

# 2022 NEW LEGISLATOR BENEFITS BOOK



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## State of Montana Benefit Plan

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The State of Montana Benefit Plan (State Plan) is self-funded. This is different than traditional insurance that you may have had in the past.

### **Traditional Insurance**

With traditional insurance you pay an insurance company a monthly premium and if you go to the doctor or hospital the insurance company pays some of the cost. The insurance company decides what's covered and how much you pay out-of-pocket. They also accept financial risk if you have a serious health condition like cancer or a heart attack.

### **Our Self-Funded State Plan**

Your State Plan coverage is funded by the State of Montana via the employer contribution and by you, as a legislator, via your bi-weekly State Plan contribution. The State Plan:

- Provides coverage in accordance with state and federal law,
- Sets the monthly rates and out-of-pocket costs, and
- Carries the liability for all 30,000 members of the State Plan.

### **Our Third Party Administrators (TPAs) and Vendors**

With 30,000 members state-wide, the State Plan needs a little help. That's why we contract with outside companies to process claims and administer State Plan benefits. We also rely on these companies for their expertise and cost saving contracts.

Our TPAs include:

- Allegiance Benefit Plan Management, Inc. - Medical Claims, Vision and Vision Hardware (subcontracted through Cigna)
- Delta Dental - Dental
- Navitus Health Solutions - Prescription
- ASIFlex - Flexible Spending Accounts

We also contract with a few other companies:

- Premise Health manages the Montana Health Centers.
- BlueCross BlueShield of Montana provides fully insured life and accidental death and dismemberment insurance options, as well as long term disability insurance for active employees.

### **Bottom Line**

Because it's your money and taxpayer dollars that fund the State Plan, we all have to work together to be good health care consumers. You can do that by:

- Reading this book carefully and understanding your benefits
- Reading emails and mail sent home by the Health Care & Benefits Division (HCBD)
- Visiting [benefits.mt.gov](https://benefits.mt.gov) on a regular basis, and taking good care of your health by engaging in Live Life Well programs

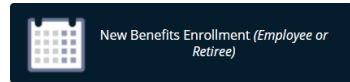
*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website [benefits.mt.gov](https://benefits.mt.gov).*

## How to Enroll In Benefits

### Completing Your New Hire Enrollment

#### Access

To access the enrollment system, go to [benefits.mt.gov](https://benefits.mt.gov) and click on the “New Benefits Enrollment” button.



OR

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



#### MyChoice Mobile App

- Quick access to benefit details
- Store your ID Cards

[Get Access Code](#)

#### Login

If accessing on the State of Montana network, you will automatically enter the system and not be required to register.

If accessing outside of the State of Montana system, login using the prompts provided.

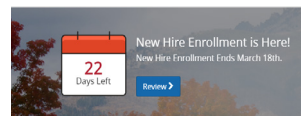
First time users: Register your User Name and Password and answer a few security questions.

*The case-sensitive company key is stateofmontana.*

A screenshot of a web login form. At the top, it says "Welcome". Below that is a "User Name" field with a red asterisk and a small icon of a person. Underneath is a "case sensitive" label. Then is a "Password" field with a red asterisk and a small icon of a key. Underneath is another "case sensitive" label. At the bottom is a blue "Login" button with a right arrow. Below the button is a link that says "forgot your user name or password?".

#### Begin Enrollment

Click “Start Here” and follow the instructions to enroll in your benefits or waive coverage. You must make your elections by the deadline shown on the calendar.



#### View Current Benefits or Make Updates Year-Round

You have year-round access to your benefit summary and specific benefit elections. Updates you can make will include marriage, divorce, the birth of a child, adding or removing coverage when a dependent gains or loses coverage, and beneficiary updates.

#### Questions

Your enrollment isn't complete until you confirm your benefit elections and cost. If you have any questions, please contact HCBd at (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or via email at [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

### Initial Enrollment Period

You have 31 days from the date you are appointed as a Legislator to complete your enrollment. Your coverage is effective on the date you are appointed.

### Joint Core

If you and your spouse both work for the State (as an Employee or Legislator) and have at least one dependent child who needs to be enrolled on the State Plan, you can elect to be Joint Core. Your family shares one family Max Out-of-Pocket and your bi-weekly/monthly contributions are less.

### Late Enrollment

If you waive coverage, or do not enroll within the Initial Enrollment Period, you may be able to join the State Plan at a later date but you will only be eligible for Core Benefits for yourself. You will not be able to add a spouse/domestic partner or dependent child(ren) to the plan or elect optional benefits without a Special Enrollment Period. If you enroll after the Initial Enrollment Period, the effective date of coverage will be the 1st of the month following receipt of your request for enrollment.

### Core Benefits

Legislators who enroll in the State Plan must enroll in Core Benefits. Core Benefits include:

- Medical Plan (includes prescription drug coverage and an annual eye exam)
- Dental Plan
- Basic Life Insurance (\$14,000)

**Optional Benefits**

- Medical and/or dental coverage for spouse/domestic partner and/or child(ren)
- Vision hardware coverage
- Additional life insurance for you and/or your spouse/domestic partner or child(ren)
- Accidental Death & Dismemberment (AD&D) coverage

**Proof of Dependent Eligibility**

If you want to add a spouse/domestic partner, or child(ren) to the State Plan, you must provide proof of eligibility. See page 25 for details. Once verification is provided, dependent coverage is placed retroactively to the effective date and any retroactive contributions will be billed.

**Benefit Identification Cards**

You will receive medical, dental, vision, and prescription drug plan identification cards within two to three weeks of completing your enrollment.

**Open Enrollment**

You will have the opportunity to make changes to your State Plan options during the annual two-week Open Enrollment Period that takes place each fall. These changes take effect January 1 of the following Plan Year.

Be sure to read all mail and email from HCBd for details about Open Enrollment.

**Waiving Coverage**

If you choose not to take State Plan coverage, you will need to complete the Legislator Opt Out/Waiver Form, which can be found at [benefits.mt.gov/resources/forms](https://benefits.mt.gov/resources/forms). You may be eligible for the Option 2 Reimbursement. See form for details.

## Tobacco Surcharge

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Legislators enrolling on the State Plan must self-report their, and their covered spouse/domestic partners, nicotine use status as part of their Initial Enrollment event. In the event the legislator, or their covered spouse/domestic partner, is a Nicotine User, a Tobacco Surcharge will apply. The Tobacco Surcharge is \$30 per month per Nicotine User.



See the definitions below and note the eligible alternatives included in the definition of Nicotine Free.

### 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, use only FDA-approved Nicotine Replacement Therapy (NRT), 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.

**To avoid the \$30 per month Tobacco Surcharge you need to annually self-attest your, and if applicable your covered spouse or domestic partner's, nicotine use.**

Visit [benefits.mt.gov/TobaccoSurcharge](https://benefits.mt.gov/TobaccoSurcharge) for more information.

# Benefit Costs

## MEDICAL/DENTAL/VISION HARDWARE

A contribution of \$1,054/month per eligible Legislator is made to the State Plan by the State of Montana (employer contribution).

Plans	Core Benefits*	Optional Dental	Vision Hardware	Potential Live Life Well Incentive
Legislator Only	\$30	-	+\$7.64	up to \$30 off
Legislator & Spouse	\$250	+\$21.40	+\$14.42	up to \$60 off
Legislator & Child(ren)	\$101	+\$19.90	+\$15.18	up to \$30 off
Legislator & Family	\$327	+\$28.90	+\$22.26	up to \$60 off
Joint Core (Per Legislator/Employee)	\$30 (includes Legislator & Family dental)	-	+\$22.26	up to \$30 off

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

## LIFE INSURANCE

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

\*See Age Rates and other details on page 23.

## Paying for Coverage

When you are in session your contributions will be taken out of your bi-weekly paycheck. Benefit contributions for medical, dental, and vision hardware will be deducted pre-tax. If you cover a domestic partner and/or domestic partner child(ren) contributions for these individuals will be withheld post-tax. When you are not in session contributions will be electronically withheld monthly from your checking or savings account.



## Medical Plan

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### In addition to medical benefits, the Medical Plan includes:

- One routine eye exam per Plan Member per Plan Year with a \$10 copay at a participating provider
- Prescription drug coverage
- Use of all Montana Health Centers at no cost (see page 18)

### Third Party Administrator

Alliance Benefit Plan Management processes medical claims for the State Plan. Remember, it's the State that decides rates, out-of-pocket costs, and coverages.

### Questions



**HEALTH CARE &  
BENEFITS DIVISION**

**1-800-287-8266**  
[benefits.mt.gov](https://benefits.mt.gov)

- Eligibility-Who's Covered
- Mid-year Changes
- Open Enrollment
- Benefit Contributions
- Live Life Well Incentive



**1-855-999-1057**  
[askallegiance.com/som](https://askallegiance.com/som)

- Claims/Billing
- Participating Providers
- Online Account Information
- What's Covered
- Pre-Certification/Pre-Treatment Review
- Case Management
- Appeals

### Eligibility

For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Document available at [benefits.mt.gov](https://benefits.mt.gov).

### Healthcare Bluebook - Available to All Plan Members

An online and mobile resource that quickly helps you to find cost and quality comparison information by ranking facilities in an easy-to-read color system. Logon to [askallegiance.com/som](https://askallegiance.com/som) and click Healthcare Bluebook on the right hand side of the screen.

# Medical Plan Cost Sharing

## Transparent Pricing

Providers and medical facilities are either participating or non-participating.



**Check Your Provider/Facility Before You Go!**

[askallegiance.com/som](http://askallegiance.com/som) or (855) 999-1057

Allegiance participating inside Montana.

Cigna participating outside Montana.

## Participating Provider

Participating providers and facilities have contracted with Allegiance in Montana and Cigna outside of Montana to charge a low, fair rate for your care.

All deductibles and maximums will be based upon a Plan Year, which is January 1 through December 31.

Cost Sharing for Participating and In-State Non-Participating*	
Montana Health Center	\$0 Copay
Primary Care Office Visit	\$25 Copay
Specialist Office Visit	\$35 Copay
Urgent Care Office Visit	\$35 Copay
Deductible ( <i>Counts towards Max Out-of-Pocket</i> )	\$1,000 per member per Plan Year
Benefit % ( <i>What the plan pays after you meet your deductible. Counts towards Max Out-of-Pocket.</i> )	75% after deductible is met 100% after Max Out-of-Pocket is met
Max Out-of-Pocket	\$4,000/member \$8,000/family

## \*In-State Non-Participating

In-state non-participating providers and facilities have chosen not to sign a contract with Allegiance. If you use a non-participating facility or provider in Montana, you pay the cost sharing shown above and the State Plan will pay a fair rate for your care, *but the non-participating provider may balance bill you for more. You are responsible for this balance bill and it does not count towards your Deductible or Max Out-of-Pocket.*

### Out-of-State Non-Participating

If you go out-of-state and use a non-Cigna provider/facility, the cost sharing is as follows:

#### Cost Sharing for Out-of-State Non-Participating

Applies to all services unless stated otherwise in the Wrap Plan Document, which can be found at [benefits.mt.gov](https://benefits.mt.gov).

Annual Deductible ( <i>Counts towards Max Out-of-Pocket</i> )	\$1,500 per member per Plan Year ( <i>This is separate from the \$1,000 deductible on page 10.</i> )
Benefit % ( <i>What the plan pays after you meet your deductible. Balance billing does not count towards Max Out-of-Pocket.</i> )	65% + balance billing
Max Out-of-Pocket	\$4,950/member + balance billing \$10,900/family + balance billing ( <i>These are separate from annual Max Out-of-Pocket shown on page 10.</i> )

#### Non-Participating Provider Benefit Exception

When a covered service is rendered by a Non-Participating Provider, charges will be paid as if the service were rendered by a Participating Provider under any of the following circumstances:

1. Charges for an emergency, as defined by the State Plan, limited to only emergency medical procedures necessary to treat and stabilize an eligible injury or illness and then only to the extent that the same are necessary for the member to be transported, at the earliest medically appropriate time to a participating hospital, clinic, or other facility, or discharged.
2. Charges incurred as a result of and related to confinement in or use of a participating hospital, clinic, or other facility only for non-participating provider services and providers over whom or which the member does not have any choice in or ability to select.
3. Charges for emergency use of an air ambulance.

# Prescription Drug Plan

Navitus Health Solutions processes pharmacy claims for the State Plan. Watch your mail for your benefit card and information on how to access the formulary listing (shows what tier prescriptions fall under) and pharmacy network information.

	<b>Retail Network Pharmacy (34-days) or Out-of-Network Pharmacy (10-days)</b>	<b>Retail Network or Mail Order Pharmacy (90-days)</b>
<b>\$0 Preventive products*</b>	\$0 Copay	\$0 Copay
<b>Tier 1</b> - Preferred generics and some lower cost brand products	\$15 Copay	\$30 Copay
<b>Tier 2</b> - Preferred brand products (may include some high cost non-preferred generics)	\$50 Copay	\$100 Copay
<b>Tier 3</b> - Non-preferred products (may include some high cost non-preferred generics)	50% Coinsurance (does not apply to Maximum Out-of-Pocket)	50% Coinsurance (does not apply to Maximum Out-of-Pocket)
<b>Tier 4</b> - Specialty products	<b>Preferred Specialty Pharmacy</b> \$200 Copay for Brand Specialty Medications \$0 Copay for Generic Specialty Medications	<b>Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy</b> 50% Coinsurance (does not apply to Maximum Out-of-Pocket)

*\*\$0 Preventive products apply to certain medications (as defined by the Affordable Care Act (ACA)) and select medications. See the formulary for a listing of covered products.*

## Prescription Maximum Out-of-Pocket

Separate from Medical Maximum Out-of-Pocket (see Medical Plan Cost Sharing on pages 10 and 11).

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

Maximum Out-of-Pocket will be based upon a Plan Year, which is January 1 through December 31.

## Pharmacy Options

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### Save Big with a 90-Day Supply of Your Medication

*You can get a three month (90-day) supply of some maintenance medication for a two month copay!*

The State Plan pays less for many medications when a 90-day supply is filled at an in-network retailer or preferred mail order pharmacy. We pass those savings on to you by reducing your copay.

### Preferred 90-Day Supply Options

- Most in-network retail pharmacies (*refer to network directory*)
- Costco: (800) 607-6861, [pharmacy.costco.com](https://www.pharmacy.costco.com) (*membership not required*)
- MiRx: (866) 894-1496, [mirxpharmacy.com](https://www.mirxpharmacy.com)
- Ridgeway: (800) 630-3214, [ridgewayrx.com](https://www.ridgewayrx.com)

### Specialty Pharmacy

Lumicera Health Services is the State Plan's preferred pharmacy to handle specialty medications (drugs that require special administration). Using a pharmacy other than Lumicera for specialty medications could cost significantly more and does not accumulate toward your prescription annual Max Out-of-Pocket.



#### Lumicera Health Services

Phone: (855) 847-3553

TTY for hearing impaired users: 711



#### Navitus Health Solutions

24 Hours a Day/7 Days a Week

Phone: (866) 333-2757

[navitus.com](https://www.navitus.com)

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website [benefits.mt.gov](https://benefits.mt.gov).*

**Third Party Administrator**

Delta Dental processes dental claims for the State Plan.



**Delta Dental**

**(866) 496-2370**

**[deltadentalins.com/stateofmontana](https://deltadentalins.com/stateofmontana)**

Claims/Billing

Cost Estimates

In-network Providers

Online Account Information

**Delta Dental Networks****\$ Preferred Provider (PPO Dentist)**

You usually pay the least when you visit a PPO Dentist because they agree to Delta's lowest contracted fees.

**\$\$ Premier Dentist**

Premier Dentists have slightly higher contracted fees than PPO Dentists. You may end up paying more out-of-pocket at a Premier Dentist.

**\$\$\$ Non-Network Dentist**

If you see a Non-Network Dentist, you will be responsible for the difference between the allowable charge set by Delta Dental and what that dentist bills.

## Dental Plan Cost Sharing

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Deductibles and maximums will be based upon a Plan Year, which is January 1 through December 31.

<b>Services</b>	<b>% Plan pays after Deductible is met up to Maximum Amount</b>
Diagnostic & Preventive Benefits*	100%
Basic Benefits**	80%
Major Benefits**	50%
Implant Benefits	50%

<b>Deductibles</b>	
Per Enrollee per Calendar Year	\$50
Per Family per Calendar Year	\$150
<b>Maximum amount plan pays per member</b>	
Per Calendar Year	\$1,800
Lifetime for Implant Benefits	\$1,500

\*Diagnostic & Preventive Benefits are not subject to the deductible.

\*\*For details including what is covered under Basic and Major Benefits see the dental section of the Wrap Plan Document at [benefits.mt.gov](https://benefits.mt.gov) or call Delta Dental (866) 496-2370.

### Eligibility

Employees, Legislators, Retirees\*, COBRA participants, and eligible spouse/domestic partners and child(ren).

\*Retirees under age 65 are required to elect the Dental Plan unless they waive the entire benefits package; once Medicare eligible, dental coverage is optional.

## Vision Plans

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### Basic Vision Plan

All members covered on the Medical Plan are entitled to one routine vision and eye health evaluation each year for a \$10 copay at a participating provider at no additional cost.

### Vision Hardware Plan

You may enroll for vision hardware coverage each year for an extra cost which provides for one routine vision and eye health evaluation as well as the hardware coverage identified on page 17.

- If you elect vision hardware coverage, it will apply to everyone covered on your Medical Plan.
- You must re-enroll each year during the Open Enrollment Period.



**Cigna Vision**

**(877) 478-7557**

[stateofmontana@cigna.com](mailto:stateofmontana@cigna.com)

[cigna.vsp.com](http://cigna.vsp.com)

*Check to make sure both your eye doctor and the store where you purchase your hardware are participating.*

The eye exam benefit and Vision Hardware Plan are administered by Cigna Vision.

### Eligibility

Employees, Retirees, Legislators, COBRA participants, and eligible spouse/domestic partners and child(ren) covered on the Medical Plan.



## Vision Hardware Cost Sharing

Coverage	In-Network	Out-Of-Network
<b>Exam Copay</b>	\$10	N/A
<b>Exam Allowance</b> (once per frequency period*)	Covered 100% after Copay	Up to \$45
<b>Materials Copay</b>	\$20	N/A
<b>Eyeglass Lenses Allowances:</b> (one pair per frequency period*) Single Vision Lined Bifocal Lined Trifocal Lenticular	100% after Copay 100% after Copay 100% after Copay 100% after Copay	Up to \$45 Up to \$55 Up to \$65 Up to \$80
<b>Contact Lenses Allowances:</b> (one pair or single purchase per frequency period*) Elective Therapeutic	Up to \$130 Covered 100%	Up to \$95 Up to \$210
<b>Frame Retail Allowance</b> (one per frequency period*)	Up to \$130	Up to \$52

\*Frequency Period begins on January 1 (Calendar year basis)

**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

**Coinsurance:** the percentage of charges Cigna will pay. Member is financially responsible for the balance.

**Allowance:** the maximum amount Cigna will pay. Member is financially responsible for any amount over the allowance.

**Materials:** eyeglass lenses, frames, and/or contact lenses.

All maximums will be based upon a Plan Year, which is January 1 through December 31.

## Montana Health Centers

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Clinic Locations in Anaconda, Billings, Butte, Helena, & Missoula



Operated by

Premise Health®



[healthcenter.mt.gov](https://healthcenter.mt.gov)

*Visit to learn all about the Montana Health Center's services, hours of operation, provider bios and more!*

The Montana Health Centers offer the same kinds of services you would find at your regular doctor's office and more, all at no-cost to you and a much lower cost to our self-funded State Plan.

### Who Can Use the Montana Health Centers

Employees, Legislators, COBRA participants and non-Medicare eligible Retirees and their non-Medicare eligible spouse/domestic partners and their child(ren) age two and older who are covered on the State Plan.

Medicare eligible Retirees and their Medicare eligible dependents may only use the Montana Health Centers for flu shots, COVID-19 vaccinations, and state-sponsored health screenings.

### Services

Primary care services including treatment for colds, flus, COVID-19, infections, minor stitches, strains, sprains, wound care, asthma, cardiovascular disease, chronic kidney disease, chronic stress, pre-diabetes, diabetes, gastroesophageal reflux disease, high blood pressure, specialized diets, tobacco cessation and much more.

### Appointments

Visit [mypremisehealth.com](https://mypremisehealth.com) or call (855) 200-6822.

The first time you go to [mypremisehealth.com](https://mypremisehealth.com), you will need to register. You can also make appointments using the My Premise Health app.

## Primary Care & Wellness Coaching

The Montana Health Center provides integrated primary, behavioral health, preventive care, and wellness coaching including:

- Same day service for acute conditions
- Comprehensive wellness physicals and health screenings
- Behavioral care such as stress management and tobacco cessation
- Sports physicals, personal training, weight management
- Personalized coaching, individual goal setting
- Nutrition guidance, diabetes, blood pressure and/or cholesterol management
- And more

A team of healthcare professionals including physicians, physician assistants, nurse practitioners, nurses, dietitians, and fitness experts are here to help. Visit [healthcenter.mt.gov](https://healthcenter.mt.gov) for more information.

## Primary Virtual Care

The State of Montana provides a telemedicine benefit to all eligible members called Primary Virtual Care (PVC). PVC is provided through the State Plan's contract with Premise Health.

PVC provides fast access to board certified physicians that can diagnose illness, recommend treatment, and prescribe medications over the phone or through video chat.

Quality medical care is available 24 hours a day, 7 days a week, and 365 days per year.

In most cases, PVC is a good fit for treatment of:

- |                      |                           |
|----------------------|---------------------------|
| • Allergies          | • Insect Bites            |
| • Arthritic pain     | • Minor Burns             |
| • Bronchitis         | • Respiratory Infection   |
| • Certain Rashes     | • Sinus Infections        |
| • Cold/Flu Symptoms  | • Sore Throat             |
| • Ear Infections     | • Sprains/Strains         |
| • Gastroenteritis    | • Stomach-Ache            |
| • Headaches/Migraine | • Urinary Tract Infection |

Visit [healthcenter.mt.gov/virtual-telehealth](https://healthcenter.mt.gov/virtual-telehealth) for appointment scheduling instructions.



## 2022 INCENTIVE

Earn \$30 per month off your 2023 benefit contribution! Get 2X the incentive if a covered spouse/domestic partner also participates.

### WIN A \$50 GIFT CARD

Complete your State-sponsored health screening by August 31 to automatically be entered to win a \$50 gift card.

Health screenings completed after August 31, 2022 are not eligible for this drawing.



#### HEALTH SCREENING

Have a State-sponsored health screening. Appointments are subject to availability. Make an appointment following the instructions at [healthcenter.mt.gov](http://healthcenter.mt.gov) or call (855) 200-6822.



#### NICOTINE FREE

Self-report if you are nicotine free or have completed an eligible alternative at [myactivehealth.com/som](http://myactivehealth.com/som).

If you use nicotine and need an alternative to complete this portion of the incentive, you must self-report that you have completed 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 [myactivehealth.com/som](http://myactivehealth.com/som) by October 31, 2022.



#### DON'T WAIT - DO IT NOW!

Please complete your health screening earlier in the year to make sure it shows up during Open Enrollment. Self-report any activity you've completed any time!



#### SELF-REPORT OR CHECK YOUR INCENTIVE STATUS TODAY!

[myactivehealth.com/som](http://myactivehealth.com/som)

1. Log in, then click "Rewards." Your State-sponsored health screening is automatically uploaded into the site. It will take a month to appear after you've completed your screening.
2. Click "Nicotine Free" to self-report your Nicotine Free status or alternative. Make sure to click "Save."
3. Click "Provider Visit" to self-report completion of your Eligible Provider Visit. Make sure to click "Save."
4. Call (855) 206-1302 for help with the MyActiveHealth site.
5. Enjoy \$30 off your contributions every month in 2023!

For more information about Live Life Well Incentives or for instructions for self-reporting visit [benefits.mt.gov/incentive](http://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](mailto: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 [benefits.mt.gov/docs/Documents/hpaa-notice.pdf](http://benefits.mt.gov/docs/Documents/hpaa-notice.pdf).

The State of Montana's Live Life Well Program mission is to promote healthy lifestyle choices and improve the health, well being and quality of life of our employees, legislators, retirees and their families.

### Wellness Programs

Members may choose to participate in as many wellness programs as they like. Plus most benefits have no additional out-of-pocket cost.

- Disease Management Programs (Diabetes, Asthma, etc.)
- Weight Management\*
- Disease Prevention Programs
- Prenatal/Maternity Benefits\*
- Wellness Coaching
- Preventive Benefits (health screenings, vaccinations, etc.)
- Nicotine Cessation Programs

*\*Additional incentives available*

Visit [benefits.mt.gov/livelifewell](https://benefits.mt.gov/livelifewell) for more information.

### Healthy Weight Incentive

Earn a \$200 incentive for successfully completing an eligible program.

Choose one of the eligible programs below that best fits your needs.

1. Weight Watchers
2. Healthy For Life Self-Study Program
3. Diabetes Prevention Program

The Healthy Weight Incentive is available to members of the State Plan and their covered spouse/domestic partner. One incentive can be earned per member per plan year.

Visit [benefits.mt.gov/healthy-weight-incentive](https://benefits.mt.gov/healthy-weight-incentive) for more information.



## Life Insurance

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### Basic Life Insurance

Basic Life Insurance is a required Core Benefit for all active Employees, Legislators, and non-Medicare Retirees. Provides \$14,000 of term life coverage. This benefit is paid for via the employer contribution, no legislator contribution required.

### Life Insurance Information

- *Plans are fully insured and administered by BlueCross BlueShield of Montana (BCBSMT).*
- Plans are term life.
- Plans provide inexpensive protection, plans do not earn cash value.
- Legislators are eligible until separation from service. At separation, contact BCBSMT for portability or conversion options.
- At retirement, Basic Life may be continued without portability or conversion until age 65 or Medicare eligible. Basic life may be converted once a Retiree reaches age 65.

### During Open Enrollment You May

- Add, increase, or decrease Legislator and/or Spouse Supplemental Life (minimum amount for Legislator Supplemental Life is \$5,000)
- Add, increase, or decrease AD&D
- Delete Dependent Life, Legislator and/or Spouse Supplemental Life, and/or AD&D

If you are adding or increasing life insurance coverage, you may be required to complete EOI.

### Evidence of Insurability (EOI)

Also known as “evidence of good health” is the process that determines if a person is healthy enough to be considered eligible for the amount of insurance coverage they are requesting.

The EOI form can be found at [benefits.mt.gov/life-and-accident](https://benefits.mt.gov/life-and-accident).

For complete details about all life insurance options refer to the BCBSMT Life Insurance Certificates found at [benefits.mt.gov](https://benefits.mt.gov).

## Optional Life Insurance Plans

**Legislator Supplemental Life:** Available during 31-day initial enrollment period without EOI\*. Enrollment after the 31 days requires EOI\*. Coverage may be elected at anytime with EOI.

- Coverage Amount: Minimum = \$25,000. Maximum = \$500,000.
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate\*\*)

### **Accidental Death & Dismemberment (AD&D) Legislator Only:**

Available during 31-day initial enrollment period. If coverage is not elected during 31-day initial enrollment period, it may be elected at any time.

- Coverage Amount - Legislator Only: \$25,000 increments, max \$500,000.
- Monthly Cost: \$0.02 per \$1,000 of coverage

### **Accidental Death & Dismemberment (AD&D) Legislator &**

**Dependents:** Available during 31-day initial enrollment period. If coverage is not elected during the 31-day initial enrollment period, it may be elected at any time.

- Coverage Amount: A spouse with no children is eligible for 50% of the Legislator coverage amount. A spouse with children is eligible for 40% of the Legislator coverage amount. Children are eligible for 10% of the Legislator coverage amount.
- Monthly Cost: \$0.03 per \$1,000 of coverage

**Spouse Supplemental Life:** Legislator must be enrolled in Legislator Supplemental Life for the spouse to be eligible. Coverage is available up to \$10,000 without EOI\*. Coverage over \$10,000 may be elected at anytime with EOI\*.

- Coverage Amount: Coverage is for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of Legislator Supplemental Life. If increasing existing coverage, EOI\* required.
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate\*\*). Spouse's rate is based on the Legislator age, not the spouse's age.

**Dependent Life:** Available during 31-day initial enrollment period or within the first 60 days of marrying or 91 days of having your first child.

- Coverage Amount: \$2,000 of coverage for a spouse and \$1,000 of coverage per dependent child.
- Monthly Cost: \$0.44

\*Evidence of Insurability (EOI\*) is a medical application to prove good health. The form can be found at [benefits.mt.gov/life-and-accident](https://benefits.mt.gov/life-and-accident).

\*\***Age Rates** for Legislator and Spouse Supplemental Life is based on the *Legislator's*; age on the last day of the month that contributions are paid. The first payment after the Legislator's birthday will reflect the new rate.

0-29=\$0.019, 30-34=\$0.033, 35-39=\$0.052, 40-44=\$0.065, 45-49=\$0.098, 50-54=\$0.151, 55-59=\$0.282, 60-64=\$0.433, 65+=\$0.644

\*To complete EOI, go to [benefits.mt.gov/life-and-accident](https://benefits.mt.gov/life-and-accident)

## Employee Assistance Program

The EAP helps you privately solve problems that may interfere with your work, family, and life in general. EAP services are free to you, your dependents, and all household members. EAP services are confidential and provided by experts.



[uprisehealth.com](http://uprisehealth.com)

**(866) 750-0512**

**Access Code: Montana**

Access current health news, tools for parenting, health topic movies, wellness resources, financial calculators, legal forms, and over 50 on-line trainings for personal and professional development.

### **Confidential Counseling**

24-hour Crisis Help - toll-free access - for you or a family member experiencing a crisis.

### **In-person Counseling**

Up to six (6) face-to-face counseling sessions are available for each new issue. Simply call for access to qualified, local counselors who can help you with a variety of problems such as family, parenting, relationship, stress, anxiety, and other challenges.

### **Digital Behavioral Health Coaching by Uprise**

Free digital health program designed to help you and your household develop resilience, stress management and mental fitness. Watch videos, listen to audio, and complete interactive exercises for the recommended skills determined by your personal preferences. Options for text-based or scheduled televisit clinical coaching through the Uprise app.

### **Life-Balance Resources**

- Child Resources
- Adult and Elder-care Services
- Legal Services
- Financial Services
- Mediation Services
- Home Ownership Program
- Identity Theft Services



## 25 Proof of Dependent Eligibility Documentation

If you add a spouse/domestic partner or child(ren) to the State Plan, you will be required to provide the following:

### **Dependent Child(ren)**

- A copy of your child(rens) birth certificate(s), adoption order, pre-adoption order; or
- A copy of a court-ordered parenting plan, custody agreement or guardianship order.

### **Spouse**

- A copy of your marriage certificate; or
- A copy of the front page of your tax return showing your tax filing status as “married” (you may black out any financial information); or
- A copy of your recorded and notarized Affidavit of Common Law Marriage (available on the HCBD website at [benefits.mt.gov/forms](https://benefits.mt.gov/forms)).

### **Domestic Partner**

- A Declaration of Domestic Partner Relationship form (available on the HCBD website at [benefits.mt.gov/forms](https://benefits.mt.gov/forms)); AND
- Proof of a shared residence: AND
- A copy of mutually-granted powers of attorney or health care powers of attorney; or
- A copy of mutual designations of primary beneficiary in wills, life insurance policies or retirement plans.

### **Grandchild(ren)**

- A copy of a grandchild’s adoption order or pre-adoption papers, a court-ordered custody agreement or legal guardianship order.

### **Stepchild(ren)**

- Required documentation listed above for Domestic Partner or Spouse, if individual is not enrolled; AND
- A copy of your stepchild(rens) birth certificate(s), adoption order, pre-adoption order, guardianship order, or court-ordered parenting plan.

## Benefit Term Decoder

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The following explanations are to help you understand the terms in this book and do not replace the definitions found in the Wrap Plan Document. The definitions in the Wrap Plan Document govern the rights and obligations of the State Plan and Plan Members.



**Balance Billing** - The amount over the State Plan's allowable charge that may be billed to the member by a non-participating provider.

**Benefit Payment/Contribution** - What you pay each month for your State Plan coverage.

**Benefit Percentage** - The percent the State Plan pays after you meet your deductible.

**Copay** - A copay is a fixed dollar amount you pay for a covered service. The State Plan pays the rest of the fair amount billed for a service.

**Deductible** - A deductible is how much you must pay each Plan Year before the State Plan starts to pay.

**Grandfathered Month** - If you were hired before August 1, 1998 and have had no lapse in State Plan coverage, you are entitled to one extra month of employer contribution and benefits coverage upon retiring or leaving State employment.

**Maximum Out-of-Pocket** - The Maximum Out-of-Pocket is the most you will have to pay for covered services in a Plan Year.

**Non-Participating Providers** - Non-participating providers and facilities have chosen not to sign a contract with Allegiance in Montana or Cigna outside of Montana. If you use a non-participating facility or provider, the State Plan will pay a fair rate for your care, but the non-participating provider may balance bill you for more. You are responsible for any balance bills you receive.

**Open Enrollment Period** - A period each fall in which you have the opportunity to make changes to your State Plan options for the following Plan Year. These changes take effect January 1 of the following year.

**Participating Provider** - Participating providers and facilities have contracted with Allegiance in Montana and Cigna outside of Montana to accept a low, fair rate (the PBME) for your care.

**Plan Member** - Anyone covered on the State Plan including Employees, Legislators, Retirees, COBRA participants, and eligible spouse/domestic partner and/or child(ren).

**Plan Year** - The Plan year starts January 1 and ends December 31 each year.

**Pre-Admission Certification Review** - Calling Allegiance so they can determine if an inpatient hospital stay meets the criteria to be covered by the State Plan. It's important to get this approval for non-emergency hospital stays ahead of time and within 72 hours after a non-planned admission.

**Pre-Treatment Review** - Calling Allegiance before you have a medical service to make sure it meets "medically necessary" criteria. This is not a guarantee of payment.

**Procedure Based Maximum Expense (PBME)** - The fair amount the State Plan will pay for a service.

**Special Enrollment Period** - A period of time during which an eligible person may request coverage under the State Plan as a result of certain events that create special enrollment rights.

**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). They are typically very expensive.

**State Plan** - The self-funded State of Montana Benefit Plan.

**Tobacco Surcharge** - \$30 per month charge for being a Nicotine User.

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website [benefits.mt.gov](https://benefits.mt.gov).*

**STATE OF MONTANA HIPAA NOTICE OF PRIVACY PRACTICES**

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

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

- Contact Office or Person: Privacy Official
- Plan Name: State of Montana Benefit Plan
- Telephone:(406) 444-7462 (in Helena) or (800) 287-8266; TTY (406) 444-1421
- Email: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)
- Address: Health Care & 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 the Health Care & Benefits Division 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.

# Language Assistance and Non-Discrimination Statement

## Language Assistance - General Taglines

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

فتاھجكم: 1-855-999-1062 (مفر) 1063-999-855 مقرر صلنا. نجامنا لك فواوتوتوفللا ةحصامنا تلامدن إة بمعلل ركنا تددت ننتك إة: بمطرح  
للو ملصا

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 ed 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 (телетайп: 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, maaari 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).

## State of Montana Non-Discrimination Statement

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.

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website [benefits.mt.gov](https://benefits.mt.gov).*

**Non-Discrimination Statement Continued**

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 the Customer Care Center at 866-999-1062. 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 the State Diversity Coordinator is available to help you. You can file a grievance in person or by mail, or email:

State Diversity Program Coordinator  
Department of Administration  
State Human Resources Division  
125 N. Roberts  
P.O. Box 200127  
Helena, MT 59620  
Phone: (406) 444-3871  
Email: [SABHRSHR@mt.gov](mailto:SABHRSHR@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)



# Contact Information

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**HEALTH CARE &  
BENEFITS DIVISION**

## Eligibility & General Questions

(800) 287-8266, (406) 444-7462, TTY (406) 444-1421

Fax (406) 444-0080

[benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)

[benefits.mt.gov](http://benefits.mt.gov)

100 N Park Ave., Suite 320 PO Box 200130

Helena, MT 59620-0130

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## All Montana Health Centers

(855) 200-6822

General Info: [healthcenter.mt.gov](http://healthcenter.mt.gov)

Appointments: [mypremisehealth.com](http://mypremisehealth.com) or (855) 200-6822

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## Claims, Benefits, Participating Providers, etc.

(855) 999-1057

[askallegiance.com/som](http://askallegiance.com/som)

PO Box 3018 Missoula, MT 59806

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## Prescriptions & Customer Service

Phone: (866) 333-2757 Web: [navitus.com](http://navitus.com)

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## Mail Order Prescription Drugs

Costco: (800) 607-6861

Ridgeway Pharmacy: (800) 630-3214

MiRx: (866) 894-1496

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## Specialty Medication

Lumicera Health Services: (855) 847-3553

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## Dental Benefits, Claims, & Customer Service

Phone: (866) 496-2370

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

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## Vision Service Providers & Hardware Coverage

Phone: (877) 478-7557

Web: [askallegiance.com/som](http://askallegiance.com/som) "Vision" under "Benefits" Tab

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**BlueCross BlueShield  
of Montana**

## Life Insurance

(866) 736-4090

For claims related questions, contact HCBP at (800) 287-8266

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## Employee Assistance Program

Phone: (866) 750-0512

Web: [uprisehealth.com](http://uprisehealth.com)

Access Code: Montana