary, & speech therapy (max 30 combined days/yr)	$20/visit[1] (copayment applies to each visit)	35% + balance billing[1] (coinsurance applies to each visit) D
Professional Lab/Diagnostic/Injectables	25% (no deductible on injectables without an office visit) D	35% + balance billing D
Durable medical equipment and prosthetics—May require prior authorization	25% D	35% + balance billing D
Allergy shots	$20 for office visit + 25% coinsurance (no deductible; if no office visit) D	35% + balance billing D
Routine Vision Exam (One per member per Plan Year)-If exam is medical, deductible and coinsurance apply. Talk to your provider to find out if your exam is considered routine.	$10	Balance billing for cost over $45
Preventive Services		
Adult preventive services—See P. 13 for more details	$0	35% + balance billing (No deductible for mammograms) D
Adult Immunizations (such as flu and pneumonia)	$0	35% + balance billing D
Well child checkups and immunizations—See the schedule listed in the Summary Plan Document	$0	35% + balance billing D
Emergency and Urgent Care Services		
Ambulance services for medical emergency	25% D	25% + balance billing D
Emergency department and hospital charges—Copayment includes all services (no deductible or coinsurance); copayment waived if admitted, then all inpatient benefits apply.	$250/visit for facility charges+$100 for physician services	$250/visit for facility charges +$100 for physician services + balance billing
Emergency department professional and ancillary charges	N/A	Balance billing
Urgent care facility and professional charges	$35 (covers visit charge only)	$35 (covers visit charge only) + balance billing
Urgent care ancillary (lab/diagnostic/surgical charges)	25% D	25% + balance billing D
Hospital Care		
Inpatient services	25% D	35% + balance billing D
Outpatient services and Surgical Center Services	25% D	35% + balance billing D
Organ transplant—Prior authorization, pre-certification, case management are required. Services must be rendered at a Life Source network facility	25% D	Not covered

[1] Developmental delays are not covered

D =Must meet deductible before coinsurance applies.

Plan Details—What the Member Pays Continued

	In-Network	Out-of-Network
Mental Health and Substance Abuse		
Outpatient professional services—EAP benefits apply for the first 4 visits in-network; see page 27	Visits 1 - 4 no charge; then $20/visit (covers office visit charge only)	35% + balance billing D
Inpatient services[3]	25% D	35% + balance billing D
Maternity Services		
Hospital charges	25% D	35% + balance billing D
Physician charges	25% D	35%+ balance billing D
Ultrasounds	25% D	35% + balance billing D
Routine Newborn Care		
Inpatient hospital and physician charges for routine newborn care	25%	35% + balance billing
Extended Care Services (prior authorization recommended)		
Home health care (Max 70 Days/Plan Year)	25% D	35% D
Hospice	25% D	35% + balance billing D
Skilled nursing (Max 70 Days/Plan Year)	25% D	35% + balance billing D
Inpatient rehabilitation (max 60 days per Plan Year total) See the SPD for details[3]	25% D	35% + balance billing D
Miscellaneous Services		
Dietary/Nutritional counseling Max 3 days/Plan Year	$0 (no deductible, no coinsurance)	35% + balance billing D
Chiropractic/Acupuncture (combined maximum of 20 days/Plan Year)	$20/day	35% + balance billing D
PKU supplies	25% D	35% + balance billing D
TMJ treatment—Requires prior authorization	25% Surgical only D	Not covered

[3] Residential services are not covered

D =Must meet deductible before coinsurance applies.

STATE OF MONTANA HIPAA NOTICE OF PRIVACY PRACTICES

The State of Montana HIPAA Notice is available on our website www.benefits.mt.gov.

If you have any questions about your privacy rights, please contact the Health Plan at the following address:

Contact Office or Person: Amber Godbout, Privacy Official

Health Plan Name: State of Montana Employee Benefit Plan

Telephone: (406) 444-7462 (in Helena) or (800) 287-8266; TTY (406) 444-1421

email: agodbout@mt.gov

Address: Health Care and Benefits Division
PO Box 200130
Helena, MT 59620-0130

Copies of the HIPAA Notice are also available at 100 North Park Avenue, Suite 320, Helena, MT 59601. You may request the Notice by calling Health Care and Benefits or sending a request by email to the above address.

DISCLAIMER

The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010. The United States Departments of Health and Human Services, Labor, and Treasury have issued regulations to help entities comply with PPACA. However, additional clarifications to address issues that may arise under these regulations could also be published by the Departments on an on-going manner through administrative guidance possibly in another form than a regulation. Where the statutes or regulations were not clear regarding benefits, the State of Montana made a reasonable interpretation of the act and made a good faith effort to comply with the statutes and regulations. The State of Montana reserves the right to alter provisions of this document and its plan in order to comply with applicable law.

Covered Preventive Services

Age and gender appropriate preventive care from an **in-network** provider is covered at 100% of the allowed amount without any deductible, coinsurance, or copayment for Plan members.

This complies with the Patient Protection and Affordable Care Act (PPACA).

Periodic exams—Appropriate screening tests (see the Summary Plan Document for a full list of tests)	
Well child care Infant through age 17	Age 0 months through 4 year—up to 14 visits Age 5 years through 17 years—one visit per Plan Year
Adult routine exam Exams may include screening/counseling and/or risk factor reduction interventions for depression, obesity, tobacco use, drug and/or alcohol abuse	Age 18 through 65+—one visit per Plan Year
Preventive screenings	
Anemia screening (CBC)	Pregnant women
Bacteruria screening (UA)	Pregnant women
Breast cancer screening (mammography)	Women age 40+—one per Plan Year
Cervical cancer screening (PAP)	Women age 21 through 65—one per Plan Year
Cholesterol screening (lipid profile)	Men age 35+ (age 20-35 if risk factors for coronary heart disease are present) Women age 45+ (age 20-45 if risk factors for coronary heart disease are present)
Colorectal cancer screening age 50+	Fecal occult blood testing once per Plan Year; OR Sigmoidoscopy every 5 years; OR members age 50 years old or older may receive one colonoscopy per Plan Year regardless of diagnosis at zero cost if provided by an in-network provider. Any additional services related to the colonoscopy (i.e. laboratory, surgical, radiology) services are subject to deductible and coinsurance. Out-of-network services are subject to regular benefits and colonoscopies billed as preventive will only be allowed every 10 years for age 50 or older. Preventive colonoscopies for members under age 50 are not covered unless the member meets the medical policy criteria established by the Third Party Administrator.
Prostate cancer screening (PSA) age 50+	One per Plan Year (age 40+ with risk factors)
Osteoporosis screening	Post menopausal women—65+ (60+ with risk factors)—one bone density x-ray (DXA) every two years
Abdominal aneurysm screening	Men age 65-75 who have ever smoked—one screening by ultrasound per Plan Year
Diabetes screening (fasting A1C)	Adults with high blood pressure
HIV screening **STD screening**	Pregnant women and others at risk Persons at risk
RH incompatibility screening	Pregnant women
Routine immunizations	
Diphtheria, tetanus, pertussis (DTaP; Tdap; TD), haemophilus influenza (HIB), hepatitis A & B, human papillomavirus (HPV), influenza, measles, mumps, rubella (MMR), meningococcal, pneumococcal (pneumonia), poliovirus, rotavirus, varicella (smallpox); for age 50 and older: zoster (shingles)	

Prescription Drug Plan

Administered by MedImpact (888) 648-6764
https://mp.medimpact.com/mtn

What is URx?

URx is your prescription drug benefit. It is administered by MedImpact, NOT CIGNA. You are enrolled in URx when you enroll in the medical plan.

How Does URx Work?

URx aims to make sure members get the best drug for them at the best price. Just because a drug costs more, does NOT mean the drug is better.

The Pharmacy & Therapeutics Committee (PTAC) evaluates drugs based on proven clinical results and financial value to the Plan and member and places drugs in tiers.

Drug Tiers

Look up the tier of your drug at: https://mp.medimpact.com/mtn. Then, talk to your doctor about the options for your medication.

If your drug falls into the D or F tiers, consider asking your doctor for an alternative from the A, B, or C tiers. If no alternative is available, you can apply for an exception by filling out the URx Plan Exception form found at www.benefits.mt.gov.

Most Drugs Are Covered

MedImpact negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. The vast majority of drugs, including those that were not formerly covered, have a discount.

SAVE BIG with Mail Order Pharmacies

You can get a three month supply of some medication for the price of two months!

The Plan pays less for many medications through mail order pharmacies MedVantx and Ridgeway. We pass those savings on to you.
MedVantx (877) 870-MONT (6668)
Ridgeway (800) 630-3214

Specialty Pharmacy

Diplomat Specialty Pharmacy is the 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.

Diplomat Specialty Pharmacy (877) 319-6337

Questions about drug tiers, alternative medications, or drug interactions?
Call the URx Ask-a-Pharmacist program Monday-Friday 8am-5pm
888-527-5879

Prescription Medication Highlights ($1,650 individual/$3,300 family Out-of-Pocket Maximum)

URx Drug Classification Value based on medical evidence	**Drug Tier**	**Deductible**	**Retail Rx** 30 day supply **What you pay**	**Mail Rx** 90 day supply **What you pay**
Excellent	A	$0	$0 copayment	$0 copayment
High	B	$0	$15 copayment	$30 copayment
Good	C	$0	$40 copayment	$80 copayment
Lower	D	$0	50% coinsurance[1]	50% coinsurance[1]
Lowest	F	$0	100% coinsurance[1]	100% coinsurance[1]
Specialty drugs	S	$0	Diplomat—$150 or $250 copayment Pharmacy other than Diplomat — 50% coinsurance[1]	Not covered
Specialty F	SF	Not Covered	Not Covered	Not Covered

[1]*Does not count toward your out-of-pocket maximum.*

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Dental

(866) 496-2370
www.deltadentalins.com/stateofmontana

Dental Plan Options

There are two dental plan options. Both dental plans cover two cleanings and exams per member per Plan Year at 100% of the allowable charge at an in-network provider. Cleanings and exams do not count toward the Type A maximum.

Basic Plan

Yearly maximums[1] per Plan member:

- Type A-$600 (No Deductible)
- Type B & C and Implants—Not covered

Premium Plan

Annual maximums[1] per Plan member:

- Type A-$600 (No Deductible)
- Type B & C-$1,200 ($50 deductible per Plan member/$150 per family per calendar year)
- Implants-$1,500 Lifetime Limit

[1]After the plan pays the annual maximum, you are responsible for 100% of the cost of services.

Plan Cost

	Basic Plan	Premium Plan
Member only	$22	$40
Member and spouse	$34	$61
Member and children	$32.50	$59.50
Member and family	$37.50	$68.50
Joint Core	$26	$47

Find an in-network dentist, view claims, check benefits, and manage your profile online and on your mobile phone
www.deltadentalins.com/stateofmontana

Eligibility: Employees, Legislators, Retirees[2], and eligible dependents.

[2]Retirees under age 65 are required to elect a dental plan unless they waive the entire benefits package; once Medicare eligible, dental coverage is optional.

Delta Dental Networks

Proferred Provider (PPO) $
You usually pay the least when you visit a PPO dentist because they agree to accept the allowable charge.

Premier $$
Premier dentists accept a slightly higher allowable charge than PPO dentists. You pay a percentage of this higher fee.

Non-Network $$$
If you see a non-Delta Dental dentist, you will be responsible for the difference between the allowable charge and what that dentist billed.

Benefits and Covered Services	Limitations / Maximums
Type A—Diagnostic & Preventive (D&P)[3]	One full mouth x-ray and series in any 5 year period
These services are not subject to the annual maximum.	Two sets of supplementary bitewing x-rays in a benefit period
	Two exams and/or cleanings in any Plan Year (fluoride application through age 19)
Type A Services	No deductible; $600 annual maximum for Basic and Premium Plans
Sealants, amalgam fillings, etc.[3]	Sealants limited to covered dependents through age 15; may be applied to molars once per tooth per lifetime.
Type B Services Endodontics, periodontics, extractions, oral surgery, composite fillings, etc.[3]	Type B Services are only covered under the Premium Plan.
Type C Services Crowns, bridges, initial dentures, etc.[3]	Type C Services are only covered under the Premium Plan.
Type C—Implants[3]	Implants are only covered under the Premium Plan. Implants have a separate $1,500 lifetime maximum for those on the premium Plan.

[3]See the Summary Plan Document (SPD) for a full list of covered services and limitations.

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Dental Continued

What You Pay

Basic Plan

Benefits and Covered Services	PPO dentist	Premier dentist	Non-participating dentist
Type A Diagnostic & Preventive[1] (D&P)—Does not count toward type A maximum	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost + Balance billing
Type A Services[1]	0% + any costs incurred after annual maximum is met[2]	0% + any costs incurred after annual maximum is met[2]	0% + any costs incurred after annual maximum is met[2] + Balance billing
Type B & C Services[1]—NOT COVERED (You pay full charged amount)	100%	100%	100%

Premium Plan

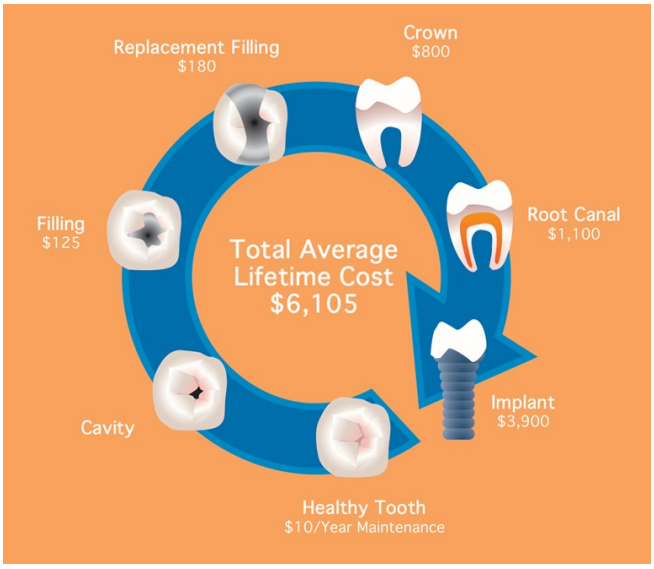
Benefits and Covered Services	PPO dentist	Premier dentist	Non-participating dentist
Type A Diagnostic & Preventive[1] (D&P)—Does not count toward type A maximum	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost + balance billing
Type A Services[1]	0% + any costs incurred after annual maximum is met[2]	0% + any costs incurred after annual maximum is met[2]	0% + any costs incurred after annual maximum is met[2] + Balance billing
Type B Services[1]	20% + any costs incurred after annual maximum is met[2] D	20% + any costs incurred after annual maximum is met[2] D	20% up to annual maximum[2] + balance billing D
Type C Services[1]	50% + any costs incurred after annual maximum is met[2] D	50% + any costs incurred after annual maximum is met[2] D	50% + any costs incurred after annual maximum is met[2] + balance billing D

[1] See the SPD on www.benefits.mt.gov for a full list of types A, B, and C services
[2] See p. 15 for annual maximum amounts and limitations. After the plan pays the annual maximum, you are responsible for 100% of the cost of services.

D =Must meet deductible before coinsurance applies.

Why Preventive Care Makes Sense!

Take advantage of your two no cost cleanings and exams per year at an in-network dentist!



For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Vision Hardware Plan *(Optional)*

All members covered on the medical plan get **one routine vision and eye health evaluation** each year for $10 at an in-network provider.
Members must re-enroll each year for the Vision Hardware Plan.

Network:
Cigna Vision Network. Check their website https://cigna.vsp.com to see all the in-network providers.
Note: Cigna's vision provider network is slightly different from it's network of labs that make vision hardware (VSP). Be sure to check that both your eye doctor and lab are in-network.

Vision Hardware	2015 Monthly Cost
Member only	$5.76
Member and spouse	$10.86
Member and children	$11.42
Member and family	$16.76

Who is Eligible?
Employees, retirees, legislators, COBRA members, and dependents covered on the medical plan. You must re-enroll in vision hardware each year!

New for 2015!
If you choose vision hardware coverage, it will apply to everyone covered on your medical Plan. For example, if your plan covers "Member and spouse", but your spouse doesn't wear glass, you will still pay $10.86/month if you elect the Vision Hardware Plan.

More Details
For full details on the 2015 Vision Plan, visit www.benefits.mt.gov and click on Vision under the Employees tab.

Make sure your doctor and your LAB are in network! It's important to check both by calling (877) 478-7557 or going online https://cigna.vsp.com.

Coverage	In-Network	Out-of-Network
Materials Copayment	**Member pays** $20	N/A
Frame Retail Allowance—*one every two Plan Years* instead of contact lenses	**Plan Pays:** Up to $130	**Plan Pays:** Up to $52
Lenses Allowance		
Plastic or glass eyeglass lenses—*one pair per Plan Year* instead of contact lenses	**Plan Pays:** 100% after Copayment	**Plan Pays:** Up to $45
Standard Polycarbonate lenses (covered for under 18)—*one pair per Plan Year* instead of contact lenses	100% after Copayment	Up to $65
Single Vision ,Bifocal, Trifocal, Lenticular—*one pair per Plan Year* instead of contact lenses	100% after Copayment	Up to $80
Contact Lenses Allowances—*one time benefit per Plan Year* instead of lenses or lenses and frames	**Plan Pays:** $130	**Plan Pays:** Up to $95
Elective Therapeutic (must meet medically necessary criteria)	100%	Up to $210

The Montana Health Centers

Billings, Miles City, Missoula, Helena

The Montana Health Centers operated by CareHere offer no cost primary care services and health coaching to help you on your journey to a healthier lifestyle.

Services

- Primary care
- Same day services with appointment
- Flu shots and other vaccinations
- Health screenings
- Lab services
- Diagnostic service referral
- Health coaching
- Much more

Wellness Coaching

- Registered Nurse-Blood pressure, asthma, and medication management, etc.
- Registered Dietitian-Diabetes, weight loss, and cholesterol management, etc.
- Exercise Physiologist-Exercise, including getting started
- Tobacco Cessation Coach
- Behavioral Health Coach-Stress and Employee Assistance Program

To schedule or change an appointment *ONLINE*:

www.carehere.com

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**.

You may edit or delete your appointment at any time prior to the appointment time. And you can always call (855) 200-6822 to make your appointment at the health center.

Who Can Use Montana Health Centers

Active employees and non-Medicare retirees and their dependents age two and older who are covered on the 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.
Employees injured at work may also go to the Montana Health Center.

New! Montana based customer service for ALL Montana Health Centers

Call: (855) 200-6822 or E-mail: help.montana@carehere.com

Helena (406) 502-1355
helena.montana@carehere.com
405 Saddle Dr Helena, MT 59601
Fax (406) 206-0304
Mon - Fri 7am-6 pm
Sat 7:30 am-4:30 pm

Billings (406) 969-5115
billings.montana@carehere.com
1501 14th St West, Suite 230 Billings, MT 59102
Fax (406) 969-5118
Mon - Fri 7am-6 pm

Miles City (406) 234-0123
milescity.montana@carehere.com
515 Main St Miles City, MT 59301
Fax (406) 234-0278
Mon 8 am-5 pm, Tues 7 am-11 am, Wed 8 am- 5 pm
Thurs 7am-6 pm, Fri 7 am- 6pm
Sat 8 am-12 pm and 1 pm-5 pm

Missoula (406) 926-6720
missoula.mt@carehere.com
1211 S Reserve, Suite 202, Missoula, MT 59801
Fax (406) 206-0317
Mon - Thurs 7 am-6 pm, Fri 9 am-6 pm, Sat 8 am-1 pm

Visit benefits.mt.gov/pages/health.center.html for provider bios and more!

2014 Live Life Well Incentive

Earn up to $30/month* off your 2015 monthly benefits payment by completing these activities before October 31st! Here's how to let us know what you've done to earn the incentive.

Activity	Certification Step
$10 Health Screening/Assessment Discount (Two steps) Complete a State-sponsored health screening with CareHere as soon as possible AND complete the Cigna Online Health Assessment by October 31.	Health Care and Benefits will be automatically notified if you've completed these steps. Want to double check? • Health Screening-Call CareHere (855)200-6822 • Cigna Online Health Assessment-Log in to www.mycigna.com or call 1-855-692-0131
$10 Tobacco Free Discount Get your health screening, complete the Cigna Online Health Assessment, AND be tobacco free and report it on the Cigna Online Health Assessment OR complete the Cigna or Montana Health Center tobacco cessation program and return the form by October 31, 2014.	• If you indicated that you are tobacco free on your Cigna Online Health Assessment, Health Care and Benefits will be automatically notified. • If you completed a tobacco cessation program through Cigna or the Montana Health Center between January 1, 2014 and October 31, 2014, even if you still smoke, you can still get the discount by filling out the Tobacco Cessation Program Completion Certification Form found on benefits.mt.gov under Forms.
$10 Next Steps Discount Get your health screening, complete the Cigna Online Health Assessment, AND complete at least three of the following activities. (You will report them during Annual Change.) • Make an appointment with a health coach at a Montana Health Center or join an online lifestyle/condition management program through Cigna, CareHere or HCBD. • Exercise an average of three days a week, 15 minutes a day. • Get a dental exam. • Get an eye exam. • Update a vaccine (flu shot, tetanus, etc.). • Get a routine annual physical exam.	1. Log in to the MINE site. 2. Click "Employee Self Service" 3. Click "Next Steps Discount" under "Benefits" 4. Follow instructions on the Next Steps Discount Page.

***Double Your Money**

If you have a dependent age 18 or older or spouse/domestic partner on your Plan and he/she completes the activities above and completes the certification steps, it doubles your discount—to a potential maximum of $60/month off per policyholder (up to $120 maximum for Joint Core members).

2015 Live Life Well Incentive

Next year's incentive program is the same, but you must complete **FOUR** Next Step Activities to get the full discount! See below:

Live Life Well
State of Montana Wellness Programs

Earn up to $30/month* off your **2016 monthly benefits payment** by completing these activities before October 31, 2015!

$10 Health Screening/Assessment Discount

Complete a State-sponsored health screening with CareHere AND complete the Cigna Online Health Assessment with your health screening results between Jan 1, 2015 and Oct. 31, 2015.

$10 Tobacco Free Discount

Get your health screening, be tobacco free, and report it on the Cigna Online Health Assessment or complete the Cigna or Montana Health Center tobacco cessation program by Oct. 31, 2015.

$10 Next Steps Discount

Get your health screening, complete the Cigna Online Health Assessment, AND complete at least FOUR of the following activities. (You will report them during Annual Change.)

- **Make an appointment with a health coach at a Montana Health Center or join an online lifestyle/condition management program through Cigna, CareHere or HCBD.**
- **Exercise an average of three days a week, 15 minutes a day.**
- **Get a dental exam.**
- **Get an eye exam.**
- **Update a vaccine (flu shot, tetanus, etc.).**
- **Get a routine annual physical exam.**

***Proof of these activities may be required. See FAQ link below for more details.**

***Double your money!** If you have a dependent age 18 or older or spouse/domestic partner on your Plan and he/she completes the activities above and the required certification steps, it doubles your discount—to a potential maximum of $60/month off per policy holder (up to $120 maximum for Joint Core members).

See our Frequently Asked Questions page for more details!

benefits.mt.gov/pages/incentive.faqs.html

CareHere!

To schedule a **Health Screening** go to www.carehere.com, call (855) 200-6822, or email help.montana@carehere.com

Cigna.

To complete the **Cigna Online Health Assessment** go to www.myCigna.com, call (855)692-0131, or email stateofmontana@cigna.com

Flexible Spending Accounts

Save money by anticipating your family's costs for 2015. If you enroll in a Medical or Dependent Care Flexible Spending Account (FSA), your contributions are taken out of each paycheck—before taxes—in equal installments throughout the Plan Year and put into medical and/or dependent care FSA accounts.

Is an FSA right for me?

FSAs are for anyone who has out-of-pocket medical, dental, vision, hearing, or dependent care expenses beyond what the health Plan covers.

Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes.

If you have $100 or more in recurring or predictable expenses, an FSA can help you stretch your dollars.

For details on who is eligible for Flexible Spending Accounts, refer to the Summary Plan Document.

NEW FOR 2015! $500 Flex Rollover

The IRS now allows you to rollover $500 of Medical FSA from one year to another. This applies starting from 2014 into 2015.

Other Info

- $120/year minimum for both types of FSA
- $2.26/month fee for one or both types of FSA
- $1/month fee for debit card

Your child's change in enrollment from the State of Montana Health Plan to HMK is **NOT** considered a qualifying event to change the amount your State of Montana Flexible Spending Account (FSA) contribution. (See I.R.S. Publication 969 (2009); I.R.C. § 125)

Medical FSA

Annual maximum contribution per employee $2,500[1]+$500[2] rollover. Can be used for:

- Deductibles, copayments, and coinsurance
- Prescription drug costs
- Dental and vision
- Non-covered medical expenses
- See a complete list by visiting www.allegianceflexadvantage.com

[1] Only $500 of your FSA contribution can come from excess state share.

[2]Entire yearly contribution becomes accessible the 2nd paycheck of January. $500 rollover not available until after 120 day period to claim 2014 expenses.

Dependent Care FSA

Dependent Care FSA CANNOT be used for any medical expenses.

Annual maximum contribution per household $5,000 or $2,500[3] if married but filing taxes separately. Can be used for:

- Child care (age 12 and under)
- Disabled dependent care

[3]Funds available only as contributed starting the 2nd paycheck of January.

Remember: Medical FSA funds cannot be used for dependent care, and Dependent Care FSA funds cannot be used for medical expenses.

Medical/Dependent Care FSA(s) Worksheets

Review your Explanation of Benefits (EOB) to get an idea of how much you spent in the last 12 months on health care. The amount you select is taken from your paychecks in 24 installments—*first from any unused state share*, and then from your gross pay (before taxes)—and deposited into your FSA.

Medical FSA Worksheet Up to $2,500/yr

Common Medical Expenses	2015 Estimates
Estimated Medical Costs (deductibles, copayments, coinsurance)	$_____
Estimated Dental Costs	$_____
Estimated Vision Costs	$_____
Estimated Prescription Costs	$_____
Total Estimated 2015 Medical FSA	$_____

Dependent Care FSA Worksheet to $5K

Monthly Care Expenses	
Infant Expenses	$_____
Preschool Expenses	$_____
Before and After School Care	$_____
School Vacation Care	$_____
Total Monthly Expenses	$_____ x 12
Total Estimated 2015 Dependent Care FSA	$_____

Important!

Be sure your total estimated amounts for Medical or Dependent Care FSAs can be divided evenly by 24 (the number of deductions in the Plan Year)

Flexible Spending Accounts Continued

FSA Reimbursement Options

Traditional
File claims with Allegiance by fax, mail, or securely through the Allegiance website.

Joint Processing
Cigna automatically forwards your portion of claims to Allegiance until your flex funds are gone.
This eliminates the paperwork of filing a claim or the time spent online submitting a claim.
If you use flex funds to pay for items later in the year like a child's braces, this option may not be the best for you.
If you select joint processing on medical flex, your must file paper forms for dependent care flex.

Debit Card
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 must use it for both Medical and Dependent Care if you have both.
- You can always file paper forms
- $1/month fee for debit card

You must RE-ENROLL each year for FSA

Mid Year Changes
If you've had a qualifying event, it's important to know what you can and can't change about your flex.
Generally, if you add someone to your plan, you can only increase your FSA contributions. If you delete someone from your plan, you can only decrease your FSA contributions. For more details, contact Allegiance (see contact info below.)

An FSA Example

Mary is a single mother of two earning $42,000 per year ($3,500 gross per month). Her older child will get braces, and Mary will pay the orthodontist $150 per month. Mary takes a prescribed drug that costs $50 per month. Her younger child attends preschool while Mary is at work, and Mary pays $300 per month to the daycare provider. Mary's total qualified medical and dependent care expenses come to $500 per month.
This table is a comparison of Mary's monthly take-home pay without FSAs versus her take-home pay if she enrolls in FSAs. Participation in FSAs puts an extra $140 in Mary's pocket each month ($1,680 per year).

	No FSA	With FSA
Gross pay	$3,500	$3,500
FSA election	$0	$500
FSA Fee $2.26/month	**$0**	$2.26
Taxable pay	**$3,500**	**$2,997.74**
Fed Tax[1]	$314	$242
State Tax[1]	$154	$124
FICA	$268	$230
Net pay	**$2,764**	**$2,401.74**
Prescription[2]	$50	$0
Braces[2]	$150	$0
Day care	$300	$0
$ in Mary's pocket	**$2,264**	**$2,401.74**

[1]tax based on 2013 Federal and Montana payroll tax withholding tables, claiming 3 allowances, and the current 7.65% FICA/Medicare rate.
[2]Without an FSA, medical expenses are only deductible if they exceed 7.5% (over 65 years old) 10% (under 65 years old) of your adjusted gross income.

Keep in mind that gross earnings for determining Social Security benefits may be reduced by Pre-tax deductions. Consult your tax advisor.

Administered by Allegiance Benefit Plan Management • (866) 339-4310
(406) 523-3149 or FAX (877) 424-3539
www.allegianceflexadvantage.com

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Life Insurance

Fully insured and administered by TheStandard® Positively different. **(800) 759-8702**

- 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— can be continued until age 65 or Medicare eligible.

Who Is Eligible? *Basic Life Insurance* is a core benefit for all active employees, legislators, and non-Medicare retirees. Optional life insurance and Accidental Death & Dismemberment 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.

Plan A – Basic Life
- Core benefit for state employees
- $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
- $1,000 of coverage per dependent child.

Plan C – Optional Employee Life
- Available during 31-day enrollment period without *EOI*[1] up to the member's annual salary.
- Enrollment after the 31 days requires *EOI*[1].
- Minimum of your annual salary rounded to the next highest $5,000 up to $500,000 with EOI[1].
- During Annual Change, those employees with existing Plan C coverage may add *an extra $5,000 or $10,000* to their coverage **without EOI**[1] 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*[1] 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 to existing coverage EOI[1] required

Plan E—Optional Accidental Death & Dismemberment
- Available without *EOI*[1].
- **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.

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

Plans		Monthly Contributions
Plan A:	Basic Life	$1.90 per month
Plan B:	Dependent Life	$0.52 per month
Plan C:	Optional Employee Life	(every $1,000 of coverage) x (**Age Rate**)
Plan D:	Optional 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*

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

**The first payment after the employee's birthday will reflect the new rate.*

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Online Life Insurance Beneficiary Designation

Designate your life insurance beneficiaries online through the SABHRS Self-Service application!
It is important that you follow the steps below to ensure your life beneficiary designations are up to date.
If you have not already designated your life Insurance beneficiary online, your beneficiaries are kept on a paper file with your payroll or Human Resource office.

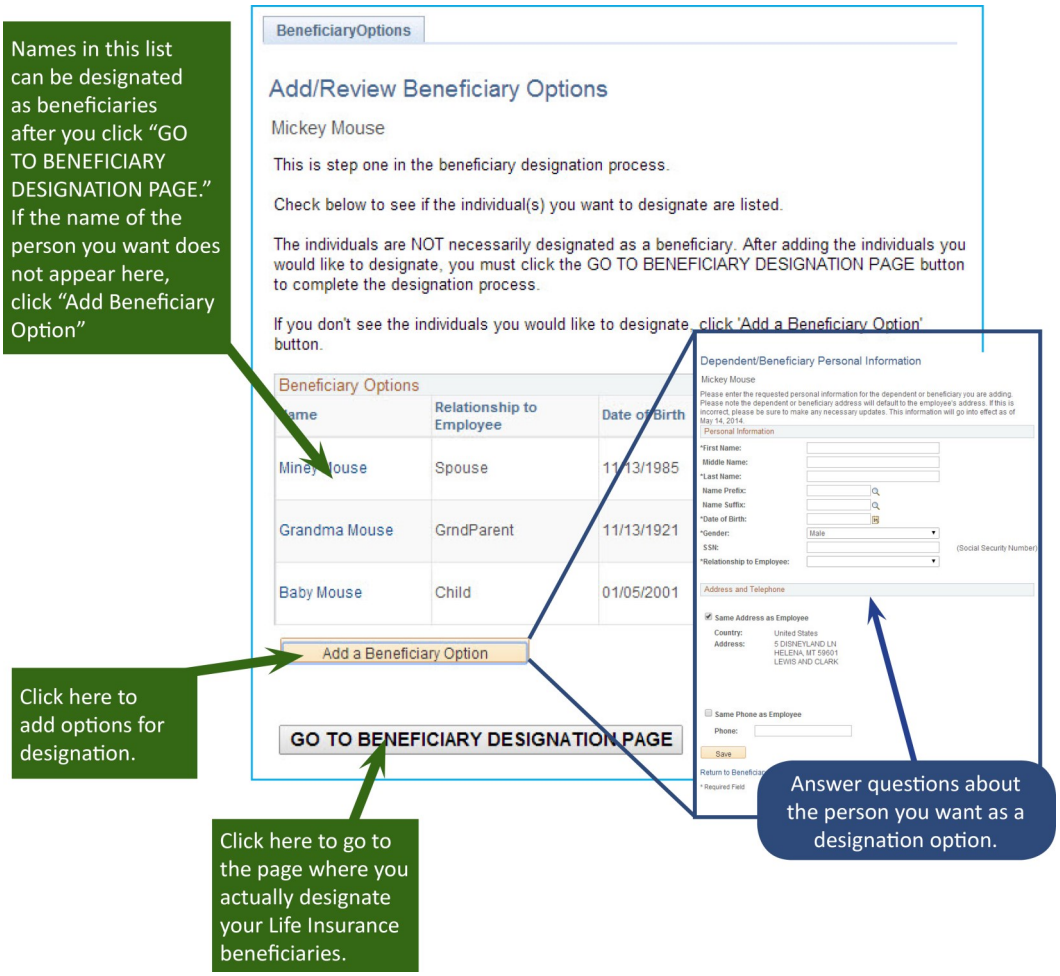
Part 1: Adding Beneficiary Options

To Access from a State computer

1. Log in to mine.mt.gov
2. Click on "Employee Self Service"
3. Click on "Benefits"
4. Click on "Life Beneficiary Designation"

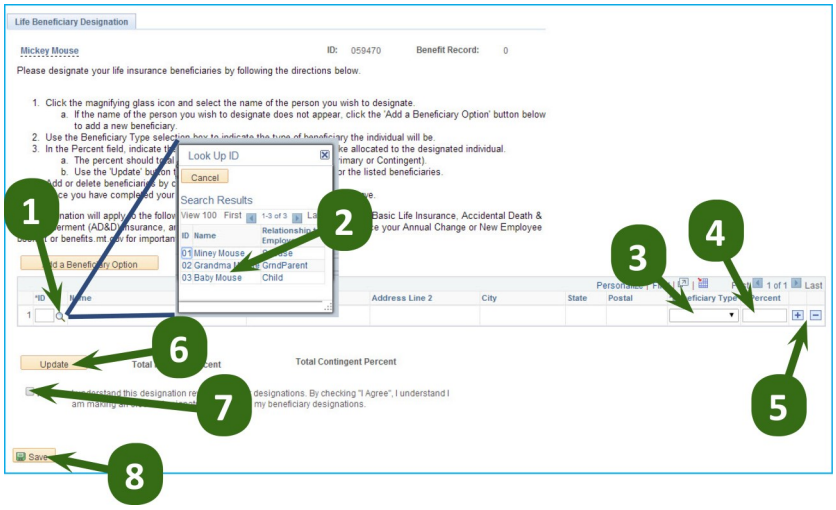
To Access from Home

- Go to the State Employee Access page at www.mt.gov/Employee
- Click MINE Employee Self Service Portal



Part 2: Making Your Life Insurance Beneficiary Designation

1. Click the magnifying glass to start!
2. Chose a name from the list to designate. (If the person you want to designate does not appear, click "Cancel" and then click "Add a Beneficiary Option")
3. Select if you want the person to be a "Primary" or "Contingent" from the dropdown box.
   -You are not required to chose contingents.
4. Type the percent of life insurance you want that person to receive.
   -The percent total for Primary and Contingent (if you add a contingent) beneficiaries must equal 100.
5. Click "+" to add a beneficiary. Click "-" to remove a beneficiary.
6. Click Update to see the percent totals for Primary and Contingent beneficiaries.
7. Read the terms and check the box next to "I Agree."
8. Click "Save" to make your designations official.



Long Term Disability

Voluntary Long Term Disability (LTD) is a benefit 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.

$9.90 per member per month AFTER TAX

Who Is Eligible?

LTD coverage is a voluntary benefit 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 being hired without *Evidence of Insurability (EOI)*[1]. All other applicants must provide EOI[1]. *Refer to the SPD for more information on eligibility.*

New for 2015!
Long Term Disability payments will be taken from your pay AFTER TAX in order to maximize the benefit should you ever need it. When money is put into LTD after tax, the benefit is paid out tax free.

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.

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.

If you become disabled:

- Before age 60—LTD benefits may continue during disability until you reach Social Security Normal Retirement Age.
- 60 or older— benefit duration is determined by your age when disability begins.
- 60-64 —maximum benefit period is five years.
- 65-68— maximum is to age 70.
- 69 and over—maximum is one year.

Advantages of Long-Term Disability Coverage

- LTD covers your inability to work in your own occupation for the first 24 months you are disabled (once you meet the benefit waiting period). Many other policies require you to be totally disabled from all occupations.
- If you are disabled from all occupations after 24 months (once you meet the benefit waiting period), benefits may continue until you are Social Security Normal Retirement Age.
- LTD provides benefits for covered illnesses or injuries that may occur 24 hours a day, both on and off the job.
- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

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

More Information

For more information visit The Standard Insurance Company's website at www.standard.com. Also LTD brochures are available to provide more information on the Plan. These brochures can be found on the HCBD website www.benefits.mt.gov and click on Long Term Disability under the EMPLOYEES tab or by contacting Health Care and Benefits Division at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov.

MEDEX Travel Assist—*also from The Standard*
MEDEX Travel Assist provides pre-trip, medical, travel, legal assistance—and more!
They can even fly you home if you have a medical emergency!
All Plan members who have life insurance have this benefit!

Call (800) 527-0218 for more information or check out the Travel Assistance brochure at www.benefits.mt.govon our forms page .

Fully insured and administered by The Standard Insurance Co • (800) 759-8702 • www.standard.com

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

TheStandard®
Positively different.

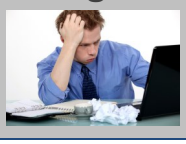
Live Life Well

Health Care and Benefits Division (HCBD) coordinates all of the wellness programs available to members of the State of Montana health Plan. Members can pick and choose as many Live Life Well programs to participate in as they like at no cost.

Visit www.benefits.mt.gov and click on the Live Life Well tab for more information about wellness programs.

Lifestyle Management Programs

Live Life Well offers many lifestyle and condition management programs to State of Montana Plan members. Completing any of the programs listed below could save you money in 2016 with the Live Life Well Discount. Completing a tobacco cessation program qualifies as both a Next Step activity and qualifies you for the Tobacco Free Discount. See p. 20 for more details.

	Cigna **1-855-246-1873** **To sign up for a Cigna program, log into www.myCigna.com or call.**	MONTANA HEALTH CENTER **1-855-200-6822** **To make an appointment with a health coach:** **1. Have your state sponsored health screening.** **2. Have a follow-up appointment with a Health Center provider.** **3. Talk to the provider about scheduling an appointment with a health coach.**
Weight Management	Get support to help build your confidence, become more active, eat healthier and change your habits using a non-diet approach. Use the program online, over the phone – or both.	One on one coaching to create a personalized program including nutrition and mindful eating support with experienced Registered Dieticians and exercise and fitness support with experienced Exercise Physiologists.
Stress Management 	Understand the sources of your stress and learn coping techniques to manage stress both on and off the job. Use the program online, over the phone – or both.	Work one on one with a coach to learn critical coping skills and get support with life transitions, parental support, addiction, and more.
Tobacco Cessation	Get and stay tobacco free. Develop a personal quit plan that's right for you. Use the program online, over the phone – or both.	Individualized quit plan that includes access to tobacco cessation medications if deemed appropriate by a health care provider and one full year of coaching support.
Disease Management	Make educated decisions on your treatment options and more. A health advocate may be calling you to get things started, or you can call someone at any time. The programs also offer a variety of self-service resources to help you better understand your condition and overcome barriers to better health.	Teams of healthcare professionals including physicians, mental health care providers, physician assistants, nurse practitioners, nurses, dietitians, fitness experts to give you the best overall care. Incentive Plans reward you with medical supplies at no cost to you and cash rewards. Talk with a Montana Health Center provider for a full list of incentives for conditions.

Live Life Well Continued

Cigna Healthy Pregnancies, Healthy Babies®

1-855-246-1873

Supports you in managing your pregnancy and keeping you and your baby healthy.
Get rewarded for a good decision.

Counts as a Next Step activity

- $250 after delivery if you enroll during your 1st trimester
- $125 after delivery if you enroll during your 2nd trimester
- 24/7 over the phone nursing support
- Preconception information, pregnancy support, infertility coaching
- Text 511411 to get more! BABY for English, BEBE for Spanish.

You can get prenatal vitamins at no cost through the URx pharmacy Plan!
Breastfeeding benefits are also available. Visit www.benefits.mt.gov and look for "Breastfeeding " under the Live Life Well tab.

Weight Watchers

Counts as a Next Step activity

Members and dependents 18 and over on the Plan get reimbursed up to $75 every two years if they meet all the requirements found on the HCBD website www.benefits.mt.gov.

Onsite Presentations

The health coach comes to you! Great for conferences, staff meetings, or sessions to address work life wellness issues. Popular presentations include stress management, nutrition, safety, and much more!

Case Management

1-855-246-1873

If you have a new or complicated diagnosis, Cigna can help you navigate the system.
A Nurse Case Manager can:

- Help you understand your current condition or diagnosis, treatment Plan, and treatment options
- Serve as a patient advocate as questions of care or coverage come up
- Act as a point of contact to help coordinate care
- SAVE YOU MONEY by
  - Helping you make the best use of your health Plan and URx pharmacy benefits
  - Providing referrals and information about wellness programs and other no cost resources
  - Helping you get cost effective durable medical equipment and supplies

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Employee Assistance Resources (EAR)

"If you have a concern, we have an EAR."

Julaine Beatty- Behavioral Health and Employee Assistance Program Manager
406-444-2528 jbeatty@mt.gov

Resources for employees:

- Understanding EAP mental health benefit
- Locating specific mental health service providers
- Navigating state benefits to meet individual needs
- Conflict resolution in the workplace

Resources for managers:

- Consultation and assistance with workplace communication
- Partner with Human Resources to resolve employee issues
- Assistance in setting up S.M.A.R.T. goals for yourself and/ or your department. (S.M.A.R.T.= Specific, measurable, achievable, relevant, and time-based.)

Workers' Compensation Management Bureau

Program Description

The Workers' Compensation Management Bureau develops programs to enhance the safety of work environments, assist State of Montana injured workers in their healing process, and make sure that all injured State of Montana employees are returned to work as soon as medically appropriate following work-related injuries or occupational diseases.

Who Is Eligible?

All active State of Montana employees are eligible for these programs.

Safety

Working Safely—Getting Started

The first step toward keeping yourself and others injury-free is awareness of safety tools available.

1. ***Be aware*** of your environment and head off problems before an injury occurs. Participate in safety training and programs when available to learn how to keep yourself, your work environment, and your coworkers safe.
2. ***Use proper safety equipment*** and follow recommended safety instructions. Get the right equipment for the job to avoid injury (that includes office work—repetitive motion injuries are a significant portion of our work-related injuries and occupational diseases).
3. ***Take safety seriously***. A moment of distraction or carelessness is all it takes to cause a lifetime of disability.
4. ***Take responsibility*** for keeping yourself and others safe.

Did you know that a recent disability guideline study found workplace injuries increase where there are other health conditions such as obesity and diabetes? Wellness programs focus on prevention, and preventing injuries from happening in the first place is always best!

Safety Resources

Safety is an integral part of the Workers' Compensation Management programs for State of Montana employees. Department of Administration, Department of Labor, and Montana State Fund are cooperating to make sure workers have access to safety management services to reduce the number of work-related injuries and occupational diseases.

Return to Work

Reporting an Injury

Work-related injuries and occupational diseases must be reported to our workers' compensation insurance carrier, the Montana State Fund, within 24 hours. The employee and supervisor fill out and send in the First Report of Injury (FROI). Report occupational diseases as quickly as possible. The FROI link can be found online at http://benefits.mt.gov/pages/wcmb.html.

If you have any questions about filing a claim, contact your Human Resources staff for assistance.

Fraud Finders

What is fraud? It is more than an employee faking an injury. It includes medical providers billing excessive or uncompleted medical services or employers falsifying payroll records to lower premiums. When fraud occurs, it costs all of us, and it is ***AGAINST THE LAW!***

To report suspicious activity, you can fill out Montana State Fund's online reporting form or call their Fraud Hotline: 888-MTCRIME (888-682-7463). All contacts will remain strictly confidential.

For more information, contact:
Lance Zanto, Bureau Chief (406) 444-5689
Stephanie Grover, Safety and Loss Control (406) 444-0122
Matthew Chambers, Return to Work (406) 444-7016
http://benefits.mt.gov/pages/wcmb.html

WORKERS' COMPENSATION
MANAGEMENT BUREAU

Notes

Glossary

Allowable Charges—Charges that are both: a. For services covered by the Plan, in which you are enrolled, and
b. Within the allowable fee established by the Plan Administrator.

Balance Billing—The amount over the plan's allowable fee that may be billed to the member by an out-of-network provider

Benefits Payment/Contribution— The amount an employee, retiree, or legislator contributes out-of-pocket to participate or for their dependent(s) to participate in a benefit plan

Certification/Pre-certification—Certification is a determination by the plan administrator that a hospital inpatient stay meets medical necessity criteria for inpatient benefits. Additionally, a determination that the inpatient hospital stay also meets (or fails to meet) the criteria for the in-network level of benefits. Pre-certification is certification in advance of a non-emergency admission.

Coinsurance—Coinsurance is a means of cost sharing. The Plan pays a percentage of allowed charges (after any applicable deductible has been met) and the member pays a percentage - the coinsurance.

Copayment—Copayment, like coinsurance, is also a type of cost sharing. You pay a fixed dollar amount, the copayment, for a covered service and the Plan pays remaining allowable charges.

Deductible—Allowed charges a member and family must pay before a medical plan makes payment. The deductible applies to the Plan Year, regardless of hire date.

In-Network Provider—A covered health care provider who has (or group of providers who have) contractually agreed to provide medical services to members of a health plan according to the fees and other terms of a plan contract. Benefits for services provided in-network (by an in-network provider) are typically higher level benefits (the in-network level of benefits) than benefits for services out-of-network (by another provider).

Joint Core—An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum, and they may have a slightly lower benefits payment than enrolling separately.

Out-of-Network Provider—Any covered provider who is not an in-network provider designated by the plan administrator. Out-of-network providers include providers who are participating only to the extent that they accept a plan's allowable fees, but who have not agreed to other terms of a network contract.

Out-of-Pocket Maximum—The maximum amount of any coinsurance which is credited toward a plan's out-of-pocket maximum that you must pay in a benefit year for:
a. An individual member (the individual out-of-pocket maximum); or
b. Enrolled family members (the family out-of-pocket maximum).
Once a member meets the plan's individual out-of-pocket maximum, no more coinsurance which is credited toward the out-of-pocket maximum must be made for that member for the remainder of the benefit year. Once an enrolled family has met the plan's family out-of-pocket maximum, no more coinsurance which is credited toward the out-of-pocket maximum, must be made for any enrolled family member for the remainder of the benefit year.

Participating Provider—A provider who has agreed to accept allowable charges as payment in full and not bill State Plan members extra amounts. Lists of in-network providers for the medical and dental plans, as well as participating pharmacy providers for the prescription drug plan, are available at the website of the plan administrator or by calling the customer service number on the identification card for the plan.

Plan Year—The period starting January 1 and ending December 31 of each year

Prior Authorization—A process to inform you whether a proposed service, medication, supply, or ongoing treatment meets the following criteria for coverage by your selected medical, prescription drug, or dental plans:
a. Is medically necessary;
b. Complies with applicable medical policy;
c. Is a benefit of the plan; and
d. In the case of prior authorization, whether it meets criteria for the in-network level of benefits.
See the Summary Plan Document for more information on obtaining a prior authorization.

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).

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications