

# 2015 State of Montana Annual Change RETIREE

Deadline October 22, 2014



# Introduction

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Dear State of Montana Retiree,

This year, you'll notice two major changes in the Annual Change Book: the elimination of the Classic Plan and increases in rates. We want to help you understand why these changes were made, what it means for you, and what options you have.

The State Employee Benefits Plan (Plan) is self-funded. This is important to understand. It means the money that pays for doctor visits, surgeries and other health care expenses comes from State contributions and members' monthly payments.

All that money is held in an account to fund our benefits. The State of Montana designs and administers the Plan, which is described in the Summary Plan Document or SPD. It's very important to understand that changes to the Plan and rates are decided by the State, not Cigna, Delta Dental, or other third party administrators. The State contracts with these third party administrators for services including processing claims, use of their medical policy and network of providers, and case management. It is also important to note that on average the State of Montana Plan pays out more for retiree health expenses than retirees put in, in effect subsidizing retiree health care.

The claims paid by the Plan vary each year. This year the Plan experienced an increase in claims spending. This is due to many factors like last year's open enrollment, which brought additional members onto the Plan; a record number of members receiving health screenings and are subsequently seeking care for health conditions of which they may not have been aware; increases in the amounts charged by the hospitals; and more.

After careful consideration, the Classic Plan has been eliminated. Only 6% of members had the Classic Plan, and it historically cost more for both the member and the Plan as a whole. Current Classic Plan members will be glad to know the Capitol Plan has the same provider network that the Classic had and now also includes naturopathic and acupuncture benefits.

You may be wondering what options you have to control your health care costs. Many retirees might find it beneficial to consider switching from the State of Montana Health Plan to a plan available on the Health Insurance Marketplace (under 65) or a Medicare Supplement Plan (over 65). We know that switching can be scary, but here are a few things to keep in mind:

- You cannot be denied coverage or charged more for coverage because of pre-existing conditions.
- If you are under 65, Federal premium assistance may be available to significantly reduce your monthly premium if you purchase a plan through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov).
- You have the right to return to the State of Montana Plan one time if you try a new plan and don't like it. (See the "retreat rights" language on pg. 5)
- You have free access to a Health Insurance Marketplace navigator, Certified Application Counselor, certified insurance agent or Medicare counselor who can answer your questions about health plan options, and even get you signed up for a new plan. You should seek professional advice from a certified exchange agent or other qualified assister, particularly concerning the timing of changing your coverage.

Unfortunately, there is no "silver bullet" to solve the problem of rising health care costs, but Health Care and Benefits is committed to seeking new and innovative ways to keep costs down while providing the top level benefits State of Montana employees and retirees deserve.

Your partners in good health,

The HCBD Staff



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# Annual Change RETIREE Presentation Schedule

Town	Date	Time	Location
Anaconda	Oct 2 (Thurs)	11:00 AM	AOH 106 Cherry ST
Billings	Oct 1 (Wed)	10:00 AM 3:30 PM	Hampton Inn – Clark Room 5110 South Gate DR
Boulder	Sept 29 (Mon)	10:00 AM*	MT Devel.Ctr 310 4 <sup>th</sup> Ave Recr Bldg-Multi-purpose Room
Bozeman	Oct 1 (Wed)	11:00 AM	FWP 1400 S 19th AVE
Bozeman	Oct 6 (Mon)	10:30 AM	FWP 1400 S 19th AVE
Butte	Sept 29 (Mon)	4:00 PM	MT Tech Big Butte Room- Student Union Bldg
Columbia Falls	Sept 24 (Wed)	2:30 PM*	Veteran's Home Chapel 400 Veterans Dr
Deer Lodge	Oct 14 (Tues)	11:30 AM	DOC Training Center
Dillon	Oct 6 (Mon)	4:00 PM	Search & Rescue Building 1116 HWY 41
Glasgow	Oct 6 (Mon)	3:00 PM*	Job Service 74 4th ST N
Glendive	Sept 29 (Mon)	10:00 AM	Dawson Comm Coll-UC 105 300 College DR
Great Falls	Oct 8 (Wed)	10: 00 AM	Benefis Hospital 1101 26 <sup>th</sup> ST S Wiegand Room
Great Falls	Oct 8 (Wed)	4:30 PM	School for the Deaf & Blind 3911 Central Ave- Upstairs room <i>(interpreters available)</i>
Hamilton	Sept 22 (Mon)	10:00 AM	City Hall Council Chambers 223 S Second ST
Havre	Oct 7 (Tues)	10:00 AM*	Best Western 1345 1st ST
Helena	Sept 19 (Fri)	8:30 AM, 10:30 AM	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Sept 22 (Mon)	10:00 AM	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Sept 25 (Thurs)	10:00 AM	DPHHS Sanders Auditorium 111 N Sanders ST
Helena	Sept 30 (Tues)	10:00 AM	MDT 2701 Prospect AVE Dave Manning Building
Helena	Oct 16 (Thurs)	10:00 AM	MDT 2701 Prospect AVE Dave Manning Building
Helena	Oct 21 (Tues)	10:00 AM	DPHHS Sanders Auditorium 111 N Sanders ST
Kalispell	Sept 23 (Tues)	3:00 PM	FWP 490 N Meridian RD

\*Combined employee/retiree presentation. This presentation will also include employee specific information.

## Annual Change RETIREE Presentation Schedule Continued

Town	Date	Time	Location
Lewistown	Oct 15 (Wed)	1:00 PM	FWP - 215 W Aztec DR
Libby	Sept 24 (Wed)	11:00 AM*	City Hall 952 E Spruce Ponderosa Room
Miles City	Sept 30 (Tues)	10:00 AM 2:30 PM	Sleep Inn Tongue River 1006 S Haynes Ave
Missoula	Sept 22 (Mon)	3:00 PM	FWP- Staff 3201 Spurgin RD
Missoula	Oct 8 (Wed)	10:30 AM 3:00 PM	Ruby's Inn 4825 N Reserve ST
Polson	Sept 23 (Tues)	11:00 AM	Lake County Court House Large Conference Room, 3 <sup>rd</sup> Floor 106 4 <sup>th</sup> AVE E
Shelby	Oct 7 (Tues)	3:30 PM	Marias Electric Co-op 910 Roosevelt Hwy
Wolf Point	Oct 6 (Mon)	10:30 AM*	County Court House District Court Room 400 2 <sup>nd</sup> Ave S

\*Combined employee/retiree presentation. This presentation will also include employee specific information.

### Webinar Presentations

Attend a live webinar right from your home or office! You can ask questions of the presenter just by typing in the chat box. See the schedule below for dates and times.

**\*\*\*Please note, these webinars will be more specific to active employee related topics. We highly encourage retirees to attend one of the live presentations above this year to get the most comprehensive presentation on retiree related topics.\*\*\***

#### To access a presentation:

1. From your computer go to: <http://benefits.mt.gov/pages/annual.change.html>
2. Review the webinar schedule and choose the best one for you. Make note of the time and date on your calendar.
3. On the day of the presentation, go to the website listed above in #1 and click on the link next to your chosen session. Follow the prompts on the screen.

	Date	Time	Location
Webinar	Sept 19 (Fri)	1-2 PM	<a href="http://mtdept.adobeconnect.com/benefits2011/">http://mtdept.adobeconnect.com/benefits2011/</a>
Webinar	Sept 23 (Tues)	9-10 AM	<a href="http://mtdept.adobeconnect.com/benefits2011/">http://mtdept.adobeconnect.com/benefits2011/</a>
Webinar	Oct 1 (Wed)	2:30-3:30 PM	<a href="http://mtdept.adobeconnect.com/benefits2011/">http://mtdept.adobeconnect.com/benefits2011/</a>
Webinar	Oct 9 (Thurs)	12:30-1:30 PM	<a href="http://mtdept.adobeconnect.com/benefits2011/">http://mtdept.adobeconnect.com/benefits2011/</a>
Webinar	Oct 14 (Tues)	8:30-9:30 AM	<a href="http://mtdept.adobeconnect.com/benefits2011/">http://mtdept.adobeconnect.com/benefits2011/</a>
Webinar	Oct 20 (Mon)	12-1 PM	<a href="http://mtdept.adobeconnect.com/benefits2011/">http://mtdept.adobeconnect.com/benefits2011/</a>

#### Online Recordings

In addition to the live webinars, there is a recording of the entire presentation available for you to view anytime. Visit <http://benefits.mt.gov/pages/annual.change.html>

# Retiree Alternative Coverage Options

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## What factors should I consider when choosing coverage options?

- **Premiums:** The State of Montana retiree premiums for coverage have increased. Coverage sold through the online Health Insurance Marketplace may be less expensive, however, the cost sharing may be significantly higher.
- **Guaranteed Issue:** You cannot be denied coverage or charged more because of pre-existing conditions.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You should see if your current health care providers participate in a network as you consider options for health coverage.
- **Service Areas:** Some plans do not have extensive out of state healthcare provider networks. You should check out of state network access if you travel for extended periods of time. If you move permanently to another area of the country, you will need to inform your insurer immediately and you may need to change your health plan or Medicare supplement coverage. Some health plans for sale in the Health Insurance Marketplace have narrower networks, but those plans are often cheaper.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You should check to see if your current medications are listed in the drug formularies for other health coverage.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, if you purchase coverage in the Health Insurance Marketplace, you will pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. The cost sharing varies significantly among the different plans offered in the Health Insurance Marketplace, so you should shop carefully for a plan that fits your health and financial needs. For example, one option may have much lower monthly premiums, but a much higher deductible, coinsurance and maximum out of pocket.
- **Out-of-network:** Healthcare services from out-of-network providers have very high cost-sharing in all individual health insurance plans.



## When can I enroll in Marketplace coverage:

The Open Enrollment Period for the Health Insurance Marketplace is November 15, 2014–February 15, 2015. This is the time when you can sign up for coverage. You may not enroll outside of that timeframe unless you experience a qualifying event that triggers a special enrollment opportunity. Visit [www.healthcare.gov](http://www.healthcare.gov) or talk to a navigator, Certified Application Counselor (CAC), or certified exchange agent to learn more about Open Enrollment and to shop for plans.

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

You have until October 22, 2014 to sign up for the State of Montana Health Plan. After November 15, 2014, if you have decided to enroll in a Marketplace plan or Medicare Supplement, you have until December 31, 2014 to cancel your State of Montana Plan Coverage.

## Retreat Rights for Retirees

Retirees choosing to leave the State of Montana Health Plan for a Marketplace plan or a Medicare Supplement plan will have a one-time opportunity to return to the State of Montana retiree plan during an annual change enrollment period. Retirees must notify the Health Care and Benefits Division within two years of their benefit coverage termination date and they will be allowed to re-enroll in the next annual change period, typically held in September and October of each year. Your coverage will be effective January 1 of the next plan year.

## WARNING to VEBA Participants

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

## Retiree Alternative Coverage Options UNDER 65

### Under 65

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

#### Health Insurance Marketplace

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

You can access the Montana Marketplace at

[www.healthcare.gov](http://www.healthcare.gov).

Through the Marketplace you:

- Could be eligible for a new kind of tax credit that lowers your monthly premiums and offers cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away.
- Can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.
- Can learn if you qualify for free or low-cost coverage from Medicaid.



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

#### Contact an Expert for FREE

Certified Insurance Agents or Certified Exchange Producers (CEPs) are registered Montana Insurance Agents who have taken special training to understand the Marketplace. CEPs are found throughout the state. Certified Application Counselors (CACs) Certified Application Counselors (CACs) are health care provider staff who have been trained to help people understand, apply for and enroll in insurance coverage through the Marketplace. You will find these individuals in hospitals and community health centers throughout the state.

Navigators are public advisors who help people compare the health insurance options in the new Marketplace website. Navigators have taken federal and state training and have been fingerprinted and undergone a Montana background check.

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

A list of these experts can be found at:

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

**Call:** The Office of the Commissioner of Securities and Insurance 1-800-332-6148

#### Important Dates to Remember if You're Under 65

- October 22, 2014 – Deadline to sign up for State of Montana health plan
- November 15, 2014 – Open enrollment begins for 2015 marketplace health plans
- December 15, 2014 – Deadline to sign up for marketplace health plan for coverage to begin on January 1, 2015 and avoid a gap in coverage between the State of Montana Plan and a Health Insurance Marketplace plan.
- December 31, 2014 – Deadline to cancel State of Montana health plan IF already enrolled in marketplace health plan



**Health Insurance Marketplace Cost Examples**

The examples below are **estimates only** based on 2015 health plans that will be available on the marketplace when open enrollment begins on November 15, 2014.

Cost Examples	Stan	Joe and Irene
Age(s)	61	62/64
Location	Lewis & Clark County	Yellowstone County
Household Income	\$29,000/year	\$39,000/year
State of Montana Plan Cost	\$931/month	\$1314/month
Gold Plan Cost BEFORE subsidy	\$660/month	\$1,407/month
Gold Plan Cost AFTER federal tax subsidy	\$305.25/month	\$484/month

- The estimate above for the individual describes the cost of a Gold level plan with a \$750 deductible/70% coinsurance/\$4,500 out-of-pocket maximum.
- The estimate above for the couple describes the cost of the same 2015 Gold level plan with a \$1,500 deductible/70% coinsurance/\$9,000 out-of-pocket maximum.



**For More Information**

Please make an appointment with a Marketplace Navigator, Certified Application Counselor (CAC), or Certified Exchange Agent to learn if there are plans and prices that might be a good fit for you.

**\*\*\*Note: Although based on an actual 2015 plan, the scenarios above are only estimates and you must go to [www.healthcare.gov](http://www.healthcare.gov) to get an eligibility determination for advanced premium tax credits.**

**You cannot get this determination until after November 15, 2014 which is why it is important to enroll in the State of Montana plan by October 22, 2014 in case a marketplace plan does not work for you.\*\*\***

## Retiree Alternative Coverage Options OVER 65

### Over 65

If you're over 65 and eligible for Medicare, you do not qualify for a plan on the Health Insurance Marketplace, but might consider looking into Medicare Supplemental insurance, including Medicare Advantage plans. Annual change for Medicare Advantage plans and Medicare Part D plans is October 15, 2014-December 7, 2014

#### Contact SHIP for FREE

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

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

**Call:** 1-800-551-3191

**Web:** <http://www.dphhs.mt.gov/sltc/services/aging/SHIP/ship.shtml>

Too much to type? Try typing "Montana SHIP" into Google and clicking on the first result "State Health Insurance Assistance Program (SHIP)."



#### Important Dates to Remember if You're Over 65

- October 15, 2014 – Annual Change for Medicare advantage and Medicare Part D plans begins
- October 22, 2014 – Deadline to sign up for State of Montana health plan
- December 7, 2014 – Deadline to enroll in a Medicare Advantage or Medicare Part D plan for coverage in 2015



# Instructions to Terminate Your State of Montana Coverage

## Termination Instructions

If you decide to terminate your State of Montana Health Plan, you MUST notify HCBDB by December 31, 2014 by:

- Marking the “Option to Terminate Benefits” box on your benefit statement (mailed mid-September) or confirmation statement (mailed mid-November) and returning it to (post marked) to Health Care and Benefits Division *P.O. Box 200130 Helena, MT 59620-0130* by December 31, 2014.
- Fill out and returned (post marked) the “Retiree Benefit Termination” form to HCBDB by December 31, 2014. This form can be found at [www.benefits.mt.gov](http://www.benefits.mt.gov) under Forms or by calling HCBDB 1-800-287-8266.



Be aware that if you terminate your State of Montana Benefits in order to move to a Health Insurance Marketplace or Medicare Supplement Plan, you have the right to return to the State of Montana Plan one time. See the “Retreat Rights” language on p. 5 for more details.

If you terminate your State of Montana Benefits coverage for any other reason, you will not have the opportunity to return to the State of Montana Plan.

### **No online benefit enrollment for retirees this year!**

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

### **State of Montana Enrollment Deadline**

If you do not fill out and return (or postmark) the paper enrollment form to HCBDB by October 22, 2014, you will be defaulted to:

- The Capitol Health Plan
- The level of dental coverage you currently have
- NO vision hardware coverage
- Basic life insurance for non-Medicare retirees

# State of Montana Plan Eligibility

## Dependent Changes, Information, Qualifying Events

### 2015 Open Enrollment

Members may add eligible dependents (see below) to their medical Plan without a qualifying event during Annual Change (September 17, 2014-October 22, 2014).

### Eligible Dependents Defined

Eligible dependents include:

- A. The eligible employee's lawful spouse or declared domestic partner. Declaration of Domestic Partnership forms may be obtained from Health Care and Benefits Division (HCBD).
- B. The eligible employee's dependent children who are under age 26 and not in full-time active military service. Dependent children are:
  - 1) natural or legally adopted children of the eligible employee or the employee's lawful or declared domestic partner; or
  - 2) any other child with whom the eligible employee maintains a parent-child relationship.
- C. An employee's dependent children who are incapable of self-sustaining employment by reason of mental or physical disability may be eligible for medical, dental, and life benefits after they turn 26.

See the [Summary Plan Document](#) for more details on Eligible Dependents.

*The member is responsible for removing 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.

### Annual Change Elections

Retirees must mark and return their form to Health Care and Benefits by October 22, 2014 to make changes to Plan options for themselves and/or their eligible dependents. These changes take effect January 1, 2015.

### Adding/Deleting Dependents

You may delete dependent coverage during annual change, but once a dependent is removed from the medical Plan, they *may not be re-enrolled outside of an open enrollment period* without a documented qualifying event (described on this page).

### Enrolling Dependents After Annual Change

After Annual Change, dependent coverage enrollment is only allowed during [qualifying events](#). Some examples include:

- Within 60 days of becoming a dependent (through marriage or court-ordered support/custody/legal guardianship);
- Within 60 days of losing eligibility (not voluntary cancellation) for other group coverage;
- Within 60 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits;
- Within 91 days after birth or adoption<sup>1</sup>

<sup>1</sup>The newborn child of a qualified dependent child (your grandchild) will automatically have coverage for the first 31 days after birth, but cannot be added permanently after that time.

*Notify Health Care and Benefits Division when one of the above circumstances occurs (within the specified time frames) to enroll dependents after Annual Change.*

For more details regarding qualifying events, call HCBD or see the [Summary Plan Document](#) available on the FORMS page at [www.benefits.mt.gov](http://www.benefits.mt.gov).

# State of Montana Benefit Cost Worksheet

## for Employees and Legislators

### Primary Benefits

At age 65:

- Dental becomes optional and
- The Retiree is no longer eligible for Basic Life insurance

Medical Plan (See rates on page 12)	Capitol Plan	Cigna	\$ _____ (a)
Dental Plan (See rates on page 17)		Delta Dental	\$ _____ (b)
Basic Life Insurance of \$14,000 Available to retirees under age 65 and not Medicare eligible (See page 23)	Medicare retirees cross out the \$1.90 for Basic Life		\$ _____ 1.90 (c)
<b>Total Core Benefits Contribution</b>		<b>Add lines a, b, and c =</b>	<b>\$ _____ (d)</b>

### Optional Benefits

Vision hardware (See rates on page 19)			\$ _____ (e)
<b>Optional Benefits Contribution Total</b>		<b>Line e =</b>	<b>\$ _____ (f)</b>

### Totals

Primary Benefits		Enter amount from line d	\$ _____ (g)
Optional Benefits		Enter amount from line f	\$ _____ (h)
Total Benefits		Add lines g and h	\$ _____ (i)
Live Life Well Incentive total <sup>3</sup>			\$ _____ (k)

<sup>3</sup>Enter \$10 for each of the following:

- You attended a 2014 State sponsored health screening AND filled out Cigna's online health assessment (\$10)
- You are tobacco-free or completed a qualifying tobacco cessation program. (\$10)
- You completed three Next Step activities. (\$10)
- Your dependent over age 18 completed any or all of the three steps above. (\$10-\$30)

See [benefits.mt.gov/pages/incentive.faqs.html](http://benefits.mt.gov/pages/incentive.faqs.html) for full details.

<b>Total Monthly Out-of-Pocket Costs for 2015 Benefits</b>		Subtract lines k from line i	\$ _____
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# State of Montana Medical Plan

## One Plan for all!

The Capitol Plan now combines Cigna's vast group of in-network providers, low co-pays and deductibles, and additional services like naturopathic care from last year's Classic Plan to create the right plan for you.

## Who is Eligible?

Employees, legislators, retirees, COBRA members, and dependents (spouse, domestic partner, children) are eligible for the medical plan. Retirees are required to be enrolled in medical coverage unless they waive the entire benefit package. For dependent eligibility, see page 10.

## Plan Includes:

- One vision and eye health evaluation per Plan member each year for \$10 at an in-network provider
- URx Prescription Drug Coverage (this benefit is administered by Medimpact—NOT CIGNA)
- Under 65—Use of Montana Health Centers at no cost
- Over 65—Use of Montana Health Centers ONLY for health screening and flu shots at no cost



## Non-Medicare Retiree Plan Cost

	Capitol Plan
Retiree Only	\$931
Retiree and spouse	\$1,314
Retiree and kids	\$1,117
Retiree and family	\$1,345
Retiree and Medicare Spouse	\$1,114
Retiree and Medicare Spouse & Children	\$1,184

## Medicare Retiree Plan Cost

	Capitol Plan
Retiree Only	\$371
Retiree and spouse	\$738
Retiree and kids	\$607
Retiree and family	\$771
Retiree and Medicare Spouse	\$646
Retiree and Medicare Spouse & Children	\$662

## Member Cost:

	In-Network	Out-of-Network
<b>Office Visit</b>	\$20 copayment	35% + balance billing
<b>Annual Deductible</b> (Counts towards Annual Max Out-of-Pocket) Applies 1/1/15 – 12/31/15	\$750/member \$1,750/family	A separate \$1,250/member A separate \$2,750/family
<b>Coinsurance %</b>	25%	35% + balance billing
<b>Annual Max Out-of-Pocket</b> (Includes Annual Deductible)	\$3,300/member \$6,600/family	A separate \$4,950/member A separate \$10,900/family + balance billing
<b>Annual URx Max Out-of-Pocket</b>	\$1,650/member	\$3,300/Family

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website [www.benefits.mt.gov](http://www.benefits.mt.gov) under Forms/Publications

# State of Montana Plan Details—What the Member Pays

Office/Routine Care	In-Network	Out-of-Network
<b>Office visits</b> —Includes specialists and naturopathic	\$20—Covers office visit charge only	35% + balance billing <span style="float: right;">D</span>
<b>Professional outpatient physical, occupational, cardiac, pulmonary, &amp; speech therapy</b> (max 30 combined days/yr)	\$20/visit <sup>1</sup> (copayment applies to each visit)	35% + balance billing <sup>1</sup> (coinsurance applies to each visit) <span style="float: right;">D</span>
<b>Professional Lab/Diagnostic/Injectables</b>	25% (no deductible on injectables without an office visit) <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Durable medical equipment and prosthetics</b> —May require prior authorization	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Allergy shots</b>	\$20 for office visit + 25% coinsurance (no deductible; if no office visit) <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Routine Vision Exam</b> (One per member per Plan Year)-If exam is medical, deductible and coinsurance apply. Talk to your provider to find out if your exam is considered routine.	\$10	Balance billing for cost over \$45
<b>Preventive Services</b>		
<b>Adult preventive services</b> —See P. 15 for more details	\$0	35% + balance billing (No deductible for mammograms) <span style="float: right;">D</span>
<b>Adult Immunizations</b> (such as flu and pneumonia)	\$0	35% + balance billing <span style="float: right;">D</span>
<b>Well child checkups and immunizations</b> —See the schedule listed in the Summary Plan Document	\$0	35% + balance billing <span style="float: right;">D</span>
<b>Emergency and Urgent Care Services</b>		
<b>Ambulance services for medical emergency</b>	25% <span style="float: right;">D</span>	25% + balance billing <span style="float: right;">D</span>
<b>Emergency department and hospital charges</b> —Copayment includes all services (no deductible or coinsurance); copayment waived if admitted, then all inpatient benefits apply.	\$250/visit for facility charges+\$100 for physician services	\$250/visit for facility charges +\$100 for physician services + balance billing
<b>Emergency department professional and ancillary charges</b>	N/A	Balance billing
<b>Urgent care facility and professional charges</b>	\$35 (covers visit charge only)	\$35 (covers visit charge only) + balance billing
<b>Urgent care ancillary</b> (lab/diagnostic/surgical charges)	25% <span style="float: right;">D</span>	25% + balance billing <span style="float: right;">D</span>
<b>Hospital Care</b>		
<b>Inpatient services</b>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Outpatient services and Surgical Center Services</b>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Organ transplant</b> —Prior authorization, pre-certification, case management are required. Services must be rendered at a Life Source network facility	25% <span style="float: right;">D</span>	Not covered

<sup>1</sup> Developmental delays are not covered

D =Must meet deductible before coinsurance applies.

# State of Montana Plan Details—What the Member Pays Continued

	In-Network	Out-of-Network
<b>Mental Health and Substance Abuse</b>		
<b>Outpatient professional services</b> —EAP benefits apply for the first 4 visits in-network; see page 27	Visits 1 - 4 no charge; then \$20/visit (covers office visit charge only)	35% + balance billing <span style="float: right;">D</span>
<b>Inpatient services</b> <sup>3</sup>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Maternity Services</b>		
<b>Hospital charges</b>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Physician charges</b>	25% <span style="float: right;">D</span>	35%+ balance billing <span style="float: right;">D</span>
<b>Ultrasounds</b>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Routine Newborn Care</b>		
<b>Inpatient hospital and physician charges for routine newborn care</b>	25%	35% + balance billing
<b>Extended Care Services (prior authorization recommended)</b>		
<b>Home health care</b> (Max 70 Days/Plan Year)	25% <span style="float: right;">D</span>	35% <span style="float: right;">D</span>
<b>Hospice</b>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Skilled nursing</b> (Max 70 Days/Plan Year)	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Inpatient rehabilitation</b> (max 60 days per Plan Year total) See the SPD for details <sup>3</sup>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>Miscellaneous Services</b>		
<b>Dietary/Nutritional counseling Max 3 days/Plan Year</b>	\$0 (no deductible, no coinsurance)	35% + balance billing <span style="float: right;">D</span>
<b>Chiropractic/Acupuncture</b> (combined maximum of 20 days/Plan Year)	\$20/day	35% + balance billing <span style="float: right;">D</span>
<b>PKU supplies</b>	25% <span style="float: right;">D</span>	35% + balance billing <span style="float: right;">D</span>
<b>TMJ treatment—Requires prior authorization</b>	25% Surgical only <span style="float: right;">D</span>	Not covered

<sup>3</sup> Residential services are not covered

D =Must meet deductible before coinsurance applies.

## STATE OF MONTANA HIPAA NOTICE OF PRIVACY PRACTICES

The State of Montana HIPAA Notice is available on our website [www.benefits.mt.gov](http://www.benefits.mt.gov).

If you have any questions about your privacy rights, please contact the Health Plan at the following address:

Contact Office or Person: Amber Godbout, Privacy Official  
 Health Plan Name: State of Montana Employee Benefit Plan  
 Telephone: (406) 444-7462 (in Helena) or (800) 287-8266; TTY (406) 444-1421  
 email: [agodbout@mt.gov](mailto:agodbout@mt.gov)  
 Address: Health Care and Benefits Division  
 PO Box 200130  
 Helena, MT 59620-0130

Copies of the HIPAA Notice are also available at 100 North Park Avenue, Suite 320, Helena, MT 59601. You may request the Notice by calling Health Care and Benefits or sending a request by email to the above address.

### DISCLAIMER

The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010. The United States Departments of Health and Human Services, Labor, and Treasury have issued regulations to help entities comply with PPACA. However, additional clarifications to address issues that may arise under these regulations could also be published by the Departments on an on-going manner through administrative guidance possibly in another form than a regulation. Where the statutes or regulations were not clear regarding benefits, the State of Montana made a reasonable interpretation of the act and made a good faith effort to comply with the statutes and regulations. The State of Montana reserves the right to alter provisions of this document and its plan in order to comply with applicable law.

## Covered Preventive Services

Age and gender appropriate preventive care from an **in-network** provider is covered at 100% of the allowed amount without any deductible, coinsurance, or copayment for Plan members.

This complies with the Patient Protection and Affordable Care Act (PPACA).



<b>Periodic exams</b> —Appropriate screening tests (see the Summary Plan Document for a full list of tests)	
<b>Well child care</b> Infant through age 17	Age 0 months through 4 year—up to 14 visits Age 5 years through 17 years—one visit per Plan Year
<b>Adult routine exam</b> Exams may include screening/counseling and/or risk factor reduction interventions for depression, obesity, tobacco use, drug and/or alcohol abuse	Age 18 through 65+—one visit per Plan Year
<b>Preventive screenings</b>	
<b>Anemia screening (CBC)</b>	Pregnant women
<b>Bacteruria screening (UA)</b>	Pregnant women
<b>Breast cancer screening (mammography)</b>	Women age 40+—one per Plan Year
<b>Cervical cancer screening (PAP)</b>	Women age 21 through 65—one per Plan Year
<b>Cholesterol screening (lipid profile)</b>	Men age 35+ (age 20-35 if risk factors for coronary heart disease are present) Women age 45+ (age 20-45 if risk factors for coronary heart disease are present)
<b>Colorectal cancer screening age 50+</b>	Fecal occult blood testing once per Plan Year; OR Sigmoidoscopy every 5 years; OR members age 50 years old or older may receive one colonoscopy per Plan Year regardless of diagnosis at zero cost if provided by an in-network provider. Any additional services related to the colonoscopy (i.e. laboratory, surgical, radiology) services are subject to deductible and coinsurance. Out-of-network services are subject to regular benefits and colonoscopies billed as preventive will only be allowed every 10 years for age 50 or older. Preventive colonoscopies for members under age 50 are not covered unless the member meets the medical policy criteria established by the Third Party Administrator.
<b>Prostate cancer screening (PSA) age 50+</b>	One per Plan Year (age 40+ with risk factors)
<b>Osteoporosis screening</b>	Post menopausal women—65+ (60+ with risk factors)—one bone density x-ray (DXA) every two years
<b>Abdominal aneurysm screening</b>	Men age 65-75 who have ever smoked—one screening by ultrasound per Plan Year
<b>Diabetes screening (fasting A1C)</b>	Adults with high blood pressure
<b>HIV screening STD screening</b>	Pregnant women and others at risk Persons at risk
<b>RH incompatibility screening</b>	Pregnant women
<b>Routine immunizations</b>	
Diphtheria, tetanus, pertussis (DTaP; Tdap; TD), haemophilus influenza (HIB), hepatitis A & B, human papillomavirus (HPV), influenza, measles, mumps, rubella (MMR), meningococcal, pneumococcal (pneumonia), poliovirus, rotavirus, varicella (smallpox); for age 50 and older: zoster (shingles)	



Administered by MedImpact (888) 648-6764  
<https://mp.medimpact.com/mtn>

## What is URx?

URx is your prescription drug benefit. It is administered by MedImpact, NOT CIGNA. You are enrolled in URx when you enroll in the medical plan.

## How Does URx Work?

URx aims to make sure members get the best drug for them at the best price. Just because a drug costs more, does NOT mean the drug is better.

The Pharmacy & Therapeutics Committee (PTAC) evaluates drugs based on proven clinical results and financial value to the Plan and member and places drugs in tiers.

## Drug Tiers

Look up the tier of your drug at: <https://mp.medimpact.com/mtn>. Then, talk to your doctor about the options for your medication.

If your drug falls into the D or F tiers, consider asking your doctor for an alternative from the A, B, or C tiers. If no alternative is available, you can apply for an exception by filling out the URx Plan Exception form found at [www.benefits.mt.gov](http://www.benefits.mt.gov).

## Most Drugs Are Covered

MedImpact negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. The vast majority of drugs, including those that were not formerly covered, have a discount.

## SAVE BIG with Mail Order Pharmacies

You can get a three month supply of some medication for the price of two months!

The Plan pays less for many medications through mail order pharmacies MedVantx and Ridgeway. We pass those savings on to you.

MedVantx (877) 870-MONT (6668)

Ridgeway (800) 630-3214

## Specialty Pharmacy

Diplomat Specialty Pharmacy is the Plan's preferred pharmacy to handle specialty medications (drugs that require special administration). Using a pharmacy other than Diplomat for specialty medications could cost significantly more.

Diplomat Specialty Pharmacy (877) 319-6337

Questions about drug tiers, alternative medications, or drug interactions?  
 Call the URx Ask-a-Pharmacist program Monday-Friday 8am-5pm  
 888-527-5879

## Prescription Medication Highlights (\$1,650 individual/\$3,300 family Out-of-Pocket Maximum)

URx Drug Classification Value based on medical evidence	Drug Tier	Deductible	Retail Rx 30 day supply What you pay	Mail Rx 90 day supply What you pay
Excellent	A	\$0	\$0 copayment	\$0 copayment
High	B	\$0	\$15 copayment	\$30 copayment
Good	C	\$0	\$40 copayment	\$80 copayment
Lower	D	\$0	50% coinsurance <sup>1</sup>	50% coinsurance <sup>1</sup>
Lowest	F	\$0	100% coinsurance <sup>1</sup>	100% coinsurance <sup>1</sup>
Specialty drugs	S	\$0	Diplomat—\$150 or \$250 copayment Pharmacy other than Diplomat — 50% coinsurance <sup>1</sup>	Not covered
Specialty F	SF	Not Covered	Not Covered	Not Covered

<sup>1</sup>Does not count toward your out-of-pocket maximum.

# State of Montana Dental



(866) 496-2370

[www.deltadentalins.com/stateofmontana](http://www.deltadentalins.com/stateofmontana)

## Dental Plan Options

There are two dental plan options. Both dental plans cover two cleanings and exams per member per Plan Year at 100% of the allowable charge at an in-network provider. Cleanings and exams do not count toward the Type A maximum.

### Basic Plan

Yearly maximums<sup>1</sup> per Plan member:

- Type A—\$600 (No Deductible)
- Type B & C and Implants—Not covered

### Premium Plan

Annual maximums<sup>1</sup> per Plan member:

- Type A—\$600 (No Deductible)
- Type B & C—\$1,200 (\$50 deductible per Plan member/\$150 per family per calendar year).
- Implants—\$1,500 Lifetime Limit

<sup>1</sup>After the plan pays the annual maximum, you are responsible for 100% of the cost of services.

## Plan Cost

	Basic Plan	Premium Plan
<b>Member only</b>	\$22	\$40
<b>Member and spouse</b>	\$34	\$61
<b>Member and children</b>	\$32.50	\$59.50
<b>Member and family</b>	\$37.50	\$68.50
<b>Joint Core</b>	\$26	\$47

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

[www.deltadentalins.com/stateofmontana](http://www.deltadentalins.com/stateofmontana)

**Eligibility:** Employees, Legislators, Retirees<sup>2</sup>, and eligible dependents.

<sup>2</sup>Retirees under age 65 are required to elect a dental plan unless they waive the entire benefits package; once Medicare eligible, dental coverage is optional.

## Delta Dental Networks

### Preferred Provider (PPO) \$

You usually pay the least when you visit a PPO dentist because they agree to accept the allowable charge.

### Premier \$\$

Premier dentists accept a slightly higher allowable charge than PPO dentists. You pay a percentage of this higher fee.

### Non-Network \$\$\$

If you see a non-Delta Dental dentist, you will be responsible for the difference between the allowable charge and what that dentist billed.

Benefits and Covered Services	Limitations / Maximums
<b>Type A—Diagnostic &amp; Preventive (D&amp;P)<sup>3</sup></b>	One full mouth x-ray and series in any 5 year period
These services are not subject to the annual maximum.	Two sets of supplementary bitewing x-rays in a benefit period
	Two exams and/or cleanings in any Plan Year (fluoride application through age 19)
<b>Type A Services</b>	No deductible; \$600 annual maximum for Basic and Premium Plans
Sealants, amalgam fillings, etc. <sup>3</sup>	Sealants limited to covered dependents through age 15; may be applied to molars once per tooth per lifetime.
<b>Type B Services</b> Endodontics, periodontics, extractions, oral surgery, composite fillings, etc. <sup>3</sup>	Type B Services are only covered under the Premium Plan.
<b>Type C Services</b> Crowns, bridges, initial dentures, etc. <sup>3</sup>	Type C Services are only covered under the Premium Plan.
<b>Type C—Implants<sup>3</sup></b>	Implants are only covered under the Premium Plan. Implants have a separate \$1,500 lifetime maximum for those on the premium Plan.

<sup>3</sup>See the Summary Plan Document (SPD) for a full list of covered services and limitations.

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website [www.benefits.mt.gov](http://www.benefits.mt.gov) under Forms/Publications

State of Montana Dental Continued

What You Pay

Basic Plan

Benefits and Covered Services	PPO dentist	Premier dentist	Non-participating dentist
Type A Diagnostic & Preventive <sup>1</sup> (D&P)—Does not count toward type A maximum	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost + Balance billing
Type A Services <sup>1</sup>	0% + any costs incurred after annual maximum is met <sup>2</sup>	0% + any costs incurred after annual maximum is met <sup>2</sup>	0% + any costs incurred after annual maximum is met <sup>2</sup> + Balance billing
Type B & C Services <sup>1</sup> —NOT COVERED (You pay full charged amount)	100%	100%	100%

Premium Plan

Benefits and Covered Services	PPO dentist	Premier dentist	Non-participating dentist
Type A Diagnostic & Preventive <sup>1</sup> (D&P)—Does not count toward type A maximum	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost	2 cleanings and exams per plan year at no cost + balance billing
Type A Services <sup>1</sup>	0% + any costs incurred after annual maximum is met <sup>2</sup>	0% + any costs incurred after annual maximum is met <sup>2</sup>	0% + any costs incurred after annual maximum is met <sup>2</sup> + Balance billing
Type B Services <sup>1</sup>	20% + any costs incurred after annual maximum is met <sup>2</sup> <span style="border: 1px solid black; padding: 0 2px;">D</span>	20% + any costs incurred after annual maximum is met <sup>2</sup> <span style="border: 1px solid black; padding: 0 2px;">D</span>	20% up to annual maximum <sup>2</sup> + balance billing <span style="border: 1px solid black; padding: 0 2px;">D</span>
Type C Services <sup>1</sup>	50% + any costs incurred after annual maximum is met <sup>2</sup> <span style="border: 1px solid black; padding: 0 2px;">D</span>	50% + any costs incurred after annual maximum is met <sup>2</sup> <span style="border: 1px solid black; padding: 0 2px;">D</span>	50% + any costs incurred after annual maximum is met <sup>2</sup> + balance billing <span style="border: 1px solid black; padding: 0 2px;">D</span>

<sup>1</sup> See the SPD on [www.benefits.mt.gov](http://www.benefits.mt.gov) for a full list of types A, B, and C services

<sup>2</sup> See p. 17 for annual maximum amounts and limitations. After the plan pays the annual maximum, you are responsible for 100% of the cost of services.

D =Must meet deductible before coinsurance applies.

Why Preventive Care Makes Sense!

Take advantage of your two no cost cleanings and exams per year at an in-network dentist!



For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website [www.benefits.mt.gov](http://www.benefits.mt.gov) under Forms/Publications

## State of Montana Vision Hardware Plan (*Optional*)

All members covered on the medical plan get **one routine vision and eye health evaluation** each year for \$10 at an in-network provider.

Members must re-enroll each year for the Vision Hardware Plan.

### Network:

Cigna Vision Network. Check their website <https://cigna.vsp.com> to see all the in-network providers.

*Note: Cigna's vision provider network is slightly different from its network of labs that make vision hardware (VSP). Be sure to check that both your eye doctor and lab are in-network.*

### Who is Eligible?

Employees, retirees, legislators, COBRA members, and dependents covered on the medical plan. You must re-enroll in vision hardware each year!

### New for 2015!

If you choose vision hardware coverage, it will apply to everyone covered on your medical Plan. For example, if your plan covers "Member and spouse", but your spouse doesn't wear glass, you will still pay \$10.86/month if you elect the Vision Hardware Plan.

### More Details

For full details on the 2015 Vision Plan, visit [www.benefits.mt.gov](http://www.benefits.mt.gov) and click on Vision under the Employees tab.



Make sure your doctor and your LAB are in network! It's important to check both by calling (877) 478-7557 or going online <https://cigna.vsp.com>.

Coverage	In-Network	Out-of-Network
Materials Copayment	Member pays \$20	N/A
Frame Retail Allowance— <i>one every two Plan Years</i> instead of contact lenses	Plan Pays: Up to \$130	Plan Pays: Up to \$52
Lenses Allowance		
<b>Plastic or glass eyeglass lenses</b> — <i>one pair per Plan Year</i> instead of contact lenses	Plan Pays: 100% after Copayment	Plan Pays: Up to \$45
<b>Standard Polycarbonate lenses</b> (covered for under 18)— <i>one pair per Plan Year</i> instead of contact lenses	100% after Copayment	Up to \$65
<b>Single Vision ,Bifocal, Trifocal, Lenticular</b> — <i>one pair per Plan Year</i> instead of contact lenses	100% after Copayment	Up to \$80
Contact Lenses Allowances— <i>one time benefit per Plan Year</i> instead of lenses or lenses and frames	Plan Pays: \$130	Plan Pays: Up to \$95
Elective Therapeutic (must meet medically necessary criteria)	100%	Up to \$210

# The Montana Health Center

Billings, Miles City, Missoula, Helena



The Montana Health Centers operated by CareHere offer no cost primary care services and health coaching to help you on your journey to a healthier lifestyle.

## Who Can Use Montana Health Centers

**Non-Medicare retirees**, active employees and their dependents age two and older who are covered on the plan may receive all available services at any Montana Health Center location.

**Medicare retirees** may only use the Health Center for flu shots and health screenings.

## Services

- Primary care
- Same day services with appointment
- Flu shots and other vaccinations
- Health screenings
- Lab services
- Diagnostic service referral
- Health coaching
- Much more

## Wellness Coaching

- Registered Nurse-Blood pressure, asthma, and medication management, etc.
- Registered Dietitian-Diabetes, weight loss, and cholesterol management, etc.
- Exercise Physiologist-Exercise, including getting started
- Tobacco Cessation Coach
- Behavioral Health Coach-Stress and Employee Assistance Program

## To schedule or change an appointment ONLINE:

[www.carehere.com](http://www.carehere.com)

The first time you go to [www.carehere.com](http://www.carehere.com), you will need to register. The system will ask you for your code. The code is **MANA9**.

You may edit or delete your appointment at any time prior to the appointment time. And you can always call (855) 200-6822 to make your appointment at the health center.

## New! Montana based customer service for ALL Montana Health Centers

Call: (855)200-6822 or Email: [help.montana@carehere.com](mailto:help.montana@carehere.com)

**Helena** (406) 502-1355  
[helena.montana@carehere.com](mailto:helena.montana@carehere.com)  
 405 Saddle Dr Helena, MT 59601  
 Fax (406) 206-0304  
 Mon - Fri 7am-6 pm  
 Sat 7:30 am-4:30 pm

**Billings** (406) 969-5115  
[billings.montana@carehere.com](mailto:billings.montana@carehere.com)  
 1501 14th St West, Suite 230 Billings, MT 59102  
 Fax (406) 969-5118  
 Mon - Fri 7am-6 pm

**Miles City** (406) 234-0123  
[milescity.montana@carehere.com](mailto:milescity.montana@carehere.com)  
 515 Main St Miles City, MT 59301  
 Fax (406) 234-0278  
 Mon 8 am-5 pm, Tues 7am-11am, Wed 8 am- 5 pm  
 Thurs 7am-6 pm, Fri 7 am- 6pm  
 Sat 8 am-12 pm and 1 pm-5 pm

**Missoula** (406) 926-6720  
[missoula.mt@carehere.com](mailto:missoula.mt@carehere.com)  
 1211 S Reserve, Suite 202, Missoula, MT 59801  
 Fax (406) 206-0317  
 Mon - Thurs 7 am-6 pm, Fri 9 am-6 pm, Sat 8 am-1 pm

Visit [benefits.mt.gov/pages/health.center.html](http://benefits.mt.gov/pages/health.center.html) for provider bios and more!

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website [www.benefits.mt.gov](http://www.benefits.mt.gov) under Forms/Publications

## 2014 Live Life Well Incentive

Earn up to \$30/month\* off your 2015 monthly benefits payment by completing these activities before October 31st! Here's how to let us know what you've done to earn the incentive.

Activity	Certification Step
 <p><b>\$10 Health Screening/Assessment Discount (Two steps)</b> Complete a State-sponsored health screening with CareHere as soon as possible AND complete the Cigna Online Health Assessment by October 31.</p>	<p>Health Care and Benefits will automatically receive notification if you've completed these steps. Want to double check?</p> <ul style="list-style-type: none"> <li>• Health Screening-Call CareHere (406)502-1355</li> <li>• Cigna Online Health Assessment-Log in to <a href="http://www.mycigna.com">www.mycigna.com</a> or call 1-855-692-0131</li> </ul>
 <p><b>\$10 Tobacco Free Discount</b> Get your health screening, complete the Cigna Online Health Assessment, AND be tobacco free and report it on the Cigna Online Health Assessment OR complete the Cigna or Montana Health Center tobacco cessation program by October 31, 2014.</p>	<ul style="list-style-type: none"> <li>• If you indicated that you are tobacco free on your Cigna Online Health Assessment, Health Care and Benefits will be automatically notified.</li> <li>• If you completed a tobacco cessation program through Cigna or the Montana Health Center between January 1, 2014 and October 31, 2014, even if you still smoke, you can still get the discount by filling out the Tobacco Cessation Program Completion Certification Form found on <a href="http://benefits.mt.gov">benefits.mt.gov</a> under Forms.</li> </ul>
 <p><b>\$10 Next Steps Discount</b> Get your health screening, complete the Cigna Online Health Assessment, AND complete at least three of the following activities. (You will report them during Annual Change.)</p> <ul style="list-style-type: none"> <li>• Make an appointment with a health coach at a Montana Health Center or join an online lifestyle/condition management program through Cigna, CareHere or HCBBD.</li> <li>• Exercise an average of three days a week, 15 minutes a day.</li> <li>• Get a dental exam.</li> <li>• Get an eye exam.</li> <li>• Update a vaccine (flu shot, tetanus, etc.).</li> <li>• Get a routine annual physical exam.</li> </ul>	<ol style="list-style-type: none"> <li>1. Fill out the Next Step Discount Form found in your Annual Change packet or online at <a href="http://www.benefits.mt.gov">www.benefits.mt.gov</a> under Forms and return it to HCBBD (post marked) by October 31, 2014.</li> </ol>

### \*Double Your Money

If you have a dependent age 18 or older or spouse/domestic partner on your Plan and he/she completes the activities above and completes the certification steps, it doubles your discount—to a potential maximum of \$60/month off per policyholder.

## 2015 Live Life Well Incentive

Next year's incentive program is the same, but you must complete **FOUR** Next Step Activities to get the full discount! See below:



Earn up to \$30/month\* off your **2016 monthly benefits payment** by completing these activities before October 31, 2015!



### \$10 Health Screening/Assessment Discount

Complete a State-sponsored health screening with CareHere AND complete the Cigna Online Health Assessment with your health screening results between Jan 1, 2015 and Oct. 31, 2015.



### \$10 Tobacco Free Discount

Get your health screening, be tobacco free, and report it on the Cigna Online Health Assessment or complete the Cigna or Montana Health Center tobacco cessation program by Oct. 31, 2015.



### \$10 Next Steps Discount

Get your health screening, complete the Cigna Online Health Assessment, AND complete at least FOUR of the following activities. (You will report them during Annual Change.)

- Make an appointment with a health coach at a Montana Health Center or join an online lifestyle/condition management program through Cigna, CareHere or HCBD.
- Exercise an average of three days a week, 15 minutes a day.
- Get a dental exam.
- Get an eye exam.
- Update a vaccine (flu shot, tetanus, etc.).
- Get a routine annual physical exam.

\*Proof of these activities may be required. See FAQ link below for more details.

**\*Double your money!** If you have a dependent age 18 or older or spouse/domestic partner on your Plan and he/she completes the activities above and the required certification steps, it doubles your discount—to a potential maximum of \$60/month off per policy holder.

See our **Frequently Asked Questions** page for more details!

[benefits.mt.gov/pages/incentive.faqs.html](http://benefits.mt.gov/pages/incentive.faqs.html)

CareHere!

To schedule a **Health Screening** go to [www.carehere.com](http://www.carehere.com), call (855)200-6822, or email [help.montana@carehere.com](mailto:help.montana@carehere.com)



To complete the **Cigna Online Health Assessment** go to [www.myCigna.com](http://www.myCigna.com), call (855)692-0131, or email [stateofmontana@cigna.com](mailto:stateofmontana@cigna.com)

# Life Insurance

Fully insured and administered by  **The Standard**® (800) 759-8702 • [www.standard.com](http://www.standard.com)  
Positively different.

## Who Is Eligible

The Basic Life Insurance plan is a core benefit for all active employees, legislators, and non-Medicare retirees.

Plans		Monthly Contributions
<b>Plan A:</b>	Basic Life	\$1.90 per month

## Basic Life Insurance

Life insurance gives a set amount of money to a designated beneficiary if the person insured dies while the policy is in effect.

At retirement, Plan A—Basic Life— can be continued **until age 65 or the retiree is Medicare eligible.**

### Plan A – Basic Life

Provides \$14,000 of term-life coverage, a core benefit for any member of the State’s health insurance. It is available to retirees under age 65 who keep their state benefits into retirement.

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

At retirement, only Plan A—Basic Life— can be continued until age 65 or the retiree is Medicare eligible.

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

However, without answering medical questions, both **conversion** (changing your group life to individual life) or **portability** (taking your group life insurance with you after separation) may be available if requested when the coverage ends.



### MEDEX Travel Assist—also from *The Standard*

MEDEX Travel Assist provides pre-trip, medical, travel, and legal assistance—and more! They can even fly you home if you have a medical emergency! *All Plan members with life insurance have this benefit!* Call (800) 527-0218 for more information.

# Live Life Well



Health Care and Benefits Division (HCBD) coordinates all of the wellness programs available to members of the State of Montana health Plan. Members can pick and choose as many Live Life Well programs to participate in as they like at no cost.

Visit [www.benefits.mt.gov](http://www.benefits.mt.gov) and click on the Live Life Well tab for more information about wellness programs.

## Lifestyle Management Programs



Live Life Well offers many lifestyle and condition management programs to State of Montana Plan members. Completing any of the programs listed below could save you money in 2016 with the Live Life Well Discount. Completing a tobacco cessation program qualifies as both a Next Step activity and qualifies you for the Tobacco Free Discount. See p. 22 for more details.



	 <p style="text-align: center;">1-855-246-1873</p> <p>To sign up for a Cigna program, log into <a href="http://www.myCigna.com">www.myCigna.com</a> or call.</p>	 <p style="text-align: center;">1-855-200-6822</p> <p>To make an appointment with a health coach:</p> <ol style="list-style-type: none"> <li>1. Have your state sponsored health screening.</li> <li>2. Have a follow-up appointment with a Health Center provider.</li> <li>3. Talk to the provider about scheduling an appointment with a health coach.</li> </ol>
<p style="text-align: center;"><b>Weight Management</b></p> 	<p>Get support to help build your confidence, become more active, eat healthier and change your habits using a non-diet approach. Use the program online, over the phone – or both.</p>	<p>One on one coaching to create a personalized program including nutrition and mindful eating support with experienced Registered Dietitians and exercise and fitness support with experienced Exercise Physiologists.</p>
<p style="text-align: center;"><b>Stress Management</b></p> 	<p>Understand the sources of your stress and learn coping techniques to manage stress both on and off the job. Use the program online, over the phone – or both.</p>	<p>Work one on one with a coach to learn critical coping skills and get support with life transitions, parental support, addiction, and more.</p>
<p style="text-align: center;"><b>Tobacco Cessation</b></p> 	<p>Get and stay tobacco free. Develop a personal quit plan that's right for you. Use the program online, over the phone – or both.</p>	<p>Individualized quit plan that includes access to tobacco cessation medications if deemed appropriate by a health care provider and one full year of coaching support.</p>
<p style="text-align: center;"><b>Disease Management</b></p> 	<p>Make educated decisions on your treatment options and more. A health advocate may be calling you to get things started, or you can call someone at any time. The programs also offer a variety of self-service resources to help you better understand your condition and overcome barriers to better health.</p>	<p>Teams of healthcare professionals including physicians, mental health care providers, physician assistants, nurse practitioners, nurses, dietitians, fitness experts to give you the best overall care.</p> <p>Incentive Plans reward you with medical supplies at no cost to you and cash rewards. Talk with a Montana Health Center provider for a full list of incentives for conditions.</p>

## Live Life Well Continued

### Cigna Healthy Pregnancies, Healthy Babies®

1-855-246-1873

Supports you in managing your pregnancy and keeping you and your baby healthy. Get rewarded for a good decision.

- \$250 after delivery if you enroll during your 1st trimester
- \$125 after delivery if you enroll during your 2nd trimester
- 24/7 over the phone nursing support
- Preconception information, pregnancy support, infertility coaching
- Text 511411 to get more! BABY for English, BEBE for Spanish.

*You can get prenatal vitamins at no cost through the URx pharmacy Plan!*



### Weight Watchers

Members and dependents 18 and over on the Plan get reimbursed up to \$75 every two years if they meet all the requirements found on the HCBP website [www.benefits.mt.gov](http://www.benefits.mt.gov).



### Onsite Presentations

The health coach comes to you! Great for conferences, staff meetings, or sessions to address work life wellness issues. Popular presentations include stress management, nutrition, safety, and much more!

### Case Management

1-855-246-1873

If you have a new or complicated diagnosis, Cigna can help you navigate the system.

A Nurse Case Manager can:

- Help you understand your current condition or diagnosis, treatment Plan, and treatment options
- Serve as a patient advocate as questions of care or coverage come up
- Act as a point of contact to help coordinate care
- SAVE YOU MONEY by
  - \* Helping you make the best use of your health Plan and URx pharmacy benefits
  - \* Providing referrals and information about wellness programs and other no cost resources
  - \* Helping you get cost effective durable medical equipment and supplies



### Employee Assistance Resources (EAR)

“If you have a concern, we have an EAR.”

*Julaine Beatty- Behavioral Health and Employee Assistance Program Manager*

406-444-2528 [jbeatty@mt.gov](mailto:jbeatty@mt.gov)



#### Resources for employees:

- Understanding EAP mental health benefit
- Locating specific mental health service providers
- Navigating state benefits to meet individual needs
- Conflict resolution in the workplace

#### Resources for managers:

- Consultation and assistance with workplace communication
- Partner with Human Resources to resolve employee issues
- Assistance in setting up S.M.A.R.T. goals for yourself and/ or your department. (S.M.A.R.T.= Specific, measurable, achievable, relevant, and time-based.)

# Glossary

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**Allowable Charges**—Charges that are both: a. For services covered by the Plan, in which you are enrolled, and b. Within the allowable fee established by the Plan Administrator.

**Balance Billing**—The amount over the plan's allowable fee that may be billed to the member by an out-of-network provider

**Benefits Payment/Contribution**— The amount an employee, retiree, or legislator contributes out-of-pocket to participate or for their dependent(s) to participate in a benefit plan

**Certification/Pre-certification**—Certification is a determination by the plan administrator that a hospital inpatient stay meets medical necessity criteria for inpatient benefits. Additionally, a determination that the inpatient hospital stay also meets (or fails to meet) the criteria for the in-network level of benefits. Pre-certification is certification in advance of a non-emergency admission.

**Coinsurance**—Coinsurance is a means of cost sharing. The Plan pays a percentage of allowed charges (after any applicable deductible has been met) and the member pays a percentage - the coinsurance.

**Copayment**—Copayment, like coinsurance, is also a type of cost sharing. You pay a fixed dollar amount, the copayment, for a covered service and the Plan pays remaining allowable charges.

**Deductible**—Allowed charges a member and family must pay before a medical plan makes payment. The deductible applies to the Plan Year, regardless of hire date.

**In-Network Provider**—A covered health care provider who has (or group of providers who have) contractually agreed to provide medical services to members of a health plan according to the fees and other terms of a plan contract. Benefits for services provided in-network (by an in-network provider) are typically higher level benefits (the in-network level of benefits) than benefits for services out-of-network (by another provider).

**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 they may have a slightly lower benefits payment than enrolling separately.

**Out-of-Network Provider**—Any covered provider who is not an in-network provider designated by the plan administrator. Out-of-network providers include providers who are participating only to the extent that they accept a plan's allowable fees, but who have not agreed to other terms of a network contract.

**Out-of-Pocket Maximum**—The maximum amount of any coinsurance which is credited toward a plan's out-of-pocket maximum that you must pay in a benefit year for:

- a. An individual member (the individual out-of-pocket maximum); or
- b. Enrolled family members (the family out-of-pocket maximum).

Once a member meets the plan's individual out-of-pocket maximum, no more coinsurance which is credited toward the out-of-pocket maximum must be made for that member for the remainder of the benefit year. Once an enrolled family has met the plan's family out-of-pocket maximum, no more coinsurance which is credited toward the out-of-pocket maximum, must be made for any enrolled family member for the remainder of the benefit year.

**Participating Provider**—A provider who has agreed to accept allowable charges as payment in full and not bill State Plan members extra amounts. Lists of in-network providers for the medical and dental plans, as well as participating pharmacy providers for the prescription drug plan, are available at the website of the plan administrator or by calling the customer service number on the identification card for the plan.

**Plan Year**—The period starting January 1 and ending December 31 of each year

**Prior Authorization**—A process to inform you whether a proposed service, medication, supply, or ongoing treatment meets the following criteria for coverage by your selected medical, prescription drug, or dental plans:

- a. Is medically necessary;
- b. Complies with applicable medical policy;
- c. Is a benefit of the plan; and
- d. In the case of prior authorization, whether it meets criteria for the in-network level of benefits.

See the Summary Plan Document for more information on obtaining a prior authorization.

**Specialty drugs**—Specialty drugs usually require special handling, administration, unique inventory management, a high level of patient monitoring and more intense support than conventional therapies. They could include all routes of administration (self-injectable, oral, or infused).

For complete details about the Plan, refer to the Summary Plan Document (SPD) available on the website [www.benefits.mt.gov](http://www.benefits.mt.gov) under Forms/Publications

# Contact Information

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Health Care & Benefits  
Division

**Phone:** (800) 287-8266, (406) 444-7462;  
**Hearing impaired TTY** (406) 444-1421  
**Email:** [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)  
**Web:** [www.benefits.mt.gov](http://www.benefits.mt.gov)  
**Mail:** 100 N Park Ave Suite 320  
PO Box 200130  
Helena, MT 59620-0130



Montana Health Centers

Live support for **ALL** MT Health Centers:  
**Phone:** (855) 200-6822  
**Email:** [help.montana@carehere.com](mailto:help.montana@carehere.com)  
**Web:** Make an appointment [www.carehere.com](http://www.carehere.com)  
Code: MANA9  
*See P. 18 for local addresses and hours of operation.*



Cigna Medical Plans,  
Customer Service, and  
Claims Processing  
Questions

Vision Hardware Plan

**Phone:** (855) 692-0131  
**Email:** [stateofmontana@cigna.com](mailto:stateofmontana@cigna.com)  
**Web:** [www.mycigna.com](http://www.mycigna.com)  
[www.cigna.com](http://www.cigna.com)

**Vision Hardware Plan:**  
**Phone:** (877) 478-7557  
**Email:** [stateofmontana@cigna.com](mailto:stateofmontana@cigna.com)  
**Web:** <https://cigna.vsp.com>



URx Customer Service

Mail Order and Specialty  
Pharmacy

**Phone:** (888) 648-6764  
**Email:** [askurx@mt.gov](mailto:askurx@mt.gov)  
**Web:** [www.mp.medimpact.com/mtn](http://www.mp.medimpact.com/mtn)  
[www.benefits.mt.gov/pages/urx.html](http://www.benefits.mt.gov/pages/urx.html)

**Mail Order Prescription Drugs:**  
MedVantx (877) 870-MONT (6668)  
Ridgeway Pharmacy (800) 630-3214  
**Specialty Meds**  
Diplomat Specialty Pharmacy (877) 319-6337



Delta Benefits Customer  
Service and Claims  
Processing Questions

**Phone:** (866) 496-2370  
**Web:** [www.deltadentalins.com/stateofmontana](http://www.deltadentalins.com/stateofmontana)



Flexible Spending  
Accounts—Account Status,  
Claims, Eligible Expenses,  
and IRS Rules

**Phone:** (866) 339-4310  
**FAX:** (406) 523-3149 or (877) 424-3539  
**Web:** [www.allegianceflexadvantage.com](http://www.allegianceflexadvantage.com)



Life and Long Term  
Disability Insurance

For questions about benefits, claims, status of  
application:

**Phone:** (800) 759-8702  
**Web:** [www.standard.com](http://www.standard.com)

For all other questions call HCBD: (800) 287-8266