2022 RETIREMENT HEALTH BENEFITS PLANNING BOOK

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How to Enroll In Benefits

Completing Your Retiree Enrollment

If you do not complete the Retiree Election Form within sixty (60) days of the date your active service ends, your State Plan coverage will remain terminated and will not be able to be reinstated.

Retiree Forms

- **Retiree Election Form *(Required)*:** Complete form by circling the coverage you wish to continue, the dependents you wish to cover, and your preferred method of payment. Return the Retiree Election Form, and any of the following forms that pertain to you, within 60 days of the date your active service ends.
- **Blue Cross Blue Shield of Montana Beneficiary Designation/ Change Form:** Non-Medicare eligible Retirees under 65 are required to continue the $14,000 Basic Life Insurance coverage until age 65 or Medicare eligible. If you are under 65/not Medicare eligible, the enclosed Beneficiary Designation/Change Form allows you to update your beneficiaries. If you have more beneficiaries than the form allows, you may add more to the back of the form.
- **Electronic Benefits Payment Deduction Authorization Form:** Complete this form if you would like to have your monthly contributions withheld electronically from your checking or savings account (occurs on the 5th of every month), include a voided check with the completed form.
- **MPERA Authorization for Deduction of Health Insurance Premiums:** Complete this form if you would like to have your monthly contributions withheld electronically from your MPERA retirement benefit. This option may take up to 60 days to become effective.

Complete the necessary forms and return them with payment to HCBD using one of these methods:

- Email: benefitsquestions@mt.gov
- Mail: PO Box 200130, Helena, MT 59620-0130

Your coverage will begin retroactive to the day your active service ended as soon as the required forms and payment are received.

Questions

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.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

Eligibility for State Plan Coverage in Retirement
You may continue coverage with the State of Montana Benefit Plan (State Plan) if you are eligible, at the time you leave active State employment, to receive a retirement benefit under the applicable provisions of your retirement system. You must notify the State Plan of your decision to elect retiree benefits, via the Retiree Election Form or on-line enrollment, within sixty (60) days of the end of your State of Montana service.

Judge Eligibility for State Plan Coverage in Retirement
A member of the judges' retirement system who leaves judicial office but continues to be an inactive vested member of the judges' retirement system may continue coverage under the Plan if the judge notifies the Plan, via the Retiree Election Form or on-line enrollment, within ninety (90) days of the end of the judge's judicial service.

How to Transfer Coverage to Spouse/Domestic Partner
- A Retiree may choose to become a dependent of an employed or retired spouse/domestic partner on the State Plan while still keeping their right to return to State Plan coverage under his or her own name at a later date.
- A Retiree who transfers to another State Plan member's coverage does not have to begin a new deductible for the remainder of the Plan Year.
- If you transfer to your spouse/domestic partner's State Plan coverage, and your spouse/domestic partner is an active employee, you may be able to transfer some or all of your Supplemental Life Insurance.
- If you transfer to your retired spouse/domestic partner's State Plan coverage, you lose all life insurance coverage.
- If your Retiree coverage is reinstated due loss of eligibility for other State Plan coverage (ie. your spouse/domestic partner's termination of employment, death, or divorce) and you are not Medicare eligible, Basic Life coverage is reinstated.
- Contact the Health Care & Benefits Division if any of the above scenarios apply to you.

Your Benefits in Retirement

The following chart gives you an outline of your State Plan coverage options in retirement.

	Non-Medicare (Under 65)	Medicare Eligible (Over 65)	Dependents
Medical/ Prescription	Required	Required	Optional*
Dental	Required	Optional	Optional *(If Retiree has dental)*
Basic Life	Required *(Terms when Medicare Eligible)*	May Port/Convert See p. 6	May Port/Convert See p. 6
Optional Life Plans	May Port/Convert See p. 6	May Port/Convert See p. 6	May Port/Convert See p. 6
Accidental Death & Dismemberment	Not Eligible	Not Eligible	Not Eligible
Vision Hardware	Optional	Optional	Optional *(If Retiree has Vision Hardware)*
Flexible Spending	Option to prepay for rest of the Plan Year in which you retire See p. 7	Option to prepay for the rest of the Plan Year in which you retire See p. 7	Not Eligible
Long Term Disability	Not Eligible	Not Eligible	Not Eligible

*If you currently have dependents who are covered under your Dental Plan, but not your Medical Plan, you can only add them to your Medical Plan if you qualify for a Special Enrollment Period or during the annual Open Enrollment Period.

Survivor Benefits
Surviving spouses/domestic partners and dependent child(ren) of retirees that pass away may remain covered by the State Plan.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

Life Insurance in Retirement

Non-Medicare Retirees (Under 65)
Basic Life is required if you stay on the State Plan. However, you are no longer eligible for supplemental life insurance benefits. Coverage terminates when you become Mediacre eligible.

Retirees (Over 65)
If you are over 65 and/or Medicare eligible when you retire or become Medicare eligible after retirement, you are no longer eligible for ANY group life insurance.

Portability and Conversion Information
As you plan for retirement, we strongly recommend you contact Blue Cross Blue Shield of Montana (BCBSMT) at (866) 739-4090 to discuss the portability and conversion options available to you for your current life insurance coverage.

When you lose eligibility for group life insurance coverage you are eligible to port or convert your life insurance coverage to an individual policy with BCBSMT by making application to BCBSMT. The deadline to apply and pay premium for portability is 31 days after employment terminates. For conversion, the deadline to apply and pay premium is 31 days after coverage was reduced or ended. Please note the termination date for employment may differ from the termination date for coverage.

Portability allows you to “port” (or buy) Group Life Insurance coverage when you lose coverage because your employment is being voluntarily or involuntarily terminated.

Conversion allows you to convert some or all of your Group Life coverage to an individual whole life insurance policy when your coverage is reduced or terminated for any reason other than non-payment of premiums.

To port or convert your life insurance coverage, contact Blue Cross Blue Shield at (866) 739-4090.

Other Benefits in Retirement

Disability Waiver of Life Insurance Payments
If you are retiring prior to age 60, and are permanently and totally disabled, you may qualify for waiver of life insurance premiums through BCBSMT. Contact BCBSMT at (866) 739-4090 for more information.

Long Term Disability Coverage
If enrolled in long term disability, your coverage ends the date you retire.

Medical Flexible Spending Account (FSA)
Your account terminates the end of the month in which contributions have been collected. You have 120-days after the date your account terminates to submit receipts for eligible expenses incurred during the time your account was active. However, you have two options for your medical FSA if you wish to continue accessing your FSA funds for dates of service past your retirement:

- You can pre-pay the remainder of your annual FSA election with your final paycheck on a pre-tax basis. Your FSA funds will continue to be available until the end of the Plan Year in which you retire. (Discuss this option with your agency payroll prior to receiving your final paycheck.)

OR

- If you do not pay the remainder of your annual FSA election from your final paycheck you may be eligible to elect COBRA Continuation Coverage due to the termination of employment. Contact Allegiance at (800) 259-2738 for more information.

Dependent Care Flexible Spending Account (FSA)
Dependent care FSAs will terminate at the end of the month in which you retire and are not eligible to be pre-paid. You have 120-days from the end of the Plan Year to submit receipts for eligible expenses incurred during the Plan Year.

Contact ASI Flex at (800) 659-3035 or visit their website asiflex.com to see your account balances, elections, and types of eligible expenses.

Payment Options

You will need to indicate your method of payment when you complete your enrollment. Once your enrollment is completed, your retiree coverage will be re-instated retroactive to when your employee coverage ended.

#1 - Prepayment from Your Final Pay Check
You may prepay benefit contributions from your final paycheck for any months remaining in the current Plan Year. This option is only available if your final paycheck has not yet been issued. To pre-pay, you must complete and return the Retiree Election Form and a Retiree Prepayment Option Form (available from your agency payroll) to your agency payroll before your final pay period ends.

#2 - Electronic Deduction of Benefit Contributions from a Checking or Savings Account
Benefit contributions are deducted from your designated account on the 5th of each month. If the 5th falls on a Saturday, payment will be withheld on Friday the 4th. If the 5th falls on a Sunday, payment will be withheld on Monday the 6th. You must self-pay benefit contributions to HCBD for any months prior to the date electronic deductions begin.

#3 - Automatic Deduction from MPERA Retirement Benefit
Contact HCBD to find out when your first payment can be deducted from your MPERA retirement benefit. You must self-pay benefit contributions to HCBD for any months prior to the date MPERA deductions begin. This option normally takes 60 days to start.

For questions regarding payment options and billing contact the Health Care & Benefits Division.

VEBA
If you will have a VEBA account, you can select any of the options above. With VEBA, you will pay the State Plan for your benefits and VEBA will reimburse you.

Medicare Eligibility and Enrollment

It is very important Retirees and their spouse/domestic partner and/or dependents covered by the State Plan enroll in Medicare Parts A and B when they become eligible. When you become eligible for Medicare Parts A and B, the State Plan will coordinate your State Plan benefits with the benefits you are eligible for with Medicare. *If you do not enroll in Medicare Parts A and B, the State Plan will pay claims as if you were enrolled, which will result in larger out-of-pocket costs for you.*

Medicare Retiree Rate
Your monthly premium contribution amount (see rates on page 16) will automatically be reduced to the Medicare Retiree Rate the first of the month following the date you or your spouse/domestic partner become Medicare eligible.

Medicare Part A and B Enrollment Upon Retirement
If you or your spouse/domestic partner are a) over age 65, b) waived Medicare Parts A and/or B at the time you turned 65 because you were an active employee, and c) plan to elect Medicare Parts A and B now due to retirement, you must act promptly to avoid penalties by Medicare for late enrollment. Contact HCBD for a letter verifying your State Plan coverage for Medicare purposes.

Medicare Part D Coverage
If you enroll as a State Plan Retiree, you and your spouse/domestic partner and/or dependent's Medicare Part D prescription drug coverage will be provided by the State Plan. **If you are enrolled on State Plan coverage, you may NOT purchase Medicare Part D coverage with any other provider.** If you enroll in other Medicare Part D coverage, all of your State Plan coverage (medical, prescription, vision, dental, and life) will be terminated.

For More Information
Navitus Medicare Rx(PDP)
(866) 270-3877
medicarerx.navitus.com

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

Alternative Coverage

Many retirees have had State Plan coverage for years and aren't aware of other available options. Much has changed in the health insurance market, including the cost, benefits, and availability of private and marketplace plans. Please take the time to educate yourself and find the best insurance option for you and your family.

<u>Please note</u>: If you elect to terminate State Plan coverage for any reason, you will not be eligible to return to the State Plan in the future. Once you terminate coverage, you are no longer eligible for the State Plan.

Here are a few things to consider when choosing coverage:

- *Premiums:* Coverage sold through the Health Insurance Marketplace (under 65) or Medicare Supplements (over 65) may be less expensive than State Plan coverage.

- *Preexisting conditions:* Non-Medicare (under 65) Retirees CANNOT be denied coverage or charged more for coverage because of preexisting conditions for plans on the Health Insurance Marketplace.

- *Providers:* If you're currently getting care or treatment for a condition, a change in your health insurance may affect your access to a particular health care provider. You should see if your current health care providers will accept any new insurance coverage you consider.

- *Service Areas:* Some plans do not have extensive out-of-state healthcare provider access. You should check out-of-state provider access if you travel for extended periods of time. If you move permanently to another area of the country, or out 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 available in the Health Insurance Marketplace have narrower provider access, but those plans are often cheaper.

- *Drug Formularies:* If you're currently taking medication, a change in your health insurance may affect the cost of your medication – and in some cases, your medication may not be covered by another insurance plan. Make sure you check if your current medications are listed in the drug formularies for other health insurance coverage.

- *Other Cost-Sharing:* In addition to premiums or contributions for health insurance coverage, be sure to consider copays, deductibles, coinsurance, and other cost sharing amounts when comparing insurance options. Cost sharing can vary significantly among different plans, 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 much higher deductible, coinsurance and maximum out of pocket.

- *Out-of-network:* Healthcare services from out-of-network providers may have high cost-sharing. Be aware of how going out-of-network or using non-participating providers or facilities could effect you.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

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 Plan Retiree coverage.

Health Insurance Marketplace

The Marketplace offers “one-stop shopping” to find and compare most private health insurance options. You can access the Montana Marketplace at healthcare.gov.

- You might be eligible for a tax credit that lowers your monthly premiums and offers cost-sharing reductions.
- You can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.
- You can learn if you qualify for free or low-cost coverage from Medicaid.

Eligibility

Being offered State Plan Retiree coverage won’t limit your eligibility for coverage or for a possible tax credit through the Health Insurance Marketplace. However, you must dis-enroll from the State Plan before you begin to receive premium tax credits.

You should consult with an insurance professional (see next page) about this process.

Contact an Expert for Free

Insurance professionals available to assist with alternative coverage options include:

- *Certified Insurance Agents* or Certified Exchange Producers (CEPs) are registered Montana Insurance Agents who have taken special training to understand the Health Insurance Marketplace. CEPs are found throughout the state.
- *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 Health Insurance 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 on the Health Insurance Marketplace website. Navigators have taken Federal and State training and have been fingerprinted and undergone a Montana background check.

You should consult only with insurance professionals who are certified by the Montana Insurance Commissioner.

For assistance finding an expert in your area, contact the Office of the Commissioner of Securities and Insurance at (800) 332-6148 or email laura.shirtliff@mt.gov.

Over 65/Medicare Eligible

If you are over 65 and/or eligible for Medicare, you do not qualify for a plan on the Health Insurance Marketplace, but you might want to consider Medicare Supplemental Insurance or Medicare Advantage Plans.

Contact an Expert 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 a Certified Insurance Agent who is trained in Medicare supplement or Medicare advantage plans.

Phone: (800) 551-3191

Website: dphhs.mt.gov/sltc/aging/SHIP

Alternative Coverage FAQ's

What if I sign up for the State Plan in retirement, but later decide to enroll in a different plan?
If you would like to leave the State Plan, you must contact HCBD prior to the 1st of the month in which you would like your coverage to end.

Phone: (800) 287-8266
TTY: (406) 444-1421

Email: benefitsquestions@mt.gov

Mailing Address: Health Care & Benefits Division (HCBD)
PO Box 200130
Helena, MT 59620-0130

What if I leave the State Plan but later want to come back?
Retirees who leave the State Plan will not have an opportunity to re-enroll at a later date. Once a Retiree terminates State Plan coverage they are no longer eligible for State Plan coverage.

What if I'm in a VEBA?
The Affordable Care Act (ACA) regulations state participation in a VEBA may potentially disqualify participants from becoming eligible for a premium tax credit to purchase qualified health insurance from the Health Insurance Marketplace.

If you are a State of Montana VEBA participant, please contact the State of Montana's VEBA administrator, Rehn & Associates, at (800) 872-8979 to inquire about your options.

Benefit Costs

Non-Medicare (Under 65) Retiree Medical Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Retiree Only	$1,281	up to $30 off
Non-Medicare Retiree & Non-Medicare Spouse	$2,044	up to $60 off
Non-Medicare Retiree & Medicare Spouse	$1,494	up to $60 off
Non-Medicare Retiree & Children	$1,653	up to $30 off
Non-Medicare Retiree, Non-Medicare Spouse & Child(ren)	$2,272	up to $60 off
Non-Medicare Retiree, Medicare Spouse & Child(ren)	$1,898	up to $60 off

Medicare (Over 65) Retiree Medical Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Medicare Retiree Only	$466	up to $30 off
Medicare Retiree & Non-Medicare Spouse	$1,259	up to $60 off
Medicare Retiree & Medicare Spouse	$830	up to $60 off
Medicare Retiree & Children	$779	up to $30 off
Medicare Retiree, Non-Medicare Spouse, & Child(ren)	$1,455	up to $60 off
Medicare Retiree, Medicare Spouse & Child(ren)	$972	up to $60 off

Retiree Dental and Vision Hardware Plan Rates

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

Basic Life Insurance

Non-Medicare (Under-65) Retirees must also pay $0.63 per month for Basic Life Insurance Coverage.

Medical Plan

In addition to medical benefits, the Medical Plan includes:

- One routine eye exam covered per Plan Member per Plan Year with a $10 copay at a participating provider
- Prescription drug coverage
- Non-Medicare Retirees - use of all Montana Health Centers at no cost (see page 28)
- Medicare Retirees - use of Montana Health Centers ONLY for flu shots, COVID-19 vaccinations, and State-sponsored health screenings (see page 28)

Third Party Administrator (TPA)

Allegiance 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

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

Allegiance℠
a Cigna Company

1-855-999-1057
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.

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 and click Healthcare Bluebook on the right hand side of the screen.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

Medical Plan Cost Sharing

Transparent Pricing

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

Allegiance℠
a Cigna Company

Check Your Provider/Facility Before You Go!
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 *(Counts towards Max Out-of-Pocket)*	$1,000 per member per Plan Year
Benefit % *(What the plan pays after you meet your deductible. Counts towards Max Out-of-Pocket.)*	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.

Annual Deductible *(Counts towards Max Out-of-Pocket)*	$1,500 per member per Plan Year *(This is separate from the $1,000 deductible on page 18.)*
Benefit % *(What the plan pays after you meet your deductible.) Balance billing does not count towards Max Out-of-Pocket.)*	65% + balance billing
Max Out-of-Pocket	$4,950/member + balance billing $10,900/family + balance billing *(These are separate from annual Max Out-of-Pocket shown on page 18.)*

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. Remember, it's the State that decides rates, out-of-pocket costs, and coverages.

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

** $0 Preventive products apply to certain preventive 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 18 and 19).

- $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

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 *(membership not required)*
- MiRx: (866) 894-1496, mirxpharmacy.com
- Ridgeway: (800) 630-3214, 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

Lumicera Health Services
Phone: (855) 847-3553
TTY for hearing impared users: 711

NAVITUS
PHARMACY BENEFITS REINVENTED™

Navitus Health Solutions
24 Hours a Day/7 Days a Week
Commercial Phone: (866) 333-2757
navitus.com
Medicare Rx Phone: (866) 270-3877
medicarerx.navitus.com

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

Dental Plan

Third Party Administrator

Delta Dental processes dental claims for the State Plan. Remember, it's the State that decides rates, out-of-pocket costs, and coverages.

Delta Dental
(866) 496-2370
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

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

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

Deductibles	
Per Enrollee per Calendar Year	$50
Per Family per Calendar Year	$150
Maximum amount plan pays per member	
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 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

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 idenified on page 25.

- 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

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

Life Insurance Plan

Basic Life Insurance

Basic Life Insurance is a required Core Benefit for all non-Medicare Retirees. It provides $14,000 of term life coverage for $0.63 per month. It is available to non-Medicare Retirees who elect to continue State Plan coverage into retirement.

Life Insurance Information

- *Plans are fully insured and administered by Blue Cross Blue Shield of Montana (BCBSMT).*
- Plans are term life.
- Plans provide inexpensive protection, plans do not earn cash value.
- At retirement, Basic Life may be continued without portability or conversion until Medicare eligible. Basic life may be converted once a Retiree becomes Medicare eligible.
- Portability and conversion coverage may be available if requested when coverage ends. See page 6 for additional information.

The Basic Life Insurance benefit may not provide enough life insurance coverage at retirement. Choosing other life insurance is important if you want post-employment protection at a higher amount.

For complete details about life insurance options refer to the BCBSMT Life Insurance Certificates found at benefits.mt.gov.

Tobacco Surcharge

Retirees enrolling on the State Plan must self-report their, and their covered spouse/domestic partners, nicotine use status as part of their Retiree Election. In the event the retiree, 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 defintion 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 for more information.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

Montana Health Centers

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

MONTANA HEALTH CENTERS | Operated by Premise Health.

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 or call (855) 200-6822.

The first time you go to 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 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
- Arthritic pain
- Bronchitis
- Certain Rashes
- Cold/Flu Symptoms
- Ear Infections
- Gastroenteritis
- Headaches/Migraine
- Insect Bites
- Minor Burns
- Respiratory Infection
- Sinus Infections
- Sore Throat
- Sprains/Strains
- Stomach-Ache
- Urinary Tract Infection

Visit healthcenter.mt.gov/virtual-telehealth for appointment scheduling instructions.

Wellness Incentive

Live Life Well

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

HEALTH SCREENING

Have a State-sponsored health screening. Appointments are subject to availability. Make an appointment following the instructions at 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.

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 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!

ActiveHealth MANAGEMENT

SELF-REPORT OR CHECK YOUR INCENTIVE STATUS TODAY!

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.

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 benefits.mt.gov/_docs/Documents/hipaa-notice.pdf.

HIPAA Notice

STATE OF MONTANA HIPAA NOTICE OF PRIVACY PRACTICES

The State of Montana HIPAA Notice is available on our website 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
- 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.

Benefit Term Decoder

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.

Grandfather 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 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.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) available on the website benefits.mt.gov.

Language Assistance and Non-Discrimination Statement

Language Assistance – General Taglines

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

اذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجانًا. اتصل برقم 1-855-999-1062 (رقم هاتف الصم والبكم: 1063-999-855).

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.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).

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 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 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

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

HEALTH CARE & BENEFITS DIVISION

Eligibility & General Questions
(800) 287-8266, (406) 444-7462, TTY (406) 444-1421
Fax (406) 444-0080
Email: benefitsquestions@mt.gov
Web: benefits.mt.gov
100 N Park Ave., Suite 320 PO Box 200130
Helena, MT 59620-0130

MONTANA HEALTH CENTERS

All Montana Health Centers
Phone: (855) 200-6822
General Info: healthcenter.mt.gov
Appointments: mypremisehealth.com or (855) 200-6822

Allegiance a Cigna Company

Claims, Benefits, Participating Providers, etc.
Phone: (855) 999-1057
Web: askallegiance.com/som
PO Box 3018 Missoula, MT 59806

NAVITUS PHARMACY BENEFITS REINVENTED

Prescriptions & Customer Service
Phone: (866) 333-2757 Web: navitus.com
Medicare Rx Phone: (866) 270-3877 Web: medicarerx.navitus.com

Mail Order Prescription Drugs:
Costco: (800) 607-6861
Ridgeway Pharmacy: (800) 630-3214
MiRx: (866) 894-1496

Specialty Meds:
Lumicera Health Services: (855) 847-3553

DELTA DENTAL

Dental Benefits, Claims, & Customer Service
Phone: (866) 496-2370
Web: deltadentalins.com/stateofmontana

Cigna.

Vision Service Providers & Hardware Coverage
Phone: (877) 478-7557
Web: askallegiance.com/som "Vision" under "Benefits" Tab

BlueCross BlueShield of Montana

Life & Long Term Disability Insurance
Phone: (866) 736-4090

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

ASI FLEX

Flexible Spending Accounts
Phone: (800) 659-3035 Fax: (877) 879-9038
Email: asi@asiflex.com
Web: asiflex.com