

2023 Legislator Open Enrollment Booklet

State of Montana Benefit Plan

OCTOBER 23 - NOVEMBER 5, 2022



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



benefitsquestions@mt.gov
(800) 287-8266 | TTY (406) 444-1421

Scan for more
information



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ACTION REQUIRED

- Must Elect or Re-Elect Vision Hardware Plan
- 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 for 2023.

RESOURCES

Visit benefits.mt.gov/open-enrollment for:

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

OPEN ENROLLMENT OVERVIEW

October 23 - November 5, 2022

Open Enrollment is your opportunity to make changes to your State Plan coverage for 2023. 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 HCBd in order for the dependent(s) to be enrolled on State Plan benefits effective January 1, 2023.

CONTRIBUTIONS AND BENEFIT CHANGES

There are no changes to your State Plan contributions!

Effective January 1, 2023 the State Plan will have new administrators for medical and vision benefits. Keep an eye out for more information, details will be shared about these changes throughout the coming months.

BlueCross BlueShield of Montana (BCBSMT) will administer the medical benefits that are currently administered by Allegiance Benefit Plan Management. **Medical plan benefits are not changing.** Meaning, there are no changes to member deductibles, benefit percentages, office visit/urgent care co-payments or out-of-pocket maximums. The State and BCBSMT are currently working on the transition. If you have BCBSMT specific questions call (888) 901-4989 or visit bcbsmt.com.

VSP Vision Care will administer the vision plan benefits that are currently administered by Cigna/Allegiance Benefit Plan Management. Your State Plan vision benefits will remain the same with some enhancements to the Vision Hardware Plan.

- Maintain access to the current network, with the addition of some Costco, Sam's Club, and Wal-Mart providers and optical shops. For a full list of providers, visit vsp.com.
- Increased allowance for contact lenses to \$150 per plan year in lieu of glasses.

Legislators now have the option to elect up to \$1 million in supplemental life insurance and AD&D coverage for themselves. This is an increase from the current \$500,000 maximum. Increases in supplemental life insurance require Evidence of Insurability (EOI).

If you have currently elected dependent life insurance coverage, you will now have the option to select from two levels of coverage.

MONTHLY BENEFIT COSTS

There is no increase to your monthly benefit contribution for 2023!
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	Medical*	Dental	Vision Hardware	Potential Live Life Well Incentive
Legislator Only	\$30.00	+\$0.00	+\$7.64	up to \$30 off
Legislator & Spouse	\$250.00	+\$21.40	+\$14.42	up to \$60 off
Legislator & Child(ren)	\$101.00	+\$19.90	+\$15.18	up to \$30 off
Legislator & Family	\$327.00	+\$28.90	+\$22.26	up to \$60 off
Joint Core	\$30.00 per Legislator/Employee	+\$0.00	+\$22.26 (Primary Member only)	up to \$30 off

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

LIFE INSURANCE

Plans	Monthly Contributions
Legislator Supplemental Life	(every \$1,000 of coverage) x (Age Rate*)
AD&D Legislator Only	\$0.020 / \$1,000 of coverage
AD&D Legislator 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**)

PREMIUMS WITHHELD AFTER TAX

**See Age Rates at benefits.mt.gov/Life-and-Accident/Life-Insurance-Rates.

LEGISLATOR OPT OUT / WAIVER (OPTION 2)

If a Legislator opts out/waives State Plan coverage, the Legislator is eligible to receive reimbursement, up to \$1,054 per month, for premiums paid by the Legislator in conjunction with an Employer Group Health Plan or premiums paid for certain types of disability and life insurance.

The State Plan is restricted by federal regulation from providing reimbursement for Medicare, Medicare Supplement, Medicare Advantage, individual coverage through an insurance carrier or Health Insurance Marketplace premiums.

Additionally, reimbursement of any kind is not available if the Legislator has enrolled on the State Plan. To opt out/waive State Plan coverage and receive the Option 2 reimbursement, complete the Legislator Opt Out/Waiver Form found at benefits.mt.gov/forms.

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.

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 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 must be elected/re-elected each year. If you fail to re-elect the Vision Hardware Plan coverage will terminate January 1, 2023.

You will also be receiving a Legislator Open Enrollment Election Form in the mail as an alternative to completing your election(s) online. If completing the paper election form, it must be returned to HCBD by November 5, 2022.

1 TO 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. 5, 2022

State of Montana Benefit Plan
Open Enrollment for 2023

OR


Enroll in your benefits using the My Choice Mobile App.

To setup secure access to your account in the app, scan your unique QR code which is available on the home page of the enrollment system.



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

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**. 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.


HOW TO COMPLETE OPEN ENROLLMENT

4 COMPLETE ENROLLMENT

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?

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 AND FINALIZE YOUR ELECTIONS

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.

Thank You!

Transaction Complete

Print Benefit 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

Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime throughout 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

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



2023 INCENTIVE

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

**ALL ACTIVITIES MUST BE COMPLETED BY
OCTOBER 31, 2022 TO EARN THE
LIVE LIFE WELL INCENTIVE FOR 2023.**

ACTIVITIES CHECKLIST



HEALTH SCREENING

Complete a State-sponsored health screening. Appointments are subject to availability.

Make an appointment following the instructions at healthcenter.mt.gov or call (855) 200-6822.



NICOTINE FREE

Self-report if you are nicotine free or have completed an eligible alternative at 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 myactivehealth.com/som by October 31, 2022.



SELF-REPORT YOUR
INCENTIVE STATUS AT

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.

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. You 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-

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: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

MERK: Hvis du snakker norsk, er gratis språkassistentjenester 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)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).

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

NON-DISCRIMINATION LANGUAGE

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, fax, 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
Email: SABHRS@mt.gov

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)



**HEALTH CARE &
BENEFITS DIVISION**

PO Box 200130, Helena, MT 59620
(800) 287-8266
TTY (406) 444-1421
benefitsquestions@mt.gov
benefits.mt.gov

VISIT OUR WEBSITE FOR MORE RESOURCES
BENEFITS.MT.GOV/OPEN-ENROLLMENT

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