

# 2022 EMPLOYEE OPEN ENROLLMENT BOOKLET



State of Montana Benefit Plan Open Enrollment  
**October 24 - November 6, 2021**

**Complete Open Enrollment at [benefits.mt.gov](https://benefits.mt.gov).**

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

**Action Required for 2022**

**Annually You Must Self-Report Nicotine Use to Avoid Tobacco Surcharge**

**For More Information**

[benefits.mt.gov](https://benefits.mt.gov) | [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)  
(800) 287-8266 | TTY (406) 444-1421



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# OPEN ENROLLMENT OVERVIEW

## **October 24 - November 6, 2021**

### OPEN ENROLLMENT

Open Enrollment is your opportunity to make changes to your State Plan coverage. 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. You are required to submit verification of eligibility documentation to HCBF in order for the added dependent to be enrolled on State Plan benefits effective January 1, 2022.

### CONTRIBUTIONS AND BENEFIT CHANGES

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

During Montana's 67th Legislature, House Bill (HB) 291 was passed and put into law effective 01/01/22. HB 291 requires the State Plan to provide coverage for amplification devices and related services for children 18 years of age or younger with hearing loss.

The State Plan is currently engaged in a Request For Proposal (RFP) for its Dental plan and Life and Long Term Disability Insurance plans. Watch for more information coming soon.

### ACTION REQUIRED

- Must Elect or Re-Elect Vision Hardware Plan
- Must Elect or Re-Elect Flexible Spending Account (FSA)
- Must Self Report Nicotine Use

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

### RESOURCES

Visit [benefits.mt.gov/open-enrollment](https://benefits.mt.gov/open-enrollment) for:

- On-Demand Open Enrollment Presentation
- Step-By-Step Instructions for How to Enroll
- Open Enrollment Resources

# MONTHLY BENEFIT COSTS

There is no increase to your monthly benefit contribution for 2022!  
The chart below shows what you will pay monthly.

## MEDICAL/DENTAL/VISION HARDWARE

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

Plans	Core Benefits*	Optional Dental	Vision Hardware	Potential Live Life Well Incentive
Employee Only	\$30.00	-	+\$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 (includes Employee & Family dental)	-	+\$22.26 (Primary Joint Core Member only)	up to \$30 off

\*Core Benefits include: Medical, Prescription, Basic Vision (\$10 copay for an eye exam/member at a participating provider), Employee Only Dental, and Basic Life Insurance.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

- » \$2.16/month fee
- » Medical FSA - \$120 - \$2,750/employee per year + rollover\*
- » Dependent Care (Daycare) FSA - \$120 - \$5,000/household per year + rollover\*\*

\* Visit [benefits.mt.gov/Flexible-Spending-Accounts](https://benefits.mt.gov/Flexible-Spending-Accounts) for details

\*\* Rollover for 2022 only

## LIFE INSURANCE

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	\$0.44 per month
Spouse Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)

PREMIUMS WITHHELD AFTER TAX

\*See Age Rates at [benefits.mt.gov/Life-and-Accident/Life-Insurance-Rates](https://benefits.mt.gov/Life-and-Accident/Life-Insurance-Rates).

## LONG TERM DISABILITY

\$9.90/member per month after tax for active employees only.

# TOBACCO SURCHARGE

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The State of Montana Benefit Plan (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.

## 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 for 2022 you need to annually self-attest your, and if applicable your covered spouse or domestic partner's, nicotine use.**

Visit [benefits.mt.gov/TobaccoSurcharge](https://benefits.mt.gov/TobaccoSurcharge) for more information.

# HOW TO COMPLETE OPEN ENROLLMENT

## COMPLETING YOUR 2022 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 five 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 Account, that coverage will terminate January 1, 2022.

### 1 TO ACCESS

To access the enrollment system, go to [benefits.mt.gov](https://benefits.mt.gov).

Click on the “Start Open Enrollment” button.

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



**CLICK HERE  
TO START  
OPEN ENROLLEMENT**

State of Montana Benefit Plan  
Open Enrollment

October 24  
through  
November 6  
2021

### OR

Enroll in your benefits from your mobile device. Download the MyChoice Mobile App by searching MyChoice Mobile in your app store.

To sync the MyChoice Mobile app you will need an access code which is available on the home page of the enrollment system.



#### MyChoice Mobile App

- Quick access to benefit details
- Store your ID Cards

Get Access Code

# 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.

If accessing outside of the State of Montana system, 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](https://stateofmontana.com). Login using your new User Name and Password.

Forgot your User Name or Password? Click on the link to reset your login details.

Welcome

User Name \*

case sensitive

Password \*

case sensitive

Login >

[Forgot your user name or password?](#)

## 3 START YOUR ENROLLMENT

About You

Your Information

First Name:

Middle Initial:

Last Name:

Social Security Number:

Your Family

Do you have any dependents?

☐ Yes ☐ No

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.\*

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







# 2022 INCENTIVE

Earn \$30 per month off your 2023 benefit contribution! Get 2X the incentive if a covered spouse/domestic partner also participates.

**NEW!**



You must complete an Eligible Provider Visit as one of your three required activities between November 1, 2021 and October 31, 2022 to earn the Live Life Well Incentive in 2023.



## ACTIVITIES CHECKLIST



### HEALTH SCREENING

Have a State-sponsored health screening. Appointments are subject to availability. Make an appointment following the instructions at [healthcenter.mt.gov](http://healthcenter.mt.gov) or call (855) 200-6822.



### NICOTINE FREE

Self-report if you are nicotine free or have completed an eligible alternative at [www.myactivehealth.com/som](http://www.myactivehealth.com/som). If you use nicotine and need an alternative to complete this portion of the incentive, you must self-report that you have completed one of two alternatives:

- A nicotine cessation program; or
- A nicotine education session with your primary care provider.



### ELIGIBLE PROVIDER VISIT

Self-report if you have completed an eligible visit with a provider at [www.myactivehealth.com/som](http://www.myactivehealth.com/som) by October 31, 2022.



### DON'T WAIT - DO IT NOW!

Complete your health screening earlier in the year to make sure it shows up during Open Enrollment. Self-report any activity you've completed any time!



### SELF-REPORT OR CHECK YOUR INCENTIVE STATUS TODAY!

[www.myactivehealth.com/som](http://www.myactivehealth.com/som)

1. Log in, then click "Rewards." Your State-sponsored health screening is automatically uploaded into the site. It will take a month to appear after you've completed your screening.
2. Click "Nicotine Free" to self-report your Nicotine Free status or alternative. Make sure to click "Save."
3. Click "Provider Visit" to self-report completion of your Eligible Provider Visit. Make sure to click "Save."
4. Call (855) 206-1302 for help with the MyActiveHealth site.
5. Enjoy \$30 off your contributions every month in 2023!

For more information about Live Life Well Incentives or instructions for self-reporting visit [benefits.mt.gov/incentive](http://benefits.mt.gov/incentive).

The State Plan offers the incentive program to all plan members and their enrolled spouse/domestic partner. If you think you may be unable to meet a standard of the incentive program, you may qualify for an alternative program or different means to earn the incentive. You must contact the Health Care & Benefits Division (HCBD) as soon as possible at 800-287-8266 or email [livelifewell@mt.gov](mailto:livelifewell@mt.gov). We will work with you (and if you wish, your doctor) to design a program with the same incentive that is right for you.

We will maintain the privacy of your personally identifiable health information. Medical information that personally identifies you and that is provided through the incentive program will not be used to make decisions regarding your employment. Your health information shall only be disclosed to carry out specific activities related to the incentive program (such as responding to your request for a reasonable accommodation). You will not be asked or required to waive the confidentiality of your health information to participate or to receive an incentive. Anyone who receives your information for purposes of providing you services through the incentive program will abide by the same confidentiality requirements.

We securely maintain all electronically stored medical information we obtain through the incentive program, and will take appropriate precautions to avoid a data breach. If a data breach does occur involving information you provided to us for the incentive program, we will notify you immediately.

A copy of the Plan's privacy notice is available on the HCBD website or by going to [benefits.mt.gov/\\_docs/Documents/hipaa-notice.pdf](http://benefits.mt.gov/_docs/Documents/hipaa-notice.pdf).

# LANGUAGE ASSISTANCE

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## Language Assistance – General Taglines

*State of Montana is required by federal law to provide the following information.*

لو مهسا تداهكم 1-855-999-1062 . رقم 1063-999-855 جهير سنلا . نجالبا لار غار تيقورلا قدهمالا تامدخان ، مقلا كونا تامدختك اذ : مقجولم

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 1-855-999-1062 ( TTY : 1-855-999-1063)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-999-1062 (TTY: 1-855-999-1063).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-999-1062 (TTY: 1-855-999-1063).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-999-1062 (ATS: 1-855-999-1063).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-999-1062 (TTY: 1-855-999-1063).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-999-1062 (TTY: 1-855-999-1063).

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。1-855-999-1062（TTY:1-855-999-1063）まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-999-1062 (TTY: 1-855-999-1063) 번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-999-1062 (TTY: 1-855-999-1063).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-999-1062 (TTY: 1-855-999-1063).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-999-1062 (телерафм: 1-855-999-1063).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-999-1062 (TTY: 1-855-999-1063).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-999-1062 (TTY: 1-855-999-1063).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-999-1062 (TTY: 1-855-999-1063).

# NON-DISCRIMINATION LANGUAGE

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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, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email:

John Pavao, State Diversity Program Coordinator  
Department of Administration  
State Human Resources Division  
125 N. Roberts  
P.O. Box 200127  
Helena, MT 59620  
Phone: (406) 444-3984  
Email: [jpavao@mt.gov](mailto:jpavao@mt.gov)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](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)



**HEALTH CARE &  
BENEFITS DIVISION**

PO Box 200130, Helena, MT 59620  
(800) 287-8266  
TTY(406) 444-1421  
[benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)  
[benefits.mt.gov](http://benefits.mt.gov)

## **VISIT OUR WEBSITE FOR MORE RESOURCES**

### **[BENEFITS.MT.GOV/OPEN-ENROLLMENT](http://BENEFITS.MT.GOV/OPEN-ENROLLMENT)**

- » On-Demand Open Enrollment Presentation
- » Step-By-Step Instructions for How to Enroll
- » Open Enrollment Resources