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2024 Retiree State Plan Benefits Booklet

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Enrolling in Benefits

COMPLETE YOUR RETIREE BENEFITS ENROLLMENT

You must complete and submit the Retiree Election Form within sixty (60) days of the date your active service ends otherwise your State Plan coverage will remain terminated and will not be reinstated.

RETIREE FORMS

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

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

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

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

QUESTIONS

Contact HCBD at (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or email benefitsquestions@mt.gov.

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

Retiree Benefits Eligibility

ELIGIBILITY FOR STATE PLAN COVERAGE IN RETIREMENT

To continue your State Plan coverage when you retire, you must be eligible to receive retirement benefits under the applicable provisions of your retirement system when you leave active State employment. You must notify the State Plan of your decision to elect retiree benefits by submitting the Retiree Election Form within sixty (60) days of the end of your State of Montana service.

JUDGE ELIGIBILITY FOR STATE PLAN COVERAGE IN RETIREMENT

A member of the judges' retirement system who leaves judicial office but continues to be an inactive vested member of the judges' retirement system may continue coverage under the State Plan if the judge notifies the State Plan by completing and submitting the Retiree Election Form within ninety (90) days of the end of the judge's judicial service.

TRANSFERRING STATE PLAN COVERAGE TO SPOUSE/DOMESTIC PARTNER

Contact HCBD if any of the following scenarios apply to you:

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

Retiree Benefits

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

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

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

SURVIVOR BENEFITS

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

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

Life Insurance Options

NON-MEDICARE RETIREES

Basic Life Insurance is required if you stay on the State Plan. However, you are no longer eligible for supplemental life insurance benefits. Coverage for Basic Life Insurance terminates when you become Medicare eligible.

MEDICARE ELIGIBLE RETIREES

If you are Medicare eligible when you retire or become Medicare eligible after retirement, you are no longer eligible for any group life insurance.

PORTABILITY AND CONVERSION INFORMATION

As you plan for retirement, we strongly recommend you contact BlueCross BlueShield of Montana (BCBSMT) at (866) 739-4090 or ancillaryquestionsMT@bcbsmt.com to discuss the portability and conversion options available to you for your current life insurance coverage.

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

To port or convert your life insurance coverage, contact BCBSMT at (866) 739-4090 or ancillaryquestionsMT@bcbsmt.com.

PORTABILITY

Allows you to “port” (or buy) group life insurance coverage when you lose coverage because your employment is being voluntarily or involuntarily terminated.

CONVERSION

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

Note: Portability and conversion is not available for Accidental Death and Dismemberment (AD&D) coverage.

Additional Benefits Information

DISABILITY WAIVER OF LIFE INSURANCE PREMIUMS

If you are retiring prior to age 60 and are permanently and totally disabled, you may qualify for waiver of life insurance premiums through BCBSMT. Contact BCBSMT at (866) 739-4090 or ancillaryquestionsMT@bcbsmt.com for more information.

LONG TERM DISABILITY INSURANCE

If enrolled in long term disability insurance, your coverage ends the date you retire.

MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)

Your account terminates the end of the month in which contributions have been collected. You have 120-days after the date your account terminates to submit receipts for eligible expenses incurred during the time your account was active.

To continue accessing your Medical FSA funds for dates of service after your retirement, you may:

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

OR

- If you do not pay the remainder of your annual FSA election from your final paycheck you may be eligible to elect COBRA Continuation Coverage due to the termination of employment.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Your account terminates at the end of the month in which you retire and is not eligible to be pre-paid. You have 120-days from the end of the Plan Year to submit receipts for eligible expenses incurred during the Plan Year.

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

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

Payment Options

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

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

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

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

MONTANA VEBA HRA

If you will have a Montana Voluntary Employees' Beneficiary Association (VEBA) Health Reimbursement Account (HRA), you can select any of the options above. With Montana VEBA HRA, you will pay the State Plan for your benefits and Montana VEBA HRA will reimburse you.

For questions regarding payment options and billing contact HCBD.

Medicare Eligibility and Enrollment

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

MEDICARE RETIREE RATE

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

MEDICARE PART D COVERAGE

As a State Plan Retiree, you and your spouse/domestic partner and/or dependent's Medicare Part D prescription drug coverage is provided by the State Plan. When enrolled on State Plan coverage, you may NOT purchase Medicare Part D coverage with any other provider. If you enroll in other Medicare Part D coverage, all of your State Plan coverage (medical, prescription, vision, dental, and life insurance) will be terminated. Contact Navitus Medicare Rx for more information at (866) 270-3877 or medicarerx.navitus.com.

NOT YET MEDICARE ELIGIBLE BUT UNABLE TO WORK

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

Alternative Coverage

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

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

Things to consider when choosing coverage:

- Premiums: Coverage sold through the Health Insurance Marketplace or Medicare Supplements may be less expensive than State Plan coverage.

- Preexisting conditions: Non-Medicare Eligible Retirees *cannot* be denied coverage or charged more for coverage because of preexisting conditions for plans on the Health Insurance Marketplace.

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

- Service Areas: Some plans do not have extensive out-of-state healthcare provider access. You should check out-of-state provider access if you travel for extended periods of time. If you move permanently to another area of the country, or out of the country, you will need to inform your insurer immediately and you may need to change your health plan or Medicare supplement coverage. Some health plans available in the Health Insurance Marketplace have narrower provider access, but those plans are often cheaper.

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

- Other Cost-Sharing: In addition to premiums or contributions for health insurance coverage, be sure to consider copays, deductibles, coinsurance, and other cost sharing amounts when comparing insurance options. Cost sharing can vary significantly among different plans, so you should shop carefully for a plan that fits your health and financial needs. For example, one option may have much lower monthly premiums, but much higher deductible, coinsurance and maximum out-of-pocket.

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

The State Plan has partnered with Public Consulting Group (PCG) to assist retirees with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to retirees, their spouses, and dependents, who are experiencing health conditions that would prevent them from working full-time. These services are paid for by the State, with no cost to you. PCG is a nationally recognized leader in Social Security disability advocacy and has been successful with helping plan members navigate through what can be a complex process. If you, or your dependents, are interested in learning more about these services, PCG is ready to answer questions and provide you with assistance.

PUBLIC CONSULTING GROUP

Public Consulting Group
Phone: (800) 805-8329
Email: disability@pcgus.com

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

Alternative Coverage Options Non-Medicare Eligible

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

HEALTH INSURANCE MARKETPLACE

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

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

ELIGIBILITY

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

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

CONTACT AN EXPERT FOR FREE

Insurance professionals available to assist with alternative coverage options include:

- *Certified Insurance Agents or Certified Exchange Producers (CEPs)* are registered Montana Insurance Agents who have taken special training to understand the Health Insurance Marketplace. CEPs are found throughout the state.
- *Certified Application Counselors (CACs)* are health care provider staff who have been trained to help people understand, apply for, and enroll in insurance coverage through the Health Insurance Marketplace. You will find these individuals in hospitals and community health centers throughout the state.
- *Navigators* are public advisors who help people compare the health insurance options on the Health Insurance Marketplace website. Navigators have taken Federal and State training and have been fingerprinted and undergone a Montana background check.

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

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

Alternative Coverage Options Medicare Eligible

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

MONTANA STATE HEALTH INSURANCE ASSISTANCE PROGRAM

The Montana State Health Insurance Assistance Program (SHIP) provides *free health-benefits counseling and advocacy* for Medicare beneficiaries and their families or caregivers. Its mission is to educate, advocate for, counsel and empower people to make informed benefit decisions.

The Montana SHIP is an independent, objective, and confidential assistance program funded by The Administration on Community Living and is not affiliated with the insurance industry. It's administered by the Montana Office on Aging. For more information, contact SHIP at (800) 551-3191 or visit dphhs.mt.gov/sltc/aging/SHIP.

CERTIFIED INSURANCE AGENT

You may also consult with a Certified Insurance Agent who is trained in Medicare Supplement Insurance or Medicare Advantage Plans.

Alternative Coverage FAQ's

WHAT IF I SIGN UP FOR THE STATE PLAN IN RETIREMENT, BUT LATER DECIDE TO ENROLL IN A DIFFERENT PLAN?

If you would like to leave the State Plan, you must contact HCBD prior to the 1st of the month in which you would like your coverage to end.

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

Email: benefitsquestions@mt.gov

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

WHAT IF I LEAVE THE STATE PLAN BUT LATER WANT TO COME BACK?

Retirees who leave the State Plan will not have an opportunity to re-enroll at a later date. Once a Retiree terminates State Plan coverage they are no longer eligible for State Plan coverage.

WHAT IF I'M IN A VEBA HRA?

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

If you are a State of Montana VEBA HRA participant, contact the State of Montana's VEBA administrator, Rehn & Associates, at (800) 832-2101 or montana@rehnonline.com to inquire about your options.

WHAT IF I NEED HELP TRANSITIONING TO MEDICARE?

The State Plan has partnered with Public Consulting Group (PCG) to assist retirees with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to retirees, their spouses, and dependents, who are experiencing health conditions that would prevent them from working full-time. Services are paid for by the State, with no cost to you. PCG is a nationally recognized leader in Social Security disability advocacy and has been successful with helping plan members navigate through what can be a complex process. If you, or your dependents, are interested in learning more about these services, PCG is ready to answer questions and provide you with assistance. Contact PCG at (800) 805-8329 or disability@pcgus.com.

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

Monthly Benefit Costs

NON-MEDICARE RETIREE MEDICAL PLAN RATES

Plans	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Retiree Only	$1,385	up to $30 off
Non-Medicare Retiree & Non-Medicare Spouse	$2,210	up to $60 off
Non-Medicare Retiree & Medicare Spouse	$1,615	up to $60 off
Non-Medicare Retiree & Child(ren)	$1,787	up to $30 off
Non-Medicare Retiree, Non-Medicare Spouse, & Child(ren)	$2,456	up to $60 off
Non-Medicare Retiree, Medicare Spouse, & Child(ren)	$2,053	up to $60 off

Medical includes: Medical, Prescription, Basic Vision ($10 copay for an eye exam/member at an in-network VSP Vision Care provider)

MEDICARE RETIREE MEDICAL PLAN RATES

Plans	Monthly Rate	Potential Live Life Well Incentive
Medicare Retiree Only	$504	up to $30 off
Medicare Retiree & Non-Medicare Spouse	$1,362	up to $60 off
Medicare Retiree & Medicare Spouse	$898	up to $60 off
Medicare Retiree & Child(ren)	$842	up to $30 off
Medicare Retiree, Non-Medicare Spouse, & Child(ren)	$1,573	up to $60 off
Medicare Retiree, Medicare Spouse, & Child(ren)	$1,052	up to $60 off

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

RETIREE DENTAL & VISION HARDWARE PLAN RATES

Plans	Dental	Vision Hardware
Retiree Only	$42.37	$7.64
Retiree & Spouse	$63.77	$14.42
Retiree & Child(ren)	$62.27	$15.18
Retiree & Family	$71.27	$22.26

BASIC LIFE INSURANCE

Non-Medicare Retirees must also pay $0.63 per month for Basic Life Insurance coverage.

Medical Plan

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 26)

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, 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.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) 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*	$1,000 per member per Plan Year
Coinsurance* *(What the plan pays after you meet your deductible.)*	75% after deductible is met 100% after Maximum Out-of-Pocket is met
Maximum Out-of-Pocket	$4,000/member $8,000/family

**Counts towards the Maximum Out-of-Pocket*

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 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

Deductible*	$1,500 per member per Plan Year *(This is separate from the $1,000 deductible on page 18.)*
Coinsurance* *(What the plan pays after you meet your deductible. Balance billing does not count towards Maximum Out-of-Pocket.)*	65% after deductible is met + 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 18.)*

**Counts towards the Maximum Out-of-Pocket*

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 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 *(may include some high cost non-preferred generics)*	$50 Copay	$100 Copay
Tier 3 - Non-preferred products *(may include some high cost non-preferred generics)*	50% Coinsurance**	50% Coinsurance**
Tier 4 - Specialty products	**Preferred Specialty Pharmacy** $200 Copay for Brand Speciality Medications $0 Copay for Generic Specialty Medications	**Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy** 50% Coinsurance**
Tier 4 - Specialty Products *(Medicare eligible retirees)*	**Preferred Specialty Pharmacy** $50 Copay	**Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy** 50% Coinsurance**

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

***Does not apply to the Maximum Out-of-Pocket*

PRESCRIPTION MAXIMUM OUT-OF-POCKET

- $1,800 per individual or $3,600 per family

Separate from Medical Maximum Out-of-Pocket (see Medical Plan Cost Sharing on pages 18 and 19). 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. It passes those savings on to you by reducing your copay.

PREFERRED 90-DAY SUPPLY OPTIONS

- Most in-network retail pharmacies *(refer to Navitus network directory)*
- Costco: (800) 607-6861, pharmacy.costco.com *(membership not required)*
- 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

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

NAVITUS

Navitus Health Solutions
Available 24 hours a day/7 days a week

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

Medicare Retiree
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, and Online Account Information

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.

PPO and Premier Dentists agree to accept the Delta Dental Allowance. You will only be responsible for your deductible and coinsurance amounts up to the maximum payable amount when using a PPO and Premier Dentist. An Out-of Network Dentist can bill you your deductible and coinsurance amounts, plus any amount over the Delta Dental allowance.

Keep in mind you are responsible for any amount over the $1,800 maximum payable amount regardless of provider network status.

Dental Plan Cost Sharing

Deductibles and maximums are 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, 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 Plans

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

VSP Vision Care
(800) 877-7195 | TTY (800) 428-4833
vspcustomercare@vsp.com | 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	$10
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, 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

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 Open Enrollment**.

Coverage	In-Network	Out-Of-Network
Exam Copay	$10	$10
Exam Allowance *(once per Frequency Period*)*	100% after Copay	Up to $45
Materials Copay	$20	$20
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.

MONTANA HEALTH CENTERS | Operated by Premise Health.

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 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.

ONE HEALTH CLINICS

State Plan members have access to comprehensive health care at One Health clinics in Ashland, Chinook, Glendive, Hardin, Harlem, Lewistown, & Miles City.

All One Health clinics offer primary care and behavioral health services for State Plan members with no out-of-pocket cost. More information at benefits.mt.gov/one-health.

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

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
- Blood Pressure Management

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.

Wellness 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 the primary plan member 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

To earn $30 per month off your 2025 monthly benefit contribution, you must complete the following activities by October 31, 2024.

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.

Hinge Health

Hinge Health gives you the tools you need to conquer back and joint pain, recover from injuries, prepare for surgery, and stay healthy and pain free all from the comfort of your home. Programs are available to State Plan members 18+ years at no cost.

- A personalized program: get unlimited exercises and stretches developed for you by physical therapists
- Dedicated 1-on-1 support: partner with a care team that includes a qualified health coach and physical therapist
- Connect via text, email, phone call, or video chat
- Convenient exercise sessions: do your exercise therapy anytime, anywhere, in 15 minutes or less
- A second opinion on surgery or treatment plan recommended to you

Hinge Health
(855) 902-2777
hingehealth.com/stateofmontana

SIGN UP TODAY FOR HELP WITH ANY OF THE FOLLOWING:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

My Health Navigator

My Health Navigator (formerly Hometown MTm) is a State of Montana sponsored program **available to non-Medicare Retirees and their non-Medicare dependents at no additional charge**. My Health Navigator helps members identify the safest, most effective & least costly medications, control health issues, and navigate a complicated healthcare system.

MY HEALTH NAVIGATOR™

My Health Navigator
(406) 780-8018
info@myhealthnavigator.net
myhealthnavigator.net

MY HEALTH NAVIGATOR CAN HELP YOU:

- Minimize Prescription Costs
- Get Answers About Your Health
- Control Healthcare Expenses
- Simplify Medication Management
- Improve Overall Health
- Manage Long-Term and Chronic Conditions
- $0 copay diabetic test strips and discounted copays on Continuous Glucose Monitor (CGM) sensors as part of the My Health Navigator Diabetes Program. More details at benefits.mt.gov/diabetes.
- Reduced copay on some asthma medications and $0 copay peak flow meter and holding chamber as part of the My Health Navigator Asthma Program. More information at benefits.mt.gov/asthma.

Life Insurance

State Plan Life Insurance Plans are fully insured and administered by BlueCross BlueShield of Montana (BCBSMT).

BlueCross BlueShield of Montana

BlueCross BlueShield of Montana
Phone: (866) 739-4090
ancillary.bcbsmt.com
ancillaryquestionsMT@bcbsmt.com
For Claims Related Questions Contact HCBD

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.

LIFE INSURANCE INFORMATION

Plans are term life, provide inexpensive protection, and do not earn cash value. As a non-Medicare retiree, Basic Life Insurance may be continued without portability or conversion until Medicare eligible. Basic life may be converted once a Retiree becomes Medicare eligible.

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

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 provides EAP services to all State Plan members.**

COMPSYCH®
GuidanceResources® Worldwide

ComPsych
24/7 Support, Resources, and Information
(844) 216-8709 | TTY: (800) 697-0353
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.

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

Tobacco Surcharge

The State Plan charges a Tobacco Surcharge for plan members who use nicotine. The surcharge adds $30 per month to the contribution amount for members who use nicotine and/or $30 per month if the member's covered spouse/domestic partner uses nicotine.

Please note: The Tobacco Surcharge is separate from the Live Life Well (LLW) Incentive nicotine attestation. Indicating you are not a nicotine user to earn the LLW incentive does not remove the Tobacco Surcharge, you must complete Open Enrollment to attest your nicotine use for the Tobacco Surcharge.

DEFINITIONS

Nicotine

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

Nicotine Free

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

Nicotine User

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

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

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

Proof of Dependent Eligibility Documentation

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

DEPENDENT CHILD(REN)

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

SPOUSE

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

DOMESTIC PARTNER

- Declaration of Domestic Partner Relationship and Affidavit of Shared Residence forms (available at benefits.mt.gov/forms);
- 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

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 Providers 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 Recommended Clinical 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.

Recommended Clinical 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.

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

HIPPA 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

Language Assistance – General Taglines

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 1-668-072-7783 (رقم هاتف الصم والبكم: 117).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี 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 [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht 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).

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 or 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 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)

Notes

Notes

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Vendor Contact Information

HEALTH CARE & BENEFITS DIVISION

Open Enrollment, Eligibility & General Questions
Phone: (800) 287-8266, (406) 444-7462
TTY (406) 444-1421 | Fax (406) 444-0080
benefitsquestions@mt.gov
benefits.mt.gov

MONTANA HEALTH CENTERS

Montana Health Centers
Locations: Anaconda, Billings, Butte, 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 | TTY 711
bcbsmt.com

NAVITUS

Non-Medicare Prescriptions & Customer Service
Phone: (866) 333-2757 | navitus.com

Medicare Prescriptions & Customer Service
Phone: (866) 270-3877 | medicarerx.navitus.com

Specialty Medication
Lumicera Health Services: (855) 847-3553 | TTY 711

DELTA DENTAL

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

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vsp vision care

Vision Service Providers & Hardware Coverage
Phone: (800) 877-7195 | TTY (800) 428-4833
vspcustomercare@vsp.com
vsp.com

BlueCross BlueShield of Montana

Life & Accident Insurance
Phone: (866) 736-4090
ancillaryquestionsMT@bcbsmt.com
ancillary.bcbsmt.com
For claims related questions, contact HCBD

ComPsych GuidanceResources Worldwide

Employee Assistance Program - *available to all members*
Phone: (844) 216-8709 | TTY (800) 697-0353
guidanceresources.com | App: GuidanceResources Now
Web ID: BCBSMTEAP

PUBLIC CONSULTING GROUP

Assistance with SSDI & Early Medicare Coverage
Phone: (800) 805-8329
disability@pcgus.com