

2022 RETIREE OPEN ENROLLMENT BOOKLET



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

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 for 2022

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

For More Information

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



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OPEN ENROLLMENT RESOURCES

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

- Live Interactive Webinars
 - 10/20/21 at 3 pm
 - 10/26/21 at 12 pm
 - 11/4/21 at 9 am
- On-Demand Open Enrollment Presentation
- Step-By-Step Instructions for How to Enroll
- Open Enrollment Resources

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 HCBD 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 contribution for dental and vision. However, both non-Medicare and Medicare retiree medical plan rates increased on average 4% to ensure the State Plan remains solvent based on risk and utilization.

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 Insurance plan. Watch for more information coming soon.

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.

SURVIVOR BENEFITS

Surviving spouses/domestic partners and dependent child(ren) of retirees that pass away may remain covered by the State Plan.

MONTHLY BENEFIT COSTS

NON-MEDICARE (UNDER 65) RETIREE MEDICAL PLAN RATES

	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Retiree Only	\$1,281	up to \$30 off
Non-Medicare Retiree & Non-Medicare Spouse	\$2,044	up to \$60 off
Non-Medicare Retiree & Medicare Spouse	\$1,494	up to \$60 off
Non-Medicare Retiree & Child(ren)	\$1,653	up to \$30 off
Non-Medicare Retiree, Non-Medicare Spouse & Child(ren)	\$2,272	up to \$60 off
Non-Medicare Retiree, Medicare Spouse & Child(ren)	\$1,898	up to \$60 off

MEDICARE (OVER 65) RETIREE MEDICAL PLAN RATES

	Monthly Rate	Potential Live Life Well Incentive
Medicare Retiree Only	\$466	up to \$30 off
Medicare Retiree & Non-Medicare Spouse	\$1,259	up to \$60 off
Medicare Retiree & Medicare Spouse	\$830	up to \$60 off
Medicare Retiree & Child(ren)	\$779	up to \$30 off
Medicare Retiree, Non-Medicare Spouse, & Child(ren)	\$1,455	up to \$60 off
Medicare Retiree, Medicare Spouse & Child(ren)	\$972	up to \$60 off

RETIREE DENTAL AND VISION HARDWARE PLAN RATES

	Dental	Vision Hardware
Retiree Only	\$41.10	\$7.64
Retiree & Spouse	\$62.50	\$14.42
Retiree & Children	\$61.00	\$15.18
Retiree & Family	\$70.00	\$22.26

BASIC LIFE INSURANCE

Non-Medicare (Under-65) Retirees must also pay \$1.90/month for Basic Life Insurance Insurance Coverage.

TOBACCO SURCHARGE

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 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.

You will also be receiving a Retiree Open Enrollment Election Form in the mail in the event you are unable to complete enrollment online.

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, 2022.

1 TO ACCESS

To access the enrollment system, go to 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

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

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.

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.

About You

Your Information

First Name:

Middle Initial:

Last Name:

Social Security Number:

Your Family

Do you have any dependents?

Yes

No


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 option, and select which family members you want to cover.

How would you like to enroll



I Know What I Want
I know which plans I'd like to enroll in




Keep The Same Plans
I just want to re-enroll in my current plans

[Back](#)

[Start Enrollment](#)

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.

Confirmation

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.

Confirmation Number

Thank You.

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 this site anytime you want to learn more about your benefits or to change your coverage due to a qualifying life event.



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 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. 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 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

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. 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.

LANGUAGE ASSISTANCE

Language Assistance – General Taglines

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

لار بھلا تھ اھم 1-855-999-1062 (رقم 1063-999-855 فھر سٹا). ڄاڻايل اھڙا رھار ٿي ٿين ٿا تھ ڇڏاڻا سھڻا ڇڏاڻا ڪرڻا ٿا ڇڏن ٿا اھڙا ڇڏن ٿا.

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 ed 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 (телерайн: 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

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

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

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