

2025 Employee Open Enrollment Booklet

State of Montana Benefit Plan

October 23 - November 9, 2024



Complete Open Enrollment at benefits.mt.gov.

Open Enrollment is your annual opportunity to review benefit elections and change plans or covered dependents.

Action Required: Self-Report Nicotine Use to Avoid Tobacco Surcharge



Scan the QR code for more Open Enrollment information, including benefit presentations, booklets, and to complete Open Enrollment.



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Open Enrollment Overview

Open Enrollment is your opportunity to make changes to your State Plan coverage for 2025. During the Open Enrollment Period, you can add/remove a spouse or domestic partner and/or add/remove a dependent child(ren) under age 26.

If you add a dependent(s) during Open Enrollment, you are required to submit dependent verification documentation to HCBP in order for the dependent(s) to be enrolled on State Plan benefits effective January 1, 2025. See page 11 for details.

NO CONTRIBUTIONS AND BENEFIT CHANGES

There are no changes to your State Plan contributions! In addition, there are no changes to member deductibles, coinsurance, office visit/urgent care co-payments or the maximum out-of-pocket.

ACTION REQUIRED

- Must Elect or Re-Elect Vision Hardware Plan
- Must Elect or Re-Elect Flexible Spending Accounts (FSAs)
- Must Report Nicotine Use

Visit benefits.mt.gov/open-enrollment for on-demand Open Enrollment Presentations, Step-By-Step Instructions for How to Enroll, and additional Open Enrollment resources.

If you do not complete your Open Enrollment election, you will automatically be charged the Tobacco Surcharge for 2025.

STATE PLAN BENEFITS

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

Medical Benefits

- Medical coverage
- Prescription Drug coverage
- Basic Vision coverage (\$10 copay for an annual eye exam per member at an in-network VSP Vision Care provider)
- Basic Life Insurance (\$14,000 of term life 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 and/or child(ren)
- Long-Term Disability (LTD) coverage
- Accidental Death & Dismemberment (AD&D) coverage
- Flexible Spending Accounts for medical expenses and/or dependent care (daycare) expenses

State Plan Overview

The State of Montana Benefit Plan (State Plan) is self-funded. This is different than traditional insurance.

TRADITIONAL INSURANCE

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

SELF-FUNDED STATE PLAN

State Plan coverage is funded by the State of Montana via the employer contribution, by employees via their bi-weekly State Plan contribution, and by legislators and retirees via their monthly 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

THIRD PARTY ADMINISTRATORS (TPAs) AND VENDORS

With 28,000 members state-wide, the State Plan partners with outside companies to help it process claims and administer benefits, as well as relies on their expertise and cost saving contracts.

Current TPAs:

- BlueCross BlueShield of Montana (BCBSMT) - Medical Benefits
- VSP Vision Care - Vision Benefits
- Delta Dental - Dental Benefits
- Navitus Health Solutions - Prescription Drug Benefits
- ASIFlex - Medical and Dependent Care Flexible Spending Accounts

Other Vendors:

- Premise Health operates the Montana Health Centers
- BCBSMT provides fully insured life and accidental death and dismemberment insurance options, as well as long term disability insurance

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

Enrollment

EMPLOYER CONTRIBUTION

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

TAX INFORMATION

Most of your benefit contributions are deducted pretax out of your paycheck with the exception of the following:

- Life insurance coverage for yourself and your dependent(s)
- Long Term Disability (LTD) insurance coverage
- Non-tax dependent coverage (i.e. domestic partner and/or domestic partner child(ren))

MID-YEAR BENEFIT CHANGE

Also known as a Special Enrollment Period. A period of time allowed by the State Plan, other than the 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.

If you wish to make a 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).

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 HCBD.

BENEFIT IDENTIFICATION CARDS

If you enroll yourself and/or a dependent in a new benefit election (medical, prescription drug, dental, vision) for 2025, you will receive identification cards around January 1, 2025.

If you elect to continue an existing benefit election, your current ID card(s) will remain valid in 2025 and you will not receive new ID cards. If you need a replacement ID card, contact the vendor directly. (*See page 12 for vendor contact information.*)

Monthly Benefit Costs

There is no increase to your monthly benefit contribution for 2025!
The charts below show what you will pay monthly.

MEDICAL/DENTAL/VISION HARDWARE

Your out-of-pocket costs after the Employer Contribution is applied.

Plans	Medical*	Dental	Vision Hardware	Potential 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 32 or visit benefits.mt.gov/life-rates

LONG TERM DISABILITY

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

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.

How to Complete Open Enrollment

You will need to complete your Open Enrollment election to provide the State Plan with information about you and your covered spouse/domestic partner's nicotine use, see page 7 for details. If you do not complete your Open Enrollment election, you will automatically be charged the Tobacco Surcharge.

In addition, the Vision Hardware Plan and Flexible Spending Accounts must be elected/re-elected each year. If you fail to re-elect the Vision Hardware Plan or Flexible Spending Accounts, that coverage will terminate effective January 1, 2025.

1 ACCESS

To access the enrollment system, go to benefits.mt.gov.

Click on the “Start Open Enrollment” button.



CLICK HERE TO START OPEN ENROLLMENT

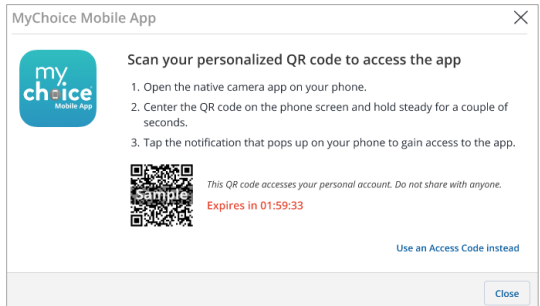
Oct. 23 - Nov. 9, 2024

State of Montana Benefit Plan
Open Enrollment for 2025

OR

You can also 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.



MyChoice Mobile App

Scan your personalized QR code to access the app

1. Open the native camera app on your phone.
2. Center the QR code on the phone screen and hold steady for a couple of seconds.
3. Tap the notification that pops up on your phone to gain access to the app.



This QR code accesses your personal account. Do not share with anyone.
Expires in 01:59:33

Use an Access Code instead

Close

How to Complete Open Enrollment

2 LOGIN

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

Department of Justice employees will need to login using their C# and computer password.

Department of Military Affairs employees will need to access the enrollment system off the state network, meaning they will need to create their own User Name and Password

If accessing outside of the State of Montana network, login using the prompts provided.

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

The case-sensitive company key is **stateofmontana**.

3 START ENROLLMENT

To begin Open Enrollment, click the “Start Here” button to review your personal information and add or edit any dependents you wish to enroll on State Plan coverage.

If you are adding Spouse Life Insurance for the first time, you will need to add your spouse/domestic partner on the dependent page.*

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

*Adding only Spouse Life Insurance does not require verification.

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


How to Complete Open Enrollment

4 COMPLETE

Choose to re-enroll in your current plans, or use the “Next” and “Back” buttons to review and elect options available to you.

Choose or decline coverage for each available option, and select which family members you want to cover.

Medical Election Summary



Review Your Election


Enrolled in Medical?		Edit
Yes		
Covered Dependents		Edit
Members		Covered
Jane Doe	Effective Date: 04/01/2020	Yes
Plan Selected		Edit
Plan Selected		Medical Plan
Employee Cost		\$587.34 Monthly
Your employer will be paying \$252.91 for this benefit.		

[Back](#)
[Looks Good](#)

5 REVIEW AND FINALIZE YOUR ELECTIONS

New this year, you will be able to compare your current elections to prior year elections. You will only be able to compare year-to-year elections on the final review screen.

Review Enrollment



You're almost done! Please review your enrollment below.

You must click the **Approve** button before you will be enrolled in any plans.

[Compare to Current Plans](#)

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click “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 Benefitsolver 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 Businessowner.

[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.

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 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.

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



Medical Claims, Benefits, In-Network Providers

Phone: (888) 901-4989
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 care@vsp.com
montana.vspforme.com



Life, Accident, and Long Term Disability Insurance

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



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

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 22)
- **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* (<i>What the plan pays after you meet your deductible.</i>)	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/publicatons.

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

COST SHARING FOR OUT-OF-NETWORK PROVIDER OR FACILITY

Deductible*	\$1,500 per member per Plan Year <i>(This is separate from the \$1,000 deductible on page 14.)</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 14.)</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 Speciality Medications \$0 Copay for Generic Speciality 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 14 and 15).

- \$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	N/A
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.

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.

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. Examples of program offerings:

- 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.

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.

Live Life Well Incentive

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

Live Life Well Incentive

benefits.mt.gov/incentive

Earn \$30 per month off your benefit contribution

LIVE LIFE WELL INCENTIVE

The Live Life Well Incentive is an opportunity to earn \$30 off the monthly benefit contribution by completing three activities which show a State Plan member is engaged with maintaining a healthy lifestyle. This incentive is available to both plan members and their enrolled spouse or domestic partner. To earn \$30 per month off your 2025 monthly benefit contribution, you must complete the following activities by October 31, 2024.

1. Complete a State-sponsored Health Screening through 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.

LIVE LIFE WELL INCENTIVE & OPEN ENROLLMENT

If you complete the Live Life Incentive before October 1, 2024, the Incentive credit will appear in the enrollment system when you complete Open Enrollment.

If you complete your Incentive between October 1-31, 2024, you will still receive the Incentive credit, however, it may not show when you complete your Open Enrollment.

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.

Flexible Spending Accounts

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

ASI Flex

(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 during Open Enrollment. Accounts become effective the first day of the Plan Year.

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.

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 I

If coverage elected during Open Enrollment, EOI* is required.

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

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE II

Must be enrolled in Employee Supplemental Life Insurance I to qualify for Employee Supplemental Life Insurance II. If coverage is elected during Open Enrollment, EOI* is required unless Employee is previously enrolled in Employee Supplemental Life Insurance I and elects an increase of \$10,000 or less.

- Coverage Amount: Minimum = Any amount over your annual salary rounded to the next highest \$5,000, max = \$1 million combined total of Employee Supplemental Life Insurance I and II.
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate**)

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.

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

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

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

- 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

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

Optional Life Insurance Plans

DEPENDENT LIFE INSURANCE

Only available during Initial Enrollment Period and within the first 60 days of marrying or 91 days of having your first child. If currently enrolled in Option A, may increase coverage to Option B during Open Enrollment.

- 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, and a \$0.88 monthly cost.

Premiums are withheld after tax.

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 insurance coverage are based on the employee’s age on the last day of the month coverage becomes effective.

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

Once coverage is effective, rates change the first of the month following the Employee’s attainment of age based on the rate schedule above.

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 to participate. Enrollment during Open Enrollment requires EOI*.

COST

\$8.46 per employee per month regardless of age or income level. Payment will be taken from your pay check *after tax* in order to maximize the benefit should you ever need it. 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.

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.

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 språkassistanstjenester 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).

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)

HIPAA Notice

State of Montana HIPPA Notice of Privacy Practices

The State of Montana HIPAA Notice is available at benefits.mt.gov.

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

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

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

DISCLAIMER

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

Notes
