

2022 SURVIVOR HEALTH BENEFITS PLANNING BOOK



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Eligibility for Survivor Benefits

Eligibility for State Plan Coverage

Pursuant to 2-18-704, MCA, surviving spouse and dependent children may remain covered by the State Plan as follows:

1. The surviving spouse of a Participant or Retiree may remain a Covered Person of the Plan as long as the spouse is eligible for retirement benefits accrued by the deceased Participant or Retiree as provided by law unless the spouse is eligible for Medicare under the federal Health Insurance for Aged Act or unless the spouse has or is eligible to participate in another group plan with substantially the same or greater benefits at an equivalent cost.
2. The surviving children of a Participant may remain Covered Persons of the Plan as long as they are eligible for retirement benefits accrued by the deceased Participant as provided by law unless they have equivalent coverage with substantially the same or greater benefits at an equivalent cost or are eligible for insurance coverage by virtue of the employment of a surviving parent or legal guardian.

Eligibility Upon a Retiree's Death

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

Survivor Benefits & Electing Coverage

The following chart gives you an outline of your State Plan coverage options:

	Surviving Dependents
Medical/Prescription	If previously enrolled
Dental	If previously enrolled
Vision Hardware	If previously enrolled

Changes to the coverage listed above can be made during a Special Enrollment Period or the annual Open Enrollment Period.

See Benefit Term Decoder on pages 22 and 23 for further information.

How to Continue Coverage on the State Plan:

Complete the necessary forms and return them with payment to HCBD, PO Box 200130, Helena MT 59620-0130 within 60 days of the date of death of the primary plan member.

- *Surviving Spouse/Dependent(s) Election Form:* Complete this form by circling the coverage you wish to continue and the dependent(s) you wish to cover.
- *Electronic Benefits Payment Deduction Authorization Form:* Complete this form to have your monthly payments withheld electronically from your checking or savings account (occurs on the 5th of every month).

Your coverage will begin retroactive to the day your Active/Retiree coverage ended, as soon as the required forms and payment are received.

If you do not complete and return the required forms and submit payment within 60 days of the date of death of the primary plan member, your State Plan coverage will be terminated and will not be able to be reinstated.

Alternative Coverage Options

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

Being offered State Plan Survivor 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 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.

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

A list of these experts can be found at:

montanahealthanswers.com/talk-to-a-human or call the Office of the Commissioner of Securities and Insurance at (800) 332-6148.

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

Benefit Costs

Survivor Medical Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Survivor Only	\$1,281	up to \$30 off
Survivor & Children	\$1,653	up to \$30 off

Survivor Medicare Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Survivor Only	\$466	up to \$30 off
Survivor & Children	\$779	up to \$30 off

Survivor Dental and Vision Hardware Plan Rates

	Dental	Vision Hardware
Survivor Only	\$41.10	\$7.64
Survivor & Children	\$61.00	\$15.18

You must return the Survivor Election Form and your first months payment within 60 days of the participant or retiree date of death. Your Survivor coverage will be re-instated retroactive to when your Active/ Retiree coverage ended once your forms and payment are received.

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.

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 16)
- Medicare Retirees - use of Montana Health Centers ONLY for flu shots, COVID-19 vaccinations, and State-sponsored health screenings (see page 16)

Third Party Administrator (TPA)

Alligiance 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



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.



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 <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.

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 8.</i>)
Benefit % (<i>What the plan pays after you meet your deductible.</i>) <i>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 8.</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 the mail for your benefit card and information on how to access the formulary listing (shows what tier prescriptions fall under) and pharmacy network information. The State 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 <i>(may include some high cost non-preferred generics)</i>	\$50 Copay	\$100 Copay
Tier 3 - Non-preferred products <i>(may include some high cost non-preferred generics)</i>	50% Coinsurance <i>(does not apply to Maximum Out-of-Pocket)</i>	50% Coinsurance <i>(does not apply to Maximum Out-of-Pocket)</i>
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 <i>(does not apply to Maximum Out-of-Pocket)</i>
Tier 4 - Specialty products <i>(Medicare eligible Retirees)</i>	Preferred Specialty Pharmacy \$50 Copay	Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy 50% Coinsurance <i>(does not apply to Maximum Out-of-Pocket)</i>

* \$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 8 and 9).

- \$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](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

Commercial Phone: (866) 333-2757

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

Medicare Rx Phone: (866) 270-3877

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

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

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 identified on page 15.

- 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 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
Contact Lenses Allowances: (one pair or single purchase per frequency period*) Elective Therapeutic	Up to \$130 Covered 100%	Up to \$95 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.

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



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, flu, 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 | • 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 for appointment scheduling instructions.

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

Wellness Incentive



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 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!



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.

Wellness Programs

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 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 for more information.



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

Tobacco Surcharge

Survivors enrolling on the State Plan must self-report their nicotine use status as part of their Survivor Election. In the event the survivor 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 nicotine use.

Visit benefits.mt.gov/TobaccoSurcharge for more information.

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.

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.

Language Assistance and Non-Discrimination Statement

Language Assistance – General Taglines

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

لا يوجد تمييز في الخدمات المقدمة من قبل حكومة مونتانا على أساس اللغة. نرحب بالجميع في مونتانا. 1-855-999-1062 (رقم). 1-855-999-1062 (TTY: 1-855-999-1063)

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 (телефакс: 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

benefitsquestions@mt.gov

benefits.mt.gov

100 N Park Ave., Suite 320 PO Box 200130

Helena, MT 59620-0130



All Montana Health Centers

(855) 200-6822

General Info: healthcenter.mt.gov

Appointments: mypremisehealth.com or (855) 200-6822



Claims, Benefits, Participating Providers, etc.

(855) 999-1057

askallegiance.com/som

PO Box 3018 Missoula, MT 59806



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



Dental Benefits, Claims, & Customer Service

Phone: (866) 496-2370

Web: deltadentalins.com/stateofmontana



Vision Service Providers & Hardware Coverage

Phone: (877) 478-7557

Web: askallegiance.com/som "Vision" under "Benefits" Tab



Flexible Spending Accounts

Phone: (800) 659-3035 Fax: (877) 879-9038

Email: asi@asiflex.com

Web: asiflex.com