

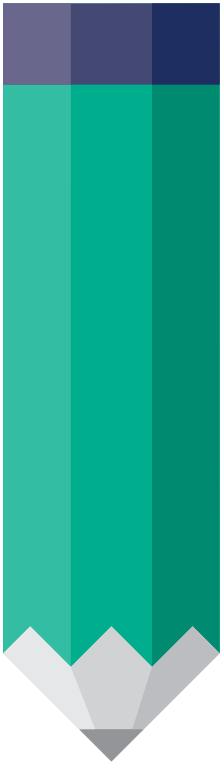
open enrollMT

State of Montana  Open Enrollment



2021 EMPLOYEE OPEN ENROLLMENT BOOKLET

 **ACTION IS REQUIRED FOR 2021**



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This is the only document you will receive regarding Open Enrollment. If you have specific benefit questions, refer to www.benefits.mt.gov or contact HCBD at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov.

NOTICE

A MESSAGE FROM DIRECTOR LEWIS

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

Open Enrollment is almost here! This year's Open Enrollment Period runs from October 25, 2020 – November 7, 2020. New action will be required during Open Enrollment this year if you wish to avoid the State Plan's new Tobacco Surcharge, which goes into effect January 1, 2021. Refer to page five of this booklet for additional detail on the Tobacco Surcharge and how it may affect you and your covered spouse/domestic partner.

To complete your Open Enrollment elections (like re-electing Flexible Spending Accounts or the Vision Hardware Plan, or adding a dependent) and provide the State Plan with information regarding your nicotine use, log into the enrollment system at www.benefits.mt.gov and click on the red button titled "Click Here to Start Open Enrollment". Once you have completed your elections, review your Benefit Summary and make sure you have selected your desired benefits for the new plan year starting January 1, 2021, and that you have properly reported you and your covered spouse/domestic partner's nicotine use. If you have any problems accessing the enrollment system, contact the Health Care & Benefits Division (HCBBD) for assistance.

The State of Montana continues to implement innovative solutions to address the ever-rising cost of health care. Solutions such as Reference Based Pricing, partnerships with best-in-class vendors such as Navitus Health Care Solutions, and the implementation of new value-based programs such as Medication Therapy Management (MTm) and the Remote Blood Pressure Management Program ensures the State Plan is able to continually maintain your State Plan benefits and contributions.

Our strategies have been successful in allowing the State Plan to control costs, effectively manage the Plan, and improve health outcomes for members. This year, the efforts have resulted in no increase to contributions for any State Plan members. In addition, benefit changes were minimized for 2021, resulting in no change to member deductibles, benefit percentages, office visit/urgent care co-payments, or out-of-pocket maximums.

This Open Enrollment Booklet contains important information about how to complete your Open Enrollment election and the State Plan for 2021. Please review the information carefully and contact the Health Care & Benefits Division at 800-287-8266, TTY 406-444-1421, or via email at benefitsquestions@mt.gov with questions.

Yours in good health,



John Lewis, Director, Department of Administration

2021 OPEN ENROLLMENT

OCTOBER 25 - NOVEMBER 7

2021 CONTRIBUTIONS AND BENEFIT CHANGES - GOOD NEWS!

There are no changes to contributions! In addition, there are no changes to member deductibles, benefit percentages, office visit/urgent care co-payments or out-of-pocket maximums. However, the State Plan is implementing a Tobacco Surcharge for 2021. This year during Open Enrollment, action is required if you wish to avoid the Tobacco Surcharge. Refer to page five for more information.

OPEN ENROLLMENT

Open Enrollment is your opportunity to make changes to your State Plan coverage. During this year's Open Enrollment period, you can add/remove a spouse or domestic partner and/or add/remove a dependent child(ren) under age 26. Be aware, you are required to submit verification of eligibility documentation to HCBd in order for the added dependent to be enrolled on State Plan benefits effective January 1, 2021.

If you do not complete a benefit election online between October 25, 2020 and November 7, 2020, you and your dependent(s) will be enrolled in the same medical, dental, life, and long term disability coverage in 2021 as you have now. **The Vision Hardware Plan and Flexible Spending Accounts must be elected each year.** If you fail to re-elect the Vision Hardware Plan or Flexible Spending Accounts, that coverage will terminate January 1, 2021. **In addition, you and your covered spouse/domestic partner will automatically be charged the Tobacco Surcharge.**

LIVE, INTERACTIVE WEBINARS

- » Tuesday, October 20 - 10:00 am
- » Wednesday, October 21 - 9:00 am
- » Thursday, October 22 - 1:00 pm
- » Thursday, October 29 - 9:00 am

TO WATCH OPEN ENROLLMENT WEBINARS

1. Go to the HCBd website www.benefits.mt.gov/openenrollment.
2. Pick the date you would like to participate. (You don't need to pre-register.)
3. Click on the Zoom meeting link.

ON-DEMAND WEBINAR

A recorded version of the webinar can be viewed any time after October 12 at www.benefits.mt.gov/openenrollment.

BENEFITS ENROLLMENT SYSTEM OPEN

October 25th - November 7th at www.benefits.mt.gov/openenrollment.

2021 EMPLOYEE BENEFIT COSTS

There is no increase to your monthly benefit contribution for 2021! The chart below shows what you will pay monthly.

MEDICAL/DENTAL/VISION HARDWARE

Your out of pocket costs after the Employer Contribution is applied.

Plans	Core Benefits (See below)	Optional Dental	Vision Hardware	Potential Live Life Well Incentive
Employee Only	\$30.00	-	+\$7.64	up to \$30 off
Employee & Spouse	\$250.00	+\$21.40	+\$14.42	up to \$60 off
Employee & Child(ren)	\$101.00	+\$19.90	+\$15.18	up to \$30 off
Employee & Family	\$327.00	+\$28.90	+\$22.26	up to \$60 off
Joint Core	\$30.00 per employee (includes Employee & Family dental)	-	+\$22.26 (Primary Joint Core Member only)	up to \$30 off

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

FLEXIBLE SPENDING ACCOUNTS (FSA)

- » \$2.26/month fee
- » Medical FSA - \$120 - \$2,750/employee per year + up to \$550 rollover*
- » Dependent Care (Daycare) FSA - \$120 - \$5,000/household per year

*The IRS has increased the annual limit allowed for Medical FSA contributions from \$2,700 to \$2,750. In addition, the maximum Medical FSA rollover amount increase from \$500 to \$550. Visit www.benefits.mt.gov/Flexible-Spending-Accounts for more information.

LIFE INSURANCE

Plans	Monthly Contributions
Employee Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)
AD&D Employee Only	\$0.020 / \$1,000 of coverage
AD&D Employee Plus Dependent(s)	\$0.030 / \$1,000 of coverage
Dependent Life	\$0.44 per month
Spouse Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)

PREMIUMS WITHHELD AFTER TAX

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

LONG TERM DISABILITY

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

TOBACCO SURCHARGE

TOBACCO SURCHARGE - EFFECTIVE JANUARY 1, 2021

Effective January 1, 2021, the State Plan is implementing a Tobacco Surcharge for plan members who use nicotine. The surcharge will add \$30 per month to the monthly contribution amount for those employees/retirees who use nicotine and/or \$30 per month if the employee's/retiree's covered spouse/domestic partner uses nicotine.

The Tobacco Surcharge is a separate surcharge and is not the same as the Live Life Well Incentive. In order to earn the Live Life Well Incentive, you must follow the instructions found at www.benefits.mt.gov/incentive and self-report your nicotine status at www.myactivehealth.com/som.

When completing your Open Enrollment election, you will be asked to self-report you and/or your covered spouse/domestic partner's nicotine use status. Definitions of Nicotine, Nicotine Free, and Nicotine User are provided below.

Nicotine

- Nicotine is an addictive stimulant proven to have negative health effects that is found in cigarettes, cigars, chewing tobacco, and most vaping products.

Nicotine Free

- You are nicotine free if you have never used nicotine, have quit using nicotine, or infrequently use nicotine (less than 4x per month).
- You are nicotine free if you are currently using nicotine but HAVE completed an eligible alternative (nicotine cessation program or a nicotine counseling session with a medical provider) during the past 12 months.

Nicotine User

- You are a nicotine user if you are currently using nicotine and HAVE NOT completed an eligible alternative (nicotine cessation program or a nicotine counseling session with a medical provider) during the past 12 months.

ACTION IS REQUIRED FOR 2021

To avoid the Tobacco Surcharge for 2021, it is imperative you complete your Open Enrollment election either online at www.benefits.mt.gov or via the MyChoice mobile application during this year's Open Enrollment period from October 25 - November 7.

HOW TO COMPLETE YOUR OPEN ENROLLMENT

COMPLETING YOUR 2021 OPEN ENROLLMENT - ACTION REQUIRED

You will need to complete your Open Enrollment election to provide the State Plan with information about you and your covered spouse/domestic partner's nicotine use, see page five for details. If you do not complete your Open Enrollment election, you will automatically be charged the Tobacco Surcharge.

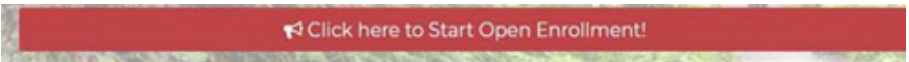
In addition, the Vision Hardware Plan and Flexible Spending Accounts must be elected each year. If you fail to re-elect the Vision Hardware Plan or Flexible Spending Account, that coverage will terminate January 1, 2021.

1 TO ACCESS

the benefits system, go to benefits.mt.gov.



Click on the red button (pictured below) to Start Open Enrollment.



OR

ENROLL ON THE GO



MyChoice Mobile
Right Benefits, Right Time
Businessolver
★★★★☆ 4.2 • 581 Ratings
Free

Enroll in your benefits from your mobile device. Download the MyChoice Mobile app by searching MyChoice Mobile in your app store. In order to sync the MyChoice Mobile app you will need an access code which is available on the home page of the enrollment system.

HOW TO COMPLETE YOUR OPEN ENROLLMENT

2 LOGIN

Login using your User Name and Password. If accessing the website on the State of Montana network, you will automatically enter the system and not be required to register.

First time users: Register your User Name and Password and answer a few security questions. The case-sensitive company key is [stateofmontana](#). Login using your new User Name and Password.

Forgot your User Name or Password? Click on the link to reset your login details.

Explore the site to learn about your benefits. You'll find helpful information in the Reference Center.

The calendar at the top of the Home page lets you know how many days you have to complete your Open Enrollment.

Welcome

User Name *

case sensitive

Password *

case sensitive

Login >

[Forgot your user name or password?](#)

Annual Enrollment is Here!

10 Days Left

[Start Here >](#)

3 START YOUR ENROLLMENT

About You

Your Information

First Name:

Middle Initial:

Last Name:

Social Security Number:

Your Family

Do you have any dependents?

Yes No

To begin Open Enrollment, click the Start Here button to review your personal information and add or edit any dependents you wish to enroll on State Plan coverage.

If you are adding Spouse Life for the first time, you will need to add your spouse/domestic partner on the dependent page.

You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*


*You will be required to provide documentation to prove your relationship to each dependent.

HOW TO COMPLETE YOUR OPEN ENROLLMENT


4 COMPLETE ENROLLMENT

Choose to re-enroll in your current plans, or use the Next and Back buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.

How would you like to enroll




I Know What I Want
I know which plans I'd like to enroll in



Keep The Same Plans
I just want to re-enroll in my current plans

[← Back](#)
[Start Enrollment →](#)

Medical Election Summary



Review Your Election

Enrolled in Medical?	Yes Edit
Covered Dependents	Edit
Members	Covered
Jane Doe Effective Date: 04/01/2020	Yes
Plan Selected	Edit
Plan Selected	Medical Plan
Employee Cost Your employer will be paying \$252.91 for this benefit.	\$252.91 Monthly

[← Back](#)
[Looks Good →](#)

Review plan documents and use the Compare and Plan Details tools to view details and costs for the options available to you.

[Compare](#)
[Plan Details](#)

5 REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections. To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit election year you can access your **Benefits Summary** under your name in the u

If you have any questions, please chat with your personal benefits assistant Chat feature in the navigation bar at the top of your browser.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included. The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

I Disagree
Total Employee Cost: \$587.34 Monthly
 I Agree

Thank You!

Transaction Complete [Print Benefit Summary](#)

Your information has been submitted. Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Confirmation Number

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).



2021 INCENTIVE

Earn \$30 per month off your 2022 benefit contribution! Get 2X the incentive if a covered spouse/domestic partner also participates.

NEW!



You must complete a Provider Visit as one of your three required activities between November 1, 2020 and October 31, 2021 to earn the Live Life Well Incentive in 2022.



ACTIVITIES CHECKLIST

HEALTH SCREENING

Have a State-sponsored health screening. Appointments are subject to availability. Make an appointment at www.carehere.com or call (855) 200-6822.

NICOTINE FREE

Nicotine testing is NOT included as part of your State-sponsored health screening! Self-report if you are nicotine free or have completed an alternative at www.myactivehealth.com/som.

If you use nicotine and need an alternative to complete this portion of the incentive, you must complete and self-report one of two alternatives:

- A nicotine cessation program; or
- A nicotine education session with your primary care provider.

ELIGIBLE PROVIDER VISIT

Self-report if you have completed an eligible visit with a provider at www.myactivehealth.com/som by October 31, 2021. See next page for additional details.

★ **HAVE ALL THREE CHECKED?** To make sure you've earned \$30 off per month, check your status at www.myactivehealth.com/som.



CHECK YOUR STATUS

www.myactivehealth.com/som

Click the "My Rewards" tab. Health screenings take a month to appear after you've completed your screening.

Self-report Next Step and Nicotine Free status or alternatives any time. Call (855) 206-1302 for help with the MyActiveHealth site.

For more information about Live Life Well Incentives or for instructions for self-reporting visit www.benefits.mt.gov/incentive.

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

We will maintain the privacy of your personally identifiable health information. Medical information that personally identifies you and that is provided through the incentive program will not be used to make decisions regarding your employment. Your health information shall only be disclosed to carry out specific activities related to the incentive program (such as responding to your request for a reasonable accommodation). You will not be asked or required to waive the confidentiality of your health information to participate or to receive an incentive. Anyone who receives your information for purposes of providing you services through the incentive program will abide by the same confidentiality requirements.

We securely maintain all electronically stored medical information we obtain through the incentive program, and will take appropriate precautions to avoid a data breach. If a data breach does occur involving information you provided to us for the incentive program, we will notify you immediately.

A copy of the Plan's privacy notice is available on the HCBD website or by going to <http://benefits.mt.gov/Portals/59/Documents/hipaa%20notice.pdf>.

LANGUAGE ASSISTANCE

Language Assistance – General Taglines

State of Montana is required by federal law to provide the following information.

لو مهسا تدهاگهه 1-855-999-1062 (رقم 1063-999-855 قهر سنلنا). نجهالنا لدر فارتد بقولنا قده صالنا سدغفان، مهسا نونا تانفختتگت اذ بقولنا

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-999-1062 (TTY : 1-855-999-1063)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-999-1062 (TTY: 1-855-999-1063).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-999-1062 (TTY: 1-855-999-1063).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-999-1062 (ATS: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-999-1062 (TTY: 1-855-999-1063).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-999-1062 (TTY: 1-855-999-1063) まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телерайм: 1-855-999-1063).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-999-1062 (TTY: 1-855-999-1063).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-999-1062 (TTY: 1-855-999-1063).

NON-DISCRIMINATION LANGUAGE

State of Montana complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status.

State of Montana does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact customer service at 855-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email:

John Pavao, State Diversity Program Coordinator
Department of Administration
State Human Resources Division
125 N. Roberts
P.O. Box 200127
Helena, MT 59620
Phone: (406) 444-3984
Email: jpavao@mt.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)



**HEALTH CARE &
BENEFITS DIVISION**

PO Box 200130, Helena, MT 59620
(800) 287-8266 | (406) 444-7462
(406) 444-1421 - TTY
benefitsquestions@mt.gov
www.benefits.mt.gov

MORE INFO AVAILABLE ONLINE!

WWW.BENEFITS.MT.GOV

- » [Employee Presentation Schedule](#)
- » [Recorded Presentation](#)
- » [Wrap Plan Document \(WPD\) - Full Benefit Details](#)
- » [Additional Live Life Well Incentive Information](#)