



Health Care & Benefits Division
100 N. Park Ave. Suite 320
PO Box 200130
Helena, MT 59620
(800) 287-8266

A MESSAGE

FROM DIRECTOR HOGAN

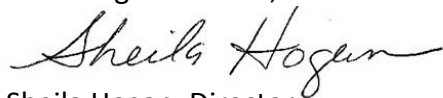
Dear State of Montana Benefit Plan (State Plan) Members,

I'm pleased to announce that due to our collective hard work managing healthcare and controlling State Plan spending, your monthly out-of-pocket contributions will not increase in 2017.

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

Please take a close look at this Open Enrollment booklet and call the Health Care and Benefits Division at (800)287-8266 or email benefitsquestions@mt.gov if you have questions.

Yours in good health,



Sheila Hogan, Director
Department of Administration

IMPORTANT INFORMATION

PLEASE READ!

ANNUAL CHANGE NOW CALLED OPEN ENROLLMENT

Open Enrollment is your opportunity to make changes to your State Plan coverage. During this year's Open Enrollment Period, you can add or remove dependent children under age 26 and/or a spouse or domestic partner. Be aware, you must show proof of eligibility for anyone you add to your State Plan.

PRESCRIPTION DRUG PLAN CHANGE - EFFECTIVE JANUARY 1, 2017

As of January 1, 2017, the State Plan has contracted with Navitus Health Solutions to administer the Prescription Drug Plan, which is currently being administered by URx/MedImpact. No action is required on your part to continue your enrollment under the Prescription Drug Plan, you will automatically be enrolled with Navitus.

This booklet explains some of the features of the new Prescription Drug Plan. However, it doesn't list every drug covered, limitation or exclusion. Important informational materials with more detailed information about the new plan will be sent to you directly from Navitus within the coming weeks.

LIVE, INTERACTIVE WEBCASTS

Please join us for one of two live, interactive webcasts available to view on any web-enabled device.

Visit www.benefits.mt.gov/openenrollment to register today!

- **Wednesday, October 12, 2016 at 9:00 am (with closed captioning)**
- **Thursday, October 13, 2016 at 1:30 pm**

The recorded webcasts and a self-paced training will also be available at www.benefits.mt.gov. These will be your only opportunities for Open Enrollment training.

YOUR 2017

MONTHLY CONTRIBUTION COSTS

There is no increase to your monthly benefit contribution for 2017! The chart below shows what you will pay.

MEDICAL/DENTAL/VISION HARDWARE

Each Agency contributes \$1,054/month per eligible employee to the State Plan (State Share).

Plans	Core Benefits (See below)	Optional Dental	Vision Hardware	Potential Live Life Well Incentive
Employee Only	\$30	-	+\$7.64	up to \$30 off
Employee & Spouse	\$250	+\$21.40	+\$14.42	up to \$60 off
Employee & Child(ren)	\$101	+\$19.90	+\$15.18	up to \$30 off
Employee & Family	\$327	+\$28.90	+\$22.26	up to \$60 off
Joint Core (Per Employee)	\$30 (includes Employee & Family dental)	-	+\$11.13	up to \$30 off

Core Benefits Include: Medical, Prescription, Basic Vision (\$10 copay for an eye exam/member at a participating provider), Employee Only Dental, and Basic Life.

FLEXIBLE SPENDING ACCOUNTS (FSA)

- \$2.26/month fee + optional \$1/month fee for debit card
- Medical FSA - \$120 - \$2,550/employee per year + up to \$500 rollover
- Dependent Care (Daycare) FSA - \$120 - \$5,000/household per year

LIFE INSURANCE

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

*See Age Rates at www.benefits.mt.gov/Life-and-Accident/Life-Insurance-Rates.

LONG TERM DISABILITY

\$9.90/member per month AFTER TAX for active employees only.

2017 LIVE LIFE WELL INCENTIVE PROGRAM

EXACTLY THE SAME AS 2016!

- Earn up to \$30/month off your 2018 benefit contribution by completing the following activities between November 1, 2016 and October 31, 2017.
- Double your discount and earn up to \$60/month off if you and your covered spouse/domestic partner complete the Incentive Program.

MAKE AN ACCOUNT

To report your incentive activities and track your incentive, visit www.myactivehealth.com/som.



\$5 HEALTH SCREENING INCENTIVE

Have a State-sponsored health screening with CareHere by Oct. 31, 2017. The health screening is required in order to qualify for any part of the Live Life Well Incentive Program.



\$10 NICOTINE FREE INCENTIVE

Your State-sponsored health screening indicates you are nicotine free OR indicates you are NOT nicotine free and you:

- Complete a nicotine cessation program OR
- Talk to your doctor about your nicotine use.



\$15 NEXT STEPS INCENTIVE

Complete an eligible activity related to your health screening results. See www.benefits.mt.gov/incentive for details.

The State Plan offers the incentive program to all plan members and their enrolled spouse/domestic partner. If you think you may be unable to meet a standard of the incentive program, you may qualify for an alternative program or different means to earn the incentive. You must contact the Health Care & Benefits Division (HCB) as soon as possible at 800-287-8266 or email livelifewell@mt.gov. We will work with you (and if you wish, your doctor) to design a program with the same incentive that is right for you.

Any personal medical information gathered during the course of the incentive program is protected by and will be treated consistent with the HIPAA Privacy and Security Rules. A copy of the Plan's privacy notice is available upon request or at www.benefits.mt.gov/Portals/59/Documents/hipaa%20notice.pdf.

COST SHARING - NO CHANGES!

MEDICAL, DENTAL & VISION HARDWARE

Participating providers and facilities have contracted with Allegiance in Montana and Cigna outside of Montana to accept a low, fair rate for your care.

Check if your provider and/or facility are participating before you go! Visit www.askallegiance.com/som or (855) 999-1057.

PARTICIPATING MEDICAL PROVIDER COST SHARING

Copays (do not count toward deductible, do count toward max out-of-pocket)	Montana Health Center	\$0
	Primary Care Office Visit	\$25
	Specialist Office Visit	\$35
	Urgent Care Office Visit	\$35
Deductible (counts towards max out-of-pocket)		\$1,000 per member per plan year
Benefit % (what the plan pays after you meet your deductible, counts towards max out-of-pocket)		Plan pays 75% after deductible is met and 100% after max out-of-pocket is met
Medical Max Out-of-Pocket		\$4,000/member \$8,000/family

IN-STATE NON-PARTICIPATING

You pay the cost sharing shown above and the State Plan will pay a fair rate for your care, *but the non-participating provider may balance bill you for more. You are responsible for this balance bill and it does not count toward your deductible or max out-of-pocket.*

OUT-OF-STATE NON-PARTICIPATING

If you go out-of-state and use a non-Cigna provider/facility, there are separate deductibles and maximum out-of-pocket costs. Refer to the Summary Plan Document for more information.

DENTAL & VISION HARDWARE PLAN COST SHARING

Same as 2016. See www.benefits.mt.gov for more details.

**CHECK
YOUR
SPD**

For complete details about State Plan coverage, refer to the Summary Plan Document (SPD) at www.benefits.mt.gov or by request at (800) 287-8266.

COST SHARING

PRESCRIPTION

PRESCRIPTION PLAN COST SHARING - NEW!

Navitus has been chosen as our new Pharmacy Benefit Manager starting January 1, 2017. Watch your mail for more details including a new benefit card and information on how to access the formulary listing (shows what tier prescriptions fall under) and new pharmacy network information.

	Retail Network Pharmacy (34 days) or Out-of-Network Pharmacy (10 days)	Retail Network or Mail Order Pharmacy (90 day supply)
Tier \$0 - Certain preventive medications	\$0 Copay	\$0 Copay
Tier 1 - Preferred generics and some low cost brand products	\$15 Copay	\$30 Copay
Tier 2 - Preferred brand products (may include some high cost non-preferred generics)	\$50 Copay	\$100 Copay
Tier 3 - Non-preferred products (may include some high cost non-preferred generics)	50% Coinsurance (does not apply to maximum out-of-pocket)	50% Coinsurance (does not apply to maximum out-of-pocket)
Tier 4 - Specialty Drugs	Preferred Specialty Pharmacy \$200 Copay	Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy 50% Coinsurance (does not apply to maximum out-of-pocket)

PRESCRIPTION MAX OUT-OF-POCKET

Separate from Medical Max Out-of-Pocket (see Medical cost sharing on previous page).

- \$1,800/individual
- \$3,600/family

2017 OPEN ENROLLMENT (ANNUAL CHANGE) BOOKLET

LIVE WEBCASTS OCT. 12 & 13 - MORE DETAILS INSIDE!

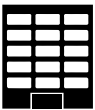
ENROLLMENT SYSTEM OPEN OCTOBER 14-31, 2016

BENEFIT ELECTIONS

If you do not complete a benefit election online between October 14-31, 2016, you and your dependents will be enrolled in the same Medical, Dental, Life, and Long Term Disability coverage in 2017 as you have now. Vision Hardware and Flexible Spending must be elected each year.

HOW TO MAKE BENEFIT ELECTIONS

From Work



- » Log into MINE: <https://mine.mt.gov>
- » Click Employee Self Service.
- » Click Benefits>Benefits Enrollment.
- » Be sure to fully submit your elections.

From Home



- » Access page at www.mt.gov/employee.
- » Click on the MINE Employee Self Service Portal.
- » Follow the directions above for access from MINE.

**Don't miss the live, interactive
webcasts! See page 2 for details!**

MORE
INFO

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

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

