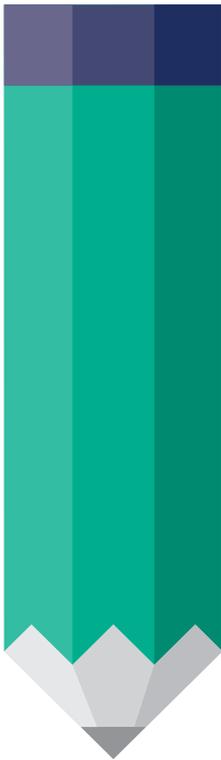


open enrollMT

State of Montana  Open Enrollment



2020 RETIREE OPEN ENROLLMENT BOOKLET



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This is the only document you will receive regarding Open Enrollment. If you have specific benefit questions, refer to www.benefits.mt.gov or contact HCBD at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov.

NOTICE

A MESSAGE FROM DIRECTOR LEWIS

Dear State of Montana Benefit Plan (State Plan) Retiree,

Open Enrollment is almost here! This year's Open Enrollment Period runs from October 27, 2019 – November 9, 2019.

Log into the enrollment system (at www.benefits.mt.gov), review your current State of Montana Benefit Plan (State Plan) elections, and enroll or re-enroll for vision hardware coverage. Once you complete your elections, review your summary and make sure you have selected your benefits for the new plan year starting January 1, 2020. If you have any problems accessing the enrollment system, contact the Health Care & Benefits Division for assistance.

The State of Montana has implemented many innovative solutions, such as Reference Based Pricing, which has allowed us to control the cost of health care while maintaining quality, predictability, and fairness. Our recent partnership with Navitus, the State Plan's Pharmacy Benefit Manager, ensures that the State Plan receives all rebates and reimburses pharmacies for the exact amount paid by the State Plan.

The combination of all cost-saving actions implemented have allowed the State Plan to minimize the financial impact to State Plan members, including Retirees, over the past few years. However, due to larger than anticipated claims (volume and cost), the State Plan must increase rates. The increase for 2020, in most cases, is less than double digits and is lower than the market's current medical trend (see 2020 Retiree Benefit Costs for full details). Benefit changes were minimized for 2020, resulting in no change to member deductibles, benefit percentages, office visit/urgent care co-payments, or out-of-pocket maximums.

We continue to expand access to quality and affordable healthcare. Our strategies have been successful in allowing the State Plan to control costs, effectively manage the Plan, and improve health outcomes for members. The department will continue working with Montana hospitals and other partners to address the rising costs of health care and effectively manage the State Plan.

The Open Enrollment Booklet contains important information about how to complete your Open Enrollment election and the State Plan for 2020. Please review the information carefully and contact the Health Care and Benefits Division at 800-287-8266, 406-444-7462, TTY 406- 444-1421, or via email at benefitsquestions@mt.gov with questions.

Yours in good health,



John Lewis, Director
Department of Administration

2020 RETIREE BENEFIT COSTS

NON-MEDICARE (UNDER 65) RETIREE MEDICAL PLAN RATES

	Monthly Rate	2020 Percentage Increase	Potential Live Life Well Incentive
Non-Medicare Retiree Only	\$1,256	2%	up to \$30 off
Non-Medicare Retiree & Non-Medicare Spouse	\$1,944	12%	up to \$60 off
Non-Medicare Retiree & Medicare Spouse	\$1,465	2%	up to \$60 off
Non-Medicare Retiree & Children	\$1,572	6%	up to \$30 off
Non-Medicare Retiree, Non-Medicare Spouse & Child(ren)	\$2,172	22%	up to \$60 off
Non-Medicare Retiree, Medicare Spouse & Child(ren)	\$1,805	9%	up to \$60 off

MEDICARE (OVER 65) RETIREE MEDICAL PLAN RATES

	Monthly Rate	2020 Percentage Increase	Potential Live Life Well Incentive
Medicare Retiree Only	\$457	2%	up to \$30 off
Medicare Retiree & Non-Medicare Spouse	\$1,159	14%	up to \$60 off
Medicare Retiree & Medicare Spouse	\$797	2%	up to \$60 off
Medicare Retiree & Children	\$748	2%	up to \$30 off
Medicare Retiree, Non-Medicare Spouse, & Child(ren)	\$1,396	31%	up to \$60 off
Medicare Retiree, Medicare Spouse & Child(ren)	\$933	17%	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 Coverage.

2020 OPEN ENROLLMENT

OCTOBER 27 - NOVEMBER 9

2020 BENEFIT CHANGES - GOOD NEWS!

There are no changes to member deductibles, benefit percentages, office visit/urgent care co-payments or out-of-pocket maximums.

TRAININGS

Retiree presentations were conducted in mid October. If you were unable to attend a presentation, a recorded webcast is available at www.benefits.mt.gov/openenrollment for you to view anytime.

OPEN ENROLLMENT

Open Enrollment is your opportunity to make changes to your State Plan coverage. During this year's Open Enrollment Period, you can add/remove a spouse or domestic partner and/or add/remove a dependent child/ren under age 26. Be aware, you are required to submit verification of eligibility documentation to HCBDB in order for the added dependent to be enrolled on State Plan benefits effective January 1, 2020.

If you do not complete a benefit election between October 27, 2019 and November 9, 2019 you and your dependents will be enrolled on the same Medical, Dental, and Life coverage in 2020 as you have now. If you fail to re-elect the Vision Hardware Plan, that coverage will terminate on January 1, 2020.

If you have questions about the system, or prefer to complete your Open Enrollment election via paper, contact HCBDB (800) 287-8266, (406) 444-7462, TTY (406) 444-1421, or via email benefitsquestions@mt.gov.



LOOKING FOR MORE INFO ON YOUR BENEFITS?

www.benefits.mt.gov | (800) 287-8266

Hearing Impaired TTY (406) 444-1421

- » Retiree Presentation Schedule
- » Recorded Presentation
- » Wrap Plan Document (WPD) - Full Benefit Details
- » Additional Live Life Well Incentive Information
- » Alternative Enrollment Options

IMPORTANT REMINDERS

MEDICARE ENROLLMENT

As of January 1, 2017, if a Retiree or a Retiree's spouse/domestic partner/child become Medicare eligible, the Retiree or the Retiree's spouse/domestic partner/child must enroll in both Medicare Part A and Medicare Part B as of the first of the month of eligibility. Proof of Medicare enrollment will be required by HCBD. Enrollment in any Medicare Part D (drug plan), besides the Navitus Medicare Rx Prescription Drug Plan (PDP), is not permitted and would result in termination of all State Plan benefits.

OPTION TO TERMINATE BENEFITS - RETREAT RIGHTS

You may find it beneficial to consider switching from the State Plan to another health insurance plan available on the Health Insurance Marketplace (under 65) or a Medicare Supplement or Advantage Plan (over 65). You will need to be aware that as of January 1, 2017, the State Plan eliminated Retreat Rights, so if you elect to terminate your State Plan coverage you will not have an opportunity to re-enroll.

RETAIL PHARMACY FILL - REMINDER

Did you know you can now get up to a 90 day supply of medication from your retail pharmacy for two copays? This same benefit is available to you when utilizing the State Plan Mail Order Pharmacies: COSTCO Mail Order Pharmacy, MiRx Mail Order Pharmacy, or Ridgeway Mail Order Pharmacy. Contact Navitus for additional details.

SURVIVOR BENEFITS

Please be aware, surviving spouses and dependent children of retirees that pass away may only remain covered by the State Plan until the spouse or dependent is eligible for Medicare or another group health plan.

HOW TO COMPLETE YOUR OPEN ENROLLMENT

COMPLETING YOUR 2020 OPEN ENROLLMENT

If you do not need to make changes to your current benefit elections, and do not need to elect or re-elect the Vision Hardware Plan, you do not need to complete your Open Enrollment election.

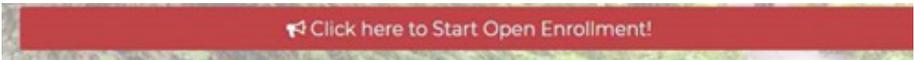
You can complete your Open Enrollment elections online or on a mobile device in an easy to use format. If you do not have access to the internet or a mobile device, you can ask for an alternative for completing your Open Enrollment elections. Contact HCBDB for additional information.

1 TO ACCESS

the benefits system, go to benefits.mt.gov.



Click on the red button (pictured below) to Start Open Enrollment.



OR

ENROLL ON THE GO



Enroll in your benefits from your mobile device. Download the MyChoice Mobile app by searching MyChoice Mobile in your app store. In order to sync the MyChoice Mobile app you will need an access code which is available on the home page of the enrollment system.

HOW TO COMPLETE YOUR OPEN ENROLLMENT

2 GETTING STARTED

If you are a first-time user, click on 'Register' to set up your user name, password and security questions. Our 'Company Key' is stateofmontana and will already be filled in (note: it's case sensitive). If you have already registered but forgot your user name or password, click on Forgot your user name or password.

Welcome

User Name *

case sensitive

Password *

case sensitive

[Login >](#)

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

First time here?

Register to create your user name and password.

[Register](#)

3 COMPLETE OPEN ENROLLMENT

Click 'Start Here' and follow the instructions to re-enroll in your benefits or waive coverage. You must make your elections by the deadline shown on the calendar.

Complete Open Enrollment Now!



12
Days Left

Complete Open Enrollment Now!

[Start Here >](#)

Home
 Medical/Dental/Vision/Flex/Life
 Reminders
 Live Life Well Incentive

HOW TO COMPLETE YOUR OPEN ENROLLMENT

4 COMPLETING ENROLLMENT



HEALTH CARE &
BENEFITS DIVISION

Retiree Open Enrollment



Total Employee Cost **\$2,022.82***
Monthly



About You >



Election Information v



Medical \$1,944.00



Dental \$62.50



Vision \$14.42



Basic Life \$1.90



Review

As each benefit is elected there is a box on the left side of the screen showing required monthly contributions for each benefit elected. This is a great way to make sure every benefit has been reviewed and you have made the proper elections.

If you wish to enroll in the Vision Hardware Plan make sure there is a cost listed on the vision line (shown to the left).

5 REVIEWING ENROLLMENT

Once you are complete, you will be taken to the confirmation page where you can print a copy of your elections by clicking the Print Benefit Summary button in the top right corner of the screen. This is where you can verify all elections are correct (including the vision hardware and flex elections). Make sure and print a copy for your records!!

Thank You!

Transaction Complete

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

Thank You.

Print Benefit Summary

Confirmation Number

961-22-92-991



2020 INCENTIVE

Earn \$30 per month off your 2021 benefit contribution! Get 2X the incentive if a covered spouse/domestic partner also participates.



You must complete ALL THREE ACTIVITIES between November 1, 2019 and October 31, 2020 to earn ANY incentive. Focus on Next Step Activities that address risk factors.

NOTICE

ACTIVITIES CHECKLIST

HEALTH SCREENING

Have a State-sponsored health screening. Appointments are subject to availability. Make an appointment at www.carehere.com or call (855) 200-6822.

NICOTINE FREE

Nicotine testing is NOT included as part of your State-sponsored health screening! Self-report if you are nicotine free or have completed an alternative at www.myactivehealth.com/som.

If you use nicotine and need an alternative to complete this portion of the incentive, you must complete and self-report one of two alternatives:

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

NEXT STEP ACTIVITY

Complete an eligible activity and self-report it at www.myactivehealth.com/som by October 31, 2020. Focus on Next Step Activities that address risk factors.

★ **HAVE ALL THREE CHECKED?** To make sure you've earned \$30 off per month, check your status at www.myactivehealth.com/som.



CHECK YOUR STATUS

www.myactivehealth.com/som

Click the "My Rewards" tab. Health screenings take a month to appear after you've completed your screening.

Self-report Next Step and Nicotine Free status or alternatives any time. Call (855) 206-1302 for help with the MyActiveHealth site.

For more information about Live Life Well Incentives or for instructions for self-reporting visit www.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 (HCBDB) 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 HCBDB website or by going to <http://benefits.mt.gov/Portals/59/Documents/hipaa%20notice.pdf>.

LANGUAGE ASSISTANCE

Language Assistance – General Taglines

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

لازمنا تقديم المساعدة لـ 1-855-999-1062 (رقم 1063-999-855 فبر سنڤا). نحصاليما ائمار فار تيقو لا غدا صالات اسدخداين مفعلا كونا تا نخذت نكتة الا بتطو له

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, maaram 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 <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 | (406) 444-7462
(406) 444-1421 - TTY
benefitsquestions@mt.gov
www.benefits.mt.gov