

**State of Montana - 2013 Ratesetting
Preliminary Rate Summary and Percentage Change
Assumes Movement to Non-Grandfathered Status for 2013**

Medical - Rates and Percentage Change

Active Employees - Medical	2012		2013		Dollar Change		Percentage Change	
	HMO	Traditional	MT Choice	MT Classic	MT Choice	MT Classic	MT Choice	MT Classic
Employee Only	\$682	\$696	\$696	\$780	\$14	\$84	2%	12%
Employee and Spouse	\$856	\$870	\$944	\$1,027	\$88	\$157	10%	18%
Employee and Children	\$769	\$783	\$820	\$904	\$51	\$121	7%	15%
Employee and Family	\$908	\$922	\$1,018	\$1,101	\$110	\$179	12%	19%
Joint Core	\$717	\$731	\$746	\$829	\$29	\$98	4%	13%
Total	\$779	\$783	\$834	\$903	\$55	\$120	7%	15%

Active Employees - Medical after State Share Offset	HMO	Traditional	MT Choice	MT Classic
Employee Only	(\$14)	\$0	\$0	\$84
Employee and Spouse	\$160	\$174	\$248	\$331
Employee and Children	\$73	\$87	\$124	\$208
Employee and Family	\$212	\$226	\$322	\$405
Joint Core	\$21	\$35	\$50	\$133
Total	\$83	\$87	\$138	\$207

*State Share available for Medical benefits will be \$696 (\$733.00 Total - \$34.90 Dental - \$2.10 Core Life)

Non-Medicare Retirees - Medical	HMO	Traditional	MT Choice	MT Classic	MT Choice	MT Classic	MT Choice	MT Classic
Retiree Only	\$691	\$705	\$712	\$798	\$21	\$93	3%	13%
Retiree & Spouse	\$944	\$958	\$1,047	\$1,132	\$103	\$174	11%	18%
Retiree & Children	\$830	\$844	\$896	\$982	\$66	\$138	8%	16%
Retiree & Family	\$967	\$982	\$1,077	\$1,163	\$110	\$181	11%	18%
Retiree & Medicare Spouse	\$795	\$810	\$849	\$935	\$54	\$125	7%	15%
Retiree & Medicare Spouse & Children	\$845	\$859	\$915	\$1,001	\$70	\$142	8%	17%
Total	\$840	\$842	\$910	\$979	\$69	\$137	8%	16%

Medicare Retirees - Medical	HMO	Traditional	MT Choice	MT Classic	MT Choice	MT Classic	MT Choice	MT Classic
Medicare Only	\$285	\$291	\$292	\$327	\$7	\$36	2%	12%
Medicare & Spouse	\$566	\$578	\$622	\$697	\$56	\$119	10%	21%
Medicare & Children	\$466	\$475	\$499	\$559	\$33	\$84	7%	18%
Medicare & Family	\$592	\$604	\$663	\$742	\$71	\$138	12%	23%
Medicare & Medicare Spouse	\$496	\$506	\$566	\$634	\$70	\$128	14%	25%
Medicare & Medicare Spouse & Children	\$507	\$518	\$541	\$606	\$34	\$88	7%	17%
Total	\$448	\$392	\$490	\$467	\$43	\$76	10%	19%

2013 Medical and Pharmacy Benefit Changes

PPACA impact:

Change	Classic	Choice
Implement zero dollar wellness services per PPACA, excluding contraception costs	2.7%	1.2%
Implement zero dollar wellness services for only contraception costs per PPACA	0.5%	0.5%

Benefit options - Classic

	Current	Recommendation	MUS
Deductible	\$600 member \$1,800 family	\$750 member \$2,250 family	\$1,000 member \$2,250 family
Coinsurance	20% preferred 25% general 35% non-par	25% participating 35% non-par	25% participating 35% non-par
Out of pocket max	\$2,500 member \$5,625 family	\$3,000 Member \$6,750 Family	\$5,000 member \$11,250 family
Rate impact		Reduce 2.7%	Reduce 8.5%

Benefit options – Choice

	Current	Recommendation	MUS
Deductible – in network	\$425 member \$850 family	\$500 Member \$1000 Family	\$500 member \$1,000 family
Deductible – out of network	\$650 member \$1,300 family	\$700 Member \$1,500 Family	\$750 member \$1,750 family
Coinsurance	25% participating 35% non-par	25% participating 35% non-par	25% participating 35% non-par
Out of pocket max – in network	\$2,000 member \$4,500 family	\$2,500 Member \$5,000 Family	\$2,500 member \$5,000 family
Out of pocket max – out of network	\$3,500 member \$8,000 family	\$3,700 Member \$8,300 Family	\$4,250 member \$9,500 family
Rate impact		Reduce 2%	Reduce 4%

Other changes for consideration

	Current	Recommendation	Reduction
Specialty medication co-pay	Primarily \$0	Primarily \$150	1.8%
Allergy shots and adult immunizations	\$15 co-pay with office visit; 25% coinsurance without office visit	Coinsurance and deductible apply to serum, testing, etc, except for office visits. Office visit copayment applies to office visit.	0%
ER visits:	Facility \$150 excludes lab and x-ray at coinsurance; and coinsurance for physician.	Facility (includes all services billed) \$250 copayment, and \$100 for physician services	0%
Eliminate bariatric unless approved thru case management			.2%
Allow surgical benefits for TMJ on both plans			0%
Remove \$200 ambulance copay and have apply to deductible and coinsurance			.1%
Discontinue orthotics coverage			.2%
Eliminate infertility services			.3%

**State of Montana - 2013 Ratesetting
Basic and Premium Dental Plan**

				2013	
Type of service	Current Plan	Premium Dental	Basic Dental		
Type A - Diagnostic and Preventative (Xrays, oral exams, cleaning and topical fluoride fore under 16yrs, unscheduled minor emergency treatment to relieve pain)	100% coverage, no deductible or yearly dollar maximum	100% coverage, no deductible, \$600.00 per person annual maximum	100% coverage, no deductible, \$600.00 per person annual maximum		
Sealants for under age 16	Covered as type B	Covered as type A	Covered as type A		
Extractions	Covered as type B	Covered as type A	Covered as type A		
Amalgam fillings	Covered as type B	Covered as type A	Covered as type A		
Type B- Passive Space Maintainers, Extractions, Fillings, Mucogingivoplastic surgery, Endodontics, Periodontics, Oral Surgery	\$50 Deductible (combined with type C) 20% coinsurance \$1200 per person annual Max (combined with type C)	\$50 Deductible (combined with type C) 20% coinsurance \$1200 per person annual Max (combined with type C)	Not covered		
Type C- Crowns, Bridges, Dentures, Dental Implants (up to \$1500 lifetime), Sealants for under age 16	\$50 Deductible (combined with type B) 50% coinsurance \$1200 per person annual Max (combined with type B)	\$50 Deductible (combined with type B) 50% coinsurance \$1200 per person annual Max (combined with type B)	Not covered		
				2012	
Active Employees & Retirees	Current Plan	Premium Dental	Basic Dental		
Employee Only	\$34.90	\$35.10	\$17.60		
Employee and Spouse	\$53.12	\$53.50	\$26.80		
Employee and Children	\$51.58	\$51.90	\$26.00		
Employee and Family	\$59.36	\$59.80	\$30.00		
Joint Core	\$40.74	\$41.00	\$20.50		

