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or visit benefits.mt.gov

2023 Survivor State Plan Benefits Booklet



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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 regardless of other coverage status.

Survivor Benefits & Electing Coverage

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

	Surviving Dependents
Medical	If previously enrolled
Prescription Drug	If previously enrolled
Dental	If previously enrolled
Vision Hardware Plan	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.

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

Offers “one-stop shopping” to find and compare most private health insurance options. 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.
- See what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.
- 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. 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.
- *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.
- *Navigators* are public advisors who help people compare the health insurance options on the Health Insurance Marketplace.

To find an expert in your area, contact the Office of the Commissioner of Securities and Insurance at (800) 332-6148 or go to csimt.gov.

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

Public Consulting Group

The State Plan has partnered with Public Consulting Group (PCG) to assist survivors with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to survivors and dependents who are experiencing health conditions that would prevent them from working full-time. PCG's services are paid for by the State, with no cost to you. If you, or your dependent(s), are interested in learning more about these services, call (800) 805-8329 or email disability@pcgus.com.

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

Benefit Costs

Non-Medicare Survivor Medical Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Survivor Only	\$1,332	up to \$30 off
Survivor & Children	\$1,719	up to \$30 off

Medicare Survivor Medical Plan Rates

	Monthly Rate	Potential Live Life Well Incentive
Survivor Only	\$484	up to \$30 off
Survivor & Children	\$809	up to \$30 off

Survivor Dental and Vision Hardware Plan Rates

	Dental	Vision Hardware
Survivor Only	\$42.37	\$7.64
Survivor & Children	\$62.27	\$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.

BlueCross BlueShield of Montana (BCBSMT) is the State Plan's Medical Plan third party administrator. BCBSMT processes medical claims for the State Plan. The State Plan decides rates, out-of-pocket costs, and coverages.

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 16)

Questions



**HEALTH CARE &
BENEFITS DIVISION**

(800) 287-8266

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

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

Eligibility

Employees, Legislators, Retirees, Survivors, 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.

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

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 (Counts towards Maximum Out-of-Pocket)	\$1,000 per member per Plan Year
Coinsurance (What the plan pays after you meet your deductible. Counts towards Maximum Out-of-Pocket.)	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
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 as shown below. It applies to all services unless stated otherwise in the Wrap Plan Document, which can be found at benefits.mt.gov/publications.

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 (Counts towards Maximum Out-of-Pocket)	\$1,500 per member per Plan Year (This is separate from the \$1,000 deductible on page 8.)
Coinsurance (What the plan pays after you meet your deductible. Balance billing does not count towards Maximum Out-of-Pocket.)	65% + balance billing
Maximum Out-of-Pocket	\$4,950/member + balance billing \$10,900/family + balance billing (These are separate from annual Maximum Out-of-Pocket shown on page 8.)

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 and the out-of-network provider may not be able to balance bill for the following three scenarios:

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.

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

Prescription Drug Plan

Navitus Health Solutions is the State Plan's Prescription Drug 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.

	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 survivors)</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 or \$3,600/family

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

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 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

Non-Medicare

Phone: (866) 333-2757 | navitus.com

Medicare

Phone: (866) 270-3877 | medicarerx.navitus.com

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

Dental Plan

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

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.

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/publications or call Delta Dental (866) 496-2370.

Eligibility

Employees, Legislators, Retirees, Survivors, 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.

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

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.

If you use a VSP provider, discounts are available for certain services and hardware. See benefits.mt.gov/vision for details.

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

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

Eligibility

Employees, Legislators, Retirees, Survivors, 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.

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.

- 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
Exam Copay	\$10	N/A
Exam Allowance (once per Frequency Period*)	100% after Copay	Up to \$45
Materials Copay	\$20	N/A
Basic Prescription Lenses Allowance (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 Allowance (prescription contact lenses in lieu of glasses)	\$150 Allowance	Up to \$95
Frame Retail Allowance (every other calendar year)		
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

Premise Health manages the Montana Health Centers. 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.



Premise Health

General Information: healthcenter.mt.gov

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

Clinics in Anaconda, Billings, Butte, Helena, & Missoula

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 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 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 for appointment scheduling instructions.

Wellness Programs

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 Benefits

Members may choose to participate in as many wellness programs as they like. 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
- Chronic Disease Support (arthritis, diabetes, asthma, etc.)
- Monthly Wellness Classes and Workshops

Visit benefits.mt.gov/livelifewell for details.

Healthy Weight Incentive

Earn a \$200 incentive by successfully completing and reporting program requirements.

Incentive Requirements:

1. Participation in one eligible program for a duration of four months or more. Eligible programs:
 - Weight Watchers
 - Healthy For Life Self-Study Program
 - Diabetes Prevention Program
2. Losing 10% of starting weight or achieving a normal BMI
3. Participating in regular physical activity (flexible based on personal needs)

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.

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

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.

Employee Assistance Program (EAP)

The Employee Assistance Program 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 provides EAP services to all State Plan members.



ComPsych

24/7 Support, Resources, and Information

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

guidanceresources.com | App: GuidanceNow

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.

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.

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 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/or facilities have contracted with our third party administrators.

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 Provider and/or Facility - Out-of-network providers and facilities have chosen not to sign a contract with our third party administrators. 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.

HIPAA Notice

State of Montana HIPPA Notice Of Privacy Practices

The State of Montana HIPAA Notice is available at 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.

Language Assistance and Non-Discrimination Statement

25

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 اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-270-3877 (رقم هاتف الصم والبكم: 117).

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

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester 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, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die english 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.

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

Phone: (800) 287-8266, (406) or 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



Montana Health Centers

Locations: Anaconda, Butte, Billings Helena, & Missoula

Phone: (855) 200-6822

General Information: healthcenter.mt.gov

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



BlueCross BlueShield
of Montana

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

Phone: (888) 901-4989

bcbsmt.com



Prescriptions & Customer Service

Non-Medicare Phone: (866) 333-2757 | navitus.com

Medicare: Phone: (866) 270-3877 | 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 , TTY 711



Dental Benefits, Claims, & Customer Service

Phone: (866) 496-2370

deltadentalins.com/stateofmontana



Vision Service Providers & Hardware Coverage

Phone: (800) 877-7195

vsp.com



BlueCross BlueShield
of Montana

Life Insurance

Phone: (866) 736-4090

ancillary.bcbsmt.com

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



PUBLIC
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Medicare Education & Enrollment Assistance

Phone: (800) 805-8329

disability@pcgus.com



Employee Assistance Program

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

guidanceresources.com | App: GuidanceNow

Web ID: BCBSMTEAP