



2025 BENEFITS AT A GLANCE

Summary of State Plan Benefits



BENEFIT	COVERAGE DETAILS
MEDICAL	<p>BlueCross BlueShield of Montana (BCBSMT) is the State Plan's medical plan Third Party Administrator (TPA) and processes medical claims.</p> <ul style="list-style-type: none"> Medical benefits include medical, prescription drug coverage, basic vision (\$10 copay for an annual routine vision and eye exam at an In-Network VSP Vision Care provider), basic life insurance, and use of the Montana Health Centers and One Health Clinics. In-Network Provider or Facility - Contracted with BCBSMT <ul style="list-style-type: none"> Copays (<i>Count towards Maximum Out-of-Pocket, but not towards Deductible</i>) <ul style="list-style-type: none"> Montana Health Centers and One Health Clinics - \$0 Copay Primary Care Office Visit - \$25 Copay Specialist Office Visit - \$35 Copay Urgent Care Office Visit - \$35 Copay Deductible (<i>Counts towards Maximum Out-of-Pocket</i>) - \$1,000 per member per Plan Year. Coinsurance (<i>What the plan pays after you meet your deductible. Counts towards Maximum Out-of-Pocket.</i>) - 75% after deductible is met, 100% after Maximum Out-of-Pocket is met. Maximum Out-of-Pocket - \$4,000 per member or \$8,000 per family. Out-of-Network Provider or Facility – Not contracted with BCBSMT. You may be balance billed and are responsible for the balance bill. Balance billing does not count towards your Out-of-Network Deductible or Out-of-Network Maximum Out-of-Pocket. Out-of-Network cost sharing is as follows for all out-of-network services unless stated otherwise in the Wrap Plan Document (WPD). <ul style="list-style-type: none"> Annual Deductible (<i>Counts towards Maximum Out-of-Pocket.</i>) - \$1,500 per member per Plan Year and is separate from the \$1,000 Deductible above. Coinsurance (<i>What the plan pays after you meet your deductible. Balance billing does not count towards Maximum Out-of-Pocket.</i>) - 65% + balance billing. Maximum Out-of-Pocket (<i>Separate from annual Maximum Out-of-Pocket above.</i>) - \$4,950 per member + balance billing or \$10,900 per family + balance billing. <p>24/7 Nurse Line is staffed by registered nurses who are available, <i>at no-cost</i>, 24 hours a day, 7 days a week. Call 1-800-299-0274.</p>
PRESCRIPTION DRUG	<p>Navitus is the State Plan's prescription drug plan Pharmacy Benefit Manager (PBM) and processes pharmacy claims.</p> <ul style="list-style-type: none"> Prescription Maximum Out-of-Pocket (<i>separate from medical Maximum Out-of-Pocket</i>) - \$1,800 per individual or \$3,600 per family. Option to fill a three month/90-day supply of some medications for a two-month copay when you fill at an in-network retailer or preferred mail order pharmacy.
DENTAL	<p>Delta Dental is the State Plan's dental plan TPA and processes dental claims.</p> <ul style="list-style-type: none"> Provides services for preventive, basic, and major dental care up to \$1,800 per individual per year. Annual deductible of \$50 per individual or \$150 per family per calendar year (does not apply to preventive services).
VISION	<p>VSP Vision Care is the State Plan's vision plan TPA and processes vision claims.</p> <ul style="list-style-type: none"> Basic Vision Plan (<i>included in medical benefits</i>) - \$10 copay for an annual routine vision and eye exam per member at an In-Network VSP Vision Care provider, plus additional discounts. Vision Hardware Plan – Includes \$10 copay for annual eye exam and hardware coverage. <ul style="list-style-type: none"> \$20 materials copay, retail frame allowance of \$150 then 20% off every other calendar year or contact lenses allowance of \$150 per plan year in lieu of glasses. 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.

BENEFIT	COVERAGE DETAILS
FLEXIBLE SPENDING ACCOUNTS (FSAs) *	<p>ASI Flex is the TPA for the State Plan's Medical and Dependent Care FSAs.</p> <ul style="list-style-type: none"> FSAs allow you to pay for health and dependent care expenses with tax-free dollars. There is a \$2.16 monthly fee. You must re-enroll each year during the annual Open Enrollment Period. <ul style="list-style-type: none"> Medical FSA – \$120 - \$3,200 per employee per year with limited rollover. Dependent Care FSA – \$120 - \$5,000 per household (\$2,500 if married filing separately) per year with no rollover.
LIFE INSURANCE**	<p>Life Insurance Plans are fully insured and administered by BCBSMT. Plans are term life, provide inexpensive protection, and do not earn cash value. Depending on when coverage is elected and the level of coverage elected, Evidence of Insurability (EOI) may be required. All life insurance premiums are paid after tax.</p> <ul style="list-style-type: none"> Basic Life Insurance (<i>included with medical benefits</i>) - \$14,000 term life coverage. Employee Supplemental Life Insurance - Minimum election of annual salary rounded to the next highest \$5,000, up to maximum of \$1 million. Spouse Supplemental Life Insurance - Minimum election of \$5,000, up to a maximum of the amount of Employee Supplemental Life Insurance in place but not to exceed \$500,000. Dependent Life Insurance (<i>pick one</i>) - Option A with a coverage amount of \$2,000 for a spouse, \$1,000 of per dependent child OR Option B with a coverage amount of \$4,000 for spouse/ domestic partner, \$2,000 per dependent child. Accidental Death & Dismemberment (AD&D) Insurance Employee Only - Minimum election of \$25,000, up to maximum of \$1 million. AD&D Insurance Employee and Dependents - A spouse with no children is eligible for 50% of the Employee coverage amount. A spouse with children is eligible for 40% of the Employee coverage amount. Children are eligible for 10% of the Employee coverage amount.
LONG TERM DISABILITY (LTD)*	<p>BCBSMT provides fully insured LTD insurance for State Plan members. LTD pays a monthly benefit to you if you cannot work because of a covered illness or injury.</p> <ul style="list-style-type: none"> Payment taken from paycheck after tax to maximize the benefit should you ever need it. Paying LTD premiums after tax means the benefit can be paid out tax free. Monthly benefit is 60% of your insured pre-disability earnings reduced by deductible income.
EMPLOYEE ASSISTANCE PROGRAM (EAP)	<p>ComPsych provides EAP services to State Plan members and their households.</p> <ul style="list-style-type: none"> EAP services help you privately solve problems that may interfere with your work, family, and life in general. It's confidential, provided by experts, and free to you and your household members. Support is available for a wide variety of needs including emotional support, work-life solutions, financial resources, and legal guidance. Online support is available 24/7 in the Guidance Resource app.
WELLNESS PROGRAMS	<p>Wellness Programs managed by the State Plan in partnership with some of its TPAs. Eligible members may participate in as many wellness programs as they wish. Most programs have no additional out-of-pocket cost. Program examples:</p> <ul style="list-style-type: none"> Wellbeing management programs with BCBSMT Prenatal/maternity benefits and programs Monthly wellness classes and workshops Weight Management Wellness Coaching Chronic Disease Support
MONTANA HEALTH CENTERS	<p>Premise Health manages the Montana Health Centers. (<i>More information at healthcenters.mt.gov</i>)</p> <ul style="list-style-type: none"> Locations in Anaconda, Billings, Butte, Helena, and Missoula that offer primary care, acute care, chronic disease management, and wellness, as part of a robust integrated primary and behavioral health care offering at no-cost to members. Medicare Retirees are only eligible for health screenings and flu shots. <ul style="list-style-type: none"> Primary Care and Wellness Coaching – Integrated primary, behavioral health, preventative care, and wellness coaching. Virtual Telehealth – 24/7 virtual access to a board-certified physician that can diagnose illness, recommend treatment, and prescribe medications over the phone or through video chat.
ONE HEALTH CLINICS	<p>One Health provides no-cost primary and behavioral health services to State Plan members.</p> <ul style="list-style-type: none"> One Health provides integrated medical and behavioral health care; pharmacy; substance use disorder treatment; community outreach and education; and obstetrics. Locations in Ashland, Chinook, Glendive, Hardin, Harlem, Lewistown, and Miles City.

*Benefit not available to Legislator or Retiree State Plan Members.

** Only Basic Life Insurance is available to Non-Medicare Retiree State Plan Members. No life insurance benefit available to Medicare Retiree State Plan Members.



For additional details on eligibility, benefit coverage, and plan limits visit benefits.mt.gov or scan the QR code. Refer to the Wrap Plan Document (WPD) for specific plan details and eligibility information.