

2016
NEW
EMPLOYEE
Book



A Message from DOA Director Sheila Hogan

Dear Members of the State Employee Benefit Plan,

As you know, health care costs around the country continue to rise. The Health Care and Benefits Division (HCBD) is working hard to control costs to our self-funded plan in many ways such as looking at new ways to cut medical costs, increasing case management on high dollar claims like cancer and heart attacks, and piloting new programs to save money on prescriptions, but they need your help.

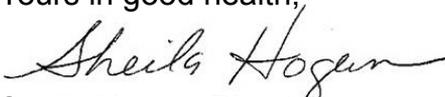
I hope you join me in taking these steps to better health:

- If you live near a Montana Health Center, make one of their providers your “regular doctor.”
- Use in-network doctors and dentists.
- Consider switching to a mail-order pharmacy if you take a medication regularly.
- Live Life Well by participating in wellness programs and challenges offered by the State.
- If you’re retired or plan to do so soon, consider alternative coverage options like the Health Care Marketplace (under 65) or Medicare supplement options (over 65.)

Following these tips can save you money, and help curb the State Plan costs.

Finally, be sure to pay close attention to communications from HCBD. They send important information throughout the year via email and paper mail that you don’t want to miss.

Yours in good health,

A handwritten signature in black ink that reads "Sheila Hogan". The signature is fluid and cursive, with the first letters of "Sheila" and "Hogan" being capitalized and prominent.

Sheila Hogan, Director
Department of Administration

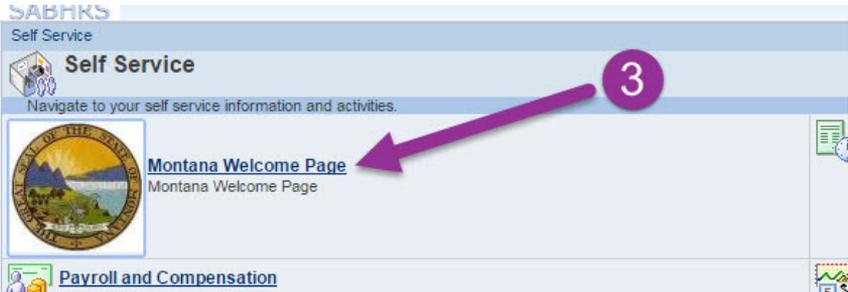
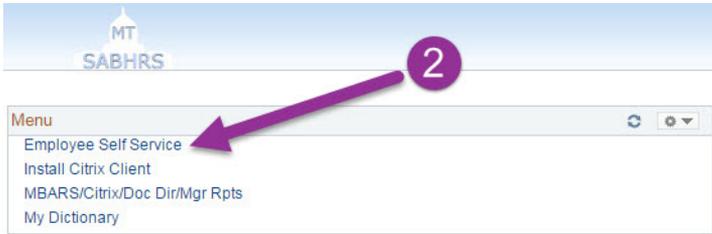
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How to Enroll In Benefits

Log Into the MINE Site

1. Log into MINE: <http://mine.mt.gov>
2. Click “Employee Self Service”
3. Click “Montana Welcome Page”
4. Watch the videos and follow the on screen instructions.



To access MINE from home:

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

5 The State of Montana Benefit Plan

The State of Montana Benefit Plan (State Plan) is self-funded. This might be a little different than the “insurance” you’re used to.

Traditional Insurance

With traditional insurance, you pay an insurance company a monthly premium and if you go to the doctor or hospital, that company pays some of the cost. The company you pay decides what’s covered and how much you pay out-of-pocket. They also accept all the liability in case you have a big claim like cancer or a heart attack.

The Self-Funded State Plan

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

- Decides what’s covered in accordance with state and Federal law;
- Sets the monthly rates and out-of-pocket costs; and
- Carries the liability for all 33,000 members of the State Plan.

Our Third-Party Administrators (TPAs) and Vendors

With 33,000 members state-wide, the State needs a little help. That’s why we contract with outside companies to process our claims.

We also rely on these companies for their expertise and cost saving contracts.

Our TPAs include:

- Allegiance - Medical, Vision and Vision hardware, Flexible Spending Accounts
- Delta - Dental
- URx - Prescriptions

We also pay a few other companies for some services:

- CareHere manages the Montana Health Centers
- The Standard provides fully insured life, accidental death and dismemberment and long term disability insurance options.

The Bottom Line

Because it’s your money and taxpayer dollars that fund the State Plan, we all have to work together to be good health care consumers. You can do that by:

- Reading this book carefully and understanding your benefits;
- Reading the emails and mail sent home by Health Care & Benefits and visiting www.benefits.mt.gov on a regular basis; and
- Taking good care of your health by engaging in Live Life Well programs.

Enrollment Period

You have 31 days from your date of hire to enroll.

Employees who enroll in the State of Montana Benefit Plan (State Plan) must take the core benefits. Your coverage is effective starting from your date of hire. Flexible spending accounts may become effective on a different date. See p. 30 for details.

Core Benefits:

- The Capitol medical plan including prescription coverage and an annual eye exam;
- The Premium dental plan; and
- Basic life insurance (\$14,000).

Optional benefits:

- Medical and/or dental coverage for dependents;
- Vision hardware coverage;
- Additional life insurance for you and/or your dependents;
- Long-term disability (LTD) coverage;
- Accidental Death & Dismemberment (AD&D) coverage; and
- Flexible spending accounts for medical and/or dependent care

State Share

Employees get \$976/month toward their benefits. This is called State Share.

Proof of Eligibility

If you want to add a spouse, domestic partner, or dependents to the plan, you must provide proof of their eligibility. HCBP will let you know what to provide after your elections have been submitted.

Paying for coverage

Your monthly benefit payment above State Share is automatically deducted from your pay over 24 pay periods each year.

You start owing your monthly benefit payment from your date of hire. If you don't submit your benefit choices until after your first pay period, you'll see two pay periods worth of payments come out of your second paycheck. After that, the payments will be distributed evenly.

Tax Information

Most of your benefits will be deducted pre-tax out of your paycheck with the exception of the following:

- Dependent life insurance coverage
- Supplemental spouse life insurance coverage
- Employee life coverage over \$50,000
- Long term disability insurance coverage

Benefit Cards

You will receive medical, dental, and prescription drug identification cards within six weeks of returning your forms.

After the Enrollment Period/Waiving Coverage

If you waive coverage or do not enroll in your first 31 days, you may be able to join the State Plan at a later date, but you will only be eligible for core benefits for yourself. You will not be able to add a spouse or dependents to the plan or elect optional benefits without a qualifying event.

If you enroll after the first 31 days of employment, the effective date will not be retroactive to your hire date.

Annual Change Elections

You will have the opportunity to make changes to your State Plan options during Annual Change that takes place each fall. These changes take effect January 1 of the following year. Be sure to read all mail and email that come from Health Care and Benefits for details about Annual Change.

Summary Plan Document

This is where you go for the details of all aspects of our plan including what's covered, eligibility, qualifying events, and enrollment. View the SPD on our website www.benefits.mt.gov.

Tax Status Flowchart

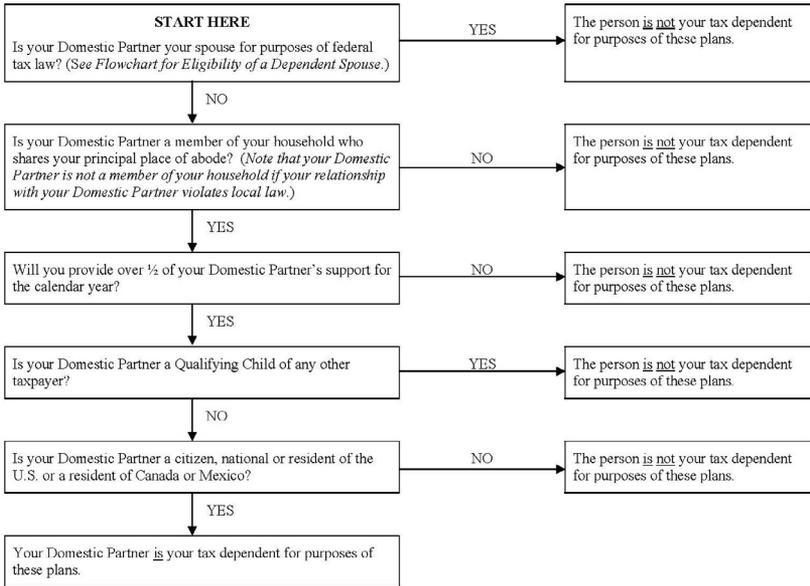
Spouse/Dependents

Payments for qualified spouse/dependent coverage on the State Plan will be deducted from your pay pre-tax.

Domestic Partner

If you elect to cover a domestic partner on the State Plan, HCBG will send you a tax status form to complete. See the flow chart below to see if your domestic partner qualifies for pre-tax status.

FLOWCHART FOR DEPENDENT STATUS OF A DOMESTIC PARTNER

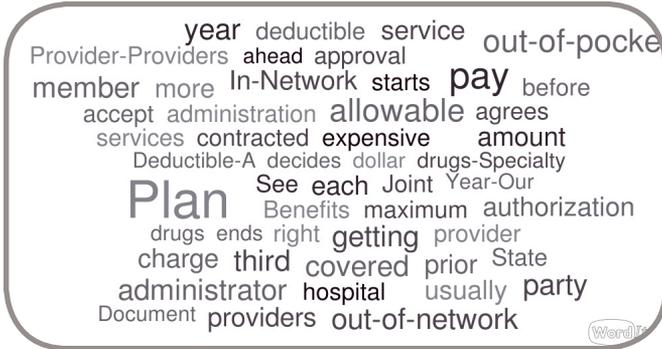


- If your Domestic Partner is your tax dependent for purposes of these plans, then you should put a check in the box next to "Yes" on the Declaration of Tax Status form.
- If your Domestic Partner is not your tax dependent for purposes of these plans, then you should put a check in the box next to "No"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

Notes

Benefit Term Decoder

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



Allowable Charges-The amount a provider agrees to accept for a service based on what the network administrator agrees to pay.

Balance Billing-The amount over the Plan's allowable charge that may be billed to the member by an out-of-network provider.

Benefits Payment/Contribution-What you pay each month for your State of Montana Benefit Plan coverage.

Coinsurance-Coinsurance is the percent of an allowable charge you pay after you meet any applicable deductible.

Copay-A copay is a fixed dollar amount you pay for a covered service. The Plan pays the rest of the allowable charge.

Deductible-A deductible is how much you must pay each Plan Year before the Plan starts to pay.

Out-of-Pocket Maximum-The out-of-pocket maximum is the most you'll have to pay for covered services in a Plan Year. There are separate out-of-pocket maximums for in-network and out-of-network providers and for members vs. families. (See the out-of-pocket chart on p. 8).

In-Network Provider-Providers who are contracted with the network administrator and agree to accept allowable charges. In-Network providers usually cost less to the member and the Plan.

Out-of-Network Provider-Providers who have not contracted with the network administrator. Out-of-Network providers are usually more expensive to both the member and the Plan.

Certification/Pre-certification- Certification means the third party administrator decides if an inpatient hospital stay meets the criteria to be covered by the plan. Pre-certification is getting approval for non-emergency hospital stays ahead of time.

Prior Authorization-Prior authorization is getting approval for a service, medication, or medical supply before you have it to make sure it will be covered by the Plan. Getting prior authorization ensures that you're getting the right services for the right price. This saves the member and the Plan money. 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). They are typically very expensive.

Plan Year-Our Plan year starts January 1 and ends December 31 each year.

Joint Core-If you and your spouse both work for the State and have at least one dependent enrolled on the State Plan, you can elect to be Joint Core. Then the whole family shares on out-of-pocket maximum, and may have a slightly lower benefits payment than enrolling separately.



Benefit Cost Worksheet

For Employees and Legislators

Core Benefits		
Medical Plan (Rates on p. 13)		\$ _____ (a)
Dental Plan (Rates on p. 22)		\$ _____ (b)
Basic Life Insurance of \$14,000 (p. 30)		\$1.90 (c)
Total Core Benefits Contribution	Add lines a, b, and c =	\$ _____ (d)
Optional Benefits		
Flexible Spending Accounts (FSA) (p. 28)	Medical FSA	\$ _____ (e)
	Dependent Care FSA	\$ _____ (f)
Vision Hardware (Rates on p. 24)		\$ _____ (g)
Life Insurance (Rates on p. 30)	Dependent Life	\$ _____ (h)
	Optional Employee Life	\$ _____ (i)
	Supplemental Spouse	\$ _____ (j)
Accidental Death & Dismemberment (Rates on p. 30)		\$ _____ (k)
Long Term Disability (LTD) (p. 32)		\$ _____ (l)
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		\$976 (q)
Live Life Well Incentive total*		\$ _____ (r)
<p>*Enter \$10 for each of the following:</p> <ul style="list-style-type: none"> • You attended a 2015 State sponsored health screening (\$10) • You are tobacco-free or completed a tobacco cessation program. (\$10) • You completed four 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 up to \$120. <p>See www.benefits.mt.gov/discount for full details.</p>		
Member's Total Monthly Costs for 2016 Benefits	Subtract lines q and r from line p	\$ _____

Medical Plan

Monthly Cost

The amount below will be subtracted from the State Share (\$976) to see what, if any, cost the Plan member will pay per month.

Employee	\$963
Employee & Spouse	\$1,183
Employee & Children	\$1,034
Employee & Family	\$1,260
Joint Core	\$995



Plan Includes

- One eye exam per Plan member each year with a \$10 copay at an in-network provider
- URx Prescription Drug Coverage
- Use of all Montana Health Centers at no cost
- No-cost health screening provided by CareHere

Third Party Administrator

Alliance Benefit Plan Management processes medical and vision claims for the State Plan. Remember, it's the State that decides rates, out-of-pocket costs, and what's covered.

Questions



1-800-287-8266

www.benefits.mt.gov

- Eligibility-Who's covered
- Mid-year Changes
- Annual Change
- Pay deductions
- Live Life Well Incentive



1-855-999-1057

www.askallegiance.com/som

- Claims/billing
- In-network providers
- Online account info.
- What's covered
- Pre-authorization
- Case management

Eligibility

For detailed information on who's eligible for the State of Montana Benefit Plan, please refer to the Summary Plan Document available at www.benefits.mt.gov.

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

Medical Plan Out-of-Pocket Costs

	In-Network	Out-of-Network
Montana Health Center	\$0 Copay	
Primary Care Office Visit (including naturopathic)	\$25 Copay	35% + balance billing
Specialist Office Visit	\$35 Copay	
Urgent Care Office Visit	\$35 Copay	
Annual Deductible (Counts towards Annual Max Out-of-Pocket) Applies 1/1/16 — 12/31/16	\$1,000/ member No Family Deductible	A separate \$1,500/member
Coinsurance %	25%	35% + balance billing
Annual Max Out-of-Pocket	\$4,000/ member \$8,000/family	A separate \$4,950/member A separate \$10,900/family + balance billing
Annual URx Max Out-of-Pocket	\$1,800/ member \$3,600/Family	

General/Preventive Medical Services

	In-Network	Out-of-Network
General Medical Services		
Professional outpatient physical, occupational, cardiac, pulmonary, & speech therapy (max 30 combined days/yr)	\$25/visit	35% + balance billing/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	Office visit copay + 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. 18 for more details	\$0	35% + balance billing (No deductible for mammograms) D
Adult Immunizations--See p.19	\$0	35% + balance billing D
Well child checkups and immunizations—See the schedule listed in the Summary Plan Document	\$0	35% + balance billing D

D =Must meet deductible before coinsurance applies.

16 Emergency, Hospital, & Mental Health

	In-Network	Out-of-Network
Emergency and Urgent Care Services		
Ambulance services for medical emergency	25% <input type="checkbox"/>	25% + balance billing <input type="checkbox"/>
Emergency department and hospital charges—Copoly includes all services (no deductible or coinsurance); copay 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% <input type="checkbox"/>	25% + balance billing <input type="checkbox"/>
Hospital Care		
Inpatient services	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>
Outpatient services and Surgical Center Services	25% <input type="checkbox"/>	35% <input type="checkbox"/>
Transplants—Prior authorization, pre-certification, case management are required. Services must be rendered at a Center of Excellence with the designated transplant network.	25% <input type="checkbox"/>	Not covered
Mental Health and Substance Abuse		
Outpatient professional services	\$25/visit (covers office visit charge only)	35% + balance billing <input type="checkbox"/>
Inpatient services	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>

=Must meet deductible before coinsurance applies.

*Developmental delays are not covered

Maternity, Extended Care, & Misc.

	In-Network	Out-of-Network
Maternity Services		
Hospital charges	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>
Physician charges	25% <input type="checkbox"/>	35%+ balance billing <input type="checkbox"/>
Ultrasounds	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>
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% <input type="checkbox"/>	35% <input type="checkbox"/>
Hospice	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>
Skilled nursing (Max 70 Days/ Plan Year)	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>
Inpatient rehabilitation (max 60 days per Plan Year total) See the SPD for details ²	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>
Miscellaneous Services		
Dietary/Nutritional counseling Max 3 days/Plan Year	\$0 (no deductible, no coinsurance)	35% + balance billing <input type="checkbox"/>
Chiropractic/Acupuncture (combined maximum of 20 days/Plan Year)	\$25/day	35% + balance billing <input type="checkbox"/>
PKU supplies	25% <input type="checkbox"/>	35% + balance billing <input type="checkbox"/>
TMJ treatment—Requires prior authorization	25% Surgical only <input type="checkbox"/>	Not covered

=Must meet deductible before coinsurance applies.

²Residential services are not covered

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 copay 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)	
RH incompatibility screening	
STD screening	Pregnant women and others at risk
HIV screening	
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)
Prostate cancer screening (PSA) age 50+	One per Plan Year (age 40+ with risk factors)

Preventive Screenings Continued	
Colorectal cancer screening	<ul style="list-style-type: none"> • Fecal occult blood testing once per Plan Year; OR • Sigmoidoscopy every 5 years; OR • Members age 50+ and members under 50 who meet the medical policy criteria established by the Third Party Administrator 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
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 sugar
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

URx

URx is your prescription drug benefit. It is administered by MedImpact. You are enrolled in URx when you enroll in the medical plan. URx aims to make sure members get the best prescription for them at the best price. Just because a medicine costs more, does NOT mean it is better.

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.

Prescription Medication Highlights (\$1,800 individual/\$3,600 family Out-of-Pocket Maximum)			
Drug Tier	Deductible	Retail Rx 30 day supply What you pay	Mail Rx 90 day supply What you pay
A	\$0	\$0 copay	\$0 copay
B	\$0	\$15 copay	\$30 copay
C	\$0	\$50 copay	\$100 copay
D	\$0	50% coinsurance*	50% coinsurance*
F	\$0	100% coinsurance*	100% coinsurance*
Specialty	\$0	Diplomat-\$150 or \$250 copay Pharmacy other than Diplomat-50% coinsurance*	Not covered
Specialty NC		Not covered	Not covered

*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.

Mail Order & Specialty Pharmacy

SAVE BIG with Mail Order Pharmacies

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

The Plan pays less for many medications through mail order pharmacies, Costco and Ridgeway. We pass those savings on to you.

- Costco (You do NOT need to be a Costco member)
(800) 607-6861
- 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



URx Ask-a-Pharmacist program

(888) 527-5879

Monday-Friday 8am-5pm

Drug tiers
Alternative medications
Drug interactions
And more!

Monthly Cost

	Premium Plan
Member only	\$41.10
Member & Spouse	\$62.50
Member & Children	\$61
Member & Family	\$70
Joint Core	\$48

Third Party Administrator

Delta Dental processes dental claims for the State Plan. Remember, it's the State that decides rates, out-of-pocket costs, and what's covered.



(866) 496-2370

[www.deltadentalins.com/ stateofmontana](http://www.deltadentalins.com/stateofmontana)

Claims/billing

Cost estimates

In-network providers

Online account info.

Delta Dental Networks

\$ Preferred Provider (PPO)

You usually pay the least when you visit a PPO dentist because they agree to Delta's lowest contracted fees.

\$\$ Premier

Premier dentists have slightly higher contracted fees than PPO dentists. You may end up paying more out-of-pocket at a Premier dentist.

\$\$\$ Non-Network

If you see a non-Delta Dental dentist, you will be responsible for the difference between the allowable charge set by Delta and what that dentist bills.

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

Dental Plan Details

Premium Plan	
	Deductible for B & C Services and Implants- <ul style="list-style-type: none"> \$50 per member \$150 per family Deductible is waived for Type A services including Diagnostic & Preventive
Examples of Covered Services*	
Type A Services Sealants- children to age 16 Fluoride- children to age 19 Diagnostic & Preventive <ul style="list-style-type: none"> X-Rays Cleanings Exams 	Plan pays up to a combined total \$1,800 worth of A, B, and C services per member per year. Member pays 100% after that. 20% Co-insurance on type B Services 50% Co-insurance on type C Services
Type B Services Endodontics (root canals) Oral Surgery Periodontics (gum treatment) Restorative (all fillings)	
Type C Services Crowns Prosthodontics (inlays, onlays, bridges, and dentures) Implants	
Implants	

*These are just examples of covered services. Other services may be available and some services have exclusions and limitations. Be sure to call Delta (866) 496-2370 to learn more.

Eligibility

Employees, Legislators, Retirees*, COBRA members, and eligible dependents.

*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.

Vision Hardware Plan

Eye Exam

ALL members covered on the medical plan have Cigna Vision Service Program (VSP) through Allegiance. This provides one routine vision and eye health evaluation each year with a \$10 copay at an in-network provider.

Vision Hardware Coverage

You may enroll for Vision Hardware coverage each year for an extra cost.

- If you elect vision hardware coverage, it will apply to everyone covered on your medical plan
- Is administered by Allegiance through Cigna VSP
- Must re-enroll each year

Monthly Cost

Member Only	\$7.64
Member & Spouse	\$14.42
Member & Children	\$15.18
Member & Family	\$22.26

VSP LOGO

(877) 478-7557

stateofmontana@cigna.com

<https://cigna.vsp.com>

In-network eye doctors and vision hardware labs

Plan Details

Vision claims

Eligibility

Employees, retirees, legislators, COBRA members, and eligible dependents covered on the medical plan.

Vision Hardware Plan Details



	In-Network	Out-of-Network
Materials Copay	\$20	N/A
Lenses -One pair per plan year instead of contact lenses		
Plastic or glass	100% after Copay	Up to \$45
Standard Polycarbonate (covered for under 18)		Up to \$65
Single Vision ,Bifocal, Trifocal, Lenticular		Up to \$80
Frames One every two Plan Years instead of contact lenses	Plan Pays: Up to \$130	Plan Pays: Up to \$52
Contact Lenses One time benefit per Plan Year instead of lenses or lenses and frames	\$130	Up to \$95
Elective Therapeutic (must meet medically necessary criteria)	100%	Up to \$210



The Montana Health Centers

Anaconda, Butte, Billings, Helena, Miles City, Missoula



Visit

WWW.HEALTHCENTER.MT.GOV

Learn all about your Montana Health Center:
Services, hours of operation, provider bios and more!

The Montana Health Centers operated by CareHere offer no cost primary care services and health coaching to help you on your journey to well-being. Consider making a Montana Health Center near you your “regular doctor!”

Services

Primary care, same day services with appointment, flu shots and other vaccinations, health screenings, lab services, diagnostic service referral, health coaching, and much more!

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.

Appointments

Visit www.carehere.com or call (855) 200-6822.

The first time you go to www.carehere.com, you will need to register. The system will ask you for your code. The code is MANA9.

Well-being Services



Live Life Well and the Montana Health Centers partner to offer many lifestyle and condition management programs to State of Montana Plan members. Some programs offer co-payment reductions on applicable medications for participating members.

Five Ways to Connect with a Health Coach

1. Call or email one of the coaches found at www.healthcenter.mt.gov/Health-Coaching
2. Call 1-855-200-6822 and ask for a health coaching appointment
3. Follow the steps below:
 - a) Have your state sponsored health screening.
 - b) Have a follow-up appointment with a Health Center provider.
 - c) Ask the provider about making an appointment with a coach.
4. Attend a wellness presentation or invite a coach to your workplace.
5. If you live outside a health center area, you can either travel to a health center to visit one of the Health Center health coaches in-person, or you can contact HCBD at lifelifewell@mt.gov or (800) 287-8266.



Nutrition

Diabetes, weight management, lowering cholesterol, allergies, sports performance...

Exercise

Group fitness classes, personal training, personalized plans, working with injuries...

Tobacco, Stress, etc.

Stress management, tobacco cessation, work/life balance...



Nursing

Blood pressure, asthma, medication management, diabetes...

Other Medical Conditions

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.



Talk with a Montana Health Center provider for plan that is right for you.

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

Flexible Spending Accounts

Visit www.allegianceflexadvantage.com for full details.

**You must RE-ENROLL
each year for FSA!**

If you enroll in a Medical or Dependent Care Flexible Spending Account (FSA), your 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.

Medical FSA

- Annual maximum contribution per employee \$2,550+\$500 rollover.
- Can be used for: Deductibles, copays, and coinsurance, prescription drug costs, dental and vision, non-covered medical expenses
See a complete list by visiting www.allegianceflexadvantage.com
- For new employees, entire yearly contribution becomes accessible and may be used for eligible claims incurred beginning the first day of the month following your date of hire. Example: Hire date is Sept. 20th, Medical FSA may be used to reimburse eligible claims incurred Oct. 1st through Dec. 31.

Dependent Care FSA

- Annual maximum contribution per household \$5,000 or \$2,500 if married but filing taxes separately.
- Can be used for: Child care (age 12 and under), Disabled dependent care
- Funds available only as contributed.

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



(866) 339-4310

www.allegianceflexadvantage.com

FAX (877) 424-3539

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

FSA Reimbursement Options

Other Info

- \$120/year minimum for both types of FSAs
- \$2.26/month fee for one or both types of FSAs
- \$1/month fee for debit card
- Claims can be made for the previous year until April 30 of the current year.
- \$500 Flex Rollover-The IRS allows you to rollover \$500 of Medical FSA from one year to another. Visit www.benefits.mt.gov/Flexible-Spending/Rollover to learn all the details.
- Excess State Share cannot be used for FSAs or FSA fees.

FSA Reimbursement Options

Traditional-File claims with Allegiance by fax, mail, or securely through the Allegiance website. You can do this even if you elect joint processing or the debit card.

Joint Processing-Your portion of claims are automatically forwarded to Allegiance and Allegiance sends you your reimbursement until your flex funds are gone.

- This option is only available with participating TPAs. Visit www.benefits.mt.gov/flexible-spending for more details.
- 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, you must file paper forms for dependent care flex.

OR

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

Life Insurance

Fully insured and administered by TheStandard insurance company.

- Plans are term life.
- They provide inexpensive protection but do not earn any cash value.
- A member may carry all life Plans until separation from employment. At separation, contact The Standard for conversion or portability options.
- At retirement, only Plan A—Basic Life— can be continued until age 65 or Medicare eligible.

Eligibility

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.

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

0-29=\$0.025, 30-34=\$0.042, 35-39=\$0.067, 40-44=\$0.084, 45-49=\$0.126, 50-54=\$0.193, 55-59=\$0.361, 60-64=\$0.554, 65+=\$0.823

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

Life Insurance Plan Details

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 and \$1,000 of coverage per dependent child.

Plan C – Optional Employee Life

Available during 31-day enrollment period without EOI* up to the member's annual salary. Enrollment after the 31 days requires EOI*.

- Minimum of your annual salary rounded to the next highest \$5,000 up to \$500,000 with EOI*.
- During Annual Change, those employees with existing Plan C coverage may add an extra \$5,000 or \$10,000 to their coverage without EOI* each year up to the cap of \$500,000 .

Plan D – Optional Spouse Life

May make a NEW election of Plan D coverage of up to \$10,000 without EOI* during 31-day enrollment period and annual change.

- Employee must be enrolled in Plan C for the spouse to be eligible for Plan D.
- Spouse's rate is based on the employee's age, not the spouse's age.
- Coverage is for a minimum of \$5,000.
- Additional amounts are available in \$5,000 increments, up to the amount of optional employee Plan C.
- If increasing to existing coverage EOI* required

Plan E—Optional Accidental Death & Dismemberment

Available without EOI*.

- **Employee Only:** \$25,000-\$500,000 in increments of \$25,000 up to 10 times your annual salary rounded down to the next \$25,000.
- **Employee and Dependents:** A spouse with no children is eligible for 50% of the employee coverage. A spouse with children is eligible for 40% of the employee coverage. Children are eligible for 10% of the employee coverage.

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

Long Term Disability

Voluntary Long Term Disability (LTD) is 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.

Cost

\$9.90 per member per month.

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.

Eligibility

Available to active employees who are enrolled in the medical Plan. Retirees, legislators, and COBRA members are not eligible to participate. New hires may enroll within 31 days of being hired without Evidence of Insurability* (EOI). All other applicants must provide EOI*. Refer to the SPD for more information on eligibility.

Benefit Amount

The monthly LTD benefit is 60% of your insured pre-disability earnings—the amount you were earning before you became disabled—reduced by deductible income.

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



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.

More Information

For more information visit The Standard Insurance Company's website at www.standard.com.

Also LTD brochures can be found on the HCBd website www.benefits.mt.gov or by contacting Health Care and Benefits Division at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov.



TheStandard®
Positively different.

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

Employee Assistance Program

The State of Montana's new EAP (Employee Assistance Program) launches January 1, 2016. EAP helps you privately solve problems that may interfere with your work, family, and life in general. EAP services are FREE to you, your dependents, and all household members. EAP services are confidential and provided by experts.



Confidential Counseling

24-hour Crisis Help – toll-free access for you or a family member experiencing a crisis.

In-person Counseling

Up to four (4) face-to-face counseling sessions are available for each new issue. Simply call for access to qualified, local counselors who can help you with a variety of problems such as family, parenting, relationship, stress, anxiety, and other challenges.

Online Consultations

Convenient access to online consultations with licensed counselors through RBH eAccess at MyRBH.com. Online consultations are a great way to try counseling for the first time or to get support even when time is limited.

*For general information: Karen Wood-Employee Assistance Program Manager
State Human Resource Division (406) 444-2466*

Life-Balance Resources

- **Child Resources** – Childcare professionals provide information and support for parenting, school issues, adoption, college planning, teenager challenges, summer camps, daycare, and other important issues for parents.
- **Adult and Eldercare Services** – Adult and eldercare specialists assist with finding quality information and services including transportation, meals, exercise, activities, prescription drug information, in-home care, daytime care, and housing.
- **Legal Services** – Access a free, half-hour consultation, by phone or in person, for any non-work related issue, followed with a 25% discount in legal fees.
- **Financial Services** – Access free phone support for up to 30 days for each new financial issue, such as debt counseling, budgeting, and college or retirement planning.
- **Mediation Services** – Request free consultations for personal, family, and non-work related issues such as divorce, neighbor disputes, or real estate transactions.
- **Home Ownership Program** – Get free support and information about making smarter choices when shopping for a new home, making financing decisions, relocating, or selling a home.
- **Identity Theft Services** – Access support in planning the recovery process for restoring your identity and credit after an incident.

MYRBH.COM

Access current health news, tools for parenting, health topic movies, wellness resources, financial calculators, legal forms, and over 50 online trainings for personal and professional development.

Workers' Comp. & Safety

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



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

Who Is Eligible?

All active State of Montana employees are eligible for Workers' Compensation programs.

Working Safely

- *Take safety seriously.* A moment of distraction or carelessness is all it takes to cause a lifetime of disability.
- *Take responsibility* for keeping yourself and others safe.
- *Be aware of your environment!* Head off problems before an injury occurs.
- *Participate in safety* training and programs to learn how to keep yourself, your work environment, and your coworkers safe.
- *Use proper safety equipment* and follow recommended safety instructions.

Reporting an Injury

Work-related injuries and diseases must be reported to the Montana State Fund, within 24 hours. Learn more about reporting an injury at www.workerscomp.mt.gov.

Return to Work

Getting injured employees back to work is one of the most important things we can do for injured workers. Visit www.workerscomp.mt.gov/About-RTW to learn more about getting workers back to work as soon as possible.

Contact Information



ELIGIBILITY AND GENERAL QUESTIONS
(800) 287-8266, (406) 444-7462; TTY (406) 444-1421
benefitsquestions@mt.gov
www.benefits.mt.gov
100 N Park Ave Suite 320 PO Box 200130
Helena, MT 59620-0130



ALL MONTANA HEALTH CENTERS
(855) 200-6822
help.montana@carehere.com
General: Info www.healthcenter.mt.gov
Appointments: www.carehere.com
Registration Code: MANA9



CLAIMS, BENEFITS, IN-NETWORK PROVIDERS, ETC.
(855)999-1057
www.allegiance.com/som
PO Box 3018 Missoula, MT 59806



PRESCRIPTIONS AND URX CUSTOMER SERVICE
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askurx@mt.gov
www.mp.medimpact.com/mtn

Mail Order Prescription Drugs:
Costco (800) 607-6861
Ridgeway Pharmacy (800) 630-3214
Specialty Meds
Diplomat Specialty Pharmacy (877) 319-6337



DENTAL BENEFITS, CLAIMS, & CUSTOMER SERVICE
Phone: (866) 496-2370
Web: www.deltadentalins.com/stateofmontana



FLEXIBLE SPENDING
Phone: (866) 339-4310 FAX: (406) 523-3149 or (877) 424-3539
Web: www.allegianceflexadvantage.com



LIFE & LONG TERM DISABILITY INSURANCE
For questions about benefits, claims, status of application:
(800) 759-8702
www.standard.com
For all other questions call HCBD: (800) 287-8266



WORKERS' COMPENSATION
Workers' Compensation Program (406) 444-5689
Safety and Loss Control (406) 444-0122
Return to Work (406) 444-7016
www.workerscomp.mt.gov