

2017 OPEN ENROLLMENT (ANNUAL CHANGE) BOOKLET ELECTION FORM DUE OCTOBER 31, 2016

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MORE INFORMATION

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

- Retiree presentation schedule
- Recorded presentation
- Summary Plan Document (SPD) - Full benefit details
- Additional Live Life Well Incentive Information

Please be aware, this is the only document you will receive regarding Open Enrollment (Annual Change). If you have specific benefit questions, refer to www.benefits.mt.gov or contact HCBD at (800) 287-8266 or benefitsquestions@mt.gov.



A MESSAGE

FROM DIRECTOR HOGAN

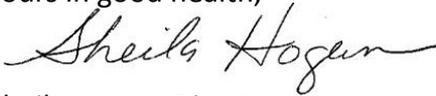
Dear State of Montana Benefit Plan (State Plan) Retiree,

The State is working hard to manage healthcare and control State Plan spending.

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 program to shopping around for the best cost and quality for your medical needs.

Please pay close attention to this Open Enrollment booklet and information coming to you in the near future as it contains important State Plan information for 2017. Call HCBD at (800) 287-8266 if you have questions.

Yours in good health,

A handwritten signature in cursive script that reads "Sheila Hogan". The signature is written in black ink and is positioned below the text "Yours in good health,".

Sheila Hogan, Director
Department of Administration

IMPORTANT INFORMATION

PLEASE READ!

If you have questions regarding any information contained in this booklet, you should contact the Health Care and Benefits Division (HCBD) at (406) 444-7462 / (800) 287-8266 or email benefitsquestions@mt.gov.

PRESCRIPTION DRUG PLAN CHANGE - EFFECTIVE JANUARY 1, 2017

As of January 1, 2017, the State Plan has contracted with Navitus 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 will be sent to you directly from Navitus within the coming weeks which will outline more detailed information about the new plan.

OPTION TO TERMINATE BENEFITS - RETREAT RIGHTS

You may find it beneficial to consider switching from the State Plan to a plan available on the Health Insurance Marketplace (under 65) or a Medicare Supplement or Advantage Plan (over 65). You will need to be aware that as of January 1, 2017, the State Plan is eliminating Retreat Rights, so if you elect to terminate your State Plan coverage, you will not have an opportunity to reenroll at a later date.

MEDICARE ENROLLMENT

As of January 1, 2017, if a Retiree or a Retiree's spouse/domestic partner become Medicare eligible, the Retiree or the Retiree's spouse/domestic partner must enroll in both Medicare Part A and Medicare Part B as of the first of the month of eligibility. Enrollment in any Medicare Part D (drug plan), beside the Navitus Medicare Rx Prescription Drug Plan (PDP), is not permitted and would result in termination of all State Plan benefits. Proof of Medicare enrollment will be required by HCBD.

2017 RETIREE BENEFIT COSTS

YOUR MONTHLY BENEFIT CONTRIBUTION COST

NON-MEDICARE (UNDER 65) RETIREE MEDICAL PLAN RATES

	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Retiree Only	\$1,131	up to \$30 off
Non-Medicare Retiree & Non-Medicare Spouse	\$1,596	up to \$60 off
Non-Medicare Retiree & Medicare Spouse	\$1,353	up to \$60 off
Non-Medicare Retiree & Children	\$1,357	up to \$30 off
Non-Medicare Retiree, Non-Medicare Spouse & Child(ren)	\$1,633	up to \$60 off
Non-Medicare Retiree, Medicare Spouse & Child(ren)	\$1,438	up to \$60 off

MEDICARE (OVER 65) RETIREE MEDICAL PLAN RATES

	Monthly Rate	Potential Live Life Well Incentive
Medicare Retiree Only	\$439	up to \$30 off
Medicare Retiree & Non-Medicare Spouse	\$872	up to \$60 off
Medicare Retiree & Medicare Spouse	\$765	up to \$60 off
Medicare Retiree & Children	\$718	up to \$30 off
Medicare Retiree, Non-Medicare Spouse, & Child(ren)	\$911	up to \$60 off
Medicare Retiree, Medicare Spouse & Child(ren)	\$784	up to \$60 off

RETIREE DENTAL AND VISION HARDWARE PLAN RATES

	Dental	Vision Hardware
Retiree Only	\$41.10	\$7.64
Retiree & Spouse	\$62.50	\$14.42
Retiree & Children	\$61.00	\$15.18
Retiree & Family	\$70.00	\$22.26

BASIC LIFE INSURANCE

Non-Medicare (Under-65) Retirees must also pay \$1.90/month for Basic Life Insurance Coverage.

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 (does not count toward deductible, does count toward max out-of-pocket)	Montana Health Center (Under-65 only)	\$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, formulary listing (shows what tier prescriptions fall under) and 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 page 5).

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

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 Nov. 1, 2016 and Oct. 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.

RETIREE PRESENTATION SCHEDULE

City	Date	Time	Location
Anaconda	Oct. 6	11:00 am	AOH 106 Cherry St.
Billings	Oct. 3	1:30, 3:30 & 5:00 pm	Hampton Inn 5110 South Gate Dr.
Bozeman	Oct. 3	8:30 am	FWP 1400 S 19th Ave.
Butte	Oct. 6	8:30 am	MT Tech Copper Room - Student Union Building
Columbia Falls	Oct. 14	2:00 pm	Veteran's Home Chapel 400 Veterans Dr.
Deer Lodge	Oct. 6	3:00 pm	DOC Training Center
Dillon	Oct. 7	10:30 am	Search & Rescue Building
Glasgow	Oct. 5	8:30 am	Job Service 74 4th St. N.
Glendive	Oct. 4	1:00 pm	Astoria Hotel 201 California St.
Great Falls	Oct. 6	8:30 & 11:00 am (With interpreter)	Benefis Hospital West Campus - Lewis & Clark Room 500 15th Ave South
Hamilton	Oct. 11	9:30 am	City Hall Council Chambers 223 S. Second St.
Havre	Oct. 5	1:30 pm	Best Western 1345 1st St.
Helena	Oct. 4	8:30, 10:30 & 1:30 pm	DPHHS Sanders Auditorium 111 N Sanders St.
Helena	Oct. 5	8:30, 10:30 & 1:30 pm	DPHHS Sanders Auditorium 111 N Sanders St.
Kalispell	Oct. 14	8:30 & 10:30 am	FWP 490 N. Meridian Rd.
Lewistown	Oct. 6	3:30 pm	FWP 215 W Aztec Dr.
Miles City	Oct. 4	9:30 am	Sleep Inn Yellowstone Room 1006 S Haynes Ave.
Missoula	Oct. 11	1:00 & 3:00 pm	Ruby's Inn 4825 N Reserve St.
Shelby	Oct. 5	5:00 pm	Marias Electric Coop 910 Roosevelt HWY
Wolf Point	Oct. 4	5:00 pm	First Lutheran Church Education Wing 415 Johnson St.