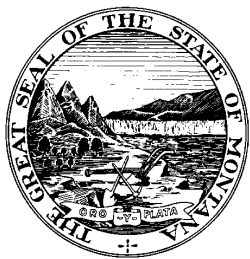


State of Montana



Department of Administration

PO Box 200127
Helena, MT 59620
1-800-287-8266/444-7462
Fax:406-444-0703



Welcome New Legislator !

As a member of the Legislature, you are eligible for the State of Montana Employee Group Insurance Benefits. The State provides a comprehensive package of insurance benefits from which to choose.

Some benefits can only be guaranteed if you enroll within your initial enrollment period, the first 31 days of State employment or eligibility. Your medical and dental coverage is effective on your **date of hire** (first day of employment) or **the first day of the pay period following receipt of form**. You can expect to receive medical and dental identification cards within six weeks of returning your forms.

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$733 per month of employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the “Core Benefits.” Enrollment instructions are on page 3. The “Core Benefits” consist of :

- ♦ One of the medical plans outlined in this book
- ♦ Dental plan
- ♦ Basic Life Insurance (\$14,000)

There are also **add on benefits** that you may choose in addition to the above core benefits. Each benefit is described in detail within the booklet. They include:

Medical and/or Dental Coverage for dependents

Additional Life Insurance for you and/or your dependents

Long Term Care Insurance

Vision Coverage for you and/or your dependents

CHOOSE ONE OF THE OPTIONS LISTED BELOW:

1. ENROLL FOR COVERAGE:

Complete the forms listed below. (The forms are included within your packet.)



A. For Medical Insurance, Dental Insurance, Pre-tax Plan and Vision Insurance complete the **2011 State of Montana Employee Group Benefits Plan Enrollment/Change form.**

B. For Life Insurance complete the **Standard Life Insurance Enrollment/Change Form.**

C. To enroll in Long Term Care Insurance you must request a Long Term Care Insurance Enrollment Kit from the Health Care and Benefits Division 1-800-287-8266 or 444-7462 in Helena.

Note: During the Legislative session, any out-of-pocket premiums will be deducted from your paycheck, however, after the session, these premiums can be paid directly to the Health Care and Benefits Division on the first day of each month or they can be directly deducted from you bank account. If you choose the direct deduction option, please complete an **Electronic Premium Deduction Authorization Form.**

-OR-

2. WAIVE PARTICIPATION IN THE GROUP COVERAGE:

Complete the **2011 Employee Group Benefits Plan Enrollment/Change Form** and check the waiver of coverage box located above Part I of the form.

-OR-

3. WAIVE COVERAGE AND APPLY THE STATE CONTRIBUTION TO OTHER HEALTH COVERAGE:

Under this option, the State contribution of \$733.00 could be applied to other health insurance coverage where you experience out-of-pocket premium cost. To choose this option, you must complete the **Option 2 Health Insurance Election Form** (included in your packet), and provide documentation from your insurance provider of your out-to-pocket premium costs. These payments are sent to you directly at the beginning of each month.

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GLOSSARY

Allowable Charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit Year/Plan Year

The period starting January 1 and ending December 31 of each year.

Certification/Pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered Charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs. The deductible applies to the plan year January 1 to December 31, regardless of hire date.

In-network Providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Joint Core

An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum and may have a slightly lower premium than enrolling separately.

Managed Care Medical Plan

Plans that offer first dollar coverage for services such as office visits that are exempt from deductible. These plans also provide differing levels of benefits for in-network and out-of-network providers.

Out-of-network Provider

Any provider who renders services to a managed care member but is not a participant in the plan's network.

Out-of-pocket Maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments. The deductible applies to the plan year January 1 to December 31, regardless of hire date.

Participating Provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Prior Authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

URx

A prescription drug management program developed by the State of Montana for all plan members.

DEPENDENT ELIGIBILITY INFORMATION

Administered by the Health Care and Benefits Division
1-800-287-8266 or 444-7462 • www.benefits.mt.gov

2011 PLAN YEAR DEFINITION OF ELIGIBLE DEPENDENTS

Eligible dependents include:

1. The eligible employee's lawful spouse or declared domestic partner. Declaration of Domestic Partnership forms may be found on the Health Care and Benefits Division website at www.benefits.mt.gov.

2. The eligible employee's dependent children who are under age 26, and not in full-time active military service.

It is the responsibility of the member to remove any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents. **Complete plan rules are defined in the Summary Plan Document (available on-line at www.benefits.mt.gov).**

DEPENDENT CHANGES AFTER NEW HIRE ENROLLMENT

After the initial enrollment period for a new employee (31 days from hire date), dependent coverage enrollment is only allowed during these circumstances (referred to as qualifying events):

- within 63 days of becoming a dependent (through marriage, or court-ordered support/custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.
- within 63 days after the 31-day automatic coverage period (94 days from birth) after birth or adoption.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

If you have questions regarding your specific situation, please call us at the number above or check out the plan rules described in the Summary Plan Document available on-line at www.benefits.mt.gov.

WORKING FAMILIES TAX RELIEF ACT (WFTRA)

WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees who cover a spouse or domestic partner on their medical, dental, or vision coverage to certify their tax status. This certification is done at the time of enrollment included on the *2011 Group Benefits Enrollment/Change* form.

WHO IS AFFECTED

All legislators who cover dependents on medical, dental, or vision coverage.

REQUIRED DOCUMENTATION

New legislators who decide to elect coverage for their spouse or domestic partner must complete the section of the *2011 Group Enrollment /Change* form indicating whether their spouse or domestic partner is or is not qualified for tax purposes.

This information must be completed and returned to the Health Care and Benefits Division along with

your other election forms within 31 days of hire for the appropriate tax application of benefits.

COMPLETING THE FORM

To assist in completing this form, flow charts outlining the IRS rules are also provided for you with your packet.

TAX CONSEQUENCES

If you return the form indicating that your spouse or domestic partner is tax qualified, your premiums are eligible for a pre-tax deduction.

If you return the form indicating that your spouse or domestic partner is NOT tax qualified, premium contributions for them cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for your spouse or domestic partner will be added to your taxable income. If the form does not include the tax status information, premium contributions for your spouse or domestic partner cannot be taken on a pre-tax basis and the fair market

value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for your spouse or domestic partner will be added to your taxable income until the form indicating otherwise is returned. In this case, changes can only be made prospectively.

TAX STATUS CHANGES

If the tax status of your spouse or domestic partner changes after your initial enrollment, please contact the Health Care & Benefits Division to obtain a form to make the appropriate change.



MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2011

LEGISLATORS \$ 733.00 (a)

CORE BENEFITS

MEDICAL PLAN (see rates on page 8)

CHOOSE ONE [
 Traditional: \$ _____ (b)
 Blue Choice: \$ _____ (b)
 New West: \$ _____ (b)

DENTAL PLAN (see rates on page 18)

\$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (page 23)

\$ 2.10 (d)

TOTAL CORE BENEFITS PREMIUM

Add lines b, c, and d = \$ _____ (e)

OPTIONAL BENEFITS

VISION PLAN (see rates on page 19)

\$ _____ (f)

LIFE INSURANCE (see rates on page 23)

Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (g)
 Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (h)
 Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (i)
 Accidental Death & Dismemberment (\$.020 or \$.030 (with dependents) x every \$1,000 of coverage) \$ _____ (j)

LONG TERM CARE (see rates on pages 24 - 26)

\$ _____ (k)

OPTIONAL BENEFITS PREMIUM

Add lines f, g, h, i, j and k = \$ _____ (l)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2011 BENEFITS

CORE BENEFITS

Enter amount from line e \$ _____ (m)

OPTIONAL BENEFITS

Enter amount from line l \$ _____ (n)

TOTAL BENEFITS

Add lines m and n \$ _____ (o)

STATE CONTRIBUTION

Enter amount from line a \$ 733.00 (p)

WELLNESS DISCOUNT+

\$ _____ (q)

+If you attended a 2010 Health Screening, enter \$5, if you AND a dependent attended a screening, enter \$10

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2011 BENEFITS

Subtract line p and q from o \$ _____

ANNUAL SCHEDULE OF BENEFITS



BENEFIT YEAR 2011

MEDICAL PLAN

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bcbsmt.com

New West Health Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com

MEDICAL RATES

Monthly Premiums	New West	Blue Choice	Traditional
Legislator Only	\$682	\$682	\$696
Legislator & spouse	\$856	\$856	\$870
Legislator & children	\$769	\$769	\$783
Legislator & family	\$908	\$908	\$922
Joint Core	\$717	\$717	\$730

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.

MEDICAL PLAN COSTS

Annual Deductible

*(Applies to all services unless noted or a co-payment is indicated)
(The deductible applies for the plan year, January 1 to December 31 regardless of hire date.)*

Coinsurance Percentages (% of allowed charges member pays)

General
Preferred Facility Services *(See pages 32-33 for a list of preferred facilities)*
Nonpreferred Facility Services *(See page 32 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums

*(Maximum coinsurance paid in the year; excludes deductibles and copayments)
(The out-of-pocket maximum is applied for the plan year regardless of hire date)*

You pay deductible and coinsurance on allowable charges (see glossary on page 5).

MEDICAL PLAN COSTS

Hospital Inpatient Services*

**Pre-certification of non-emergency hospitalization is strongly recommended & required by some plans - see plan descriptions*

	Member Coinsurance:	Member Coinsurance/Copayment:	Member Coinsurance:
Room Charges	20% - 35%	25%	35%
Ancillary Services	20% - 35%	25%	35%
Surgical Services	20% - 35%	25%	35%

Hospital Outpatient and Surgical Center Services

	TRADITIONAL PLAN Administered by BCBS of MT	MANAGED CARE BENEFIT PLANS BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan	
	Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible	\$600/Member \$1,800/Family	\$425/Member \$850/Family	Separate \$650/Member Separate \$1,300/Family
Coinsurance Percentages	25% 20% 35%	25%	35%
Annual Out-of-Pocket Maximums	Average of \$2,500/Member Average of \$5,625/Family	\$2,000/Member \$4,500/Family	Separate \$3,500/Member Separate \$8,000/Family
	Member Coinsurance:	Member Coinsurance/Copayment:	Member Coinsurance:
Hospital Inpatient Services			
Room Charges	20% - 35%	25%	35%
Ancillary Services	20% - 35%	25%	35%
Surgical Services	20% - 35%	25%	35%
Hospital Outpatient and Surgical Center Services	20% - 35%	25%	35%

ANNUAL SCHEDULE OF BENEFITS

BENEFIT YEAR 2011

MEDICAL PLAN SERVICES

	TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
Physician/Professional Services (not listed elsewhere)			
Office Visits	25% (no deductible for first two non-routine office visits)	\$15/visit (covers professional charges only)	35%
Inpatient Physician Services	25%	25%	35%
Lab/Ancillary/Injectibles/Miscellaneous Charges	25%	25% (no deductible on injectibles without an office visit)	35%
Emergency Services			
Ambulance Services for Medical Emergency	25%	\$200 copay	\$200 copay
Emergency Room <i>(If there is an inpatient emergency admission, see plan description for authorizing follow up care.)</i>	20%-35%	\$150/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$150/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)
Hospital Charges			
Professional/Ancillary Charges	25%	25%	25%
Urgent Care Services			
Facility/Professional Charges	25%	\$35/visit	\$35/visit
Ancillary - Lab/ Diagnostic/Surgical Charges	25%	25%	25%
Maternity Services			
Hospital Charges	20% - 35%	25%	35%
Physician Charges (including delivery, pre and post-natal office visits) and lab charges	25%	0% if member enrolls in a prenatal program in first trimester of pregnancy; 25% without timely enrollment	35%
Ultrasounds	25%	25% (waived on first ultrasound if member enrolls in prenatal program -see page 21)	35%
Routine Newborn Care			
Inpatient Hospital Charges	20% - 35% (no deductible)	25% (no deductible)	35%
Preventive Services (see plan descriptions for what services are covered and when)			
Adult Exams and Tests	25% (no deductible) Max: 2 bone density tests/lifetime Refer to Summary Plan document for covered preventative benefits	\$15/visit (including specified labs) Refer to Summary plan document for covered preventative benefits	35% Refer to Summary plan document for covered preventative benefits
Adult Immunizations (such as Pneumonia and Flu)	Flu and Pneumonia only (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
Allergy Shots	25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
Well Child Checkups and Immunizations	25% (no deductible) 0% (no deductible for County Health Department through age 7)	\$15/visit Max: Schedule recommended by US Department of Health & Human Services	35%
Mental Health Services			
Inpatient Services Max: One inpatient day may be exchanged for two partial hospital days.	20% - 35% Max: 21 days (No max for severe conditions)	25% Max: 21 days/yr (No max for severe conditions)	35% Max: 21 days/yr (No max for severe conditions)
Outpatient Services Please see page 21 for additional EAP benefit	25% Max: 40 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)

ANNUAL SCHEDULE OF BENEFITS

BENEFIT YEAR 2011

MEDICAL PLAN SERVICES

	TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
Chemical Dependency Services			
Inpatient Services <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>	20%-35% 10 day Max additional must be preauthorized	25% 10 day Max additional must be preauthorized	35% 10 day Max additional must be preauthorized
Outpatient Services Please see page 21 for additional EAP benefit	25% 40 visit Maximum	\$15/visit 40 visit Maximum	35% 40 visit Maximum
Rehabilitative Services - Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy			
Inpatient Services	20% - 35% Max: 60 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
Outpatient Services	20% - 35% 30 visit maximum (additional visits may be available with prior authorization)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
Alternative Health Care Services			
Acupuncture	25% (maximum payable \$30/visit) Max: 25 visits in any combination	Not covered	Not covered
Naturopathic	25% (maximum payable \$30/visit) Max: 25 visits in any combination	Not covered	Not covered
Chiropractic	25% (maximum payable \$30/visit) Max: 25 visits in any combination	\$15/visit Max: 20 visits/yr	35% Max: 20 visits/yr
Extended Care Services			
Home Health Care (Pre-authorization recommended)	25% Max: 70 days/yr	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
Hospice	25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
Skilled Nursing (Pre-authorization recommended)	25% (20% - 35% if hospital-based) Max: 70 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
Miscellaneous Services			
Disease Process Education & Dietary/Nutritional Counseling	20% - 35% Max: \$250/yr	0% (no deductible) Max: \$250/yr	35% Max: \$250/yr
Durable Medical Equipment, Appliances, and Orthotics <i>(Prior authorization required for amounts >\$1,000)</i>	25% maximum payable Max \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max payable \$100 for foot orthotics (per foot)	35% (not applied to out-of-pocket max) Max payable \$100 for foot orthotics (per foot)
PKU Supplies	25%	25% (no deductible)	35%
Obesity Management <i>(All plans require prior authorization)</i>	25%	25% non-surgical only	Not covered
TMJ Treatment <i>(All plans require prior authorization)</i>	25%	25% surgical only	Not covered
Infertility Treatment <i>(All plans require prior authorization)</i> Biological infertility only	25% 1 in-vitro attempt per lifetime	25% Max: 3 artificial inseminations/lifetime	Not covered
Bariatric Benefit <i>(Requires prior authorization)</i>	25%	Not covered	Not covered
Organ Transplants (Precertification, preauthorization and case management is required.) Transplant Services (including a \$5,000 maximum for out of state travel)	25%	25%	Not covered

MEDICAL INSURANCE PLANS - 2011

Administered by:
Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bcbsmt.com
New West Health Plan • 1-800-290-3657 or 457-2200 • www.newwesthealth.com



WHO IS ELIGIBLE?

Employees, Legislators, Retirees, COBRA members and their dependents (spouse, domestic partner, children) are eligible for the medical plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package. For more information about dependent eligibility, see page 6.



INSTRUCTIONS

1. Read about each plan in the General Information section on this page.
2. Review/compare each plans' costs, deductibles and services in the Schedule of Benefits starting on page 8 or through the SOME information resource available on the MINE or benefits.mt.gov.
3. Review your typical health care needs compared with the structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 29-31.
5. Determine which plan will work best for your personal situation.
6. Make your selection by completing sections 1,3,4,& 5 of the Employee Group Benefits Enrolment/Change form.

Employee Group Benefits
Enrollment/Change Form
Parts 1 & 3



GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and two managed care plans to choose from:

- Traditional Indemnity Plan
- Blue Choice
- New West Health Plan

TRADITIONAL PLAN

The Traditional Indemnity Plan is administered by Blue Cross and Blue Shield of Montana (BCBS MT), which processes claims and payments and provides customer service and notices to members in the form of an Explanation of Benefits (EOB). BCBS MT also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS MT provider, they will submit a claim for the plan member. BCBS MT will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full payment. Please verify a provider is currently participating by calling BCBS MT or checking their website shown above.

If the provider is not a BCBS MT provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be charges above the allowable fee that you will have to pay.

Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 32 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice and New West Health Plan are managed care plans offered through the Montana Association of Health Care

Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in providers and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required plan authorization is obtained).

In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is applied. For a complete listing of all in-network providers including specialists, check the plan administrator's website or call their customer service number listed at the top of this page. An authorization is not required for the plan member to see an in-network specialist. Authorizations are required to see an out-of-network specialist and receive the plan's in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, without a required authorization, costs will be more because a separate and

higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

To obtain an authorization to see an out-of-network provider from New West or Blue Choice plans, the member **MUST** contact the plan administrator directly.

Major Plan Differences

The major difference in the managed care plans are the participating providers. Check which providers participate by visiting the plan websites listed on page 8 or the back of the booklet.

Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, and New West Health Plan – are available to members living in certain areas in Montana. Please see pages 29 - 31 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, and Havre.

New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, Miles City and Lewistown.

QUESTIONS

For specific questions related to how the plan works, network issues or service areas, please contact the plan administrators at the numbers listed on page 14.

QUALITY CARE CHOICES

The Quality Care Choices (QCC) program offers focused disease management and case management services by Health Care & Benefits Division nurse case managers and contracted vendors. These professionals work with State plan members identified by specific disease states, the participant's medical providers and families to provide medically appropriate, effective and cost efficient care. Participants are identified for these programs by meeting one of the following criteria:

- chronic health care needs that may be reduced through participation in one of the disease management program listed;
- a need for wellness promotion or health coaching;
- having significant medical risks; or
- receiving treatment for a catastrophic illness or injury.

The State of Montana health plan offers the following new disease management programs to its participants to assist in managing their care:

Infusion Services Program

The State Plan has partnered with **Walgreens OptionCare** to offer an infusion services program. This program is available to plan members needing prescription drugs administered by infusion therapy (Synagis, Remicade, Tysabri, Orenia, Reclast, Boniva, Immune Globulin – IVIG, Actemra, Rituxan, Cerezyme, Privigen, Benefix). For more information, contact Walgreens OptionCare at 1-800-449-1256 or Health Care & Benefits at 1-800-287-8266 or visit our website at www.benefits.mt.gov.

Oncology Management Program

The State Plan has partnered with the **Billings Clinic** to offer a pilot oncology/cancer treatment program available to plan members requiring these types of services and live in certain designated geographic areas of Montana. For more information, contact the Billings Clinic at 1-877-537-6421, Health Care & Benefits at 1-800-287-8266, 444-7462 or visit our website at www.benefits.mt.gov.

If you currently seek services as listed above and agree to participate in the Quality Care Choices program, you may receive a majority of your care for NO OUT-OF-POCKET COST. The plan may WAIVE your copayment, coinsurance and deductibles on services received as part of QCC. Services ordered by the QCC, however, rendered by another provider will be subject to your regular benefits.

PRESCRIPTION DRUG PLAN - 2011

URx Powered by MedImpact • 1-888-648-6764 • www.mt.gov



URx Prescription Drug Program

URx is designed to:

- Improve your overall health
- Put you and your doctor in control of your health care decisions
- Help you reduce your out-of-pocket costs for prescription drugs

THERE IS NO DEDUCTIBLE!
FOR PRESCRIPTION DRUGS IN 2011
OUT-OF-POCKET MAXIMUMS FOR 2011

MedImpact is the pharmacy benefit administrator. Contact MedImpact for pharmacy related questions at 1-888-648-6764.

Individual: \$1,650/year
Family: \$3,300/year

ASK A PHARMACIST
For questions concerning how a drug works, interacts with other prescription medications, or for assistance locating an alternative for a D or F medication, contact the **ASK-a-Pharmacist program, 1-888-5-ASK-URx (527-5879).**

GENERAL INFORMATION

WHAT IS URX?

URx is a prescription drug management program developed by the State of Montana. URx uses the prescription process as a mechanism to manage overall care of a member by focusing on producing better clinical outcomes by making sure members get the best drug to treat their condition.

HOW DOES URX WORK?

One component of the URx program is the Pharmacy & Therapeutics Committee (PTAC). Under the State of Montana's oversight, this committee is responsible for evaluating drugs based on their proven clinical results. The PTAC committee is charged with developing the formulary (the list of preferred drugs covered by the plan) that will make the most effective drugs the least expensive to the member, regardless of the drug's actual cost.

With URx there will be no deductible and Class A, B, and C prescriptions will accumulate towards an out-of-pocket maximum.

WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all State Employees, Legislators, Retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy. You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy.

Formulary drug listings can be found at www.benefits.mt.gov, or by calling Health Care and Benefits Division.

MedVantx, 1-877-870-MONT[6668] and Ridgeway Mail Order Pharmacy of Montana, 1-800-630-3214 will administer

the mail-order drug program. MedVantx and Ridgeway will provide mail-order pharmacy services to plan members, based on URx pricing and plan design.

There are some medications that are not allowed through mail order. They include sleeping medications, narcotics of any type, muscle relaxers, antibiotics, and controlled substances.

SPECIALITY PHARMACY

Diplomat Specialty Pharmacy, 1-877-319-6337, is the new administrator of the specialty pharmacy program. Diplomat will provide assistance and resources to members who are prescribed high dollar oral, intravenous, or injectable medications.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact MedImpact at 1-888-648-6764 to inquire if this may apply to your prescription.



URx Drug Classification (Based on medical evidence of impact to health and overall net cost)	Drug Class	Deductible	Retail Rx (30-day supply)	Mail Rx (90-day supply)
Excellent level of value based on best medical evidence, best opportunity for improved health outcomes, and best overall net cost.	Class A	\$0	\$0 Copayment †	\$0 Copayment †
High level of value based on medical evidence of outcomes and lower overall net cost. Includes generic and brand drugs compared to higher cost brand name counterparts.	Class B	\$0	\$15 Copayment †	\$30 Copayment †
Good level of value based on fair medical evidence grading, but displaying higher overall net cost relative to generic or brand name drug counterparts.	Class C	\$0	\$40 Copayment †	\$80 Copayment †
Lower level of value based on evidence of outcomes relative to other clinical alternatives. Generally have much higher overall net costs.	Class D	\$0	50% Coinsurance †* (You will pay half of the discounted price)	50% Coinsurance †* (You will pay half of the discounted price)
These drugs have the lowest level of value (based on clinical evidence) or the highest overall net cost in relation to generic or other brand alternatives. Class F includes drugs that were not previously covered, allowing members to purchase them at a substantial discount.	Class F	\$0	100% Coinsurance †* (You will pay 100% of the discounted price)	100% Coinsurance †* (You will pay 100% of the discounted price)
Specialty Drugs				
If you take a specialty drug, you are encouraged to use the URx Specialty Pharmacy program to qualify for a \$150 copayment. If you fill your prescription at a retail pharmacy, you will have to pay 50% coinsurance. Specialty drugs are not covered through the mail-order program. Certain preferred specialty drugs will be available for a \$0 Co-payment through the URx Specialty Pharmacy program.	Class S	\$0	50% Coinsurance †* if purchased through standard retail pharmacy	Not Covered

† A copayment is a flat dollar amount you pay for Rx services. Coinsurance is a percentage of the total discounted prices you pay for Rx services. Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.

* The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.

WHAT CLASS ARE YOU IN?

Most people don't realize that just because a drug costs more... doesn't mean it's better. Drug manufacturers spend billions of dollars each year on advertising - so if you see six commercials for a particular drug, that drug may cost you a lot! Currently the State of Montana plan spends more on prescription drugs than on doctor visits!

HOW DO I DETERMINE WHAT CLASS MY DRUG IS?

You can look up which class your drug is

in at www.urx.mt.gov or by calling Health Care and Benefits. If you are unsatisfied with the class or the 'grade' your drugs makes, other therapeutically equivalent drugs that are more cost effective will be displayed that you can discuss with your physician.

We encourage you to take this information to your physician to determine if you are able to use the therapeutically equivalent drug.

If you are unable to take an alternative medication, contact Health Care Benefits Division for plan exception questions.

WHAT DOES IT MEAN THAT MOST DRUGS ARE COVERED?

The State of Montana's Pharmacy Benefit Administrator negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. All drugs, including those that were formerly not covered, will have a discount. This savings will be passed on to you as a member of the State of Montana benefit plan.

DENTAL PLAN - 2011

Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bcbsmt.com



Deductible

\$50/Member
\$150/Family

Monthly Premiums

Legislator only	\$34.90
Legislator and spouse	\$53.12
Legislator and children	\$51.58
Legislator and family	\$59.36
Joint Core	\$40.74

Employee Group Benefits Enrollment/Change Form Parts 1 & 3



Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> • One full-mouth X-ray or series in any 36-month period. • One set of supplementary bitewing X-rays in any 180-day period. • Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.) • No deductible or yearly dollar maximum apply.
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> • Subject to \$50 combined (with type C) deductible • Subject to \$1,200 combined (with type C) yearly maximum
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> • Subject to \$50 combined (with type B) deductible • Subject to \$1,200 combined (with type B) yearly maximum • Replacement crowns and dentures are limited to once every five years. • Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

**Of allowable charges.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Legislators are required to be enrolled in dental coverage unless they waive the entire benefit package. Members may also choose which dependents to cover.

INSTRUCTIONS

1. Read about the Dental Plan on this page.
2. Review the costs and coverage of the plan and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing Parts 1 & 3 of the Enrollment/Change Form.

SERVICE TYPES

Dental plan benefits are paid differently depending on the type of service received. There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services. Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only. If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

Type A Services

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and not more than two sets of supplementary bitewing X-rays in any benefit year.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*
3. Unscheduled minor emergency treatment to relieve pain.

Type B Services

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

Type C Services

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

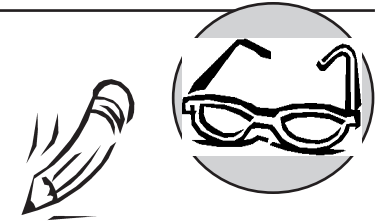
1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for dental implants while under the plan. This maximum is separate from the yearly maximum.
6. Dental sealants, limited to covered dependents under age 16 applied to molars once per tooth per lifetime. Repair and resealing are not covered.

VISION PLAN - 2011

Enrollment is **NOT** automatic! YOU MUST RE-ENROLL

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.
1-866-723-0513 Fax: 1-866-293-7373
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

Employee Group Benefits Enrollment/Change Form Parts 1 & 3



Monthly Premiums	
Legislator only	\$ 7.64
Legislator and spouse	\$14.42
Legislator and children	\$15.18
Legislator and family	\$22.26

Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement	Rural OON Reimbursement **
Eye Exam	12 months	\$10 copay	\$45 allowance	Up to \$85
Frames	24 months	\$125 allowance with 20% discount > \$125	\$52 allowance	Up to \$100
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal	Up to \$45 Up to \$55 Up to \$65
Standard Progressive (add to bifocal)		\$85 copay	\$55 allowance-progressive	Up to \$55
UV coating		\$15 copay	N/A	N/A
Tint (solid and gradient)		\$15 copay	N/A	N/A
Scratch Resistance (standard)		\$15 copay	N/A	N/A
Polycarbonate (standard)		\$40 copay	N/A	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A	N/A
Other Add-ons and Services		20% off retail price	N/A	N/A
Contact Lenses	12 months			
Conventional		\$125 allowance with 15% discount >\$125	\$95 allowance	\$100 allowance
(Contact lenses are in lieu of eyeglass lenses)				
Disposable		\$125 allowance plus the balance over \$125	\$95 allowance	\$100 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance	\$200 allowance

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (such as cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other disease of the eye.

**To qualify for the enhanced out-of-network reimbursement, employees who are enrolled on the vision plan and who reside more than 50 miles from the nearest network provider, may receive this level of vision benefit.

GENERAL INFORMATION

WHO IS ELIGIBLE?

Legislators and their dependents are eligible for this optional benefit.

INSTRUCTIONS

Review the premiums found above and complete Parts 1 & 3 of the Enrollment/Change Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the on-line provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code. Once enrolled, visit www.eyemedvisioncare.com to view coverage and eligibility information.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement

contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens benefit allowance is not applicable to this service.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

- 1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com, or by calling the Customer Care Center at 1-866-723-0513.
- 2) Make an appointment with an out-of-network provider they trust as their choice vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

You may fax your claim form to the fax number above.

WELLNESS PROGRAMS - 2011

Sponsored by the Health Care and Benefits Division, State of Montana Healthy Employee Lifestyle Program (SOMHELP) 1-800-287-8266 or 444-7462 • www.benefits.mt.gov/wellness.mcp



2011 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18 on health care plan	<ul style="list-style-type: none"> Confidential screenings for glucose, cholesterol, HDL, LDL, & triglycerides Blood pressure and body mass index
Spring Fitness	Fee varies	<ul style="list-style-type: none"> Team program designed to get people <i>active</i>
Weight Watchers	Fee varies	<ul style="list-style-type: none"> Helps pay for qualifying employees/dependents over 18 to join Weight Watchers with up to \$75 biennial reimbursement
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none"> This educational series offers healthy-living talks by local experts

GENERAL INFORMATION

\$5 Discount

off Medical Premium for attending a health screening in 2011. Go to www.benefits.mt.gov/wellness.mcp for more information

HEALTH SCREENINGS

The State of Montana Healthy Employee Lifestyle Program (SOMHELP) offers employees, spouses, and dependents age 18 and over on the medical plan one free health screening each year.

The health screenings provide a valuable way for you to manage your own health, by putting the same health information in your hands year after year. It is an excellent way to establish baselines and follow trends in your personal health and build positive relationships with your health care provider.

With an appointment, health screenings take about 20 minutes. The health screening staff will draw your blood, do a height and weight measurement, calculate your BMI, and take your blood pressure and blood oxygenation. Your blood sample will be used to perform lab tests. The free tests included in the screening are a Lipid Panel, Comprehensive Metabolic Panel, and Complete Blood Count.

LUNCH 'N' LEARN SERIES

Throughout the year, free, educational lunchtime talks are offered by local experts at convenient work-site locations. Suggestions are welcome for future programs and recorded presentations are available on the SOMHELP website.

WEIGHT WATCHERS

The SOMHELP Program will reimburse employees and/or dependents over 18 up to \$75/biennially for successful participation in the areas of weight, attendance, achievement, and exercise.

For more information on program qualifications and reimbursement instructions, call Health Care and Benefits Division or visit www.benefits.mt.gov/weightwatchers.mcp.

SPRING FITNESS

State Employees favorite way to get fit, stay fit, and get fitter! The 8-week program is based on steps taken, but encourages all kinds of physical activity and healthful lifestyles. Fun-Prizes-Health-Nutrition-Team Building. Coming in April 2011!

HUNTER'S CHALLENGE

Fun, Prizes, Motivation, More Successful Backcountry Sporting! The Hunter's Challenge is for anyone who participates in hunting, backpacking or other fall sports and wants a jump start. Participants set a goal, either steps or minutes, of physical activity each day. Members are welcome to participate in one or both challenges. Coming in July 2011!

TOBACCO CESSATION PROGRAM

The State plan has partnered with the Montana Tobacco Quit Line to provide a benefit for those ready to quit using tobacco. This free program provides cessation counseling services and cessation medication for participants in the program. Visit the wellness website for more information.

TAKE CONTROL DIABETES MANAGEMENT PROGRAM

The State Plan has partnered with Take Control to offer a diabetes support and management program. Take Control is available to plan members who have diabetes and meet certain enrollment criteria. For more information, contact the Take Control Program at 1-800-746-2970 or e-mail takecontrolmt@gmail.com.

SOMHELP E-MAIL & BLOG

The State of Montana Healthy Employee Lifestyle Program (SOMHELP) provides a free e-mail and blog designed to provide quick health tips to keep you motivated and involved with current wellness events. For more information visit the wellness website listed above or the blog website: <http://somhelp.blogspot.com>.

EMPLOYEE ASSISTANCE PROGRAM - 2011

Contact HCBD for benefit information 1-800-287-8266 or 444-7462
www.benefits.mt.gov/wellness.mcp



Covered Services

- Short-term Services Counseling
- Healthy for Life Weight Management
- Health Coaching
- Prenatal Program

Costs

- 4 Free, confidential counseling from any in-network provider
- Free, must meet enrollment requirements and group size is limited
- Free
- Free

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Employee Assistance Program is an add-on benefit for members of the State Employee Benefit Plan. There is no separate premium for this plan.

INSTRUCTIONS

No separate enrollment is required.

THE BENEFITS

The EAP benefits provide a variety of services including mental health, weight management, prenatal services, and health coaching.

PRENATAL PROGRAM

Health plan members have access to free prenatal services including:

- risk assessments,
- educational information,
- referrals, and
- other resources to help achieve a healthier pregnancy.
- Free prenatal vitamins available through URx.
- As an enhanced benefit, plan members who enroll in this prenatal program in their first trimester will have many deductibles and copayments waived (see pages 12 & 13).**

You can enroll in this program by simply calling 1-800-287-8266.

HEALTHY FOR LIFE

WEIGHT MANAGEMENT

Starting January 1, 2011, a new weight management pilot program called the Healthy for Life Program is beginning. This is a 16-week module that will include one on one sessions with a dietitian and nurse case manager, structured group webinars, and motivational incentives. If you are interested in participating, please visit www.benefits.mt.gov/wellness.mcp or contact the Health Care and Benefits Division.

HEALTH COACHING

Have you been thinking about losing weight or quitting smoking for good? A health coach can provide the support you need to achieve your goals.

All State plan members/dependents 18 or over have access to free, confidential health coaching. This benefit, designed in conjunction with the Wellness Program, offers individuals the opportunity to communicate with friendly, experienced health coaches at their own pace, by phone or email depending on the participant's preference. To get started, contact Health Care and Benefits.

FREE COUNSELING SERVICES

Members of the State Employee Benefit plan are provided up to four counseling services at a participating or in-network provider free of charge. Claims will be processed through your health plan and the benefit visit maximum does apply. Regular benefits will apply after your fourth visit (see page 12-13).

Four Free counseling services must be provided by a participating (Traditional) or in-network (Managed Care) provider.

LEGAL AND FINANCIAL SERVICES

Check the Health Care and Benefits Division website at www.benefits.mt.gov for information on legal and financial services available in your community.

You must enroll during your first trimester to qualify for the enhanced benefit in the prenatal program.

PRE-TAX PLAN - 2011

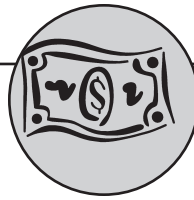
Administered by the State of Montana Health Care and Benefits Division
1-800-287-8266 or 444-7462 in Helena • www.benefits.mt.gov

Benefit of Participation

Pre-tax Eligible

Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, long term disability and flexible spending account elections.



**IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.*

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save you money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan.

WHO IS ELIGIBLE?

All employees and legislators enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Legislators can only participate in the Pre-tax plan during the Legislative session.

INSTRUCTIONS

1. Read about the Pre-tax Plan on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. Your decision needs to be made in Part 1 of the Employee Group Benefits Plan Enrollment/Change Form. If you wish to participate mark the box "Deduct my premiums **before tax**" or if you do not want to participate mark the box "Deduct my premiums **after tax**".

ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), and may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

LOSS OF ELIGIBILITY

If the employee divorces, their former spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the dependent child turns 26 years old or joins the military. Dependents losing eligibility for coverage due to divorce, turning age 26 or joining the military will become ineligible at the end of the month for which a partial or full premium has been paid.

WHAT'S THE CATCH?

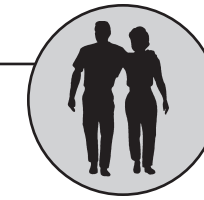
According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the Division of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.



LIFE INSURANCE PLAN - 2011

Administered by The Standard Insurance Company
For information, call the Health Care and Benefits Division
1-800-287-8266 or 444-7462

Complete the Standard Life Insurance Enrollment/Change Form



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$2.10
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates

Based on employee's age the last day of month

<30....	\$.03
<35....	\$.05
<40....	\$.08
<45....	\$.10
<50....	\$.15
<55....	\$.23
<60....	\$.43
<65....	\$.66
65+....	\$.98

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all legislators unless they waive the benefits. Optional life insurance and Accidental Death & Dismemberment (AD&D) are also available.

INSTRUCTIONS

1. Read about the various plans on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

LIFE AND AD&D PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan

A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for legislators.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases. **Requests of your annual salary made within your initial enrollment period (31 days) are automatically issued.**

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life. You can elect Plan D coverage up to \$10,000 without evidence of insurability (guaranteed enrollment). The legislator must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000.

Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

LONG TERM CARE INSURANCE - 2011

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



Options Choices

Care Type	Plan 1	• Facility (nursing home or assisted living)
	Plan 2	• Facility + Professional Home Care (Provided by a licensed home health organization)
	Plan 3	• Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)
Monthly Benefit	Nursing Home	• \$1,000 - \$6,000
	Assisted Living	• 60% of the selected nursing home amount
	Home Care	• 50% of the selected nursing home amount
Duration	3 year	• 3 years Nursing Home
	6 year	• 6 years Nursing Home
	Unlimited	• Unlimited Nursing Home
		• or 5 years Assisted Living
		• or 10 years Assisted Living
		• or Unlimited Assisted Living
		• or 6 years Home Care
		• or 12 years Home Care
		• or Unlimited Home Care
Inflation Protection	Yes	• 5% compounded annually
	No	• No protection

GENERAL INFORMATION

WHO IS ELIGIBLE?

Employees, Legislators, Retirees, Spouses, Parents, and Parents-in-Law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

ENROLLMENT

If you would like to sign-up for the plan you may request an enrollment kit by calling the Health Care and Benefits Division at 1-800-287-8266 (444-7462 in Helena) or via e-mail at benefitsquestions@mt.gov.

LONG TERM CARE

OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

• Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

• Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

• Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

LONG-TERM CARE INSURANCE RATES

For rates with Inflation Protection, see page 30

Rates shown are for a \$1,000 Monthly Facility Benefit. You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

Benefit Duration Age 18 - 30	PLAN 1 Long-Term Care Facility Non-forfeiture			PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care			PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care		
	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
31	1.70	2.10	2.80	2.60	3.40	4.70	4.00	5.30	7.60
32	1.70	2.20	2.90	2.60	3.60	4.90	4.10	5.60	7.90
33	1.80	2.30	2.90	2.70	3.70	5.00	4.20	5.70	8.00
34	1.80	2.30	3.00	2.80	3.70	5.10	4.30	5.80	8.20
35	1.90	2.40	3.10	2.90	3.90	5.20	4.40	6.00	8.50
36	1.90	2.60	3.20	2.90	4.00	5.40	4.50	6.20	8.70
37	2.00	2.70	3.30	3.10	4.20	5.60	4.70	6.40	9.00
38	2.10	2.80	3.40	3.20	4.30	5.80	4.90	6.70	9.30
39	2.20	2.90	3.60	3.40	4.50	6.00	5.10	6.80	9.60
40	2.30	3.00	3.80	3.50	4.60	6.20	5.20	7.10	10.00
41	2.40	3.10	4.00	3.60	4.80	6.60	5.50	7.40	10.40
42	2.50	3.30	4.00	3.80	5.00	6.70	5.70	7.70	10.70
43	2.60	3.40	4.30	3.90	5.30	7.10	5.90	8.00	11.20
44	2.70	3.60	4.50	4.10	5.50	7.40	6.20	8.40	11.80
45	2.90	3.80	4.70	4.30	5.80	7.70	6.50	8.80	12.30
46	3.00	4.00	5.00	4.50	6.10	8.10	6.80	9.30	12.90
47	3.30	4.20	5.30	4.70	6.30	8.50	7.10	9.80	13.60
48	3.40	4.50	5.60	4.90	6.70	8.80	7.50	10.30	14.30
49	3.70	4.70	5.90	5.20	6.90	9.20	7.90	10.80	15.10
50	3.90	5.10	6.30	5.40	7.30	9.70	8.30	11.40	16.00
51	4.20	5.40	6.80	5.80	7.60	10.20	8.90	12.10	16.90
52	4.50	5.80	7.20	6.10	8.10	10.80	9.50	12.90	18.00
53	4.80	6.20	7.70	6.50	8.50	11.30	10.00	13.50	19.00
54	5.10	6.60	8.20	6.80	9.00	11.90	10.50	14.30	20.10
55	5.50	7.10	8.70	7.30	9.60	12.50	11.20	15.30	21.20
56	6.00	7.70	9.50	7.70	10.20	13.40	11.90	16.30	22.80
57	6.50	8.40	10.30	8.30	10.90	14.20	12.80	17.50	24.40
58	7.10	9.10	11.20	8.90	11.70	15.20	13.60	18.70	26.10
59	7.80	9.90	12.20	9.50	12.60	16.30	14.70	20.00	28.00
60	8.50	10.80	13.30	10.30	13.40	17.40	15.70	21.40	30.00
61	9.40	12.00	14.70	11.20	14.70	19.00	17.00	23.40	32.60
62	10.50	13.30	16.20	12.30	16.00	20.50	18.40	25.20	35.20
63	11.60	14.70	18.00	13.40	17.50	22.50	19.90	27.40	38.40
64	12.90	16.40	19.90	14.80	19.20	24.50	21.70	29.90	41.70
65	15.00	18.90	22.90	16.80	21.80	27.70	24.20	33.40	46.60
66	16.60	20.90	25.40	18.50	24.00	30.40	26.10	36.10	50.50
67	18.60	23.40	28.30	20.60	26.60	33.60	28.60	39.50	55.10
68	20.70	25.90	31.40	22.80	29.40	37.20	31.20	43.10	60.10
69	23.00	28.80	34.90	25.20	32.40	41.00	34.10	47.00	65.60
70	25.70	32.00	38.70	28.00	35.90	45.30	37.20	51.40	71.50
71	28.40	35.40	42.80	30.80	39.50	49.80	40.40	55.90	77.70
72	31.60	39.40	47.50	34.20	43.80	55.00	44.20	61.20	84.90
73	34.90	43.30	52.10	37.60	47.90	60.00	48.10	66.50	91.80
74	38.80	48.00	57.60	41.50	53.00	66.10	52.60	72.70	100.00
75	46.50	57.40	68.60	49.60	63.10	78.70	62.20	86.00	118.00
76	51.20	63.30	75.90	54.50	69.40	86.40	67.60	93.60	128.40
77	55.90	69.00	82.70	59.30	75.40	93.80	72.80	100.90	138.30
78	61.50	75.80	90.70	65.00	82.60	102.60	79.20	109.80	150.20
79	67.70	83.40	99.60	71.40	90.60	112.30	86.20	119.50	163.10
80	74.60	91.60	109.30	78.40	99.30	122.90	93.80	130.00	177.10
81	81.70	100.10	119.20	85.60	108.20	133.60	101.40	140.50	190.80
82	90.80	111.10	132.00	95.00	119.80	147.50	111.70	154.60	209.20
83	100.50	122.60	145.50	104.90	132.10	162.20	122.70	169.70	228.90
84	109.90	133.80	158.30	114.60	143.90	176.10	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.



Benefit Duration Age 18-30	PLAN 1 Long-Term Care Facility Non-forfeiture			PLAN 2 Long-Term Care Facility Non-forfeiture Professional Home Care			PLAN 3 Long-Term Care Facility Non-forfeiture Total Home Care		
	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited	3 YR	6 YR	Unlimited
31	6.00	7.80	10.00	8.20	10.90	14.60	11.50	15.40	21.50
32	6.10	8.10	10.20	8.30	11.20	14.90	11.70	15.90	22.00
33	6.20	8.20	10.60	8.50	11.40	15.40	12.00	16.20	22.50
34	6.50	8.60	10.80	8.70	11.80	15.70	12.20	16.60	23.00
35	6.60	8.70	11.00	9.00	12.00	16.00	12.50	17.00	23.40
36	6.90	9.00	11.40	9.30	12.40	16.40	12.90	17.50	24.10
37	7.00	9.20	11.70	9.50	12.70	16.90	13.20	17.90	24.60
38	7.20	9.60	12.00	9.70	13.10	17.40	13.50	18.40	25.30
39	7.50	9.90	12.40	10.10	13.50	17.80	14.00	19.00	26.00
40	7.70	10.00	12.70	10.40	13.70	18.20	14.30	19.30	26.50
41	7.90	10.40	13.00	10.60	14.10	18.70	14.60	19.80	27.30
42	8.20	10.60	13.50	10.90	14.50	19.30	15.10	20.30	28.00
43	8.40	10.90	13.70	11.20	14.90	19.60	15.40	20.80	28.60
44	8.60	11.30	14.10	11.50	15.30	20.20	15.90	21.40	29.40
45	9.00	11.70	14.60	11.90	15.90	20.80	16.40	22.10	30.30
46	9.20	11.90	14.90	12.30	16.20	21.30	16.80	22.60	31.00
47	9.60	12.50	15.50	12.60	16.80	22.00	17.30	23.40	32.10
48	9.90	12.80	16.10	12.90	17.10	22.50	17.90	24.10	33.10
49	10.20	13.20	16.60	13.20	17.50	23.10	18.40	24.90	34.20
50	10.70	13.80	17.10	13.70	18.10	23.60	19.10	25.70	35.20
51	11.00	14.20	17.80	14.00	18.50	24.30	19.60	26.50	36.50
52	11.50	14.80	18.50	14.60	19.20	25.10	20.50	27.60	38.00
53	12.10	15.50	19.30	15.10	19.90	25.90	21.30	28.70	39.40
54	12.40	16.00	19.90	15.40	20.30	26.60	21.90	29.60	40.80
55	12.90	16.70	20.80	15.90	21.10	27.40	22.60	30.70	42.20
56	13.80	17.70	21.90	16.70	21.90	28.30	23.50	31.70	43.30
57	14.50	18.60	23.00	17.40	22.80	29.40	24.50	33.10	45.20
58	15.30	19.60	24.20	18.30	23.80	30.80	25.80	34.70	47.60
59	16.20	20.80	25.60	19.10	25.00	32.10	26.90	36.40	49.90
60	17.10	21.90	26.90	20.00	26.10	33.60	28.20	38.10	52.30
61	18.30	23.10	28.40	21.10	27.30	35.00	29.60	40.00	54.80
62	19.70	25.20	30.80	22.50	29.40	37.50	31.50	42.80	58.70
63	21.40	27.10	33.00	24.20	31.30	39.70	33.50	45.50	62.30
64	22.90	29.10	35.50	25.70	33.30	42.30	35.50	48.30	66.30
65	25.00	31.60	38.40	27.80	35.90	45.20	38.00	51.70	70.80
66	28.10	35.50	43.00	30.90	39.80	50.00	41.70	56.80	77.80
67	30.40	38.30	46.40	33.10	42.70	53.70	44.20	60.30	82.80
68	33.20	41.80	50.50	36.10	46.40	58.20	47.60	65.10	89.10
69	35.90	45.20	54.60	38.90	50.00	62.70	50.80	69.40	95.10
70	39.20	48.90	59.20	42.30	54.00	67.80	54.60	74.40	102.20
71	42.30	52.90	64.00	45.50	58.20	73.10	58.20	79.60	109.30
72	46.10	57.50	69.30	49.40	63.10	78.90	62.40	85.50	117.10
73	50.20	62.70	75.50	53.70	68.50	85.60	67.20	92.10	125.90
74	54.10	67.10	80.80	57.70	73.40	91.40	71.80	98.20	134.00
75	59.00	73.00	87.60	62.60	79.60	98.80	77.20	105.60	143.70
76	69.20	85.60	102.50	73.30	93.00	115.30	89.70	122.70	166.50
77	75.30	93.00	111.50	79.50	100.80	125.00	96.40	132.10	179.20
78	80.60	99.40	119.10	84.80	107.50	133.30	102.00	139.90	189.70
79	87.40	107.70	128.80	91.80	116.10	143.70	109.50	150.10	203.20
80	94.10	115.80	138.50	98.70	124.80	154.20	117.00	160.70	217.20
81	102.20	125.60	149.80	106.90	135.00	166.50	125.80	172.70	233.10
82	110.20	135.10	161.00	115.10	145.00	178.50	134.40	184.40	248.40
83	120.80	147.70	175.60	125.80	158.20	194.40	146.00	200.30	269.00
84	131.70	160.70	190.70	137.00	172.00	210.70	158.40	217.20	290.70
85	141.70	172.70	204.20	147.30	184.60	225.30	169.40	232.60	309.90

URx NETWORK PHARMACIES

*Network Pharmacies are subject to change

CITY	PHARMACY
Anaconda	Community Hosp Anaconda Phcy CVS Pharmacy Safeway Pharmacy Thrifty Drug Store
Ashland	Riverstone Pharmacy
Baker	Baker Rexall Drug
Belgrade	Lee & Dad's Pharmacy Osco Pharmacy
Big Sky	Bozeman Deaconess Pharmacy
Big Timber	Pamida Pharmacy
Bigfork	Bigfork Drug
Billings	Billings Clinic Pharmacy Billings Health & Rehab Community Billings VA CBOC Pharmacy Center for Healthy Aging Phcy Costco Pharmacy CVS Pharmacy-Central CVS Pharmacy - Grand Ave. CVS Pharmacy - Main St. CVS Pharmacy - North 27th St. Deaconess Billings Clinic- Ave C Deaconess Billings Clinic- 10th Ave N First Pharmacy Juro's United Drugs K Mart Pharmacy Omnicare of Billings Osco Pharmacy - Central Ave. Osco Pharmacy - Grand Ave. Osco Pharmacy - North 27th St. Osco Pharmacy - Main St. Planned Parenthood of Montana Pharmacy One Riverstonehealth Pharmacy SAMS Pharmacy ST Johns Pharmacy Shopko Pharmacy Target Pharmacy Walgreens Drug Store - Main St. Walgreens Drug Store - Grand Ave. Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Woodrows Drugs
Boulder	Elkhorn Pharmacy Inc
Box Elder	Rocky Boy Health Board
Bozeman	Costco Pharmacy CVS Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy MSU Student Health Service Pharm Osco Pharmacy Price Rite Drug Rosauers Pharmacy Safeway Pharmacy

CITY	PHARMACY
Broadus	Broadus IGA Pharmacy
Browning	Blackfeet Community Health Hospital
Butte	Community Health Center Pharmacy CVS Pharmacy Driscoll Drug K Mart Pharmacy Medical Arts Pharmacy Safeway Pharmacy Three Bears Pharmacy Wal-Mart Pharmacy
Chester	Liberty Drug Westhill Pharmacy
Chinook	Chinook Pharmacy
Choteau	Choteau Drug
Columbia Falls	Columbia Falls VA CBOC Pharmacy Good Medicine Pharmacy Montana Veterans Home Pamida Pharmacy Smith's Pharmacy
Columbus	Columbus Health Mart
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Crow Agency	Crow Indian Hospital Pharmacy
Culbertson	Culbertson Pharmacy
Cut Bank	Drug Mart Osco Pharmacy
Deer Lodge	Keystone Drug Safeway Pharmacy

**MAIL ORDER
PHARMACIES**

MedVantx
1-877-870-MONT (6668)

**Ridgeway Mail Order
Pharmacy of Montana**
1-800-630-3214
1-406-642-6040

URx NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Dillon	Pamida Pharmacy Safeway Pharmacy		K Mart Pharmacy Northern Montana Pharmacy Wal-Mart Pharmacy Western Drug Pharmacy
Ennis	Ennis Health Mart Pharmacy	Hays	Hays Health Center Pharmacy
Eureka	Eureka Drug Pamida Pharmacy	Heart Butte	Heart Butte Pharmacy
Fairfield	Fairfield Drug	Helena	Bergum Drug South Hills Costco Pharmacy CVS Pharmacy - N. Montana Ave. CVS Pharmacy - Euclid Ave. Osco Pharmacy K Mart Pharmacy Safeway Pharmacy Shopko Pharmacy South Hills Pharmacy Inc St. Peter's Pharmacy Walgreens Wal-Mart Pharmacy
Fairview	Mondak Pharmacy	Kalispell	Big Sky IV Care Costco Pharmacy Evergreen Rx Glacier Ridge Pharmacy Kalispell Regional Med. Ctr Pharmacy K Mart Pharmacy Medical Arts Pharmacy Osco Pharmacy Rosauers Pharmacy Shopko Pharmacy Smith's Pharmacy Sykes Pharmacy The Clinical Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
Florence	Florence Pharmacy North	Lame Deer	Lame Deer Health Center Pharmacy
Forsyth	Yellowstone Pharmacy	Laurel	CVS Pharmacy Gene's Pharmacy Price's Pharmacy Wal-Mart Pharmacy
Fort Benton	Benton Pharmacy	Lewistown	Lewistown Pharmacy Osco Pharmacy Pamida Pharmacy Seiden Drug
Frenchtown	Frenchtown Drug	Libby	Center Drug Frank's Drug Libby Drug Rosauers Pharmacy
FT Harrison	Fort Harrison VAMC Pharmacy	Livingston	KC Western Drug Long Tern Care Osco Pharmacy Pamida Pharmacy Western Drug
Gardiner	Gardiner Pharmacy	Lodge Grass	Lodge Grass Health Center Pharmacy
Glasgow	Fifthe Ave Pharmacy & Gift Pamida Pharmacy Western Drug of Glasgow	Lolo	Lolo Drug
Glendive	F & G Pharmacy Gabert Clinic Pharmacy Osco Pharmacy		
Great Falls	Anderson Family Pharmacy Apothecary Drug Store Clinic Pharmacy CVS Pharmacy K Mart Pharmacy Osco Pharmacy - 3rd St. NW Osco Pharmacy - 10th Ave. S Pharmerica Plaza United Pharmacy Public Drug Sam's Club Pharmacy Shopko Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Walgreens Drug Store - 3rd St. NW Walgreens Drug Store - 10th Ave. S Wal-Mart Pharmacy		
Hamilton	Bitterroot Drug Hamilton Pharmacy Health Care Plus Osco Pharmacy Timber Ridge Pharmacy Walgreens		
Hardin	Pharmcare Pharmacy		
Harlem	Fort Belknap Health Center Pharmacy Milk River Pharmacy		
Harlowtown	Wheatland Memorial Pharmacy		
Havre	Health Mart		

URx NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Malmstrom AFB	Malmstrom Pharmacy	Sheridan	Mac's CHC Pharmacy
Malta	Valley Drug	Sidney	Clinic Pharmacy Pamida Pharmacy White Drug
Miles City	Big Sky Pharmacy Miles City CBOC Osco Pharmacy Wal-Mart Pharmacy	St. Ignatius	CS and K Tribes-Flathead Reservation Mission Drug Pharmacy
Missoula	A & C Drug Broadway Pharmacy CMC Retail Rx Costco Pharmacy CVS Pharmacy East Gate Drug Health Service Pharmacy Uni of MT Hillside Health Care Center K Mart Pharmacy Missoula Pharmacy Osco Pharmacy - Oxford St. Osco Pharmacy - Reserve St. Osco Pharmacy - Russell St. Palmer's Drug Partnership Health Center Pharmacy Rosauers Pharmacy Safeway Pharmacy - Reserve St. Safeway Pharmacy - Broadway St. Savmor Drug Shopko Pharmacy Target Pharmacy Village Health Care Center Wal-Mart Pharmacy - Mullan Rd. Wal-Mart Pharmacy - Hwy 93 Walgreens Drug Store - N. Reserve St. Walgreens Drug Store - Brooks St.	Stevensville	Ridgeway Pharmacy Family Pharmacy Valley Drug
Philipsburg	Granite Co Medical Hospital Pharmacy	Superior	Mineral Pharmacy
Plains	Plains Drug	Thompson Falls	Doug's Drug
Plentywood	Plentywood Drug	Three Forks	Railway Drug
Polson	Healthcare Plus Pharmacy- Hwy 93 Healthcare Plus Pharmacy- 7th Ave E Safeway Pharmacy St. Joseph's Retail Pharmacy Wal-Mart Pharmacy	Townsend	Townsend Drug
Poplar	Poplar Health Center Pharmacy Poplar Pharmacy	Troy	Kootenai Drug
Pryor	Pryor Health Station Pharmacy	Victor	North Ridge Health Care Ridgeway Pharmacy Ltd
Red Lodge	Red Lodge Drug	Warm Springs	Montana State Hospital Pharmacy
Ronan	Family Health Pharmacy R & R Health Care Solutions	West Yellowstone	Silvertip Pharmacy
Roundup	Pamida Pharmacy	White Sulphur Springs	Castle Mountain Drug
Scoby	Service Drug Inc	Whitefish	Alpine Ridge Pharmacy Good Medicine Pharmacy Haines Medical Pharmacy Safeway Pharmacy Walgreens Whitefish Discount Pharmacy
Seeley Lake	Seeley Swan Pharmacy	Whitehall	Whitehall Drug
Shelby	Northtown Drug Pamida Pharmacy	Wolf Point	Wolf Point Health Center Pharmacy Wolf Point IDE Pharmacy

BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Drummond	59832	Lake McDonald	59921	Roundup	59072
Acton	59002	Dupuyer	59432	Lakeside	59922	Rudyard	59540
Alberton	59820	Dutton	59433	Laurel	59044	Ryegate	59074
Alder	59710	East Helena	59635	Lavina	59046	Saltese	59867
Anaconda	59711	East Missoula	59801	Ledger	59456	Sand Coulee	59472
Arlee	59821	Edgar	59026	Lima	59739	Santa Rita	59473
Augusta	59410	Elliston	59728	Lincoln	59639	Seeley Lake	59868
Avon	59713	Elmo	59915	Livingston	59047	Shawmut	59078
Ballantine	59006	Emigrant	59027	Lloyd	59535	Shelby	59474
Basin	59631	Ennis	59729	Lodge Grass	59050	Shepherd	59079
Bearcreek	59007	Ethridge	59435	Lolo	59847	Sheridan	59749
Belfry	59008	Eureka	59917	Loma	59460	Silver Star	59751
Belgrade	59714	Fairfield	59436	Lonepine	59848	Silverbow	59750
Belt	59412	Fishtail	59028	Lothair	59461	Simms	59477
Big Arm	59910	Florence	59833	Malmstrom AFB	59402	Somers	59932
Bigfork	59911	Floweree	59440	Manhattan	59741	Springdale	59082
Big Sky	59716	Fort Benton	59442	Marion	59925	St. Ignatius	59865
Billings	59101-59108	Fort Harrison	59636	Martin City	59926	St. Regis	59866
	59111-59112	Fort Shaw	59443	Martinsdale	59053	St. Xavier	59075
	59114-59117	Fortine	59918	Marysville	59640	Stevensville	59870
Black Eagle	59414	Frenchtown	59834	McAllister	59740	Stockett	59480
Bonner	59823	Fromberg	59029	McLeod	59052	Stryker	59933
Boulder	59632	Galata	59444	Melrose	59743	Sula	59871
Box Elder	59521	Gallatin Gateway	59730	Melville	59055	Sun River	59483
Boyd	59013	Garneill	59445	Milltown	59851	Sunburst	59482
Bozeman	59715	Garrison	59731	Missoula	59801-59804	Superior	59872
	59717-59719	Garryowen	59031		59806-59808	Swan Lake	59911
	59771-59773	Geraldine	59446		59812	Thompson Falls	59873
Brady	59416	Geyser	59447	Molt	59057	Three Forks	59752
Bridger	59014	Gildford	59525	Monarch	59463	Trego	59934
Broadview	59015	Glen	59732	Montana City	59634	Trout Creek	59874
Buffalo	59418	Gold Creek	59733	Musselshell	59059	Twin Bridges	59754
Butte	59701-59703	Grantsdale	59835	Neihart	59465	Two Dot	59085
	59707	Great Falls	59401-59406	Norris	59745	Ulm	59485
Bynum	59419	Greenough	59836	Noxon	59853	Valier	59486
Canyon Creek	59633	Hamilton	59840	Oilmont	59466	Vaughn	59487
Cardwell	59721	Hardin	59034	Olney	59927	Victor	59875
Carter	59420	Harlowton	59036	Ovando	59854	Virginia City	59755
Cascade	59421	Harrison	59735	Pablo	59855	Warm Springs	59756
Charlo	59824	Haugan	59842	Paradise	59856	West Glacier	59936
Chester	59522	Havre	59501	Park City	59063	White Slphr Sprgs	59645
Chinook	59523	Helena	59601-59602	Pendroy	59467	Whitefish	59937
Choteau	59422		59604	Philipsburg	59858	Whitehall	59759
Clancy	59634		59620	Pinesdale	59841	Whitlash	59545
Clinton	59825		59623-59626	Plains	59859	Wilsall	59086
Clyde Park	59018	Helmville	59843	Polaris	59746	Winston	59647
Columbia Falls	59912	Heron	59844	Pole Bridge	59928	Wisdom	59761
Condon	59826	Highwood	59450	Polson	59860	Wise River	59762
Conner	59827	Hingham	59528	Pompeys Pillar	59064	Wolf Creek	59648
Conrad	59425	Hot Springs	59845	Pony	59747	Worden	59088
Coram	59913	Hungry Horse	59919	Power	59468	Zurich	59547
Corvallis	59828	Huntley	59037	Pray	59065		
Creston	59902	Huson	59846	Proctor	59929		
Crow Agency	59022	Inverness	59530	Pryor	59066		
Custer	59024	Jackson	59736	Ramsay	59748		
Cut Bank	59427	Jefferson City	59638	Ravalli	59863		
Darby	59829	Joliet	59041	Raynesford	59469		
Dayton	59914	Joplin	59531	Red Lodge	59068		
De Borgia	59830	Judith Gap	59453	Rexford	59930		
Deer Lodge	59722	Kalispell	59901	Ringling	59642		
Dell	59724		59903-59904	Roberts	59070		
Dillon	59725	Kevin	59454	Rollins	59931		
Divide	59727	Kila	59920	Ronan	59864		
Dixon	59831	Kremlin	59532	Roscoe	59071		

NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Coram	59913	Helena	59601-59602	Noxon	59853
Acton	59002	Corvallis	59828		59604	Oilmont	59466
Alberton	59820	Crane	59217		59620	Opportunity	59711
Alder	59710	Creston	59901		59623-59626	Outlook	59252
Amsterdam	59741	Crow Agency	59022	Heron	59844	Pablo	59855
Anaconda	59711	Custer	59024	Highwood	59450	Paradise	59856
Angela	59312	Cut Bank	59427	Hilger	59451	Park City	59063
Antelope	59211	Dagmar	59219	Hingham	59528	Peerless	59253
Apgar	59936	Darby	59829	Hobson	59452	Pendroy	59467
Arlee	59821	Dayton	59914	Hot Springs	59845	Philipsburg	59858
Armington	59412	Deer Lodge	59722	Hungry Horse	59919	Pinesdale	59841
Augusta	59410	Denton	59430	Huntley	59037	Plains	59859
Avon	59713	Dillon	59725	Huson	59846	Plentywood	59254
Bainville	59212	Divide	59727	Hysham	59038	Polaris	59746
Ballantine	59006	Dixon	59831	Inverness	59530	Polebridge	59928
Basin	59631	Dodson	59524	Jefferson City	59638	Polson	59860
Bearcreek	59007	Drummond	59832	Joliet	59041	Pompeys Pillar	59064
Belfry	59008	Dupuyer	59432	Joplin	59531	Pony	59747
Belgrade	59714	Dutton	59433	Jordan	59337	Potomac	59823
Belt	59412	East Helena	59635	Judith Gap	59453	Power	59468
Big Arm	59910	Edgar	59026	Kalispell	59901-59904	Pray	59065
Big Sandy	59520	Elliston	59728	Kevin	59454	Proctor	59929
Big Sky	59716	Elmo	59915	Kila	59920	Pryor	59066
Big Timber	59011	Emigrant	59027	Kinsey	59338	Radersburg	59641
Bigfork	59911	Ennis	59729	Kremlin	59532	Ramsay	59748
Billings	59101-59108	Ethridge	59435	Lake McDonald	59921	Rapelje	59067
	59111-59112	Fairfield	59436	Lakeside	59922	Ravalli	59863
	59114-59117	Fairview	59221	Lambert	59243	Raymond	59256
Black Eagle	59414	Fallon	59326	Laurel	59044	Raynesford	59469
Bonner	59823	Fishtail	59028	Lavina	59046	Red Lodge	59068
Boulder	59632	Flaxville	59222	Ledger	59456	Red Stone	59257
Box Elder	59521	Florence	59833	Lewistown	59457	Reed Point	59069
Boyd	59013	Floweree	59440	Libby	59923	Richland	59260
Bozeman	59715	Forest Grove	59441	Livingston	59047	Ringling	59642
	59717-59719	Forsyth	59327	Lloyd	59535	Roberts	59070
	59771-59773	Fort Benton	59442	Lodge Grass	59050	Rocker	59701
Brady	59416	Fort Harrison	59636	Lolo	59847	Rollins	59931
Bridger	59014	Fort Shaw	59443	Loma	59460	Ronan	59864
Broadview	59015	Frenchtown	59834	Lonepine	59848	Roscoe	59071
Brusett	59318	Fromberg	59029	Loring	59537	Roscoe	59071
Buffalo	59418	Galata	59444	Loring	59537	Rosebud	59347
Butte	59701-59703	Gallatin Gateway	59730	Malta	59538	Roundup	59072-59073
	59707	Galen	59722	Malmstrom AFB	59402	Roy	59471
Bynum	59419	Garneill	59445	Manhattan	59741	Rudyard	59540
Cameron	59720	Garrison	59731	Marion	59925	Ryegate	59074
Canyon Creek	59633	Garryowen	59031	Martin City	59926	Saco	59261
Cardwell	59721	Georgetown	59711	Martinsdale	59053	Saint Ignatius	59865
Carter	59420	Geraldine	59446	Marysville	59640	Saint Regis	59866
Cascade	59421	Gildford	59525	McLeod	59052	Saint Xavier	59075
Charlo	59824	Glen	59732	Melville	59055	Sand Coulee	59472
Chester	59522	Gold Creek	59733	Mildred	59341	Sanders	59076
Chinook	59523	Grantsdale	59835	Miles City	59301	Santa Rita	59473
Choteau	59422	Grass Range	59032	Milltown	59851	Scobey	59263
Clancy	59634	Great Falls	59401	Missoula	59801-59804	Shawmut	59078
Clinton	59825		59403-59406		59806-59808	Shelby	59474
Clyde Park	59018	Greenough	59836	Moccasin	59462	Sherpherd	59079
Cohagen	59322	Grey cliff	59033	Moiese	59824	Sheridan	59749
Colstrip	59323	Hall	59837	Molt	59057	Sidney	59270
Columbia Falls	59912	Hamilton	59840	Montana City	59634	Silver Star	59751
Columbus	59019	Hardin	59034	Moore	59464	Simms	59477
Condon	59826	Harlowton	59036	Musselshell	59059	Snider	59873
Connor	59827	Harrison	59735	Neihart	59465	Somers	59932
Conrad	59425	Hathaway	59333	Niarada	59845	Springdale	59082
		Havre	59501	Norris	59745	Stevensville	59870
						Stockett	59480

MANAGED CARE AREAS

NEW WEST CONTINUED

City	Zip Code
Stryker	59933
Sula	59871
Sun River	59483
Sunburst	59482
Superior	59872
Swan Lake	59911
Terry	59349
Thompson Falls	59873
Three Forks	59752
Toston	59643
Townsend	59644
Tracy	59472
Troy	59935
Turah	59825
Twin Bridges	59754
Two Dot	59085
Ulm	59485
Valier	59486
Vaughn	59487
Victor	59875
Virginia City	59755
Walkerville	59701
Warm Springs	59756
Westby	59275
West Glacier	59936
Whitefish	59937
White Sulphur Springs	59645
Whitehall	59759
Whitetail	59276
Whitewater	59544
Wilsall	59086
Winston	59647
Wolf Creek	59648
Worden	59088
Zurich	59547

PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred	20% Coinsurance	Helena	Helena Surgicenter
Anaconda	Community Hospital of Anaconda		Shodair Hospital
Baker	Fallon Medical Complex		St. Peter's Hospital
Big Sandy	Big Sandy Medical Center	Jordan	Garfield County Health Center
Big Timber	Pioneer Medical Center	Kalispell	Healthcenter Northwest
Billings	Advanced Care Hospital		Kalispell Regional Medical Center
	Billings Cataract and Laser Surgicenter		Orthopedic Surgery Center
	Billings Clinic Hospital	Lewistown	Central Montana Medical Center
	Health South Surgery Center	Libby	St. John's Lutheran Hospital
	LaGreca Eye Clinic/Surgicenter	Livingston	Livingston Healthcare
	St. Vincent Healthcare	Malta	Phillips County Medical Center
	Yellowstone Surgery Center	Miles City	Holy Rosary Healthcare
Bozeman	Bozeman Deaconess Hospital	Missoula	Big Sky Surgery Center
	Rocky Mountain Surgical Center		Community Medical Center
	Same Day Surgery Center		Missoula Bone & Joint Surgery Center
Butte	St. James Healthcare		Providence Surgery Center
	Summit Surgery Center	Philipsburg	St. Patrick Hospital and Health Sciences
Chester	Liberty County Hospital	Plains	Granite County Medical Center
Choteau	Teton Medical Center	Plentywood	Clark Fork Valley Hospital
Circle	McCone County Health Center	Polson	Sheridan Memorial Hospital
Columbus	Stillwater Community Hospital	Poplar	St. Joseph Hospital
Conrad	Pondera Medical Center	Red Lodge	Poplar Community Hospital
Culbertson	Roosevelt Memorial Medical Center	Ronan	Beartooth Hospital and Health Center
Cut Bank	Northern Rockies Medical Center	Roundup	St. Luke Community Hospital
Deer Lodge	Powell County Memorial Hospital	Scobey	Roundup Memorial Hospital
Dillon	Barrett Hospital and Health Care	Shelby	Daniels Memorial Hospital
Ekalaka	Dahl Memorial Healthcare	Sheridan	Marias Medical Center
Ennis	Madison Valley Hospital	Sidney	Ruby Valley Hospital
Forsyth	Rosebud Health Care Center	Superior	Sidney Health Center
Fort Benton	Missouri River Medical Center	Terry	Mineral Community Hospital
Glasgow	Frances Mahon Deaconess Hospital	Townsend	Prairie Community CAH
Glendive	Glendive Medical Center	Whitefish	Broadwater Health Center
Great Falls	Benefis Healthcare	White Sulphur Springs	North Valley Hospital
	Central Montana Surgical Hospital	Wolf Point	Mountainview Medical Center
	Great Falls Clinic Surgery Center		Northeast Montana Health Services
	Pacific Cataract and Laser Institute		
Hamilton	Marcus Daly Memorial Hospital	Non-preferred	35% Coinsurance
Hardin	Big Horn County Memorial Hospital		
Harlowton	Wheatland Memorial Hospital	All other	25% Coinsurance
Havre	Northern Montana Hospital		

PARTICIPATING HOSPITALS - MANAGED CARE PLANS

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	Advanced Care Hospital Billings Clinic Hospital St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Memorial Hospital
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Helena Surgi Center Shodair Hospital St. Peter's Hospital
Kalispell	Healthcenter Northwest Kalispell Regional Medical Center
Livingston	Livingston Memorial Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center St. Patrick Hospital
Phillipsburg	Granite Co Medical Center Hospital
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Medical Center
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Phillipsburg	Granite County Medical Center Hospital
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Healthcare
Scobey	Daniels Memorial Healthcare Center
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

WORKERS' COMPENSATION MANAGEMENT BUREAU

Sponsored by the Health Care and Benefits Division - Department of Administration
Workers' Compensation Management Bureau
1-800-287-8266 or 444-7462 • www.benefits.mt.gov



GENERAL INFORMATION

PROGRAM DESCRIPTION

The Workers' Compensation Management Bureau has been charged with developing programs designed to enhance the safety of all work environments, assist our injured workers in their healing process, and ensure that all injured State of Montana employees receive the best care possible and are returned to work as soon as possible following work-related injuries or occupational diseases.

This will improve the well-being of all employees and provide for an efficient workers' compensation program. This program, sponsored by the Department of Administration, assists employees and agencies in ensuring a safe working environment, reduces the incidents of injuries and accidents in the workplace, and helps employees who are injured to be able to return to meaningful and productive work as soon as possible.

WHO IS ELIGIBLE

All State employees are eligible for these programs.

WORKING SAFELY - GETTING STARTED

The first step toward keeping yourself and your workplace injury-free is awareness of the safety and loss-prevention tools available to you.

1. Be aware of your environment and head off problems. Participate in safety seminars and programs if available and learn about keeping yourself, your work environment, and your coworkers free from injury.

2. Use proper safety equipment and follow recommended safety standards and protocols. Get the right equipment for the job and avoid injury (that includes office work – repetitive motion injuries are a significant portion of our experience within the State).

3. Take safety seriously. A moment of distraction or carelessness is all it takes to cause a lifetime of disability.

4. Take responsibility individually for keeping yourself safe and observing the safety of others.

Employees who are eligible for health insurance benefits can also take advantage of the various programs available through their benefits package. The Health Care and Benefits Division offers several programs to enhance and protect the health of State of Montana employees. Please refer to pages 20 & 21 for more information on these programs aimed at enhancing overall health and reducing the potential for injury.

SAFETY RESOURCES

Safety is an integral part of the Workers' Compensation Management programs for State employees. Safety newsletters, workshops, posters, incentive programs, and articles are key components in communicating effectively. Department of Administration, Department of Labor, and Montana State Fund are cooperating to make sure workers have access to safety management services to reduce the overall number of work related injuries and occupational diseases.

Please check within your agency to determine what resources exist as well. Agencies have safety personnel or someone tasked with safety responsibilities who can assist in making sure you have the resources and information you need.

FRAUD FINDERS

What is fraud? It is more than an employee faking an injury. It encompasses medical providers authorizing and billing excessive or uncompleted medical services or employers falsifying payroll records to lower premiums. When fraud occurs, it costs all of us, and it is AGAINST THE LAW! To report suspicious activity, you can either fill out State Fund's Internet Reporting Form (accessible from the *On-line Tools/Report Fraud* section of their website), or call their Fraud Hotline: 888-MTCRIME (888-682-7463). All contacts will remain strictly confidential.

REPORTING AN INJURY

Work related injuries and occupational diseases must be reported to our Workers' Compensation insurance carrier, the Montana State Fund. The employee and manager are required to fill out and submit an employer's "First Report of Injury" within 24 hours of the accident. Reporting for occupational diseases should be done as quickly as possible.

Notice to Enrollees in a Self-Funded Nonfederal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local government employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. The State of Montana has elected to exempt the State of Montana (SOM) Employee Group Benefit Plan from the following requirement:

Parity in the application of certain limits to mental health benefits

The exemption from this Federal requirement will be in effect for the plan year beginning January 1, 2011 and ending December 31, 2011. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer’s health plan, or if you wish to purchase an individual health insurance policy. Please contact the State of Montana, Health Care and Benefits Division, at (406) 444-7462 or 1-800-287-8266 for more information regarding a certification of creditable coverage or with any questions.

STATE OF MONTANA

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Health Information Privacy

This Notice is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is intended to describe how the State of Montana health plan, State of Montana Employee Benefit Plan (“Health Plan”), will protect your health information with respect to its self-insured health benefits. References below to Health Plan shall mean the medical, prescription drug, dental, vision, employee assistance and healthcare flexible spending account benefits provided by the Health Plan.

“Health information” for this purpose means information that identifies you and either relates to your physical or mental health condition, or relates to the payment of your health care expenses. This individually identifiable health information is known as “protected health information” (“PHI”). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal or state health information privacy laws.

Health Plan Privacy Obligations

The Health Plan is required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of its legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that are in effect.

How the Health Plan May Use and Disclose Health Information About You

The Health Plan may use health information or disclose it to others for a number of different reasons. The following are the different ways that the Health Plan may use and disclose your PHI without your authorization:

- **For Treatment.** The Health Plan may disclose your PHI to a health care provider who provides, coordinates or manages health care treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Health Plan may advise an emergency room physician about the different medications that you may have been prescribed.
- **For Payment.** The Health Plan may use and disclose your PHI so claims for health care treatment, services, and supplies that you receive from health care providers may be paid according to the Health Plan’s terms. The Health Plan may also use your PHI for billing, reviews of health care services received, and subrogation. For example, the Health Plan may tell a doctor or hospital whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plan.
- **For Health Care Operations.** The Health Plan may use and disclose your PHI to enable it to operate more efficiently or to make certain that all of its participants receive the appropriate health benefits. For example, the Health Plan may use your PHI for case management, to refer individuals to disease management programs, for underwriting, premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, to arrange for medical reviews, or to perform population-based studies designed to reduce health care costs. In addition, the Health Plan may use or disclose your PHI to conduct compliance reviews, audits, legal reviews, actuarial studies, and/or for fraud and abuse detection. The Health Plan may also combine health information about participants and disclose it to the State of Montana in a non-identifiable, summary fashion so that the State of Montana can decide, for example, what types of coverage the Health Plan should provide. The Health Plan may also remove information that identifies you from health information that is disclosed to the State of Montana so that the health information that is used by the State of Montana does not identify the specific Health Plan participants.
- **To The Plan Sponsor.** The Health Plan is sponsored by the State of Montana. The Health Plan may disclose your PHI to designated personnel at the State of Montana so that they can carry out related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive such information under the Health Plan. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Health Plan to any other employee or department of the State of Montana and (2) will not be used by the State of Montana for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by the State of Montana.
- **To a Business Associate.** Certain services are provided to the Health Plan by third-party administrators known as “business associates.” For example, the Health Plan may place information about your health care treatment into an electronic claims processing system maintained by a business associate so that your claim may be paid. In so doing, the Health Plan will disclose your PHI to its business associates so that the business associates can perform their claims payment functions. However, the Health Plan will require its business associates, through written agreements, to appropriately safeguard your health information.
- **For Treatment Alternatives.** The Health Plan may use and disclose your PHI to tell you about possible treatment options or health care alternatives that may be of interest to you.

- **For Health-Related Benefits and Services.** The Health Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **To Individuals Involved in Your Care or Payment of Your Care.** The Health Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Health Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death, unless other laws would prohibit such disclosures.
- **As Required by Law.** The Health Plan will disclose your PHI when required to do so by federal, state, or local law, including those laws that require the reporting of certain types of wounds, illnesses or physical injuries.

Special Use and Disclosure Situations

The Health Plan may also use or disclose your PHI without your authorization under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Health Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other forms of lawful due process.
- **Law Enforcement.** The Health Plan may release your PHI if asked to do so by a law enforcement official, for example, to report child abuse, to identify or locate a suspect, material witness, missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Workers' Compensation.** The Health Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Health Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Health Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Health Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medications or problems with medical products, or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Health Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain limited circumstances, the Health Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Health Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law, and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, the Health Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.

- **Coroners, Medical Examiners, and Funeral Directors.** The Health Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Health Plan may also release your PHI to a funeral director, as necessary, to carry out his/her responsibilities.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information that the Health Plan maintains about you:

- **Right to Inspect and Copy Your Personal Health Information.** You have the right to inspect and copy your PHI that is maintained in a "designated record set" for so long as the Health Plan maintains your PHI. A "designated record set" includes medical information about eligibility, enrollment, claim and appeal records, and medical and billing records maintained by the Health Plan, but does not include psychotherapy notes, information intended for use in a civil, criminal or administrative proceeding, or information that is otherwise prohibited by law.

To inspect and copy health information maintained by the Health Plan, submit your request in writing to the Privacy Official. The Health Plan may charge a fee for the cost of copying and/or mailing your request. The Health Plan must act upon your request for access no later than 30 days after receipt (60 days if the information is maintained off-site). A single, 30-day extension is allowed if the Health Plan is unable to comply by the initial deadline. In limited circumstances, the Health Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to your health information, you will be informed as to the reasons for the denial, and of your right to request a review of the denial.

You may request an electronic copy of your health information if it is maintained in an electronic health record. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies, if any must be reasonable and based on the Health Plan's cost.

- **Right to Amend Your Personal Health Information.** If you feel that the health information that the Health Plan has about you is incorrect or incomplete, you may ask the Health Plan to amend it. You have the right to request an amendment for so long as the Health Plan maintains your PHI in a designated record set.

To request an amendment, send a detailed request in writing to the Privacy Official. You must provide the reason(s) to support your request. The Health Plan may deny your request if you ask the Health Plan to amend health information that was: (1) accurate and complete; (2) not created by the Health Plan; (3) not part of the health information kept by or for the Health Plan; or (4) not information that you would be permitted to inspect and copy. The Health Plan has 60 days after the request is received to act on the request. A single, 30-day extension is allowed if the Health Plan cannot comply by the initial deadline. If the request is denied, in whole or in part, the Health Plan will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and, if permitted under HIPAA, have that statement included with any future disclosures of your PHI.

- **Right to An Accounting of Disclosures.** You have the right to request an "accounting of disclosures" of your PHI. This is a list of disclosures of your PHI that the Health Plan has made to others for the six (6) year period prior to the request, except for those disclosures necessary to carry out treatment, payment, or health care operations, disclosures previously made to you, disclosures that occurred prior to the date on which the accounting is requested, or in certain other situations described under HIPAA.

To request an accounting of disclosures, submit your request in writing to the Privacy Official. Your request must state a time period, which may not be longer than six (6) years prior to the date the accounting was requested. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Health Plan provides you with a written statement of the reasons for the delay and the date by when the accounting will be provided. If you request more than one accounting within a 12-month period, the Health Plan will charge a reasonable, cost-based fee for each subsequent accounting.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information that the Health Plan uses or discloses about you for treatment, payment, or health care operations. You also have the right to request that the Health Plan limits the individuals (for example, family members) to whom the Health Plan discloses health information about you. For example, you could ask that the Health Plan not use or disclose information about a surgical procedure that you had. While the Health Plan will consider your request, it is not required to agree to it except in those situations where the requested restriction relates to the disclosure to the Plan for purposes of carrying out payment or health care operations (and not for treatment, and the Protected Health Information pertains solely to a health care item or service that was paid for out of pocket in full. If the Health Plan agrees to the restriction, it will comply with your request until such time as the Health Plan provides written notice to you of its intent to no longer agree to such restriction, or unless such disclosure is required by law.

To request a restriction or limitation, make your request in writing to the Privacy Official. In your request, you must state: (1) what information you want to limit; (2) whether you want to limit the Health Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply. Note: the Health Plan is not required to agree to your request.

- **Right to Request Confidential Communications.** You have the right to request that the Health Plan communicates with you about health matters using alternative means or at alternative locations. For example, you can ask that the Health Plan send your explanation of benefits ("EOB") forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the Privacy Official. The Health Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you want to be contacted.
- **State Privacy Rights.** You may have additional privacy rights under state laws, including rights in connection with mental health and psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. You may write to the Privacy Official to request a written copy of this Notice at any time.

Changes to this Privacy Notice

The Health Plan reserves the right to change this Notice at any time and from time to time, and to make the revised or changed Notice effective for health information that the Health Plan already has about you, as well as any information that the Health Plan may receive in the future. The revised Notice will be provided to you in the same manner as this Notice, or electronically if you have consented to receive the Notice electronically.

Complaints

If you believe that your health information privacy rights as described under this Notice have been violated, you may file a written complaint with the Health Plan by contacting the person listed at the address under "Contact Information". You may also file a written complaint directly with the regional office of the U.S. Department of Health and Human Services, Office for Civil Rights. The complaint should generally be filed within 180 days of when the act or omission complained of occurred. Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to the Health Plan will be made only with your written authorization. If you authorize the Health Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Health Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Health Plan will not reverse any uses or disclosures already made in reliance on your prior authorization. The Plan will notify you in the event that there is a breach involving unsecured Protected Health Information.

Contact Information

To receive more information about the Health Plan's privacy practices or your rights, or if you have any questions about this Notice, 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

Address: Health Care and Benefits Division
PO Box 200130
Helena, MT 59620-0130

Email: agodbout@mt.gov

Copies of this Notice are also available at 100 North Park Avenue, Suite 320, Helena, MT 59601 and on our web site <http://www.benefits.mt.gov>. This Notice is also available by sending an e-mail to the above address.

Effective and Last Updated: February 17, 2010

Notice of Grandfathered Status

The group health plan believes the plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirements for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan at 1-800-287-8266. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

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.

