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2025 Employee State Plan Benefits Booklet



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STATE OF MONTANA BENEFIT PLAN

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

TRADITIONAL INSURANCE

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

SELF-FUNDED STATE PLAN

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

- Provides coverage in accordance with state and federal law
- Sets the monthly rates and out-of-pocket costs
- Carries the liability for all 28,000 members of the State Plan

THIRD PARTY ADMINISTRATORS (TPAs) AND VENDORS

With 28,000 members state-wide, the State Plan needs a little help. That's why it contracts with outside companies to process claims and administer State Plan benefits. It also relies on these administrators and vendors for their expertise and cost saving contracts.

State Plan TPAs:

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

Additional Vendors:

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

BOTTOM LINE

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

- Reading this book carefully and understanding your benefits
- Reading information sent by the Health Care & Benefits Division (HCBD)
- Taking good care of your health by engaging in our Wellness Programs
- Visiting benefits.mt.gov on a regular basis

ENROLLMENT

INITIAL ENROLLMENT PERIOD

Enroll within 31 days of your date of hire in order to take full advantage of all State Plan benefits available to you. Your coverage is effective on your date of hire. Flexible Spending Accounts become effective on a different date, see page 22 for details.

JOINT CORE

If you and your spouse both work for the State (as an Employee or Legislator) and have at least one dependent child who needs to be enrolled on the State Plan, you can elect to be Joint Core. Your family shares one family Maximum Out-of-Pocket for medical expenses, one family Maximum Out-of-Pocket for prescription expenses, and your bi-weekly contribution is less. To elect Joint Core, contact HCBP.

LATE ENROLLMENT

If you waive coverage, or do not enroll within 31 days of your date of hire, you may be able to join the State Plan at a later date, but you will only be eligible for State Plan medical benefits for yourself. You will not be able to add a spouse/domestic partner or dependent child(ren) to the plan or elect optional benefits without a Special Enrollment Period. If you enroll after the first 31 days of your date of hire, the effective date of coverage will be the first of the month following receipt of your request for enrollment.

MEDICAL BENEFITS

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

Medical Benefits include:

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

OPTIONAL BENEFITS

- Medical coverage for spouse/domestic partner or child(ren)
- Dental Coverage
- Vision Hardware coverage
- Additional life insurance for you and/or your spouse/domestic partner or child(ren)
- Long-Term Disability (LTD) coverage
- Accidental Death & Dismemberment (AD&D) coverage
- Flexible Spending Accounts for medical and/or dependent care

PROOF OF DEPENDENT ELIGIBILITY

If you want to add a spouse/domestic partner or child(ren) to the State Plan, you must provide proof of eligibility before they are enrolled. See page 33 for details. Once verification is provided, dependent coverage is placed retroactively to the effective date and any retroactive contributions will be withheld from your paycheck.

EMPLOYER CONTRIBUTION

The State contributes \$1,054 per month per eligible employee to the State of Montana Benefit Plan.

PAYING FOR COVERAGE

The State of Montana employer contribution may not cover all of your benefit costs. Any extra cost is automatically deducted from your bi-weekly paycheck. You start owing your benefit contribution the day your coverage begins. If you submit your benefit elections within 31 days of your date of hire, but after your first pay period, you will see two pay periods worth of contributions come out of your second or third paycheck. After that, the contributions will be distributed evenly.

TAX INFORMATION

Most of your benefit contribution will be deducted pretax out of your paycheck with the exception of the following:

- Life Insurance coverage for yourself and your dependents
- Long Term Disability (LTD) insurance coverage
- Non-tax dependent coverage (i.e. domestic partner)

BENEFIT IDENTIFICATION CARDS

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

OPEN ENROLLMENT

You will have the opportunity to make changes to your State Plan options during the annual two-week Open Enrollment Period that takes place each fall. These changes take effect January 1 of the following Plan Year. Be sure to read all mail and emails from HCBd for details about Open Enrollment.

HOW TO ENROLL

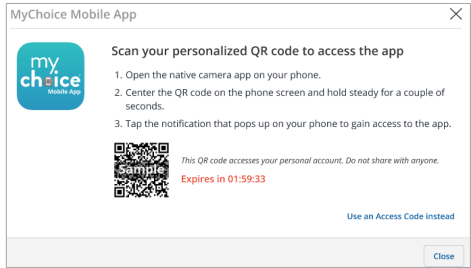
1 ACCESS

To access the enrollment system, go to benefits.mt.gov and click on the “Benefit Enrollment and Changes” button.



OR

Enroll using the MyChoice® Mobile App on your smartphone or tablet. Download the app through the Google Play Store for Android or the Apple App Store for iOS. Once downloaded, log in to benefits.mt.gov to receive your access code.



2 LOGIN

If accessing on the State of Montana network, you will automatically enter the system and not be required to register.

If accessing outside of the State of Montana system, login using the prompts provided. First time users will need to register with a User Name and Password then answer a few security questions. **The case-sensitive company key is stateofmontana.**


3 START ENROLLMENT

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

You must make your elections by the deadline shown on the calendar. If you miss the deadline you will not be able to add a dependent(s) to the plan or elect optional benefits without a Special Enrollment Period or until the Open Enrollment Period.

You will need to provide each dependent’s legal name, Social Security Number, and date of birth to add them to your coverage.*

About You



Your Information


First Name:

Middle Initial:

Last Name:

Social Security Number:

Your Family



Do you have any dependents?

Yes No


*You will be required to provide documentation to prove your relationship to each dependent.

4 MAKE ELECTIONS

Begin your benefit elections by indicating that you want to enroll in State Plan benefits. Follow the prompts to elect each of your coverage options.

Note: You will make your vision election at the same time you make your medical election. Any dependents added to your medical coverage will also be added to your vision election.

Medical Election Summary



Review Your Election

Enrolled in Medical? Yes	Edit
Covered Dependents	Edit
Members	Covered
Jane Doe Effective Date: 04/01/2020	Yes
Plan Selected	Edit
Plan Selected	Medical Plan
Employee Cost Your employer will be paying \$252.91 for this benefit.	\$252.91 Monthly

[← Back](#)
[Looks Good →](#)

5 REVIEW & FINALIZE ELECTIONS

Once you have made each of your coverage elections, carefully review the enrollment summary page. Make sure your personal information, elections, dependents, and beneficiaries are accurate.

Your benefit elections are not confirmed until you select “I agree.”

When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime through the year you can access your **Benefits Summary** under your name in the upper right hand corner.

If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included. The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

[✕ I Disagree](#)

Total Employee Cost: \$587.34
Monthly

[✔ I Agree](#)

Thank You!

Transaction Complete [Print Benefits Summary](#)

Your information has been submitted. Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Confirmation Number

Visit benefits.mt.gov anytime you want to learn more about your benefits or to change your coverage due to a qualifying life event.

2025 MONTHLY BENEFIT COSTS

MEDICAL/DENTAL/VISION HARDWARE

A contribution of \$1,054/month per eligible employee is made to the State Plan by the State of Montana (employer contribution). Below is your out-of-pocket costs after the Employer Contribution is applied.

Plans	Medical*	Dental	Vision Hardware	Potential 2025 Live Life Well Incentive
Employee Only	\$30.00	+\$0.00	+\$7.64	up to \$30 off
Employee & Spouse	\$250.00	+\$21.40	+\$14.42	up to \$60 off
Employee & Child(ren)	\$101.00	+\$19.90	+\$15.18	up to \$30 off
Employee & Family	\$327.00	+\$28.90	+\$22.26	up to \$60 off
Joint Core	\$30.00 per Employee/Legislator	+\$0.00	+\$22.26 (Primary Member only)	up to \$30 off

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

FLEXIBLE SPENDING ACCOUNTS (FSA)

- \$2.16 per month fee
- Medical FSA: \$120 - \$3,200 per employee per year with limited rollover*
- Dependent Care (Daycare) FSA: \$120 - \$5,000 per household per year (\$2,500 if married filing separately) with no rollover**

**Visit benefits.mt.gov/flexible-spending-accounts for details.

LIFE INSURANCE

Premiums withheld after tax

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

*Age Rates on page 20 or visit benefits.mt.gov/life-rates

LONG TERM DISABILITY

\$8.46/member per month after tax for active employees only.

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 24)
- **No cost access to a 24/7 Nurse Line by calling (877) 213-2565**
 - Registered nurses are on call to answer your health questions and give general health tips 24 hours a day, seven days a week.

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.

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

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 met 100% after Maximum Out-of-Pocket met
Maximum Out-of-Pocket	\$4,000/member \$8,000/family

*Counts towards Maximum Out-of-Pocket

FIND IN-NETWORK CARE

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

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

*Counts towards 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 <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>

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

PRESCRIPTION MAXIMUM OUT-OF-POCKET

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

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

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

PHARMACY OPTIONS

FIND IN-NETWORK PHARMACIES

For a full list of in-network pharmacies, formulary* information and a cost comparison tool, go to navitus.com and login to your account.

*The formulary tells you which prescriptions are covered and which tier a covered prescription falls under

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.

90-Day Supply Options

- Most in-network retail pharmacies (*refer to Navitus network directory*)
- Ridgeway: (800) 630-3214, ridgewayrx.com
- Costco: (800) 607-6861, pharmacy.costco.com (*membership not required*)

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



Navitus Health Solutions

Phone: (866) 333-2757

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

DENTAL NETWORKS

To find an in-network dentist, go to deltadentalins.com/stateofmontana and login to your account.

You can visit any licensed dentist and receive coverage under the State Plan, but you will usually get the most value from your State Plan benefit when you choose a PPO or Premier Dentist. 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.

You are responsible for any amount over the \$1,800 maximum payable amount regardless of provider network status.

Preferred Provider (PPO Dentist)

Have agreed to the lowest contracted fees. Your annual maximum dollars go further and you won't be balanced billed.

Premier Dentist

Have agreed to reduced contracted fees (not as low as PPO). Still provides dental insurance benefit, although you may end up paying more out-of-pocket. You won't be balance billed.

Non-Network Dentist

There's no contracted fee agreement, so your dentist can charge any amount. You still receive State Plan benefits, but using a non-network dentist can result in you reaching your annual maximum sooner and potentially being balanced billed.

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%

Deductible*	
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
Waiting Periods	
None for Basic, Major, or Prosthodontics Services	

*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, a Basic Vision Plan and a Vision Hardware Plan.



VSP Vision Care
 (800) 877-7195
montana.vspforme.com

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

FIND IN-NETWORK CARE

To find an in-network doctor near you, go to vsp.com and selected “Find a Doctor”. You may search by location, office name, or doctor name.

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.

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 <i>(once per Frequency Period*)</i>	100% after Copay	Up to \$45
Discounts	Yes	No

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

VISION HARDWARE PLAN

VISION HARDWARE PLAN

You may enroll for vision hardware coverage each year for an extra cost which *provides for one annual 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	\$10
Exam Allowance <i>(once per Frequency Period*)</i>	100% after Copay	Up to \$45
Materials Copay	\$20	\$20
Basic Prescription Lenses Allowance <i>(one pair per Frequency Period*)</i>		
Single Vision	100% after Copay	Up to \$45
Lined Bifocal	100% after Copay	Up to \$55
Lined Trifocal	100% after Copay	Up to \$65
Lenticular	100% after Copay	Up to \$80
Contact Lenses Allowance <i>(prescription contact lenses in lieu of glasses)</i>	\$150 Allowance	Up to \$95
Frame Retail Allowance <i>(every other calendar year)</i>		
VSP Doctor	\$150 Allowance then 20% off balance	Up to \$52
Costco, Walmart, or Sam's Club Optical	\$80 allowance	

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

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

LIFE INSURANCE

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



BlueCross BlueShield of Montana

Phone: (866) 739-4090 | bcbsmt.com/ancillary

General Inquires: service.ancillary.bcbsmt.com

For Claims Related Questions Contact HCBD

LIFE INSURANCE INFORMATION

Plans are term life, provide inexpensive protection, do not earn cash value, and are paid after tax. Employees are eligible until separation from service. At separation, contact BCBSMT for portability or conversion options.

At retirement, Basic Life Insurance may be continued without portability or conversion until Medicare eligible if enrolling in the State Plan as a Retiree. Basic Life insurance may be converted once a Retiree becomes Medicare eligible.

DURING OPEN ENROLLMENT YOU MAY

- Add, increase, or decrease Employee and/or Spouse Supplemental Life Insurance (minimum amount for Employee Supplemental Life Insurance is your annual salary rounded to the next highest \$5,000 increment)
- Add, increase, or decrease Accidental Death & Dismemberment (AD&D) Insurance
- Remove Dependent Life, Employee and/or Spouse Supplemental Life, and/or AD&D Insurance
- Elect or terminate Long Term Disability (LTD) Insurance. LTD election requires EOI.

If you are adding or increasing life insurance coverage, you may be required to complete Evidence of Insurability (EOI).

BASIC LIFE INSURANCE

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

OPTIONAL LIFE INSURANCE PLANS

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

Available during 31-day initial enrollment period without EOI* up to employees' annual salary. Enrollment after the 31 days requires EOI*. Coverage may be elected at anytime with EOI*.

- Coverage Amount: Minimum = your annual salary rounded to the next highest \$5,000, max = \$1 million
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate**)

EMPLOYEE ONLY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

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

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

EMPLOYEE & DEPENDENTS ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

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

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

SPOUSE SUPPLEMENTAL LIFE INSURANCE

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

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

OPTIONAL LIFE INSURANCE PLANS

DEPENDENT LIFE INSURANCE

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

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

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

***Evidence of Insurability (EOI)**, also known as “evidence of good health,” is the process that determines if a person is healthy enough to be considered eligible for the amount of insurance coverage they are requesting. Instructions on how to submit EOI can be found at benefits.mt.gov/life-and-accident.

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

Age Rates: 0-29=\$0.019, 30-34=\$0.033, 35-39=\$0.052, 40-44=\$0.065, 45-9=\$0.098, 50-54=\$0.151, 55-59=\$0.282, 60-64=\$0.433, 65+=\$0.644

LONG TERM DISABILITY INSURANCE

BlueCross BlueShield of Montana provides fully insured Long Term Disability (LTD) insurance for the State Plan. LTD is an insurance plan that pays a monthly benefit to you if you cannot work because of a covered illness



BlueCross BlueShield of Montana

Phone: (866) 739-4090

General Inquires: service.ancillary.bcbs.com
bcbsmt.com/ancillary

ELIGIBILITY

Available to active employees who are enrolled in the Medical Plan. Retirees, Legislators, and COBRA participants are not eligible. Enrollment anytime after initial enrollment period (31-days) requires EOI*. Refer to the Long Term Disability Certificate for more information on eligibility.

COST

\$8.46 per employee per month regardless of age or income level. Payment will be taken from your pay check after tax. Paying LTD premiums after tax means the benefit can be paid out tax free.

BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured pre-disability earnings (the amount you were earning before you became disabled) reduced by deductible income.

BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved, LTD benefits are payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during the benefit waiting period.

For complete details about Long Term Disability coverage, refer to the Long Term Disability Certificate found at benefits.mt.gov/publications.

*Evidence of Insurability (EOI) instructions at benefits.mt.gov/life-and-accident.

FLEXIBLE SPENDING ACCOUNTS

ASIFlex is the third party administrator for the State Plan's Medical and Dependent Care Flexible Spending Accounts (FSAs).



ASIFlex

(800) 659-3035 | Fax (877) 879-9038 | asiflex.com

You Must Re-Enroll For FSA Each Plan Year

Employees can enroll in a Medical or Dependent Care FSA. Accounts become effective the first day of the month following your date of hire. Legislators and Retirees are not eligible for FSAs.

Contributions are taken out of each bi-weekly paycheck, before taxes, in equal installments throughout the Plan Year (24 pay periods). FSA funds may only be used for claims incurred on or after your FSA effective date.

MEDICAL FSA

- Annual maximum contribution per employee \$3,200.
- Rollover is available from year to year. Details at benefits.mt.gov/MedicalFSA.
- May be used for eligible *medical expenses* for yourself, your spouse/ domestic partner, and/or your child(ren).
- Eligible expenses include: deductibles, copays, benefit percentage, prescription drug costs, dental and vision expenses, and non-covered medical expenses. Complete list at asiflex.com/EligibleExpenses.aspx.
- Entire yearly contribution may be used starting on your FSA effective date.

DEPENDENT CARE (DAY CARE) FSA

- Annual maximum contribution is \$5,000 per household per year (\$2,500 if married filing separately).
- May only be used for child care (age 13 and under) or disabled dependent care.
- Complete eligibility list at asiflex.com/EligibleExpenses.aspx.
- Funds are only available as contributed.
- ***Dependent Care FSA funds may not be used for dependent medical expenses.***

Note: The State Plan is not a High Deductible Health Plan and cannot offer a Health Savings Account (HSA) to members, as it pays for some services prior to the member meeting the full deductible. For example, the State Plan has copays in place for office visits and prescriptions drugs that apply before a member meets their deductible.

FSA REIMBURSEMENT OPTIONS

KEY INFORMATION

- \$120 per year minimum contribution for each type of FSA.
- \$2.16 per month administrative fee for Medical and/or Dependent Care FSA.
- You have until April 30 of the next Plan Year to submit claims to ASIFlex for the current year's expenses (120 days after end of the Plan Year).

REIMBURSEMENT OPTIONS

- **Debit Card (Medical FSA only):** When you enroll in Medical FSA for the first time, you will automatically receive two ASIFlex Debit Cards. If you re-enroll in Medical FSA, you may continue to use your current debit card and will not receive new cards in the mail. A new debit card will automatically be mailed to you upon expiration. *When using the debit card, you will be required to provide documentation showing proof of eligible expense after the card swipe has occurred.*
- **Online:** You may submit your reimbursement requests online by signing into your account at asiflex.com. Click on "File a Claim" and follow the prompts.
- **Mobile App:** You may submit your reimbursement requests using the ASIFlex app. Sign into your account, take a photo of your documentation, and submit your claim.
- **Mail*:** ASIFlex's mailing address is: PO Box 6044, Columbia, MO 65205-6044. However, if you are sending something through a courier service such as UPS or FedEx, you will need to use the physical address: 201 West Broadway, Building 4, Suite C, Columbia, MO 65203.
- **Fax*:** You may fax your claims to ASIFlex's toll-free claim submission line at (877) 879-9038.
- **Recurring Direct Pay Program (Dependent Care FSA only):** After one-time set up, ASIFlex will pay your dependent care provider directly from your ASIFlex account on the schedule you and your dependent care provider choose.

*If you plan to mail or fax your FSA claim, you will need to include the ASIFlex General FSA Claim Form, which can be found at asiflex.com/claimforms.aspx.

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 their covered spouse/ domestic partner and/or dependent child(ren) age two or older, as well as non-Medicare eligible Retirees and their covered non-Medicare eligible spouse/domestic partners and their dependent child(ren) age two and older.

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.

24/7 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.

LIVE LIFE WELL PROGRAMS

The Live Life Well 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.



LIVE LIFE WELL PROGRAMS
HEALTH CARE & BENEFITS DIVISION

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.

- Weight Management
- Disease Prevention Programs
- Prenatal/Maternity Benefits and Programs
- Wellness Coaching
- Preventive Benefits (health screenings, health risk assessment, vaccinations, etc.)
- Nicotine Cessation Programs
- Chronic Disease Support (arthritis, diabetes, asthma, etc.)
- Blood Pressure Management
- 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. The requirements include:

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 may be earned per member per plan year. Visit benefits.mt.gov/healthy-weight-incentive for details.

LIVE LIFE WELL INCENTIVE

One of the Live Life Well Program's offerings is an opportunity to earn \$60 off the monthly benefit contribution for 2026 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 \$60 per Month Off Your 2026 Benefit Contribution

LIVE LIFE WELL INCENTIVE

The Live Life Well Incentive is an opportunity to earn \$60 off the monthly benefit contribution in 2026 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 \$60 per month off your 2026 monthly benefit contribution, you must complete the following activities by October 31, 2025.

1. Complete a State-sponsored Health Screening at a Montana Health Center or Montana Health Center off-site event.
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



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 State Plan members at no additional charge. My Health Navigator helps members identify the safest, most effective and least costly medications, control health issues, and navigate a complicated healthcare system.



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 savings on some Continuous Glucose Monitoring (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.

OVIA HEALTH

Ovia Health apps offer support for reproductive health, starting a family, having a healthy pregnancy, balancing life as a parent, and managing menopause. The three Ovia Health apps are included as part of your State Plan medical benefit and available in the Apple or Google Play store.

oviahealth™

Ovia Health

Maternity and Family Support

Ovia Fertility, Cycle, & Health App
Ovia Pregnancy App
Ovia Parenting & Baby Tracker App

888-421-7781

oviahealth.com

OVIA FERTILITY, CYCLE, & HEALTH APP

Choose your goal: cycle tracking, trying to conceive, or managing menopause and the Ovia app will customize your experience to deliver personalized insights, tips, and content.

OVIA PREGNANCY APP

Find answers to all your prenatal questions - read weekly updates, find symptom relief, learn what's safe to eat, share bump pictures, and try the baby name feature. Ovia Pregnancy is your pocket companion for each trimester (and beyond).

OVIA PARENTING & BABY TRACKER APP

Track baby's day with Ovia Parenting so you always know when the next feeding, nap, or diaper change is coming. Record important developmental milestones and family pictures securely in the app.

GET STARTED

1. Download the app that's right for you
2. Select "I have Ovia Health as a benefit" during signup
3. Enter "BCBSMT" as your health plan
4. Enter "State of Montana" as your employer name (optional)

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. **GuidanceResources provides EAP services to all State Plan members and their household members.**

GuidanceResources®

GuidanceResources

24/7 Support, Resources, and Information

(844) 506-5374 | TTY: 711

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

Web ID: MontanaEAP

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.

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 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.

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 certified 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.

INITIAL ENROLLMENT PERIOD - A period of time when an Employee, Legislator, or Retiree initially becomes eligible to enroll in State Plan benefits.

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.

MID-YEAR BENEFIT CHANGE - Also known as a Special Enrollment Period. A period of time allowed by the State Plan, other than the eligible Employee or Retiree's Initial Enrollment Period or an Open Enrollment Period, during which an eligible Employee, Legislator, or Retiree may request or terminate coverage under the State Plan as a result of certain events that create special enrollment rights. To change to your State Plan benefits due to a Special Enrollment Event (i.e. marriage, birth, divorce, gain/loss of coverage, etc.) you must do so within 60 days of the date of the event (91 days if the event is birth or adoption).

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 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.

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.

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 <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)

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

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

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

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

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

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

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

HIPAA NOTICE

STATE OF MONTANA HIPAA 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.

NOTES

VENDOR CONTACT INFORMATION



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

Phone: (888) 901-4989 | TTY: 711
bcbsmt.com



Prescriptions, In-Network Pharmacies

Phone: (866) 333-2757
navitus.com

Specialty Medication

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



Dental Benefits, Claims, In-Network Providers

Phone: (866) 496-2370
deltadentalins.com/stateofmontana



Vision Service Providers & Hardware Coverage

Phone: (800) 877-7195
TTY (800) 428-4833
vspcustomer@vsp.com
montana.vspforme.com



BlueCross BlueShield
of Montana

Life, Accident, and Long Term Disability Insurance

Phone: (866) 739-4090 | TTY: 711
General Inquires: service.ancillary.bcbs.com
bcbsmt.com/ancillary
For claims related questions, contact HCBD.



Employee Assistance Program - available to all members

Phone: (844) 506-5374 | TTY 711
guidanceresources.com
Web ID: MontanaEAP



Assistance with SSDI & Early Medicare Coverage

Phone: (800) 805-8329
disability@pcgus.com



Medical & Dependent Care Flexible Spending Accounts

Phone: (800) 659-3035
Fax: (877) 879-9038
asi@asiflex.com
asiflex.com