

# 2023 LEGISLATOR BENEFITS BOOK



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

## **Traditional Insurance**

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

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

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

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

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

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

Our TPAs include:

- BlueCross BlueShield Montana (BCBSMT) - *Medical Benefits*
- VSP Vision Care - *Vision Benefits*
- Delta Dental - *Dental Benefits*
- Navitus Health Solutions - *Prescription Benefits*
- ASIFlex - *Flexible Spending Accounts (FSAs)*

We also contract with a few other vendors:

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

## **Bottom Line**

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

- Reading this book carefully and understanding your benefits
- Reading emails and mail sent home by the Health Care & Benefits Division (HCBDD)
- Visiting [benefits.mt.gov](https://benefits.mt.gov) on a regular basis
- Taking good care of your health by engaging in our Wellness Programs

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

# How to Enroll and Update Benefits

## Completing Your New Hire Enrollment

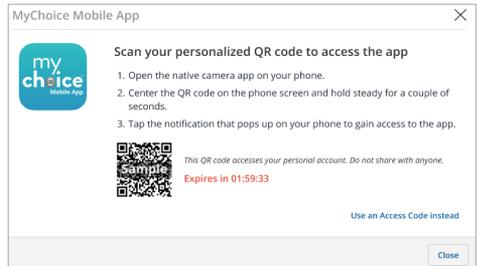
### Access

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



OR

Enroll in your benefits using the My Choice Mobile App. To setup secure access to your account in the app, scan your unique QR code which is available on the home page of the enrollment platform.



### Login

Login using the prompts provided.

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

The case-sensitive company key is *stateofmontana*.

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



### Begin Enrollment

Click “Start Here” and follow the instructions to enroll in your benefits or waive coverage.

You must make your elections by the deadline shown on the calendar.



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

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

### Questions

Your enrollment isn't complete until you confirm your benefit elections and cost. If you have any questions, contact HCBD.

## Initial Enrollment Period

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

## Joint Core

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

## Late Enrollment

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

## Medical Benefits

Legislators who enroll in the State Plan must enroll in Medical Benefits.

Medical Benefits include:

- Medical
- Prescription
- Basic Vision (\$10 copay for an eye exam per member at an in-network provider)
- Basic Life Insurance (\$14,000 of coverage)

**Optional Benefits**

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

**Proof of Dependent Eligibility**

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

**Benefit Identification Cards**

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

**Open Enrollment**

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

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

**Waiving Coverage**

If a you opt out/waive State Plan coverage you may be eligible to receive reimbursement, up to \$1,054 per month, for premiums paid in conjunction with an Employer Group Health Plan or premiums paid for certain types of disability and life insurance.

The State Plan is restricted by federal regulation from providing reimbursement for Medicare, Medicare Supplement, Medicare Advantage, individual coverage through an insurance carrier, or Health Insurance Marketplace premiums.

Additionally, reimbursement of any kind is not available if you enroll on the State Plan. To opt out/waive State Plan coverage and receive the Option 2 reimbursement, complete the Legislator Opt Out/Waiver Form found at [benefits.mt.gov/forms](https://benefits.mt.gov/forms).

## Tobacco Surcharge

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



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

### Nicotine

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

### Nicotine Free

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

### Nicotine User

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

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

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

## Benefit Costs

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### Medical/Dental/Vision Hardware

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

Plans	Medical*	Optional Dental	Vision Hardware	Potential Live Life Well Incentive
Legislator Only	\$30.00	+\$0.00	+\$7.64	up to \$30 off
Legislator & Spouse	\$250.00	+\$21.40	+\$14.42	up to \$60 off
Legislator & Child(ren)	\$101.00	+\$19.90	+\$15.18	up to \$30 off
Legislator & Family	\$327.00	+\$28.90	+\$22.26	up to \$60 off
Joint Core (Per Legislator/Employee)	\$30.00 per Legislator/Employee	+\$0.00	+\$22.26 (Primary Member only)	up to \$30 off

\*Medical includes: Medical, Prescription, Basic Vision (\$10 copay for an eye exam per member at an in-network VSP Vision Care provider), and Basic Life.

### Life Insurance

Plans	Monthly Contributions
Legislator Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)
AD&D Legislator Only	\$0.020 / \$1,000 of coverage
AD&D Legislator and Dependents	\$0.030 / \$1,000 of coverage
Spouse Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)
Dependent Life Option A**	\$0.44 per month
Dependent Life Option B**	\$0.88 per month

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

\*\*You may enroll in either Dependent Life Option A or Option B, not both.

### Paying for Coverage

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

## Medical Plan

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BlueCross BlueShield of Montana (BCBSMT) is the State Plan's Medical Plan third party administrator.

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

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

### Third Party Administrator

BCBSMT processes medical claims for the State Plan. The State Plan decides rates, out-of-pocket costs, and coverages.



**HEALTH CARE &  
BENEFITS DIVISION**

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

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



**BlueCross BlueShield  
of Montana**

**(888) 901-4989**  
[bcbsmt.com](http://bcbsmt.com)

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

### Eligibility

Employees, Legislators, Retirees, COBRA participants, and eligible spouse/domestic partners and child(ren). For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Document available at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).

## Medical Plan Cost Sharing

Providers and medical facilities are either in-network or out-of-network. Receiving services out-of-network results in a separate deductible and maximum out-of-pocket and you may be balanced billed.



BlueCross BlueShield  
of Montana

**BlueCross BlueShield of Montana**

**(888) 901-4989**

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

### In-Network Provider or Facility

In-network providers and facilities have contracted with BlueCross BlueShield of Montana (BCBSMT).

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

### Cost Sharing for In-Network Provider or Facility

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
Coinsurance <i>(What the plan pays after you meet your deductible. Counts towards Maximum Out-of-Pocket.)</i>	75% after deductible is met 100% after Maximum Out-of-Pocket is met
Maximum Out-of-Pocket	\$4,000/member \$8,000/family

### Find In-Network Care

Follow the steps below for assistance finding an in-network provider and/or facility.

1. Go to [bcbsmt.com](http://bcbsmt.com)
2. Click "Find Care" in the top bar and select "Find a Doctor or Hospital"
3. Click "Search as a Guest"
4. Choose "Blue Preferred PPO" as the plan/network type

## Out-of-Network Provider or Facility

If you use an out-of-network provider or facility, the cost sharing is a shown below. It applies to all services unless stated otherwise in the Wrap Plan Document, which can be found at [benefits.mt.gov/publicatons](https://benefits.mt.gov/publicatons).

It is important to note that you may be balance billed by an out-of-network provider or facility. You are responsible for the balance bill and it does not count towards your Deductible or Maximum Out-of-Pocket.

### Cost Sharing for Out-of-Network Provider or Facility

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

### Out-of-Network Provider Benefit Exception

When a covered service is rendered by an out-of-network provider, charges will be paid as if the service were rendered by an in-network 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 an in-network hospital, clinic, or other facility, or discharged.
2. Charges incurred as a result of and related to confinement in or use of an in-network hospital, clinic, or other facility only for out-of-network 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 is the State Plan's Prescription Plan third party administrator. Navitus processes pharmacy claims for the State Plan.

For information on how to access the formulary listing (shows what tier prescriptions fall under) and pharmacy network information visit [benefits.mt.gov/prescription](http://benefits.mt.gov/prescription).

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

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

### Prescription Maximum Out-of-Pocket

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

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

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

## Pharmacy Options

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

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

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

### Preferred 90-Day Supply Options

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



#### Lumicera Health Services

Phone: (855) 847-3553

TTY for hearing impaired users: 711



#### Navitus Health Solutions

24 Hours a Day/7 Days a Week

Phone: (866) 333-2757

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

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).*

Delta Dental is the State Plan's Dental Plan third party administrator. Delta Dental processes dental claims for the State Plan.



**Delta Dental**  
**(866) 496-2370**

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

Claims and Billing

Cost Estimates

In-network Providers

Online Account Information

## Delta Dental Networks

### **\$ Preferred Provider (PPO Dentist)**

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

### **\$\$ Premier Dentist**

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

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

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

## Dental Plan Cost Sharing

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

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

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

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

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

### Eligibility

Employees, Legislators, Retirees, COBRA participants, and eligible spouse/domestic partners and child(ren). For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Document available at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).

## Vision Plans

VSP Vision Care is the State Plan's vision plan third party administrator. The State of Montana Benefit Plan has two vision plans, a Basic Vision Plan and a Vision Hardware.



**VSP Vision Care**  
**(800) 877-7195**

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

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

### 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 an in-network VSP Vision Care provider at no additional cost.

In addition, if you use a VSP provider discounts are available for certain services and hardware. See [benefits.mt.gov/vision](http://benefits.mt.gov/vision) for details.

Coverage	In-Network	Out-Of-Network
<b>Exam Copay</b>	\$10	N/A
<b>Exam Allowance</b> <i>(once per Frequency Period*)</i>	100% after Copay	Up to \$45
<b>Discounts</b>	Yes	No

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

### Eligibility

Employees, Legislators, Retirees, COBRA participants, and eligible spouse/domestic partners and child(ren). For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Document available at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).

## Vision Hardware Plan

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### Vision Hardware Plan

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

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

Coverage	In-Network	Out-Of-Network
<b>Exam Copay</b>	\$10	N/A
<b>Exam Allowance</b> <i>(once per Frequency Period*)</i>	100% after Copay	Up to \$45
<b>Materials Copay</b>	\$20	N/A
<b>Basic Prescription Lenses Allowance:</b> <i>(one pair per Frequency Period*)</i>		
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
<b>Contact Lenses Allowances:</b> <i>(one pair or single purchase per Frequency Period*)</i>		
Elective	\$150 Allowance	Up to \$95
Necessary	100% after Copay	Up to \$210
<b>Frame Retail Allowance</b> <i>(every other calendar year)</i>		
VSP Doctor	\$150 Allowance then 20% off balance	Up to \$52
Costco, Walmart, or Sam's Club Optical	\$80 allowance	

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

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

## Montana Health Centers

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



Operated by  
**Premise Health.**



General Information: [healthcenter.mt.gov](https://healthcenter.mt.gov)  
Appointments: [mypremisehealth.com](https://mypremisehealth.com) or (855) 200-6822

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**

The Montana Health Centers offer acute care, chronic disease management, and wellness, as part of a robust integrated primary and behavioral health care offering.

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

### **Appointments**

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

## 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
- Virtual behavioral health
- Comprehensive wellness physicals and health screenings
- Behavioral care such as stress management and tobacco cessation
- Sports physicals, personal training, weight management
- Personalized coaching, individual goal setting
- Nutrition guidance, diabetes, blood pressure and/or cholesterol management
- And more

A team of healthcare professionals including physicians, physician assistants, nurse practitioners, nurses, dietitians, and fitness experts are here to help.

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

## Virtual Telehealth

The State of Montana provides a no cost telemedicine benefit to all eligible members called Virtual Primary Care. This service is provided through the State Plan's contract with Premise Health.

Get quick 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. It usually takes less than 15 minutes to connect with a provider.

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

The Wellness Program's 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 Program Offering

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

Examples of program offerings:

- Wellbeing Management Programs with BCBSMT
- Weight Management
- Disease Prevention Programs
- Prenatal/Maternity Benefits and Programs
- Wellness Coaching
- Preventive Benefits (health screenings, vaccinations, etc.)
- Nicotine Cessation Programs

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

## Healthy Weight Incentive

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

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

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

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

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



## Wellness Incentive

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One of the Wellness Program's offerings is an opportunity to earn \$30 off the monthly benefit contribution by completing three activities which show a State Plan member is engaged with maintaining a healthy lifestyle. This incentive is available to plan members and their enrolled spouse or domestic partner.



### Live Life Well Incentive

[benefits.mt.gov/incentive](https://benefits.mt.gov/incentive)

*Earn \$30 per month off your benefit contribution!*

### Live Life Well Incentive

The Live Life Well Incentive is an opportunity to earn \$30 off the monthly benefit contribution by completing three activities which show a State Plan member is engaged with maintaining a healthy lifestyle. This incentive is available to both plan members and their enrolled spouse or domestic partner.

To earn \$30 per month off your 2024 monthly benefit contribution, you must complete the following activities by October 31, 2023.

1. Complete a State-sponsored Health Screening at a Montana Health Center.
2. Self-report Nicotine Free status or completion of an alternative.
3. Self-report an Eligible Provider Visit, which is an annual checkup with a medical provider. Any kind of medical provider is acceptable, from a nurse practitioner to a specialist, depending on who is most appropriate for your health needs.

More information and instructions for how to self-report incentive activities are available at [benefits.mt.gov/incentive](https://benefits.mt.gov/incentive).

## Basic Life Insurance

Basic Life Insurance is part of the medical benefit for all active Employees, Legislators, and non-Medicare Retirees. It provides \$14,000 of term life coverage and is paid for via the employer contribution, no legislator contribution required.

## Life Insurance Information

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

## During Open Enrollment You May

- Add, increase, or decrease Legislator and/or Spouse Supplemental Life (minimum amount for Legislator Supplemental Life is \$25,000)
- Add, increase, or decrease AD&D
- Delete Dependent Life, Legislator and/or Spouse Supplemental Life, and/or AD&D

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

## Evidence of Insurability (EOI)

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

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

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

## Optional Life Insurance Plans

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**Legislator Supplemental Life:** Available during 31-day initial enrollment period without EOI\* up to \$25,000. Enrollment after the 31 days requires EOI\*. Coverage may be elected at anytime with EOI.

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

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

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

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

**Accidental Death & Dismemberment (AD&D) Legislator & Dependents:**

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

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

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

- Coverage Amount: Coverage is for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of Legislator Supplemental Life Insurance with a max election amount of \$500,000. Coverage of more than \$10,000 will require EOI\*.
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate\*\*). Spouse's rate is based on the Legislator age, not the spouse's age.

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

- Two coverage options: Option A with a coverage amount of \$2,000 for a spouse, \$1,000 of per dependent child, and \$0.44 monthly cost OR Option B with a coverage amount of \$4,000 for spouse/domestic partner, \$2,000 per dependent child with a \$0.88 monthly cost.

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

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

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

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

## Employee Assistance Program

The Employee Assistance Program (EAP) helps you privately solve problems that may interfere with your work, family, and life in general. EAP services are free to you and your dependents. EAP services are confidential and provided by experts.



### ComPsych

*24/7 Support, Resources, and Information*

(844) 216-8709 | TTY: (800) 697-0353

[guidanceresources.com](https://www.guidanceresources.com) | App: GuidanceResources Now

Web ID: BCBSMTEAP

### Confidential Emotional Support

Highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

### Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

### Financial Resources

Financial experts can assist with a wide range of issues.

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

### Legal Guidance

Talk to attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts and more.

Get a free 30-minute consultation and a 25% reduction in fees.

### Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for articles, podcasts, videos, slideshows, on-demand trainings, and "Ask the Expert" for personal responses to your questions.

## 25 Proof of Dependent Eligibility Documentation

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

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

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

### **Spouse**

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

### **Domestic Partner**

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

### **Grandchild(ren)**

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

### **Stepchild(ren)**

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

## Benefit Term Decoder

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



**Balance Billing** - The amount over the State Plan's allowable charge that may be billed to the member by an out-of-network provider.

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

**Coinsurance** - 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.

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

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

**In-Network Provider and/or Facility** - In-network providers and facilities have contracted with BlueCross BlueShield of Montana.

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

**Out-of-Network Providers and/or Facility** - Out-of-network providers and facilities have chosen not to sign a contract with BlueCross BlueShield of Montana. If you use an out-of-network facility or provider, the State Plan will pay a fair rate for your care, but the out-of-network provider or facility 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.

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

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

**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.

# HIPPA Notice

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## State of Montana HIPPA Notice of Privacy Practices

The State of Montana HIPAA Notice is available at [benefits.mt.gov](https://benefits.mt.gov).

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

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

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

### Disclaimer

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

# Language Assistance and Non-Discrimination Statement

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

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

**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 1-866-270-3877 (TTY: 711)。

**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。1-866-270-3877 (TTY:711) まで、お電話にてご連絡ください。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-270-3877 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-270-3877 (ATS: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-270-3877 (телетайп: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-270-3877 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 7783-072-668-1 (رقم هاتف الصم والبكم: 117).

**เรียน:** ศักดิ์คุณภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

**MERK:** Hvis du snakker norsk, er gratis språkassistentetjenester tilgjengelige for deg. Ring 1-866-270-3877 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-270-3877 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-270-3877 (телетайп: 711).

**Wann du** [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-270-3877 (TTY: 711).

## State of Montana Non-Discrimination Statement

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

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

**Non-Discrimination Statement Continued**

State of Montana does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the Customer Care Center at 866-999-1062. If you believe that State of Montana has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance the State Diversity Coordinator is available to help you. You can file a grievance in person or by mail, or email:

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

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

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



# Contact Information

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HEALTH CARE &  
BENEFITS DIVISION

## Eligibility & General Questions

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

Fax (406) 444-0080

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

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

100 N Park Ave., Suite 320

PO Box 200130

Helena, MT 59620-0130

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## Montana Health Centers

Locations: Anaconda, Butte, Billings Helena, & Missoula

Phone: (855) 200-6822

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

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

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BlueCross BlueShield  
of Montana

## Claims, Benefits, In-Network Providers, etc.

Phone: (888) 901-4989

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

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## Prescriptions & Customer Service

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

## Mail Order Prescription Drugs

Costco: (800) 607-6861, [pharmacy.costco.com](http://pharmacy.costco.com)

MiRx: (866) 894-1496, [mirxpharmacy.com](http://mirxpharmacy.com)

Ridgeway: (800) 630-3214, [ridgewayrx.com](http://ridgewayrx.com)

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## Specialty Medication

Lumicera Health Services: (855) 847-3553; TTY 711

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## Dental Benefits, Claims, & Customer Service

Phone: (866) 496-2370

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

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## Vision Service Providers & Hardware Coverage

Phone: (800) 877-7195

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

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BlueCross BlueShield  
of Montana

## Life Insurance

Phone: (866) 736-4090 s

[ancillary.bcbsmt.com](http://ancillary.bcbsmt.com)

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

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## Employee Assistance Program

Phone: (844) 216-8709; TTY (800) 697-0353

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

App: GuidanceResources Now

Web ID: BCBSMTEAP