

2016
RETIREE
Annual Change
Book



A Message from DOA Director Sheila Hogan

Dear Members of the State Retiree 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:

- 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.
- As a retiree, 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 written in a cursive, flowing style.

Sheila Hogan, Director
Department of Administration

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6 Alternative Coverage-Things to Consider

Many retirees have had State Plan coverage for years and aren't aware of other available options. Much has changed in the health care world in the last few years including the cost, benefits, and availability of private plans. Please take the time to educate yourself and find the best plan for you and your family. Here are a few things to consider choosing coverage.

- **Premiums:** The State of Montana retiree monthly contributions for coverage have increased. Coverage sold through the Health Insurance Marketplace (under 65) or Medicare Supplements (over 65) may be less expensive.
- **Pre-existing conditions:** Non-Medicare retirees cannot be denied coverage or charged more for coverage because of pre-existing conditions for plans on the health insurance marketplace.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You should see if your current health care providers participate in a network as you consider options for health coverage.
- **Service Areas:** Some plans do not have extensive out of state healthcare provider networks. You should check out of state network access if you travel for extended periods of time. If you move permanently to another area of the country, you will need to inform your insurer immediately and you may need to change your health plan or Medicare supplement coverage. Some health plans for sale in the Health Insurance Marketplace have narrower networks, but those plans are often cheaper.

- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You should check to see if your current medications are listed in the drug formularies for other health coverage.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, if you purchase coverage in the Health Insurance Marketplace, you will pay copays, deductibles, coinsurance, or other amounts as you use your benefits. The cost sharing varies significantly among the different plans offered in the Health Insurance Marketplace, so you should shop carefully for a plan that fits your health and financial needs. For example, one option may have much lower monthly premiums, but much higher deductible, coinsurance and maximum out of pocket.
- **Out-of-network:** Healthcare services from out-of-network providers have high cost-sharing in all individual health insurance plans.



8 Alternative Coverage Options Under 65

Under 65

If you are not eligible for Medicare, you may be able to get coverage through the Health Insurance Marketplace that costs less than State of Montana retiree coverage.

Health Insurance Marketplace

The Marketplace offers “one-stop shopping” to find and compare private health insurance options.

You can access the Montana Marketplace at www.healthcare.gov.

- You might be eligible for a tax credit that lowers your monthly premiums and offers cost-sharing reductions
- You can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.
- Can learn if you qualify for free or low-cost coverage from Medicaid.

Eligibility

Being offered State of Montana retiree coverage won't limit your eligibility for coverage or a possible tax credit through the Marketplace. However, you must plan to disenroll from your retiree plan before you begin to receive premium tax credits. You should consult with a professional assister (see below) or insurance agent about this process.

Important Dates

11/18/2015 – Deadline to sign up for State of Montana health plan

11/1/2015 – Open enrollment begins for 2015 marketplace health plans

12/15/2015 – Deadline to sign up for marketplace health plan for coverage to begin on January 1, 2016 and avoid a gap in coverage between the State of Montana Plan and a Health Insurance Marketplace plan.

12/31/2015 – Deadline to cancel State of Montana health plan IF already enrolled in marketplace health plan.

Contact an Expert for FREE

You have choices when it comes to who to get your insurance advice from.

- *Certified Insurance Agents* or Certified Exchange Producers (CEPs) are registered Montana Insurance Agents who have taken special training to understand the Marketplace. CEPs are found throughout the state.
- *Certified Application Counselors (CACs)* are health care provider staff who have been trained to help people understand, apply for and enroll in insurance coverage through the Marketplace. You will find these individuals in hospitals and community health centers throughout the state.
- *Navigators* are public advisors who help people compare the health insurance options on the Marketplace website. Navigators have taken Federal and State training and have been fingerprinted and undergone a Montana background check.

Note: You should consult only with agents and assisters who are certified by the Montana Insurance Commissioner.

A list of these experts can be found at:

Web: www.montanahealthanswers.com/talk-to-a-human/
Scroll down to see contact lists for Navigators, CACs, and agents in your area.

Call: The Office of the Commissioner of Securities and Insurance (800) 332-6148



10 Alternative Coverage Options Over 65

Over 65

If you're over 65 and eligible for Medicare, you do not qualify for a plan on the Health Insurance Marketplace, but might consider looking into Medicare Supplemental insurance or Medicare Advantage plans.

Contact an Expert for FREE

The Montana State Health Insurance Assistance Program (SHIP) is a FREE health-benefits counseling and advocacy service for Medicare beneficiaries and their families or caregivers.

Its mission is to educate, advocate FOR, counsel and empower people to make informed benefit decisions. You may also consult with an insurance agent who is trained in Medicare supplement or Medicare advantage plans.

Call: 1-800-551-3191

Web: www.dphhs.mt.gov/sltc/aging/ship.aspx

Important Dates

10/15/2015– Annual Change for Medicare advantage and Medicare Part D plans begins

11/18/2015 – Deadline to sign up for State of Montana health plan

12/7/2015 – Deadline to enroll in a Medicare Advantage or Medicare Part D plan for coverage in 2015



What if I sign up for the State of Montana Health Plan but later decide to enroll in a different plan?

You have until November 18, 2015 to sign up for the State of Montana Health Plan. If you later decide to enroll in a Marketplace plan or Medicare Supplement, you have until December 31, 2015 to cancel your State of Montana Plan Coverage.

What if I leave the State Plan but later want to come back?

Retirees who leave the State of Montana Benefit Plan (State Plan) due to enrollment in another health plan offering “minimum essential coverage” as defined by federal law will have a one-time opportunity to return to the State Plan. This is called a Retreat Right. For more information on Retreat Rights, visit www.benefits.mt.gov/Retirees/Retiree-Retreat-Rights or call HCBD at (800) 287-8266.

What if I’m in a VEBA?

The Affordable Care Act (ACA) regulations state that participation in a VEBA plan may potentially disqualify participants from becoming eligible for a premium tax credit to purchase qualified health insurance from the Health Insurance Marketplace. If you have contributed to a VEBA account or are a VEBA participant, please contact the State of Montana’s VEBA administrator, Rehn & Associates, at (800) 872-8979 to inquire about your options.

How to Cancel State Plan Coverage

If you decide to terminate your State of Montana Health Plan, you MUST notify HCBDB by December 31, 2015 by:

- Marking the “Option to Terminate Benefits” box on your benefit statement (mailed late October) and returning it to Health Care and Benefits Division P.O. Box 200130 Helena, MT 59620-0130 postmarked by December 31, 2015.

OR

- Fill out and return the “Retiree Benefit Termination” form to HCBDB postmarked by December 31, 2015. This form can be found at www.benefits.mt.gov under Forms or by calling HCBDB (800) 287-8266.

Be aware that if you leave the State Plan for another health plan offering “minimum essential coverage” as defined by federal law you will have a one-time opportunity to return to the State Plan. Visit www.benefits.mt.gov/Retirees/Retiree-Retreat-Rights or call HCBDB at (800) 287-8266 for more details.

No online benefit enrollment for retirees

System maintenance will prevent retirees from logging into employee self-service to do benefit enrollment online this year. We hope to have this system available in a more user-friendly format for next year’s Annual Change.

State of Montana Enrollment Deadline

If you do not fill out and return (or postmark) your paper enrollment form to HCBDB by Nov. 18, 2015, you will be defaulted to:

- The Capitol Health Plan
- Dental coverage if you currently have it
- NO vision hardware coverage
- Basic life insurance for non-Medicare retirees

HIPAA Notice

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.

Benefit Cost Worksheet

For Retirees

Core Benefits		
At age 65 and/or upon Medicare Eligibility:		
<ul style="list-style-type: none"> • Dental becomes optional and • The Retiree is no longer eligible for Basic Life Insurance. 		
Medical Plan (Rates on p. 16)		\$ _____ (a)
Dental Plan (Rates on p. 24)	(Optional over 65)	\$ _____ (b)
Basic Life Insurance of \$14,000 (p. 23) Available to retirees under age 65 and not Medicare eligible.		\$1.90 (c)
Total Core Benefits Contribution	Add lines a, b, and c =	\$ _____ (d)
Optional Benefits		
Vision Hardware (Rates on p. 26)		\$ _____ (e)
Optional Benefits Contribution Total	Line e	\$ _____ (f)
Totals		
Core Benefits	Enter amount from line d	\$ _____ (g)
Optional Benefits	Enter amount from line f	\$ _____ (h)
Total Benefits	Add lines g and h	\$ _____ (i)
Live Life Well Incentive total*		\$ _____ (j)
<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) <p>See benefits.mt.gov/pages/incentive.faqs.html for full details.</p>		
Member's Total Monthly Costs for 2016 Benefits	Subtract lines j from line i	\$ _____

Medical Plan Details

Capitol 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 for non-Medicare Retirees
- No-cost health screening provided by CareHere

Monthly Cost

Non-Medicare Retiree Rates

Retiree Only	\$1,043
Retiree & Spouse	\$1,472
Retiree & Children	\$1,251
Retiree & Family	\$1,506
Retiree & Medicare Spouse	\$1,248
Retiree & Medicare Spouse & Children	\$1,326

Medicare Retiree Rates

Retiree Only	\$416
Retiree & Spouse	\$826
Retiree & Children	\$680
Retiree & Family	\$863
Retiree & Medicare Spouse	\$724
Retiree & Medicare Spouse & Children	\$742

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.

Out-of-Pocket Costs

Out-of-Pocket Costs

	In-Network	Out-of-Network
Montana Health Center (for Non-Medicare retirees)	\$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	



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

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. 20 for more details	\$0	35% + balance billing (No deductible for mammograms) D
Adult Immunizations--See p.21	\$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.

18 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 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)	
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

What is 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.

2016 In-network Prescription Max Out-of-Pocket: \$1,800/individual and \$3,600/family

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

Questions about drug tiers, alternative medications, or drug interactions?

Call the URx Ask-a-Pharmacist program
Monday-Friday 8am-5pm
888-527-5879



Monthly Cost

	Premium Plan
Member Only	\$41.10
Member & Spouse	\$62.50
Member & Children	\$61
Member & Family	\$70

Premium Dental will be the core benefit in 2016 to offer members the protection they need.

Eligibility

Employees, Legislators, Retirees*, 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.

Delta Dental Networks

Find an in-network dentist, view claims, check benefits, and manage your profile Online and on your mobile phone.

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

\$ 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.

Dental Plan Details

Premium Plan	
	Deductible for B & C Services- <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	50% coinsurance \$1,500 Lifetime Limit. Member Pays 100% after that.

*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.



Vision Hardware Plan

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

Monthly Cost

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 glasses, you will still pay \$14.42/month if you elect the Vision Hardware Plan.

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

Eligibility

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

More Details

For full details on the 2016 Vision Plan, visit www.benefits.mt.gov/vision.



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!

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.****

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!

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.



Connect with a Health Coach

Non-Medicare Retirees

- Call or email one of the coaches found at www.healthcenter.mt.gov/Health-Coaching
- Call 1-855-200-6822 and ask for a health coaching appointment
- Follow the steps below:
 - 1) Have your state sponsored health screening.
 - 2) Have a follow-up appointment with a Health Center provider.
 - 3) Ask the provider about making an appointment with a coach.
- 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 lifelife@mt.gov or (800) 287-8266.

Medicare Retirees

- Contact HCBD at lifelife@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.

Life Insurance Plan Details

Fully insured and administered by TheStandard insurance company.

Basic Life Insurance

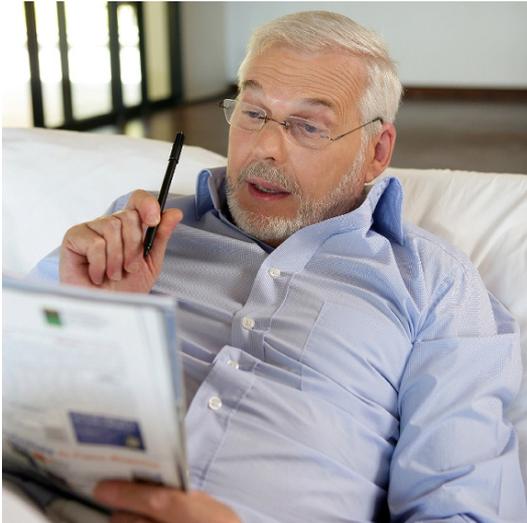
Core benefit for state employees and non-Medicare retirees. \$1.90/month=\$14,000 of term-life coverage

Basic Life provides \$14,000 of term-life coverage. It is available to non-Medicare retirees under age 65 who keep their state benefits into retirement.

The life insurance plans are term life, meaning they provide inexpensive protection but do not earn any cash value.

Often choosing other life insurance is best if you want post-employment protection.

However, both conversion (changing your group life to individual life) or portability (taking your group life insurance with you after separation) may be available if requested when the coverage ends.



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

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



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NEW MEDICAL & VISION TPA

We are still in the process of choosing our new third party administrator (TPA) for medical and vision services. You will receive a post card in the mail with their information as soon as this decision has been made.



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