

Montana University System's Flexible Benefits Program

# choices

2005 – 2006

# Enrollment Workbook



# Table of Contents

## **1 Introduction to *Choices***

**2** Who's Eligible

## **3 How *Choices* Works**

## **4 Your *Choices* Benefit Options**

**5** Medical

**6** Schedule of Benefits

**12** Dental

**13** Life Insurance/Accidental  
Death & Dismemberment

**15** Optional Dependent Life Insurance (After-Tax)

**16** Long Term Disability

**17** Optional Accidental Death and Dismemberment

**18** Optional Vision

**19** Optional Reimbursement Accounts

## **22 How To Enroll in *Choices***

**27** Managed Care Plan Service Areas

**30** Preferred Hospitals – Traditional Plans

**31** In-Network Hospitals – Managed Care Plans

**32** PCPs – Managed Care Plans

**44** Notices

**45** Glossary

**STOP!!!!**

## **WAIVER OF HEALTH COVERAGE**

You have the option to waive coverage with the Montana University System plan. You must sign the enrollment form stating you are waiving coverage and turn form into your campus Human Resources Office. **If you do not sign or turn in an enrollment form you will default to the \$575 plan – employee only (new employees) or your previously selected coverage (continuing employees). However Reimbursement Accounts do not continue without a new election.**

If you waive coverage:

- You waive all Choices options including medical, life, dental AD & D and LTD,
- You cannot enroll until open enrollment for the next plan year or until you have a qualifying event and
- A waiting period for full coverage of pre-existing conditions will apply if you do not have evidence of previous coverage.  
See Notices page 44.

**\* WAIVER OF COVERAGE DOES NOT ENTITLE THE EMPLOYEE TO THE EMPLOYER CONTRIBUTION.**

# Introduction to *Choices*

This workbook is your guide to *Choices* — Montana University System’s benefits program that lets you match our benefits to your individual and family situation. To get the most out of this opportunity to design your own benefits package, you need to consider your benefit needs, compare them to the options available under *Choices* and enroll for the benefits you’ve chosen. This workbook contains information you’ll need to do so. It includes:

- An overview describing how *Choices* works,
- Descriptions of your benefit options, including issues to consider as you make your benefit elections, and
- Instructions on how to enroll.

*Choices* is a comprehensive benefits program provided by Montana University System for you and your family. It includes many options. Coverage available to you includes:

Must Choose:\*

- Medical
- Dental
- Long Term Disability
- Basic Life Insurance

**\* Unless you waive all coverage**

Voluntary:

- Optional Accidental Death and Dismemberment Insurance.
- Optional Dependent Life Insurance
- Optional Reimbursement Accounts
- Optional Supplemental Life
- Optional Vision
- Long Term Care – See Page 4

Please read the information in this workbook carefully. If you have any questions, please contact your campus Human Resources Department. This enrollment book is not a guarantee of benefits, please consult your regular plan booklets.

# Who's Eligible

You're eligible to enroll in *Choices* if you're a:

- Permanent full-time faculty or staff member scheduled to work more than six months in a 12-month period,
- Permanent part-time faculty or staff member regularly scheduled to work at least 20 hours a week for more than six months in a 12-month period,
- Temporary full-time faculty or staff member scheduled to work a continuous period of six months or more a year,
- Temporary part-time faculty or staff member working a regular defined schedule of at least 20 hours a week for six months or more a year,
- Covered by a collective bargaining agreement which provides for eligibility, or
- An academic or professional employee with an individual contract under the authority of the Board of Regents which meets the above requirements and provides for eligibility.

If you're eligible, you may also enroll your family for certain benefits under *Choices*, including medical, dental, life insurance and AD&D coverage. Eligible family members include your:

- Legal spouse, as defined under Montana law, or one other unrelated adult dependent as defined in the Group Benefits Plan. To enroll an adult dependent other than a spouse, you will need to obtain criteria from your campus Human Resources Office and complete a *Declaration of Adult Dependent* form, also available there.
- Unmarried dependent children under age 25. Children include your natural children, stepchildren, children placed in your home for adoption before age 18 or for whom you have court-ordered custody or you are the legal guardian.

Coverage may continue past age 25 for an unmarried dependent child who is mentally or physically disabled and incapable of self-support.

# How *Choices* Works

**1** Each eligible faculty and staff member receives a monthly employer contribution. This amount is based on the Montana State legislature's allocation toward the cost of benefits for state employees.

**2** Each benefit option in *Choices* has a monthly cost associated with it. These costs are shown on your enrollment form. The exception is the cost for Optional Supplemental Life insurance which is shown on page 14 of this workbook.

**3** During annual enrollment each year, you select from among the benefit plan options shown on your enrollment form.

**4** To determine the before-tax cost of your benefits, add up the total cost of the benefits you've selected and compare it to the employer contribution provided to you by Montana University System.

If the benefits you choose cost . . .

- The same as your employer contribution, you won't see any change in your paycheck.
- More than your employer contribution, you'll pay the difference through automatic payroll deductions.
- Less than your employer contribution, you'll either forfeit the remaining employer contribution or you may apply it to a Health Care Reimbursement Account in your name.

**5** You may also enroll for Optional Supplemental Life insurance and Optional Dependent Life insurance, and Vision.

**6** Your annual *Choices* elections remain in effect for 12 months following enrollment—*except for dental coverage, which may not be changed except during annual enrollment of odd years*. Your benefit options cannot be changed between annual enrollments unless you have a change in status. See Mid Year Change Information on page 26.

# Choices Benefit Plan Options

The following table provides highlights of your **Choices** enrollment options.

<b>Medical</b>	<b>Dental (2-Year Option)</b>	<b>Long Term Disability*</b>
<input type="checkbox"/> \$400 Deductible Plan – Prem. <input type="checkbox"/> \$575 Deductible Plan – Basic <input type="checkbox"/> BCBSMT Managed Care Plan <input type="checkbox"/> New West Managed Care Plan <input type="checkbox"/> PEAK Managed Care Plan	<input type="checkbox"/> Premium Plan <input type="checkbox"/> Basic Plan (preventive only)  Children are covered for preventive only	<input type="checkbox"/> 60% of pay/ <i>6 month wait</i> <input type="checkbox"/> 66-2/3% of pay/ <i>6 month wait</i> <input type="checkbox"/> 66-2/3% of pay/ <i>4 month wait</i>
<b>Life Insurance/Accidental Death &amp; Dismemberment*</b>		<b>Optional AD&amp;D</b> <i>(May not exceed 10 x's salary)</i>
<u>Basic Life/AD&amp;D</u> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<u>Optional Supplemental Life (After-Tax)</u> <input type="checkbox"/> Decline Coverage <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$200,000	<input type="checkbox"/> Decline Coverage <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000
<b>Optional Dependent Life* (After-Tax)</b>	<b>Optional Reimbursement Accounts</b>	
<input type="checkbox"/> Decline Coverage <input type="checkbox"/> \$2,500 Spouse/ \$1,250 Child(ren) <input type="checkbox"/> \$5,000 Spouse/ \$2,500 Child(ren) <input type="checkbox"/> \$10,000 Spouse/ \$5,000 Child(ren) <input type="checkbox"/> \$25,000 Spouse/ \$5,000 Child(ren)	<u>Health Care Reimbursement Account</u> <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Min: \$10/month <input type="checkbox"/> Max: \$500.00/mo.  <u>Dependent Care Reimbursement Account</u> <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Min: \$10/month <input type="checkbox"/> Max \$416.66/mo.	<b>Vision</b> <input type="checkbox"/> \$3.43 Single or Entire Family  <div style="background-color: #fff9c4; padding: 5px;"> <b>Long Term Care</b>            Medical Insurance does not cover Long Term Care. Contact your Human Resource Dept. for information on LTC Insurance and for an enrollment form. Enroll any time.         </div>
<p><b>*You may increase one level of coverage during annual enrollment.</b></p>		

# Your *Choices* Medical

**Choices** gives you the opportunity to choose from two traditional plans and up to three managed care plans (depending on availability in your area):

- Basic – \$575 Deductible – Plan** (available everywhere)
- Premium – \$400 Deductible – Plan** (available everywhere)
- Blue Cross & Blue Shield Managed Care Plan** (available in the towns zip codes listed on page 27)\*
- New West Managed Care Plan** (available in the towns and zip codes listed on page 28 & 29)\*
- PEAK Managed Care Plan** (available in the towns and zip codes listed on page 29)\*

\*Emergency services are covered everywhere.

*See the Schedule of Benefits (next page)  
for Premium Costs and Benefits*

**Note –The Traditional Plans cover the same services and have:**

- An annual deductible** – the amount you pay each benefit year before the plan begins to pay (\$400 or \$575 depending on which plan you choose)
- Coinsurance** – a percentage of allowable fees you pay until you reach the benefit year’s coinsurance maximum (the maximum is higher for the Basic Plan)
- Preferred hospitals** – You pay 20% coinsurance for services of a preferred hospital; 35% for a non-preferred hospital and 25% for a hospital that is neither. *See page 30 for a listing.*

**Note – The Managed Care Plans cover the same services and have:**

- PCPs (Primary Care Providers)** – A physician you choose from a PCP list to coordinate your care. You must specify your and each family member’s selected PCP when you enroll.\*\*
- Network Providers** – Providers who have contracted with the managed care plan to manage and deliver care at agreed upon prices. Members may self-refer to In-Network specialists.\*\*
- Better Benefits for services received In-Network than for services Out-of-Network** – You pay a \$15 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services. You pay 35% of allowable fees (after a separate deductible) for most services received Out-of-Network.

\*\* Go to pages 31 – 43 or the plan websites (listed next page) to find PCPs and In-Network Providers.

**Note – All Plans have the same Prescription Drug Plan – administered by Pharma Care (formerly EHS).**

	<b>At a Network Pharmacy, after a \$100/person; \$200/family deductible, you pay: ***</b>	<b>Thru Mail Order: (Pharma Care or Ridgeway) you pay:</b>
<b>Generic</b>	The greater of \$10 or 20% – 30 day supply	\$20 for – 90 day supply
<b>Formulary</b>	The greater of \$20 or 30% – 30 day supply	\$40 for – 90 day supply
<b>Brand-Non-Form.</b>	The greater of \$30 or 40% – 30 day supply	\$60 for – 90 day supply

\*\*\* The benefit year out-of-pocket max on pharmacy charges only (excluding deductible) is \$800/person \$1,600/family. There is no deductible or out-of-pocket maximum on mail order charges.

# SCHEDULE OF BENEFITS

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## MEDICAL PLAN

**Traditional Plans-Allegiance** • 1-877-778-8600 • Pre-certification 1-800-342-6510  
 www.abpmtpa.com • See Plan Description for prior authorization requirements.

**Blue Cross/Blue Shield of MT Managed Care Plan** • 1-800-820-1674 or 447-8747  
 www.bluecrossmontana.com • See Plan Description for prior authorization requirements.

**New West Managed Care Plan** • 1-800-290-3657 or 457-2200  
 www.newwesthealth.com • See Plan Description for prior authorization requirements.

**Peak Managed Care Plan** • 1-866-368-7325 • Pre-certification/prior auth. 1-866-275-7646  
 www.healthinphonetmt.com • See Plan Description for prior authorization requirements.

**TRADITIONAL**  
Administered by

Life time maximum benefit- \$2,000,000 all plans.

<b>MEDICAL PLAN COSTS YOU PAY:</b>	<b>Premium Plan</b>
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<b>Annual Deductible*</b> <i>(Applies to all services, unless otherwise noted or a copayment is indicated)</i>	\$400 / Member \$800 / Family
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<b>Coinsurance Percentages*</b>	
General (Including facilities that are neither preferred or nonpreferred)	25%
Preferred Facility Services <i>(See page 30 for a list of preferred facilities)</i>	20%
Nonpreferred Facility Services <i>(See page 30 for a list of non-preferred facilities)</i>	35%

<b>Annual Coinsurance Maximums</b> <i>(Maximum coinsurance paid in the benefit year; excludes deductibles and copayments)</i>	Average of \$1,250/Member <i>(20%-35% of \$5,000 in allowable fees)</i> Average of \$2,500/Family <i>(20%-35% of \$10,000 in allowable fees)</i>
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<b>Copayment* (on outpatient visits)</b> <i>*You pay deductible, coinsurance, and copayment on allowable fees only (See Glossary page 45.)</i>	NA
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<b>MEDICAL PLAN SERVICE</b>	Coinsurance is same as Basic Plan
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<b>Hospital Services</b> <i>(Inpatient facility charges)</i> <i>(Pre-certification of hospitalization is strongly recommended.)</i>	
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Room Charges	
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Ancillary Services	
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Surgical Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
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<b>Hospital and Surgi-Center</b>	
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Outpatient Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
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<b>Physician/Professional Provider Services</b> (not listed elsewhere)	
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Office Visit	
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Inpatient Physician Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
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Lab/Ancillary/Miscellaneous Charges	
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Second Surgical Opinion	
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# BENEFIT YEAR 2005-2006

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## MEDICAL RATES

Monthly Premiums	Premium (\$400 deductible)	Basic (\$575 deductible)	BCBSMT Managed Care	Peak Managed Care	New West Managed Care
Employee	\$469	\$458	\$422	\$422	\$414
Employee & spouse \A.D.	\$594	\$572	\$535	\$535	\$520
Employee & children	\$579	\$561	\$521	\$521	\$506
Employee & family	\$660	\$617	\$594	\$594	\$579

### PLANS

Allegiance

### MANAGED CARE BENEFIT PLANS

BCBSMT – Administered by Blue Cross/Blue Shield of MT  
 NEW WEST – Administered by New West Health Plan  
 PEAK – Administered by Peak Health Plan/Allegiance

Basic Plan	In-Network Benefits	Out-of-Network Benefits
\$575 / Member \$1,150 / Family	\$300 / Member \$600 / Family <small>(deductible does not apply to out patient services / visits with dollar copays)</small>	Separate \$500 / Member Separate \$1,000 / Family
25%	25%	35%
20%		
35%		
Average of \$2,500 / Member <small>(20%-35% of \$10,000 in allowable fees)</small> Average of \$5,000 / Family <small>(20%-35% of \$20,000 in allowable fees)</small>	\$2,000 / Member \$4,000 / Family	Separate \$2,000 / Member Separate \$4,000 / Family
NA <small>(See exceptions below)</small>	\$15 / visit <small>(See exceptions below)</small>	NA <small>(See exceptions below)</small>
Coinsurance	Coinsurance	Coinsurance
20% – 35% <small>(depending on whether a preferred, non preferred or other facility see above)</small>	25%	35%
20% – 35%	25%	35%
20% – 35%	25%	35%
20% – 35%	25%	35%
25%	\$15 / visit <small>(some routine lab &amp; diagnostic included)</small>	35%
25%	25%	35%
25%	25%	35%
0% <small>(Plan pays 100% of allowable fee, no deductible)</small>	\$15 / visit	35%

# SCHEDULE OF BENEFITS



## MEDICAL PLAN COSTS YOU PAY:

### Emergency Services

Ambulance Services for Medical Emergency

Emergency Room  
Facility Charges

Professional Charges

### Urgent Care Services

Facility/professional Charges

Lab & Diagnostic Charges

### Maternity Services

Hospital Charges

Physician Charges (delivery and inpatient)

Prenatal Office Visits

### Routine Newborn Care

Inpatient Hospital Charges

### Preventive Services

Adult Exams and Tests (age 19+)

Mammogram, gyn exam and pap, proctoscopic, sigmoidoscopic and colonoscopic exams, limited routine lab work, such as PSA tests, and basic blood panel.  
For managed care plans only, bone density tests.

Immunizations and Pneumonia and Flu shots

Child Checkups through age 2

### Mental Illness Services

Inpatient Services

*(Pre-certification is strongly recommended)*

**Max:** One inpatient day may be exchanged for two partial hospitalization days.

Outpatient Services

### Chemical Dependency

Inpatient Services

*(Pre-certification is strongly recommended.)*

Outpatient Services

\* Dollar benefit max for inpatient services of \$4,000/year, \$8,000/lifetime

\*\* Dollar benefit max for combined inpatient/outpatient services of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

# BENEFIT YEAR 2005-2006

TRADITIONAL PLANS	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25%	\$100 copay	\$100 copay
\$25 / visit (waived if immediately admitted to hospital) deductible and coinsurance apply	\$75 / visit (waived if inpatient hospital or patient surgery coinsurance applies)	\$75 / visit (same waiver as In-Network)
25%	25%	25%
25%	\$25 / visit	\$25 / visit
25%	25%	35%
20% – 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for: routine labs & office visits	35%
25 – 35%	25%	35%
0% (no deductible) up to max on: gyno exam & PAP <b>Max:</b> \$75 / yr. mammogram up to allowable prostrate exam <b>Max:</b> \$50 / yr. 25% (deductible applies) on: routine lab (PSA, blood panel), proctoscopy, sigmoidoscopy, and colonoscopy <b>Max:</b> one / year starting at age 50	\$15 / visit for periodic physicals (including PSA gyn exam & PAP, basic blood panel and other routine limited lab work) \$0 copay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy	35%
0% (no deductible) up to max <b>Max:</b> \$250 / yr. up to age 19 \$75 / yr. age 19 + \$50 / yr. on pneumonia and flu shots	\$15 / visit 25% (no deductible) without office visit	\$35%
0% (no deductible) up to max <b>Max:</b> \$500 first 2 years of life	\$15 / visit <b>Max:</b> Academy of Pediatrics Definitions (through age 18)	35%
20% – 35% <b>Max:</b> 30 days / yr. (No max for severe conditions)	25% <b>Max:</b> 21 days / yr. (No max for severe conditions)	35% <b>Max:</b> 21 days / yr. (No max for severe conditions)
20% – 35% <b>Max:</b> 40 visits / yr. (No max for severe conditions)	\$15 <b>Max:</b> 30 visits / yr. (No max for severe conditions)	35% <b>Max:</b> 30 visits / yr. (No max for severe conditions)
25% – 35% <b>Max:</b> Dollar limit*	25%	35%
25% <b>Max:</b> \$1,000 / year	\$15 / visit <b>Max:</b> Dollar Limit**	35% <b>Max:</b> Dollar Limit**

# SCHEDULE OF BENEFITS

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## MEDICAL PLAN COSTS YOU PAY:

### Rehabilitative Services

Physical, Occupational, Cardiac, Respiratory, Pulmonary and Speech Therapy

Inpatient Services

*(Pre-certification is strongly recommended.)*

Outpatient Services

### Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

*(Prior authorization required for managed care plans)*

### Extended Care Services

Home Health Care

*[Physician ordered / prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions]*

Hospice

Skilled Nursing

*[Prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions]*

### Miscellaneous Services

Allergy Shots

Dietary / Nutritional Counseling

*(When medically necessary and physician ordered)*

Durable Medical Equipment, Prosthetic Appliances and Orthotics

*(Prior authorization required for most managed care plans for amounts > \$500)*

*(Prior authorization required for traditional plans for amounts > \$1,000)*

PKU Supplies

*(Includes treatment and medical foods)*

Education Programs on Disease Processes (when ordered by a physician)

*(Prior authorization required for managed care plans and strongly recommended for traditional plans)*

Obesity Management

*(Prior authorization required by all plans)*

Infertility Treatment (biological infertility only)

*(Prior authorization required for all plans with coverage)*

### Organ Transplants

*(Prior authorization required for managed care plans and strongly recommended for traditional plans)*

Transplant Services

# BENEFIT YEAR 2005-2006

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TRADITIONAL PLANS	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% – 35% <b>Max:</b> 30 days / yr. Respiratory & Pulmonary rehab. not subject to max	25% <b>Max:</b> 60 days / yr	35% <b>Max:</b> 60 days / yr
25% (20% – 35% if hospital based)	\$15 / visit <b>Max:</b> 30 visits / yr	35% <b>Max:</b> 30 visits / yr
Member pays charges over \$25 / visit	Not covered	Not Covered
Member pays charges over \$25 / visit	Not covered	Not Covered
Member pays charges over \$25 / visit <b>Max:</b> 15 visits / yr. in any combination for alternative health care	\$15 / visit <b>Max:</b> 20 visits / yr	Not Covered
25% <b>Max:</b> 90 day / yr.; 180 / lifetime	\$15 / visit <b>Max:</b> 30 visits / yr	35% <b>Max:</b> 30 visits / yr
25% (20% – 35% if hospital-based)	25% <b>Max:</b> 6 months	35% <b>Max:</b> 6 months
25% (20% – 35% if hospital-based) <b>Max:</b> 180 days / confinement	25% <b>Max:</b> 30 days / confinement	35% <b>Max:</b> 30 days / confinement
25% (no deductible)	\$15 / visit 25% (no deductible) without office visit	35%
Not covered (except through campus wellness program)	\$15 / visit	35%
25% <b>Max:</b> \$100 for foot orthotics (per foot) / yr.	\$25 / visit (Not applied to coinsurance max) <b>Max:</b> \$100 for foot orthotics (per foot) / yr.	35% (Not applied to coinsurance max) <b>Max:</b> \$100 for foot orthotics (per foot) / yr.
25%	0% (no deductible) Plan pays 100% of allowable fees for services required under State mandate	35%
0% (no deductible) up to max (Plan pays 100% of allowable fees) <b>Max:</b> \$250 / yr.	0% (no deductible) up to max (Plan pays 100% of allowable fees) <b>Max:</b> \$250 / yr.	Not Covered
Not covered (Except bariatric surgery and through campus) Wellness Program) <b>Max:</b> \$25,000 on surgery / lifetime	25% Non-surgical treatment plan only	Not Covered
Not covered	25% <b>Max:</b> 3 artificial inseminations / lifetime	Not Covered
25% See choices Group Benefit Plan for benefit description / limitations	25% <b>Max:</b> \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility	Not Covered

# Dental

**Choices** offers two Dental plan options:

Premium Plan\*

Basic Plan\*

\*Children are covered for preventive only

As you decide between these dental plans, keep in mind the Dental plan is a two-year program and your election will remain in effect until the next odd year annual enrollment, unless you have a change in status, as described under mid-year change information on page 26 of this workbook.

The two **Choices** Dental plans have different monthly premiums and different benefits.

## Dental Plans At-A-Glance

(\* Children have preventive coverage only.)

The following chart provides highlights of your Dental plan options.

Two Year Plan	Premium Plan	Basic Plan — <u>Preventive Coverage</u>
<b>Who May Be Enrolled &amp; Monthly Premium</b>	<input type="checkbox"/> Employee Only \$36 <input type="checkbox"/> Employee & Spouse / Adult Dep. \$65 <input type="checkbox"/> Employee & Child(ren)* \$56 <input type="checkbox"/> Employee & Family* \$83	<input type="checkbox"/> Employee Only \$17 <input type="checkbox"/> Employee & Spouse / Adult Dep \$28 <input type="checkbox"/> Employee & Child(ren) \$35 <input type="checkbox"/> Employee & Family \$43
<b>Preventive Services</b>	<b>Twice Per Benefit Year</b> <input type="checkbox"/> Initial oral exam <input type="checkbox"/> Periodic oral exam <input type="checkbox"/> Cleaning <input type="checkbox"/> Complete series of intraoral X-rays <input type="checkbox"/> Topical application of fluoride	<b>Twice Per Benefit Year</b> <input type="checkbox"/> Initial oral exam <input type="checkbox"/> Periodic oral exam <input type="checkbox"/> Cleaning <input type="checkbox"/> Complete series of intraoral X-rays <input type="checkbox"/> Topical application of fluoride
<b>Restorative Services</b>	Covered for <u>you &amp; your enrolled spouse only</u> : <input type="checkbox"/> Amalgam filling <input type="checkbox"/> Porcelain crown <input type="checkbox"/> Complete lower and upper denture <input type="checkbox"/> Root canal <input type="checkbox"/> Crown	Not covered
<b>Oral Surgery</b> (Prior authorize to determine if a medical or dental benefit)	<input type="checkbox"/> <b>Removal of impacted tooth</b> For Traditional Plan Members a medical benefit; for Managed Care Members a dental benefit – also extended to children.	Same as Premium Plan

## Things to Consider — Medical and Dental Plans

As you decide which Medical and Dental plans may be right for your individual and family situation, you may want to consider the following:

- Do you have other group health care coverage available to you or your family members—for example, through your spouse’s employer? If so, under what plan do you want to cover yourself, your spouse and your dependents?
- How much medical care do you and your family typically need? Are you anticipating any changes in the next 12 months, such as increased pediatric expenses?
- Remember, unlike your other **Choices** benefit options, your dental enrollment election is a two-year commitment.
- Do you plan to participate in the Health Care Reimbursement Account? Keep in mind, you can use the Health Care Reimbursement Account to reduce your out-of-pocket cost for deductibles and your share of the cost of many other medical, or dental care services that may not be covered by the plan or for which coverage is limited.
- Who do you want to enroll for coverage? Choices offers options in the mix of family members you can enroll. See page 22 for more information.

# Life Insurance/Accidental Death & Dismemberment (AD&D)

Life insurance under **Choices** pays benefits to your beneficiary or beneficiaries if you die from most causes while coverage is in effect. Accidental Death & Dismemberment (AD&D) coverage adds low-cost accidental death protection by paying benefits in the event your death is due to accidental causes. Full or partial AD&D benefits are also payable to you following certain serious accidental injuries.

Your Life Insurance/AD&D options under **Choices** include:

- Basic Employee Life Insurance/AD&D—two options
- Optional Supplemental Life Insurance—eight coverage options plus the option of declining coverage.

*(Note: Optional Supplemental Life insurance is paid for with after-tax dollars.)*

## Life Insurance/AD&D At-A-Glance

The following chart provides highlights of your Basic Life/AD&D and Optional Supplemental Life Insurance.

	Basic Life/AD&D	Optional Supplemental Life (After-Tax)
<b>Who May Be Enrolled</b>	<b>Employee Only</b> ( <i>May increase one level of coverage during annual enrollment, if you ARE ELIGIBLE and are in an active work status</i> )	<b>Employee Only</b> ( <i>May increase one level of coverage during annual enrollment, if you ARE ELIGIBLE and are in an active work status</i> )
<b>Amount of Coverage &amp; Monthly Premium</b> (see chart page 14 for Supplemental Life premiums)	Basic Life Insurance and AD&D ( <i>each</i> ): <input type="checkbox"/> \$10,000 <b>\$1.55 for both</b> <input type="checkbox"/> \$20,000 <b>\$3.10 for both</b>	<input type="checkbox"/> Decline coverage <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000
<b>When Benefits Become Payable</b>	Basic Life insurance: <input type="checkbox"/> Full benefits are payable following your death from any cause. <input type="checkbox"/> Half your full benefit amount is payable to you in the event you become terminally ill with the balance payable to your beneficiary(ies) upon death.  Basic AD&D <input type="checkbox"/> Full benefits are payable if as a result of an accident you die; lose both hands, feet or eyes; or lose one hand and one foot, one hand and one eye or one foot and one eye. <input type="checkbox"/> Half of your full benefit amount is payable if you lose one hand, one foot or one eye. <input type="checkbox"/> 1/4 of your full benefit is payable if you lose the thumb and index finger on the same hand.	Full benefits are payable following your death from any cause.
<b>If You Remain Employed At Age 70</b>	Coverage continues while you continue to pay required premiums.	Coverage continues while you continue to pay required premiums.
<b>Portability/Conversion</b>	Basic Life insurance may be continued if you leave employment equal to the amount you last chose under this plan — \$10,000 or \$20,000. <b>Exception:</b> <i>You will be ineligible to port coverage if you have a medical condition which has a material effect on life expectancy.</i>	Your coverage may be continued if you leave employment equal to the amount you last chose under this plan. <b>Exception:</b> <i>You will be ineligible to port coverage if you have a medical condition which has a material effect on life expectancy.</i>
<b>Exclusions/Limitations</b>	<b>Delayed Effective Date:</b> Insurance will be delayed for employees not in active employment until the first of the month coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.	<b>Delayed Effective Date:</b> Insurance will be delayed for employees not in active employment until the first of the month coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

## Cost of Optional Supplemental Life Insurance (After-Tax)

If you enroll for Optional Supplemental Life insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in the following table. *Remember, this cost is paid on an after-tax basis.* Employees may NOT cover other MUS employed family members.

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
under 30	\$1.43	\$2.85	\$4.28	\$5.70	\$7.13	\$8.55	\$9.98	\$11.40
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00
35-39	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50	\$15.75	\$18.00
40-44	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80
45-49	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40
50-54	\$8.03	\$16.05	\$24.08	\$32.10	\$40.13	\$48.15	\$56.18	\$62.20
55-59	\$13.43	\$26.85	\$40.28	\$53.70	\$67.13	\$80.55	\$93.98	\$107.40
60-64	\$16.50	\$33.00	\$49.50	\$66.00	\$82.50	\$99.00	\$115.50	\$132.00
65-69	\$32.50	\$65.00	\$97.50	\$130.00	\$162.50	\$195.00	\$227.50	\$260.00
over 70	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00	\$450.00	\$525.00	\$600.00

### Things to Consider — Life Insurance/AD&D

As you make your Life Insurance/AD&D enrollment decisions, you may want to consider the following:

- Do you have other life insurance coverage, for example through a personal policy? If so, you may want to use the coverage available through **Choices** to supplement the coverage you have elsewhere.
- How much life insurance coverage do you have now from Montana University System? Under **Choices**, you may keep the same amount of coverage you have now. You may increase one level of coverage during annual enrollment without proof of insurability, if you are in an active work status. Of course, you may also choose a lower amount of coverage.
- New employees may elect any option.
- Do you want to enroll for Optional Dependent Life insurance coverage? To do so, you must enroll for Optional Supplemental Life insurance for yourself.

# Optional Dependent Life Insurance (After-Tax)

Optional Dependent Life insurance is designed to protect you against certain financial burdens (such as funeral expenses) in the event a covered dependent dies. You are automatically the beneficiary of any benefits that become payable. This benefit is paid for with after-tax dollars. Employees may NOT cover

other MUS employed family members.

You must enroll for Optional Supplemental Life insurance to enroll for Optional Dependent Life insurance.

You may increase one level of coverage during annual enrollment if you are in an active work status.

## Optional Dependent Life At-A-Glance

The following chart provides highlights of your Optional Dependent Life insurance.

<b>Who May Be Enrolled</b>	<b>Your spouse and unmarried children from 14 days to age 25. Employees may NOT cover other MUS employed family members.</b>	
<b>Amount of Coverage and Monthly Premium *</b>	<input type="checkbox"/> \$2,500 Spouse / \$1,250 Child(ren) <input type="checkbox"/> \$5,000 Spouse / \$2,500 Child(ren) <input type="checkbox"/> \$10,000 Spouse / \$5,000 Child(ren) <input type="checkbox"/> \$25,000 Spouse / \$5,000 Child(ren)	<b>\$0.77</b> <b>\$1.54</b> <b>\$3.08</b> <b>\$7.71</b>
<b>When Benefits Become Payable</b>	Following an enrolled dependent's death from most causes.	
<b>Exclusions/Limitations</b>	<b>Delayed Effective Date:</b> Coverage for totally disabled dependents will be delayed until the first of the month coincident with or next, following the date the individual is no longer totally disabled. This delay does not apply to newborn children while dependent insurance is in effect.	

*\*The cost of coverage is the same regardless of the number of children enrolled.*

## Things to Consider — Optional Dependent Life

As you make your Optional Dependent Life enrollment decisions, you may want to consider the following:

- Do your dependents have other life insurance coverage, for example through a personal policy? If so, you may want to use the coverage available through **Choices** to supplement the coverage provided elsewhere.
- You may increase one level of coverage during annual enrollment without proof of insurability if you are in an active work status. Of course, you may also choose a lower amount of coverage.
- New employees may elect any option.
- If any of your dependents were to die, what new expenses would you face?
- If your salary alone was your only regular income, would it be enough to cover your financial obligations?

# Long Term Disability

**Employees on a leave status may not be eligible for long term disability coverage. Please consult with your Human Resources Department.**

Long Term Disability (LTD) coverage can help protect your income in the event you become disabled and unable to work. **Choices** includes three LTD options designed to supplement other sources of disability income that may be available to you:

- 60% of pay, following six months of disability
- 66-2/3% of pay, following six months of disability
- 66-2/3% of pay, following four months of disability

As you can see, the three LTD options differ in terms of the amount of your pay they replace, when benefits become payable, and premium costs

**LTD At-A-Glance** — The following chart highlights some of the similarities and differences between your LTD options. For more information about covered services, exclusions and limitations, please refer to your Group Benefits booklet.

May increase one level of coverage during annual enrollment.	60% of pay/ 6 month wait	Monthly premium: \$6.35	66-2/3% of pay/ 6 month wait	Monthly premium: \$11.75	66-2/3% of pay/ 4 month wait	Monthly premium: \$14.66
<b>Who May Be Enrolled</b>	Employee Only		Employee Only		Employee Only	
<b>Amount of Benefit</b>	60% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100.		66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100.		66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100.	
<b>When Benefits Become Payable</b>	Following six months of continuous disability.		Following six months of continuous disability.		Following four months of continuous disability.	
<b>How Long Benefits May Continue</b>	Until you recover, die, or reach age 65, whichever is earliest.		Until you recover, die, or reach age 65, whichever is earliest.		Until you recover, die, or reach age 65, whichever is earliest.	
<b>Exclusions/Limitations</b>	<i>Delayed Effective Date:</i> The effective date of your coverage will be delayed if you are not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would become effective.		<i>Delayed Effective Date:</i> The effective date of your coverage will be delayed if you are not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would become effective.		<i>Delayed Effective Date:</i> The effective date of your coverage will be delayed if you are not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would become effective.	

## If You Have Other Disability Income

The level of LTD coverage you select ensures that you will continue to receive a percentage of your base pay each month if you become totally disabled.

Some of the money you receive may come from other sources, such as Social Security, Workers' Compensation, or other group disability benefits. Your **Choices** LTD benefit will be offset by any amounts you receive from these sources. The total combined income will equal the benefit level you selected.

## Things to Consider — Long Term Disability (LTD)

As you decide among your LTD options, you may want to consider the following:

- If you were to become disabled, what sources of income would you have? Consider any income that might be available, for example, accumulated sick leave, income from your spouse's job, your personal savings, Social Security or other government disability benefit programs and any other group or individual disability coverage you may have.
- Have your financial obligations changed recently? Does this mean you should reconsider the amount of your LTD benefits?
- You may increase one level of coverage during annual enrollment without proof of insurability if you are in an active work status. Of course, you may also choose a lower amount of coverage.
- New employees may elect any option.
- Have there been any changes in your family's financial situation that may affect your need for LTD protection? For example, has your spouse started or ended employment? Do you now have additional dependents for whom you are financially responsible?

Keep in mind, since your costs for LTD coverage are before-tax, any benefits you receive from the plan are subject to applicable federal and state taxes.

# Optional Accidental Death & Dismemberment (AD&D) Coverage

Optional Accidental Death & Dismemberment (AD&D) coverage can be a relatively inexpensive way to provide additional protection for you or you and your family in the event of certain serious injuries or death in an accident. Optional AD&D benefits that become payable are in addition to any other life insurance or AD&D benefits which may be paid.

If you decide to enroll for Optional AD&D coverage, you may choose from the following coverage categories:

- Employee Only
- Employee & Family Coverage

Your before-tax cost for Optional AD&D coverage will depend on the coverage category you select and the amount of coverage you choose. Employees may NOT cover other MUS employed family members.

## Optional AD&D At-A-Glance

The following chart provides highlights of your Optional AD&D coverage options

	Employee Only	Employee & Family
<b>Who May Be Enrolled</b>	Employee Only	<b>Employee, Spouse and Child(ren) to age 25</b>
<b>Amount of Coverage</b>	<input type="checkbox"/> Decline coverage <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000	<input type="checkbox"/> Decline coverage Employee: <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000
<i>May Not Exceed Ten Times Annual Salary</i>	Monthly Premiums: \$ .63 \$1.25 \$1.88 \$2.50 \$3.75 \$5.00 \$6.25 \$7.50	Monthly Premiums: \$1.18 \$2.35 \$3.53 \$4.70 \$7.05 \$9.40 \$11.75 \$14.10  Family: If, at the time a claim is made, your family consists of: <input type="checkbox"/> Your spouse only, he or she is covered for 60% of the amount you have chosen. <input type="checkbox"/> Child(ren) only, each child is covered for 20% of the amount you have chosen. <input type="checkbox"/> Spouse and children, your spouse is covered for 50% and each child is covered for 15% of the amount you have chosen.

*Optional AD&D At-A-Glance Continued on Following Page*

## Optional AD&D At-A-Glance. . . CONTINUED

The following chart provides highlights of your Optional AD&D coverage options

	Employee Only	Employee & Family
<b>When Benefits Become Payable</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full benefits are payable, if as a result of an accident you die; lose both hands, feet or eyes; or lose one hand and one foot, one hand and one eye or one foot and one eye.</li> <li><input type="checkbox"/> 3/4 of your full benefit is payable for paraplegia (total paralysis of both lower limbs).</li> <li><input type="checkbox"/> Half of your full benefit is payable if you lose one hand, one foot or one eye, or loss of speech or hearing in both ears.</li> <li><input type="checkbox"/> 1/4 of your full benefit is payable if you lose the thumb and index finger on the same hand.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full benefits are payable, if as a result of an accident you or a dependent die; lose both hands, feet or eyes; or lose one hand and one foot, one hand and one eye or one foot and one eye.</li> <li><input type="checkbox"/> 3/4 of your full benefit is payable for paraplegia (total paralysis of both lower limbs).</li> <li><input type="checkbox"/> Half of your full benefit is payable if you or a dependent lose one hand, one foot or one eye, or loss of speech or hearing in both ears.</li> <li><input type="checkbox"/> 1/4 of your full benefit is payable if you or a dependent lose the thumb and index finger on the same hand.</li> </ul>

### Things to Consider — Optional AD&D

As you make your Optional AD&D enrollment decisions, you may want to consider the following:

- Does your life and AD&D insurance provide enough financial protection in the event of your death or the death of a family member? AD&D coverage can be a cost-effective supplement to life insurance.
- Is it important to have financial protection against certain serious injuries that don't result in death? Remember, AD&D pays full or partial benefits in the event of certain serious losses of bodily function, such as the loss of a limb or paralysis.

## Optional Vision Plan Administered by VSP 1-800-877-7195 [www.vsp.com](http://www.vsp.com)

The optional vision plan offers over 50 providers throughout the state. There is a \$10 co-pay for an eye exam and a 20% discount on frames and lenses when purchased from a participating provider in conjunction with the eye exam. The plan offers a 15% discount on professional fees only, for contact lenses. There is a schedule for out of network exams, see your plan description for details.

The things to consider are:

- Are you or any of your family members going to need corrective lenses in the next year.
- Are you or a family member in need of updating your present prescription for corrective lenses.

If so consider this low cost supplemental coverage.

- The cost is \$3.43 per month for you or your entire family.

# Optional Reimbursement Accounts

Administered by Employee Benefit Resources 1-800-765-9429 [www.erbworld.com](http://www.erbworld.com)

**Choices** includes two Reimbursement Accounts which can save you money on many health care or dependent care expenses. These Reimbursement Accounts take advantage of federal tax laws which allow you to allocate money each year on a before-tax basis to pay for eligible health care and dependent care expenses.

You may enroll in either one or both of the following Reimbursement Accounts:

- Health Care Reimbursement Account to help you pay for many medical, and dental expenses for yourself/dependents, and. . .
- Dependent Care Reimbursement Account to help you pay for dependent day care expenses necessary for you—or you and your spouse, if married—to work or look for work. Eligible dependents are your children under age 13 or a dependent spouse, parent or child of any age who is incapable of self-support.

## Optional Reimbursement Accounts At-A-Glance

The following chart highlights some of your Optional Reimbursement Accounts. For more information about eligible expenses, please refer to IRS Publications 502 (Medical and Dental Expenses) and 503 (Child and Dependent Care Expenses). **These are available at most public libraries, from the Internal Revenue Service, or can be accessed from the Employee Benefit Resources, 1-800-765-9429, LLP web site, [www.ebrworld.com/cafeteriaplans](http://www.ebrworld.com/cafeteriaplans).**

	Health Care Reimbursement Account	Dependent Care Reimbursement Acct.
<b>Amount You May Allocate</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decline to Participate</li> <li><input type="checkbox"/> Minimum: \$10/month</li> <li><input type="checkbox"/> Maximum: \$500.00/month</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decline to Participate</li> <li><input type="checkbox"/> Minimum: \$10/month</li> <li><input type="checkbox"/> Maximum: \$416.66/month</li> </ul>
<b>Eligible Expenses</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deductible amounts.</li> <li><input type="checkbox"/> Your share of medical, and dental expenses for you and your family which are covered under <b>Choices</b> but not fully reimbursed.</li> <li><input type="checkbox"/> Vision expenses not covered under vision plan (<i>such as lazer surgery</i>)</li> <li><input type="checkbox"/> Copayments for prescription drugs.</li> <li><input type="checkbox"/> Amounts above what the plan considers an allowable fee.</li> <li><input type="checkbox"/> Expenses not covered under the Medical or Dental plans, such as:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Hearing aids</li> <li><input type="checkbox"/> Orthodontics</li> <li><input type="checkbox"/> Restorative dental work for your children or for you if you are enrolled in the Basic Dental plan</li> <li><input type="checkbox"/> Acquisition, training and maintenance of a dog for the deaf or blind.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dependent care expenses for eligible dependents to allow you or you and your spouse, if married, to work or look for work. These include:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Preschool</li> <li><input type="checkbox"/> Baby-sitting in your home provided by a person who is not a relative or is a relative but is at least 19 years old</li> <li><input type="checkbox"/> Services provided outside your home, for your child under age 13 or a dependent of any age who is incapable of self-care and spends at least 8 hours a day in your home. The participant must provide the third party administrator the name, address and if applicable, the Taxpayer ID number of the service provider.</li> </ul> </li> </ul>
<b>Expenses Which Are Not Eligible</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monthly costs of coverage.</li> <li><input type="checkbox"/> Expenses reimbursed under any other plan.</li> <li><input type="checkbox"/> Expenses you plan to claim as tax deductions.</li> <li><input type="checkbox"/> Long Term Care expenses.</li> <li><input type="checkbox"/> Cosmetic surgery expenses, unless necessary due to injury, disease or birth defect.</li> <li><input type="checkbox"/> Expenses incurred outside the benefit year (or the portion of the year you are enrolled, if part of the year).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Services which are not necessary for you or you and your spouse, if married, to work or look for work.</li> <li><input type="checkbox"/> Services provided by your child under age 19.</li> <li><input type="checkbox"/> Services provided for a dependent over age 13 who does not normally spend at least 8 hours a day in your home.</li> <li><input type="checkbox"/> Expenses you plan to claim as a tax credit.</li> <li><input type="checkbox"/> Any amount exceeding your taxable compensation and if you are married, your spouse's actual or deemed earned income.</li> </ul>

# Optional Reimbursement Accounts (*Continued*)

## Submitting Claims For Reimbursement

Claims may be submitted whenever you have incurred an eligible expense of at least \$10.00. However, your Dependent Care Reimbursement account may reimburse you only up to your account balance at the time your claim is submitted. Reimbursements are tax-free, which means you never pay taxes on the amount you contribute to your Account(s).

## If Money Remains In Your Account At Year-End

In exchange for the before-tax advantages available to you under the Reimbursement Accounts, the Internal Revenue Service requires that any money remaining in your Account(s) at year-end will be forfeited.

This means you should carefully estimate your anticipated expenses before you decide how much to allocate to your Reimbursement Account(s) for the next 12 months.

You have 90 days following the end of the plan year to submit claims for your Reimbursement Account.

## The Reimbursement Account Advantage: Tax Savings

Amounts you allocate to the Reimbursement Account(s) are deducted from your pay before federal or state income taxes or Social Security taxes are taken out. As a result, you save because your taxable income is lowered and you never pay taxes on the amounts you allocate to your Account(s).

<b>Tax Savings Example*</b>	<b>Not Using Account</b>	<b>Using Account</b>
<b>Taxable Income</b>	\$24,000	\$24,000
<b>Before-Tax Reimbursement Account Contribution</b>	- 0 -	-\$ 1,200
<b>Net Taxable Income</b>	\$24,000	\$22,800
<b>Taxes</b>		
<input type="checkbox"/> <b>Federal (15%)</b>	-\$ 3,600	-\$ 3,420
<input type="checkbox"/> <b>Social Security (7.65%)</b>	-\$ 1,836	-\$ 1,744
<input type="checkbox"/> <b>State (8%)</b>	-\$ 1,920	-\$ 1,824
<b>After-Tax Health Expenses</b>	-\$ 1,200	- 0 -
<b>Take Home Pay</b>	\$15,444	\$15,812
<b>Net Savings</b>		+\$ 368

\*This example is for illustrative purposes only. Your actual tax savings will vary based on your personal situation.

## Things to Consider — Reimbursement Accounts

As you make your Optional Reimbursement Account enrollment decisions, you may want to consider the following:

- ❑ Do you anticipate any specific expenses in the benefit year that won't be covered by the medical, dental, RX or vision plans? If you anticipate significant health care expenses next year, participation in the Health Care Reimbursement Account may result in considerable tax savings.
- ❑ Do you prefer to take an income tax deduction or credit at the end of the year? Your tax advisor may be able to help you determine if it is more advantageous for you to use the Reimbursement Account or take the tax credit when you file income taxes. (It is virtually impossible to save as much in taxes with a medical deduction as with a Medical Reimbursement Account.)
- ❑ If you cease employment with the university system, your participation in the plan will continue through the plan year. Salary redirections will continue with after-tax contributions for the remainder of the year for medical reimbursement accounts. Employees will be responsible for the administrative fee for the full plan year if they terminate mid-year.
- ❑ **Remember if you are a mid-year enrollee you must figure your flex amounts on the months remaining in the benefit year. The benefit year is July 1 – June 30.**
- ❑ **Remember if you flex money for dependent care be sure to send in an IRS form 2441 with your individual income tax return.**

# How to Enroll in *Choices*

To select **Choices** options you must complete and return an enrollment form:

- a. within 31 days of first becoming eligible for benefits,  
*If you do not waive coverage or enroll within the 31 days, you will default to the \$575 medical plan – employee only; the premium dental plan – employee only; Basic employee life /AD&D of \$20,000; & long term disability of 60% after six months disability.*
- b. during annual open enrollment,  
*If you do not enroll, you will default to prior coverage and will have no reimbursement accounts (unless you enroll for reimbursement acct.(s) using a separate form).*
- c. when you have a mid-year qualifying event and want to make an allowed mid-year change in elections. *This change must be made within 63 days of event.*

This section of your enrollment workbook provides a step-by-step summary of the **Choices** enrollment process.

## **Step 1— Review This Workbook Carefully**

- Read through the information provided in this workbook.
- Share and discuss this information with your spouse or other family members.
- Determine your benefit needs for the coming benefit year if you are enrolling during open enrollment or for the remainder of the current benefit year if a new enrollee. You may want to review the Issues to Consider section under Your choices Benefit Options.

## **Step 2 — Complete the Front Side of Your Enrollment Form**

Your enrollment form should be included with this workbook. In the event your enrollment form is missing or you need another, please contact the Human Resources Department at your campus. If your campus provides On-line open enrollment, you may enroll on-line.

### **Medical**

For Medical Coverage, you must make two elections: A plan and a coverage category. Note that there are coverage categories as shown to the right. If you fail to enroll, you will default as described above.

- Check the boxes corresponding to the plan you have selected and the coverage category you want.
- When you have selected a plan and coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, next to the (A).
- See pages 27 through 29 for the service areas of managed care plans. See pages 6 – 11 for a comparison of benefits.

#### **Choices Coverage Categories**

Employee Only
Employee and Spouse/Adult Dependent
Employee & Child(ren)
Employee, Spouse/Adult Dependent & Child(ren)

## **Dental (Two-Year Plan)**

*Dental plan options are offered during odd year annual enrollments. During an even year your current level of dental coverage will remain in effect. For Dental coverage, you must make two elections: A plan and a coverage category. The coverage categories are the same as shown on prior page for Medical coverage.*

- Check the boxes corresponding to the plan you have selected and coverage category you want.
- When you have selected a plan and coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, next to the (B).

## **Life Insurance/Accidental Death and Dismemberment and Long Term Disability**

*You must make one election for Basic Life Insurance/AD&D, and one election for Long Term Disability.*

- During annual enrollment you may increase one level, decrease, or keep the current level of coverage.
- Check the box that corresponds to the amount of Basic Life Insurance/AD&D coverage you want.
- Next, check the box that corresponds to the LTD plan option you would like.
- When you have selected your coverage options, fill in the two corresponding monthly costs in the spaces provided on the right-hand side of the form, next to the (C) and (D).

## **Optional Vision**

- Check box on enrollment form if you want the Vision coverage and enter \$3.43 in the space provided next to the (E).

## **Optional Accidental Death & Dismemberment**

*To receive Optional AD&D, you must make two elections: a coverage amount and a coverage category. NOTE: Amount elected may not exceed 10 times annual salary.*

- First, check the box corresponding to the coverage amount you want. Remember, if you choose Employee & Family coverage, your family members are covered for a percentage of the amount you have chosen for yourself .
- Next, check the box corresponding to the coverage category you want (Employee Only or Employee & Family).
- When you have selected a coverage category and amount of coverage, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, next to the (F).

## Costs & Dependent Child(ren) Premium Waiver

- Total your monthly costs [add up the amounts along the right-hand side of the form – (A) through (F)], and enter the sum next to the (G).
- Check the box to “Accept Dependent Child(ren) Premium Waiver,” if you are eligible and wish to accept the waiver. Enter the waiver amount (from below) next to the (H).

**Eligibility requirements:** This waiver is designed to make dependent child(ren) coverage affordable for employees with an annualized income of \$25,000 or less. This means that you are eligible if a full time employee earning \$25,000 or less or a half time employee (.5 FTE) earning \$12,500 or less. You must work at least half time & qualify for benefits to receive the waiver.

<b>Waiver amount:</b> Coverage Level: Plan:	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Spouse/Adult Dependent &amp; Child(ren)</b>
<b>\$400 Deductible Plan</b>	\$110.00	\$66.00
<b>\$575 Deductible Plan</b>	\$103.00	\$45.00
<b>BCBSMT Mngd. Care Plan</b>	\$ 99.00	\$59.00
<b>New West Mngd. Care Plan</b>	\$ 92.00	\$59.00
<b>PEAK Mngd. Care Plan</b>	\$ 99.00	\$59.00

- If claiming the Premium Waiver, subtract the waiver amount (H) from the Total Costs (G) to get Costs after Premium Waiver. Enter this amount next to the (I).
- Note the amount of monthly Employer Contribution – shown next to the (J).
- If claiming the waiver, subtract Employer Contribution (J) from Costs after Premium Waiver (I); if not claiming the Waiver, subtract Employer Contribution (J) from Total Costs (G). Enter the difference next to the (K)
- If your costs are:
  - greater than Employer Contribution (the number in K is a positive number), your salary will be reduced by this amount in equal portions each pay period to pay the costs not covered by Employer Contribution..
  - less than Employer Contribution (the number in K is a negative number), you will either forfeit this amount or you may allocate it to a Health Care Reimbursement Account.

## Optional Reimbursement Accounts

*You may enroll in one or both of the following reimbursement accounts: a Health Care Reimbursement Account and / or a Dependent Care Reimbursement Account. You must enroll each benefit year for reimbursement accounts you want for the year, using either the Choices Enrollment Form or an alternative paper form or on-line form provided by your campus. Any unused Employer Contribution amount [a negative number from line (K) on the front of the Choices Election Form] may be applied to a Health Care Reimbursement Account.*

- Fill in the yearly amount(s) you want to allocate to each account in the space(s) provided. Note the minimum and maximum monthly amounts. The minimum and maximum yearly amounts are monthly amounts times twelve. Payroll personnel will convert your yearly amount to pay period deduction amounts, but you may divide your selected yearly amount by twelve to approximate your average monthly cost(s) – (L) & (M).

- If you are a new enrollee, fill in the amount(s) you want to allocate for the remainder of the benefit year in the yearly amount slot. Expenses incurred before the effective date of enrollment are not eligible for reimbursement.
- If enrolling in one or both accounts, enter your before-tax monthly administration fee of \$2.76 next to the (N).

## **Optional After-Tax Benefits**

Optional Supplemental Life insurance and Optional Dependent Life insurance premiums are paid with after-tax dollars. *You must enroll for Optional Supplemental Life to enroll for Optional Dependent Life.* If you are a new **Choices** enrollee (within 31 days of first becoming eligible for benefits) you may select any amount of Optional Supplemental life and Optional Dependent life without submitting evidence of insurability. If you are newly married (within the past 63 days), you may select any amount of Optional Dependent Life (assuming you enroll/are already enrolled in Optional Supplemental Life) without submitting evidence of insurability. During routine open enrollment you may only select the lowest coverage amount, or increase one level of coverage without submitting evidence of insurability. You may also drop/decrease coverage.

- Check one box under Optional Supplemental Life insurance.
- Check the box which corresponds to the amount of Optional Dependent Life insurance coverage you want for your spouse and child(ren).
- When you have made your selections, fill in the two corresponding after-tax monthly costs in the spaces provided on the right-hand side of the form, next to the (O) & (P). *NOTE: Costs for Optional Life insurance are shown in the table on page 14 of this workbook.*

## **Step 3 — Complete the Reverse Side of Your Enrollment Form**

To complete the enrollment process, you also need to complete and sign the reverse side of your enrollment form. The information on this side is necessary to accurately administer the plan and ensure that benefits are paid correctly.

First, check the reason why you are completing this form. Then proceed to the sections below.

### **Employee Information**

*The first section of the form asks for information about you and your enrollment status – whether you are single, married or claiming an Adult Dependent. To claim and cover an Adult Dependent you must submit a Declaration of Adult Dependent form which is available at your campus Human Resources Office or at [www.montana.edu/choices](http://www.montana.edu/choices). Be sure to complete all items.*

### **Family Members – Enrolled For Medical, Vision, Optional Dependent, Life or AD&D**

*In this section, enter the requested information about any dependents you have elected to enroll for any or all of the above coverages. Remember, the dependents you list here should correspond to the coverage categories you selected on the front side of*

*this form. For example, if you selected Employee & Child(ren) for Medical coverage, you should list each child you want to cover here.*

## **PCPs for Managed Care Plan Members**

If you are enrolling in a managed care medical plan, enter the name of a Primary Care Provider for each listed family member covered by the plan. See pages 32 through 43 of this Enrollment Workbook for managed care plan PCPs or visit the plan web site. If you will be a new patient, check to see if the selected PCP is taking new patients.

## **Mid-Year Change Information**

Generally, you may not change the elections you have made after your initial 31-day enrollment period or during your annual open enrollment period until the next open enrollment. However, there are certain limited situations that allow changes in elections. You are permitted to add or delete dependent coverage and make some plan changes if you have a qualifying change in status. In fact, it is your responsibility to remove dependents from coverage when they cease to be eligible. The election change must be requested within 63 days of the change in status and, for benefits paid pre-tax, must be consistent with the change in status. There are detailed IRS regulations and guidelines governing this.

- The most common Qualifying Events are listed in this section. Check the one that applies or write in an event that you believe should allow an election change for review by your campus Human Resources Office.
- Enter the date of the Qualifying Event in the space provided. The date of an event causing a dependent to lose other coverage is the date coverage actually ends.

For information on whether a change in status permits a change in Reimbursement Account election(s), contact the administrator, EBR, at [www.ebrworld.com](http://www.ebrworld.com) or at 449-5500 or 1-800-765-9429. Mid-year increases in health care costs do not permit enrollment in or a change in the amount allocated to a Health Care Reimbursement Account.

## **Information About Other Group Coverage**

*This section asks for information about any other group medical or dental coverage you or any enrolled dependents may have. If this doesn't apply to you, check the box next to "no" and continue to the next section. If you check "yes", you will need to provide the requested information.*

## **List Your Beneficiaries For Life Insurance and AD&D Insurance**

*In this section you need to provide information about your beneficiaries for life insurance and AD&D coverage. If you are married, but choose someone other than your spouse as beneficiary, your spouse needs to sign and date where indicated in this section to acknowledge the other beneficiary.*

### **Signature**

*Finally, read the authorization paragraph and sign and date this side of the form where indicated. You may also want to review your completed form for accuracy before submitting the form.*

# BCBSMT MANAGED CARE PLAN SERVICE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Darby	59829	Huson	59846	Potomac	59823
Acton	59002	Dayton	59914	Inverness	59530	Power	59468
Alberton	59820	DeBorgia	59830	Jackson	59736	Proctor	59929
Alder	59710	Deer Lodge	59722	Jefferson City	59638	Pryor	59066
Anaconda	59711	Dell	59724	Joliet	59041	Ramsay	59748
Arlee	59821	Dillon	59725	Joplin	59531	Ravalli	59863
Augusta	59410	Divide	59727	Judith Gap	59453	Raynesford	59469
Avon	59713	Dixon	59831	Kalispell	59901	Red Lodge	59068
Ballantine	59006	Drummond	59832		59902	Rexford	59930
Basin	59631	Dupuyer	59432		59903	Ringling	59642
Bearcreek	59007	Dutton	59433		59904	Roberts	59070
Belfry	59008	East Helena	59635	Kila	59920	Rollins	59931
Belt	59412	Edgar	59026	Kremlin	59532	Ronan	59864
Big Arm	59910	Elliston	59728	Lake McDonald	59921	Roscoe	59071
Bigfork	59911	Elmo	59915	Lakeside	59922	Roundup	59072
Billings	59101	Ennis	59729	Laurel	59044	Rudyard	59540
	59102	Eureka	59917	Lavina	59046	Ryegate	59074
	59103	Fairfield	59436	Lima	59739	Saltese	59867
	59104	Fishtail	59028	Lincoln	59639	Sand Coulee	59472
	59105	Florence	59833	Lloyd	59535	Seeley Lake	59868
	59106	Floweree	59440	Lodge Grass	59050	Shawmut	59078
	59107	Fort Benton	59442	Lolo	59847	Shepherd	59079
	59108	Fort Harrison	59636	Loma	59460	Sheridan	59749
	59111	Fort Shaw	59443	Lonepine	59848	Shonkin	59450
	59112	Fortine	59918	Lothair	59461	Silesia	59041
	59113	Frenchtown	59834	Luther	59068	Silver Star	59751
	59114	Fromberg	59029	Marion	59925	Simms	59477
	59115	Galata	59444	Martin City	59926	Somers	59932
	59116	Garneill	59445	Martinsdale	59053	St. Ignatius	59865
	59117	Garrison	59731	Marysville	59640	St. Regis	59866
Black Eagle	59414	Garryowen	59031	McAllister	59740	St. Xavier	59075
Bonner	59823	Geraldine	59446	Melrose	59743	Stevensville	59870
Boulder	59632	Geyser	59447	Melville	59055	Stockett	59480
Box Elder	59521	Gildford	59525	Milltown	59851	Styker	59933
Boyd	59013	Glen	59732	Missoula	59801	Sula	59871
Brady	59416	Gold Creek	59733		59802	Sun River	59483
Bridger	59014	Grantsdale	59835		59803	Superior	59872
Broadview	59015	Great Falls	59401		59804	Swan Lake	59911
Buffalo	59418		59402		59806	Thompson Falls	59873
Butte	59701		59403		59807	Tracy	59472
	59702		59404		59808	Trego	59934
	59703		59405		59812	Trout Creek	59874
	59707		59406	Moiese	59824	Twin Bridges	59754
	59750	Greenough	59836	Molt	59057	Two Dot	59085
Bynum	59419	Hamilton	59840	Monarch	59463	Ulm	59485
Canyon Creek	59633	Hardin	59034	Montana City	59634	Vaughn	59487
Cardwell	59721	Harlowton	59036	Musselshell	59059	Victor	59875
Carter	59420	Harrison	59735	Neihart	59465	Virginia City	59755
Cascade	59421	Haugen	59842	Niarada	59845	Walkerville	59701
Charlo	59824	Havre	59501	Norris	59745	Warm Springs	59756
Chester	59522	Helena	59601	Noxon	59853	West Glacier	59936
Chinook	59523		59602	Olney	59927	White Slphr Sprgs	59645
Choteau	59422		59604	Ovando	59854	Whitefish	59937
Clancy	59634		59620	Pablo	59855	Whitehall	59759
Clinton	59825		59623	Paradise	59856	Whitelash	59545
Columbia Falls	59912		59624	Park City	59063	Winston	59647
Condon	59826		59625	Pendroy	59467	Wisdom	59761
Connor	59827		59626	Philipsburg	59858	Wise River	59762
Conrad	59425	Helmville	59843	Pinesdale	59841	Wolf Creek	59648
Coram	59913	Heron	59844	Plains	59859	Worden	59088
Corvallis	59828	Highwood	59450	Polaris	59746	Zurich	59547
Craig	59648	Hingham	59528	Pole Bridge	59928		
Creston	59902	Hot Springs	59845	Polson	59860		
Crow Agency	59022	Hungry Horse	59919	Pompeys Pillar	59064		
Custer	59024	Huntley	59037	Pony	59747		

# NEW WEST MANAGED CARE PLAN AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Clyde Park	59018	Havre	59501		59804
Acton	59002	Cohagen	59322	Hays	59527		59806
Alberton	59820	Colstrip	59323	Helena	59601		59807
Amsterdam	59741	Columbia Falls	59912		59602		59808
Angela	59312	Columbus	59019		59604		59812
Arlee	59821	Condon	59826		59620	Molt	59057
Ashland	59003	Conner	59827		59623	Mosby	59058
	59004	Cooke City	59020		59624	Musselshell	59059
Augusta	59410	Coram	59913		59625	Noxon	59853
Avon	59713	Corvallis	59828		59626	Nye	59061
Ballantine	59006	Crow Agency	59022	Helmville	59843	Ovando	59854
Basin	59631	Cushman	59046	Heron	59844	Pablo	59855
Bearcreek	59007	Custer	59024	Highwood	59450	Paradise	59856
Belfry	59008	Darby	59829	Hingham	59528	Park City	59063
Belgrade	59714	Dayton	59914	Hogeland	59529	Philipsburg	59858
Belt	59412	De Borgia	59830	Hot Springs	59845	Pinesdale	59841
Big Arm	59910	Decker	59025	Hungry Horse	59919	Plains	59859
Big Sandy	59520	Deer Lodge	59722	Huntley	59037	Polaris	59746
Big Timber	59011	Dell	59724	Huson	59846	Polson	59860
Bigfork	59911	Dillon	59725	Hysham	59038	Pompeys Pillar	59064
Bighorn	59010	Dixon	59831	Ingomar	59039	Pray	59065
Billings	59101	Dodson	59524	Iverness	59530	Proctor	59929
	59102	Drummond	59832	Ismay	59336	Pryor	59066
	59103	East Helena	59635	Jackson	59736	Radersburg	59641
	59104	Edgar	59026	Jefferson City	59638	Rapelje	59067
	59105	Elliston	59728	Joliet	59041	Ravalli	59863
	59106	Elmo	59915	Jordan	59337	Red Lodge	59068
	59107	Emigrant	59027	Judith Gap	59453	Reed Point	59069
	59108	Essex	59916	Kalipsell	59901	Ringling	59642
	59111	Fishtail	59028		59902	Roberts	59070
	59112	Florence	59833		59903	Rollins	59931
	59114	Floweree	59440		59904	Ronan	59864
	59115	Forsyth	59327	Kila	59920	Roscoe	59071
	59116	Fort Benton	59442	Kinsey	59338	Rosebud	59347
	59117	Fort Harrison	59636	Kremlin	59532	Roundup	59072
Birney	59012	Fort Shaw	59443	Lame Deer	59043		59073
Black Eagle	59414	Frenchtown	59834	Laurel	59044	Rudyard	59540
Bonner	59823	Fromberg	59029	Lavina	59046	Ryegate	59074
Boulder	59632	Gallatin Gateway	59730	Lima	59739	Saco	59261
Box Elder	59521	Gardiner	59030	Lincoln	59639	Saint Ignatius	59865
Boyd	59013	Garrison	59731	Livingston	59047	Saint Regis	59866
Bozeman	59715	Garryowen	59031	Lloyd	59535	Saint Xavier	59075
	59717	Geraldine	59446	Lodge Grass	59050	Saltese	59867
	59718	Gildford	59525	Lolo	59847	Sand Coulee	59472
	59719	Glen	59732	Loma	59460	Sand Springs	59077
	59771	Gold Creek	59733	Lonepine	59848	Sanders	59076
	59772	Grantsdale	59835	Loring	59537	Seeley Lake	59868
	59773	Great Falls	59401	Malmstrom AFB	59402	Shawmut	59078
Bridger	59014		59403	Malta	59538	Shepherd	59079
Broadview	59015		59404	Manhattan	59741	Somers	59932
Brusett	59318		59405	Martin Ctiy	59926	Springdale	59082
Busby	59016		59406	Martinsdale	59053	Stevensville	59870
Canyon Creek	59633	Greenough	59836	Marysville	59640	Stockett	59480
Cardwell	59721	Greycliff	59033	McLeod	59052	Sula	59871
Carter	59420	Hall	59837	Melstone	59054	Sumatra	59083
Cascade	59421	Hamilton	59840	Melville	59055	Sun River	59483
Charlo	59824	Hardin	59034	Miles City	59301	Superior	59872
Chinook	59523	Harlem	59526	Milltown	59851	Thompson Falls	59873
Churchill	59741	Harlowton	59036	Missoula	59801	Toston	59643
Clancy	59634	Hathaway	59333		59802	Townsend	59644
Clinton	59825	Haugan	59842		59803	Trout Creek	59874

**NEW WEST MANAGED CARE PLAN  
SERVICE AREA CONT.**

**PEAK MANAGED CARE  
PLAN SERVICE AREAS\***

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Turner	59542			Acton	59002	Ryegate	59074
Two Dot	59085			Anaconda	59711	Saint Xavier	59075
Ulm	59485			Ashland	59003	Sanders	59076
Vaughn	59487			Ballantine	59006	Sawmut	59078
Victor	59875			Bearcreek	59007	Shepherd	59079
Volberg	59351			Belfry	59008	Sumatra	59083
West Glacier	59936			Bighorn	59010	Warm Springs	59756
Whitefish	59937			Billings	59101	Worden	59088
White Slphr Sprngs	59645				59102	Wyola	59089
Whitehall	59759				59103	Yellowtail	59035
Whitewater	59544				59104		
Winston	59647				59105		
Wisdom	59761				59106		
Wise River	59762				59107		
Wolf Creek	59648				59108		
Worden	59088				59111		
Wyola	59089				59112		
Yellowtail	59035				59114		
Zortman	59546				59115		
Zurich	59547				59116		
					59117		
				Birney	59012		
				Boyd	59013		
				Bridger	59014		
				Broadview	59015		
				Busby	59016		
				Butte	59701		
					59702		
					59703		
					59707		
					59750		
				Colstrip	59323		
				Crow Agency	59022		
				Custer	59024		
				Decker	59025		
				Deer Lodge	59722		
				Divide	59727		
				Edgar	59026		
				Forsyth	59327		
				Fromberg	59029		
				Garrison	59731		
				Garryowen	59031		
				Gold Creek	59733		
				Hardin	59034		
				Hathaway	59333		
				Huntley	59037		
				Hysham	59038		
				Ingomar	59039		
				Joliet	59041		
				Judith Gap	59453		
				Lame Deer	59043		
				Laurel	59044		
				Lavina	59046		
				Lodge Grass	59050		
				Melrose	59743		
				Pompeys Pillar	59064		
				Pryor	59066		
				Ramsay	59748		
				Red Lodge	59068		
				Roberts	59070		
				Roscoe	59071		
				Rosebud	59347		

\*Areas in which Plan Members need to receive their routine medical care.



# IN-NETWORK HOSPITALS – MANAGED CARE PLANS

This is subject to change. See plan websites for updates.

## BCBSMT (BLUE CHOICE) NETWORK HOSPITALS

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Kalispell	Health Center Northwest
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital and Health Sciences
Missoula	Community Medical Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur	Mountainview Medical Center Springs
Whitefish	North Valley Hospital

## PEAK NETWORK HOSPITALS

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

## NEW WEST NETWORK HOSPITALS

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Helena	Shodair Childrens Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Kalispell	Northwest Horizons Inc.
Libby	St. John's Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Missoula	Community Medical Center
Missoula	St. Patrick Hospital*
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital

\* For selected services only  
(cardio surgery, emergency services  
and mental health services)  
Contact New West Customer Service for information.

# BCBSMT (BLUE CHOICE) PRIMARY CARE PROVIDERS

This is subject to change. See plan web site for updates.

See [www.bluecrossmontana.com](http://www.bluecrossmontana.com) (Blue Choice Plan) for complete Provider Network (specialists)

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
<b>Absarokee</b>	Exley, Jack L.	Family Practice		Kummer, Marian E.	Pediatrics
	Fouts, Thomas B.	Family Practice		Langohr, Janis I.	Pediatrics
<b>Anaconda</b>	Baker, Shawna L.	Family Practice		Maheras, Joseph C.	Internal Medicine
	Mitchell, Michael J.	Family Practice		Malloy, John J.	Family Practice
	Rafferty, Michael C.	Family Practice		Malters, Edward C.	Internal Medicine
	Reiter, William M.	Internal Medicine		McClave, Charles R.	Internal Medicine
	Robison, Jill D.	Pediatrics		Metzger, Michael E.	Internal Medicine
	Yates, Ati H.	Internal Medicine		Michels, Frank C.	Family Practice
<b>Arlee</b>	Gomersall, Janice	Family Practice		Moore, Douglas L.	General Practice
<b>Bigfork</b>	Cornell, Lea G.	Family Practice		Neuhoff, Douglas A.	OB & GYN
	Jenko, Thomas G.	Family Practice		Nichols, Robert James	Family Practice
<b>Billings</b>	Agnew, Deborah G.	Pediatrics		Petersen, Susan J	Family Practice
	Anderson, Richard D.	Internal Medicine		Peterson, Erica L.	Family Practice
	Ashcraft, Jimmie L.	Family Practice		Sauer, John Patrick	Pediatrics
	Beijer, Kerstin A.	Family Practice		Schiffert, Martin G.	Family Practice
	Bullman, Jon M.	Family Practice		Schnitzer, Brian M.	Family Practice
	Busch, Byron J.	Internal Medicine		Sears, Scott E.	Internal Medicine
	Campbell, Bruce G.	Family Practice		Shaub, Stephen R.	Family Practice
	Center, Dean M.	Family Practice		Sorensen, Neal B.	Internal Medicine
	Collett, Gordon C.	Pediatrics		Standish, David D.	Pediatrics
	Cook, Cheryl S	Internal Medicine	Stanley, Merrill Scott	Family Practice	
	Crichlow, Renee M.	Family Practice	Starr, Brian L.	Pediatrics	
	Dahl, Dona Chimene	OB & GYN	Stevens, Richard C.	Pediatrics	
	Dennis, Terry D	Internal Medicine	Tapia, Lionel Edward	Pediatrics	
	Etchart, Leonard W.	Internal Medicine	Thompson, Frank R	Family Practice	
	Ezell, Douglas T.	OB & GYN	Wickstrom, Glenda C.	Internal Medicine	
	Fahrenwald, Roxanne	Family Practice	Williamson, Steven E.	Family Practice	
	Fishburn, Amy M	Internal Medicine	Winbush, Nicole Y.	Family Practice	
	Forseth, Hal W.	OB & GYN	Yapuncich, Kathleen M.	Pediatrics	
	Fuller, Bradley D.	Internal Medicine	<b>Boulder</b>	Burkholder, James N.	Family Practice
	Gerbaso, Paolo F	Family Practice		Lechner, David W.	Family Practice
	Gobin, Mark R	Internal Medicine		Sargent, Richard P.	Family Practice
	Gray Jr., Jimmy Lee	Internal Medicine		Wampler, Todd B.	Family Practice
	Grewell, Donald A.	Family Practice	<b>Bridger</b>	Exley, Jack L.	Family Practice
	Gunville, Fred E.	Pediatrics		Fouts, Thomas B.	Family Practice
	Guyer, James W.	Family Practice		Zavala, Jeffrey S.	Family Practice
	Hagan, Michael C.	Internal Medicine	<b>Butte</b>	Abo-Deeb, Azza A.	Pediatrics
	Hager, Dwight R.	Family Practice		Bodine, Jonathan A.	Internal Medicine
	Hinshaw, James C.	OB & GYN		Chamberlain,	
	Hugelen, Julie A	Family Practice		David Paul	Internal Medicine
	James, Thomas R.	Family Practice		Cortese, Florian M.	Internal Medicine
	Johnson, David F.	Internal Medicine		Ellis, William Bruce	Family Practice
	Johnson, Jeffrey S.	Internal Medicine		Gould, Stanley F.	OB & GYN
	Johnson, Linda R.	Pediatrics		Graham, Kenneth J.	Pediatrics
Johnson, Vernon N.	Family Practice	Hunt, Kenneth C.		Family Practice	
Kadri, Abdulmajeed	Internal Medicine	Karmaker, Nivedita		Pediatrics	
Kadri, Kathy Fay	Internal Medicine	Kautzman, Jessie		Family Practice	
Kelker, Paul A.	Pediatrics	Konecny, Anthony M.		Family Practice	
Kenamore, Claire L	Pediatrics	Kronenberger, Brett N.		Internal Medicine	
Kent, Thomas F.	OB & GYN	McGree, Patrick J.		Family Practice	
		Mosqueda, Eric N		Pediatrics	

# BCBSMT (BLUE CHOICE) PRIMARY CARE PROVIDERS

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CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Mulcaire-Jones, George	Family Practice		Avery, Susan H.	Family Practice
	Pullman, John	Internal Medicine		Barker, Marci L.	Family Practice
	Sager, Wayne L.	Pediatrics		Bergman, Bradford A	Internal Medicine
	Salisbury, Dennis F.	Family Practice		Brajet, Daren J.	OB & GYN
	Salisbury, Jessie J.	Pediatrics		Buchanan, C. Mart	Internal Medicine
	Sessions, Lisa K.H.	Family Practice		Buffington, Gary A.	Internal Medicine
	Shepherd, Susan M	Pediatrics		Burleigh, Peter L.	OB & GYN
	Siddoway, Paul R.	Internal Medicine		Chapman, Vicki L.	OB & GYN
	Sironi, Rindo R.	OB & GYN		Chrzanowski, Steven M.	Internal Medicine
	Taverna, Jacob M.	Internal Medicine		Cruise, Jennifer L.	Family Practice
	Wilson, Judith H.	Internal Medicine		Dolan, Paul G.	Internal Medicine
<b>Chester</b>	Earl, Anna M.	Family Practice		Eck, Marci J.	OB & GYN
	Kozakiewicz, Richard S.	Family Practice		Effertz, Susan J.	Internal Medicine
	Young, Gladys E.	Family Practice		Engbrecht, David R.	Family Practice
<b>Chinook</b>	Blossom, Mark Edward	Internal Medicine		Garrity, Deborah M.	Pediatrics
	Nemes, Joseph Z.	General Practice		Garver, Michael K.	Pediatrics
	White, Barry T.	Family Practice		Gerrity, Nora C.	Pediatrics
<b>Choteau</b>	Shelton, Laura K.	Family Practice		Gordon, Daniel K.	Family Practice
<b>Columbia Falls</b>	Brandeberry, Eric M.	Family Practice		Handwerk, Francis J.	OB & GYN
	Carlson, Mary Ann	Pediatrics		Harkness, James E.	Family Practice
	Charman, Charles S.	Internal Medicine		Hinz, Jeffrey P.	Pediatrics
	Gedlaman, Derek A.	Family Practice		Houlihan, Gregory S.	Family Practice
	Miller, Joan M.	Family Practice		Johnson, Marcus A.	Family Practice
	Pitman, Douglas J.	Family Practice		Joyner, Donald R.	OB & GYN
	Tremper, John H.	Family Practice		Key, Thomas C.	OB & GYN
<b>Corvallis</b>	Courchesne, Yvonne K.	Family Practice		Krezowski, Phillip A.	Internal Medicine
	Rudd, Jane P.	Family Practice		Kuykendall, Julie L	OB & GYN
<b>Dillon</b>	Haight, Eugenie T.	Internal Medicine		Lee, Dorothy Tai-Shil	OB & GYN
	Thomas, Raymond L.	Family Practice		Legan, James B.	Internal Medicine
<b>Eureka</b>	Ionescu, Raluca M.	Internal Medicine		Lenz, Tony J.	Internal Medicine
	Ionescu, Serban I.	Internal Medicine		Mahan, John W.	Internal Medicine
	Stein, Edward P.	Family Practice		Margaris, Melchisedek L	Family Practice
<b>Florence</b>	Downey, David Robert	Family Practice		Marron, Colleen M.	Pediatrics
	Gomersall, Janice R.	Family Practice		Martin, Bryan E	Internal Medicine
	Milan, Georgia A.	Family Practice		Matelich, Craig C.	Pediatrics
	Vasquez, Ned F.	Family Practice		Maynard, Bobby L.	Internal Medicine
<b>Fort Benton</b>	Buck, Mark K.	Family Practice		Maynard, Nancy J.	Pediatrics
<b>Frenchtown</b>	Marks, Robert D.	Family Practice		McClure, Robert J.	OB & GYN
<b>Geraldine</b>	Buck, Mark K.	Family Practice		Messick-Laeven, Petra M.	Pediatrics
<b>Great Falls</b>	Addison, T Brice	Internal Medicine		Miles, Mark R.	OB & GYN
	Anacker, Eric R.	Internal Medicine		Miller, Frederick G.	Internal Medicine
	Anderson, Loy L.	Family Practice		Mills, Angela L	Family Practice
	Asthalter, James H.	Family Practice		Norum, Nora E.	Family Practice
				Roux, Timothy P	Internal Medicine
				Speer, Jerry W.	Family Practice
				Swift, Douglas E.	Internal Medicine
				Treptow, Craig L	Family Practice
				Triehy, Thomas G.	Family Practice
				Vargo, Patsy M.	Family Practice
				Weill, Timothy C.	Family Practice
				Welsh, Carey J.	Family Practice
				Welsh, Tamara M.	Family Practice
				Wood, Julie A.	Family Practice

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CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Yturri, James A	Internal Medicine		Hess, Phillip A.	Family Practice
<b>Hamilton</b>	Ashcraft, Walker J.	Family Practice		Hesskamp, Daniel E.	Internal Medicine
	Borino, Teresa P.	Family Practice		Howell, Sheri S.	Family Practice
	Brouwer, Lawrence D.	Family Practice		Hunter, Kristine A.	Internal Medicine
	Courchesne, John R.	Internal Medicine		Justad, Jean M.	Internal Medicine
	Courchesne, Yvonne K.	Family Practice		Keefe, Erin M.	Pediatrics
	Gillis, Harry G	Pediatrics		Kirkpatrick, Christina L.	Internal Medicine
	Harder-Brouwer, Kathleen	Family Practice		Krainacker, David A.	Family Practice
	Heath, H. Brett	Family Practice		Kreisberg, Mark S.	Internal Medicine
	Jones, Ellyn P.	Pediatrics		Kubicka, Kurt T.	Family Practice
	Milch, Lisa J.	Internal Medicine		Larson, Jay L.	Internal Medicine
	Moran, Michael P.	Family Practice		Lechner, David W.	Family Practice
	Moreland, John P.	Internal Medicine		Maher, James J.	Family Practice
	Rudd, Jane P.	Family Practice		Malany, Andrew M.	OB & GYN
	Smith, Gary	Internal Medicine		Marx, Shari K.	Internal Medicine
	Stewart, Randy L.	Family Practice		McMahon Jr., Jack W.	OB & GYN
	White, Marshall W.	OB & GYN		McRee, Heather L.	Family Practice
	Whitley, Vernon C.	Pediatrics		Mest, Stephen J.	Internal Medicine
<b>Hardin</b>	Billin, Aaron R.	Family Practice		Nordwick, Nancie L.	Pediatrics
	Greimann, Carolyn S.	Family Practice		Reynolds, John A.	Pediatrics
	Kirkland, Brenda G.	Family Practice		Riessen, Erik R.	Internal Medicine
	Ostahowski, Gary A	Family Practice		Sanders, Kenton L.	Internal Medicine
	Trevino, Carlos F.	Family Practice		Sargent, Richard P.	Family Practice
	Whiting, Jr., Robert R.	Family Practice		Schoderbek, William E.	Internal Medicine
<b>Harlowton</b>	MacCart, John G.	Family Practice		Seitz, Tristan A.	Internal Medicine
	Wolf, Mary M	Family Practice		Snider, William C.	Family Practice
<b>Havre</b>	Blossom, Mark Edward	Internal Medicine		Strekall, Michael S.	Family Practice
	Booth, Thomas D.	Family Practice		Strickler, Jeffrey H.	Pediatrics
	Henderson, Robert T.	Internal Medicine		Strizich, Thomas A.	Pediatrics
	Huffman, Phillip A	Internal Medicine		Wampler, Todd B.	Family Practice
	Latkovich, Katarina	Internal Medicine		Weitz, Brian C.	Family Practice
	Lien, Karen E	Family Practice		Wiley, Frank W.	Family Practice
	Miller, Frank L	OB & GYN		Williams, Derek J.	Family Practice
	Nolan, Michael D.	Family Practice	<b>Heron</b>	Drye, John N.	Family Practice
	Richardson, Bruce W.	Family Practice	<b>Hot Springs</b>	Damschen, Rhonda Elaine	Family Practice
	Swietnicki, Suzanne R.	OB & GYN		Drye, John N.	Family Practice
	Ward, Mark A.	Internal Medicine		Hanson, Gregory S.	Family Practice
<b>Helena</b>	Batey, William M.	Family Practice	<b>Kalispell</b>	Anderson, Jonathan M.	Family Practice
	Bower, Ryan T.	Family Practice		Armstrong, Jr., James H.	Family Practice
	Burkholder, James N.	Family Practice		Armstrong, Sr., James H.	Family Practice
	Cody, Karen E.	Family Practice		Bukacek, Ann M.	Internal Medicine
	Crichton, James W.	Family Practice		Caughlan, Thomas V.	Internal Medicine
	Dill, Tracy B.	Internal Medicine		Csaplar, Laura J.	Pediatrics
	Eodice, Diane M.	Family Practice		Davis, Jack L.	Internal Medicine
	Eodice, Paul A.	Family Practice		Dixon, Charles L.	Family Practice
	Fernandez, William N.	Internal Medicine		Dykstra, Lynn A.	Pediatrics
	Fritz, Blayne L.	Pediatrics		Evans, Stephen S	Internal Medicine
	Harrison, Virginia Lee	Internal Medicine			

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CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Fetzer, Candace R.	Internal Medicine		Harvey, Gary P.	OB & GYN
	Fleischer, Lisa Ann	Family Practice		Hughson, H. Eric	Internal Medicine
	Gill, Christopher H.	Internal Medicine		Kress, Eric Jon	Family Practice
	Habel, David C.	Internal Medicine		Langenderfer, Mary C.	Internal Medicine
	Johnson, Marise K.	Internal Medicine		Lovejoy, Lisa B.	Family Practice
	Jonas, Kenneth L.	Family Practice		Marks, Robert D.	Family Practice
	Kiley, James A.	Family Practice		McDonald, Judith D.	Family Practice
	Lavin, John A.	OB & GYN		Murphy, Anne Marie	Internal Medicine
	Law, Linda C.	Family Practice		Nevin, Donald R.	Family Practice
	Layer, John H.	Internal Medicine		Ravitz, Eric A.	Family Practice
	Ludden, Charles B.	OB & GYN		Roberts, Thomas H.	Internal Medicine
	Martin, Irene R.	Family Practice		Rogers, Kathleen S.	Pediatrics
	Natelson, Richard M.	OB & GYN		Saberhagen, Eric J.	Internal Medicine
	Nelson, Douglas A.	Internal Medicine		Seagraves, Stan H.	Internal Medicine
	Oehrtman, Pamela R.	Family Practice		Selbach, Susan M.	Family Practice
	Palchak, Andrew E.	Family Practice		Sheehan, Kevin M	Internal Medicine
	Peterson, Dennis L.	Internal Medicine		Szekely, Peter C.	Internal Medicine
	Rausch, Tracy K.	Internal Medicine		Visscher, Judith K.	Family Practice
	Sherrick, Robert C.	Internal Medicine		Walter, Gary F.	Internal Medicine
	Smith, Leah J.	Family Practice		Yahn, Diane M.	Internal Medicine
	Sorensen, Mark J.	Pediatrics			
	Swanberg, Louise E.	Internal Medicine	<b>Noxon</b>	Drye, John N.	Family Practice
	Violett, Jodi L.	Family Practice			
	Vranish, Loren S.	Family Practice	<b>Phillipsburg</b>	Corbin, Michelle Kay	Family Practice
	White, Elizabeth M.	Internal Medicine			
	Wilder, Wallace S.	Pediatrics	<b>Plains</b>	Damschen, Rhonda	
	Winkel, R. Dennis	Family Practice		Elaine	Family Practice
	Wise, Richard C.	Family Practice		Drye, John N.	Family Practice
				French, Dean O.	Family Practice
<b>Laurel</b>	Forseth, Lori A.	Family Practice		Hanson, Gregory S.	Family Practice
	Hager, Dwight R.	Family Practice			
	McCrea, Kevin G	Family Practice	<b>Polson</b>	Carte, Timothy W.	Pediatrics
	Richardson, E. Lee	Family Practice		Drye, John N.	Family Practice
	States, Patti A.	Family Practice		Forney, Alison J.	Family Practice
	Ulrich, Robert C	Family Practice		Gochis, Paul D.	Family Practice
	VanNice, Robert B.	Family Practice		Gorman, David E	Family Practice
				Harrop, Cara J.	Family Practice
<b>Libby</b>	Tai, Frederick W	Internal Medicine		Irwin, R. Stephen	Family Practice
				Palmieri, Steven W.	Family Practice
<b>Lolo</b>	Gomersall, Janice R.	Family Practice		Panos, Craig J.	Family Practice
	Vasquez, Ned F.	Family Practice		Stahl, Steve D.	Family Practice
				Violett, Jodi L.	Family Practice
<b>Miles City</b>	Brucker, Anne W.	Internal Medicine	<b>Red Lodge</b>	Fouts, Thomas B.	Family Practice
	Busso, Oscar E.	Internal Medicine		Ragar, Todd Jonathon	Family Practice
	Drivdahl-Smith, Christine	Family Practice		Zavala, Jeffrey S.	Family Practice
	Gallo, Susan J.	Family Practice			
	Pezzarossi, Patricia J.	Pediatrics	<b>Ronan</b>	Bahnmler, Daniel E.	OB & GYN
				Bedell, Mikael Eugene	Family Practice
<b>Missoula</b>	Arnold, John E.	Pediatrics		Carte, Timothy W.	Pediatrics
	Autio, Lar K.	Family Practice		Cullis, William C.	Family Practice
	Calderwood, Terence M.	Family Practice		Dempsey, John Michael	Family Practice
	Caldwell, J. Michael	Internal Medicine		Gochis, Paul D.	Family Practice
	Ferguson, John Paul	Obstetrics Gynecology		Heepe, Mark S.	Family Practice
	Gottman, Dirk R.	Pediatrics			

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	Jones, Heather	Family Practice		Neff, Kathryn H.	Family Practice
	Martin, Wayne R.	Family Practice		Ricker, Frank M.	Family Practice
	Stepanski, Suzanne M	Family Practice		Veneman, Kristin R.	Pediatrics
	Vizcarra, Ed T.	Family Practice			
	Yoder, Steven M.	Family Practice			
<b>Roundup</b>	Madi, Ahmed M	Internal Medicine	<b>Whitehall</b>	Reiff, Terry D.	Family Practice
	Subramanian, Sanjay	Internal Medicine		Sacry, Gayle	Family Practice
<b>Saint Ignatius</b>	Bahnmler, Daniel E.	OB & GYN			
	Davis, Victor M.	General Practice			
	Phinney, Deanna L.	Family Practice			
<b>Seeley Lake</b>	Barstad, Christine R.	Family Practice			
<b>Sheridan</b>	Googe, Sarah Lynn	Family Practice			
	Hendrickson, Roman M.	Family Practice			
<b>Stevensville</b>	Baldrige, Teresa A.	Internal Medicine			
	Courchesne, Yvonne K.	Family Practice			
	Crews, Kirk Leroy	Family Practice			
	Downey, David Robert	Family Practice			
	Paul, Mark C.	Family Practice			
	Reed, Frank M.	Family Practice			
	Rudd, Jane P.	Family Practice			
<b>Thompson Falls</b>	Damschen, Rhonda Elaine	Family Practice			
	Drye, John N.	Family Practice			
	French, Dean O.	Family Practice			
	Grena, Patricia J.	Family Practice			
	Hanson, Gregory S.	Family Practice			
	Lovell, Randy J.	Family Practice			
	Nelson, Raymond C.	General Practice			
	Wells, Richard A.	Family Practice			
<b>Trout Creek</b>	Drye, John N.	Family Practice			
<b>White Sulphur Springs</b>	Bullington, Ben P.	Internal Medicine			
	Steinberg, Marc P.	Pediatrics			
<b>Whitefish</b>	Beach, D. Randall	OB & GYN			
	Bowden, Mirna D.	OB & GYN			
	Charman, Charles S.	Internal Medicine			
	Daniell, Suzanne D.	Internal Medicine			
	Erickson, Jay S.	Family Practice			
	Holdhusen, Christopher J.	Family Practice			
	Kalbfleisch, John N.	Family Practice			
	Miller, Jon A.	Family Practice			
	Miller, Ronald A.	Family Practice			
	Munzing, Daniel E.	Family Practice			

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CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY	
<b>Anaconda</b>	Baker Shawna	Family Practice		Kale Kari	Internal Medicine	
	Connors Stacie	Pediatrics		Kelker Paul	Pediatrics	
	Garrels Lloyd	Family Practice		Kelly Alberta	Family Practice	
	Reiter William	Internal Medicine		Kenamore Claire	Pediatrics	
	Robinson Jill	Pediatrics		Kennedy Marie	Family Practice	
	Yates Ati	Internal Medicine		King J Emmett	Family Practice	
<b>Big Sandy</b>	Lanchbury Forrest	Family Practice		Klee Karen	Internal Medicine	
	Reichelt Connie	Family Practice		Langohr Janis	Pediatrics	
<b>Big Timber</b>	Jacquay Paul	Family Practice		Lewis Allen	Pediatrics	
	Peden Kirby	Family Practice		Love Jenny	Family Practice	
	Walker Wallace	Family Practice		McComb-Goins Stacy	Family Practice	
	Walton Sarah	Family Practice		Malloy John	Family Practice	
<b>Bigfork</b>	Cornell Lea	Family Practice		Mehia Denise	Internal Medicine	
	Jenko Thomas	Family Practice		Mentikov Jeanie	Family Practice	
<b>Billings</b>	Agnew Deborah	Pediatrics		Mitchell Peter	Internal Medicine	
	Alberda Kelly	Family Practice		Moore Douglas	Family Practice	
	Argani Faranak	Internal Medicine		Neubauer Laurie	Pediatrics	
	Asbell Susan	Internal Medicine		Nicholson Laura	Pediatrics	
	Bailey Jessica	Family Practice		Olson Thomas	OB.GYN	
	Braden Jean	OB?GYN		Peterson Erica	Family Practice	
	Brown Elaine	OB/GYN		Rathe Laura	Internal Medicine	
	Cabell Karen	Internal Medicine		Regan Dennis	Internal Medicine	
	Campbell Bruce	Family Practice		Sachs Robert	Internal Medicine	
	Canty Stephanie	Family Practice		Sauer J Patrick	Pediatrics	
	Carr F Douglas	Internal Medicine		Smith Angela	Family Practice	
	Castles Shelly	Family Practice		Smith Ronald	Internal Medicine	
	Collett Gordon	Pediatrics		Spillman Richard	Family Practice	
	Crichlaw Renee	Family Practice		Standish David	Pediatrics	
	Crowell Courtney	Family Practice		Starr Brian	Pediatrics	
	Cruickshank Sandra	Nurse Practitioner		Szabo Laura	Internal Medicine	
	Dahl Chimene	OB/GYN		Tapia Lionel	Pediatrics	
	Danaher Julie	OB/GYN		Thompson Frank	Family Practice	
	Duncan Heidi	Family Practice		Uptergrove Kevin	Family Practice	
	Emery Dale	Internal Medicine		Weiss Deric	Internal Medicine	
	Etchart Jodee	Family Practice		Williamson Steven	Family Practice	
	Fullerton Brian	Internal Medicine		Wittnam Charles	Internal Medicine	
	Gall Daniel	Family Practice		Wolfe Rochelle	Family Practice	
	Gerstner Steven	Internal Medicine		Yoon James	Internal Medicine	
	Giolami James	Family Practice		<b>Boulder</b>	Burkholder James	Family Practice
	Gunville Fred	Pediatrics			Lagerquist Lori	Family Practice
	Guzman Glenn	Family Practice			Lechner David	Family Practice
	Hall Kathryn	Family Practice			Sargent Richard	Family Practice
	Hamilton Beth	Internal Medicine		Wampler Todd	Family Practice	
	Harmon Lisa	Family Practice		<b>Bozeman</b>	Adams Timothy	Internal Medicine
	Hemmer Lawrence	Family Practice			Borgenicht Kathryn	Internal Medicine
	Hinshaw James	OB/GYN			Bronsky Sarah	Family Practice
Holden Gene	Family Practice	Cady Andrea	Family Practice			
Husby Lucinda	Internal Medicine	Canner Rebecca	Family Practice			
Johnson Julie	Internal Medicine	Comer Keven	Nurse Practitioner			
Johnson Linda	Pediatrics	Conger Kenneth	Family Practice			
Johnson Sandra	OB/GYN	Dubravec Stephanie	OB/GYN			
Johnson Vernon	Family Practice					

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	Edwards Terry	Family Practice			
	Fairbanks Tracy	Family Practice			
	Feist James	Pediatrics			
	Fuller Dell	Family Practice			
	Gabor Benda	Family Practice			
	Gillis Shaun	OB/GYN			
	Hansen Juliet	Pediatrics			
	Harris Todd	Family Practice			
	Hart Heather	Internal Medicine			
	Hathaway Robert	Internal Medicine			
	Henyon Pepper	Pediatrics			
	Herring Michael	Internal Medicine			
	Hiebert Pamela	Internal Medicine			
	Hildner Thomas	Family Practice			
	Hodgson Mark	Pediatrics			
	Hoffman David	Family Practice			
	Holland Patrick	OB/GYN			
	Idzerda Sheila	Pediatrics			
	Izbicki Karen	Internal Medicine			
	Kirchhoff Colette	Family Practice			
	Livers Eric	Pediatrics			
	Loeffelholz James	Internal Medicine			
	McDonnell Christine	OB/GYN			
	McInnis Charleen	Pediatrics			
	McLaughlin David	Family Practice			
	Newman Lori	OB/GYN			
	Nickisch Steve	OB/GYN			
	Omohundro Luke	Family Practice			
	Oriet Patricia	OB/GYN			
	Patterson John	Family Practice			
	Persson Anders	Internal Medicine			
	Peters William	OB/GYN			
	Ramsey Leonard	Family Practice			
	Robbins John	Internal Medicine			
	Saari George	Internal Medicine			
		Rheumatology			
	Shomento Stacy	OB/GYN			
	Sofianek Joseph	Family Practice			
	Sonnenberg Larry	Family Practice			
	Vlases Michael	Internal Medicine			
	Waterman Cathy	Family Practice			
	Wheeler Heather	Family Practice			
	Whittinghill Susan	Family Practice			
	Wong Alice	OB/GYN			
<b>Butte</b>	Burton Susan	OB/GYN			
	Gould Stanley	OB/GYN			
	Healy Sharon	Family Practice			
	Henke Paul	OB/GYN			
<b>Chinook</b>	Nemes Joseph	General Practice			
	White Barry	Family Practice			
<b>Choteau</b>	Moore Caralynn	Family Practice			
<b>Colstrip</b>	Craig Jackson	Family Practice			
	Pereles-Ortiz Jeanne	Family Practice			
			<b>Columbia Falls</b>		
			Brandeberry Eric	Family Practice	
			Carlson Mary Ann	Family Practice	
			Clemens Jacqueline	Family Practice	
			Cook Julie	Family Practice	
			Fields Richard	Family Practice	
			Gedlaman Derek	Family Practice	
			Miller Joan	Family Practice	
			Pitman Douglas	Family Practice	
			<b>Columbus</b>	Beamer Mark	Family Practice
				Kane David	Family Practice
				Klee Richard	Family Practice
			<b>Corvallis</b>	Courchesne Yvonne	Family Practice
				Rudd Jane	Family Practice
			<b>Dallas</b>	McClintic James	Family Practice
			<b>Darby</b>	Evans Patricia	General Practice
			<b>Deerlodge</b>	Corbin Michelle	Family Practice
				Martin Wayne	Family Practice
				Oser J Barry	Family Practice
			<b>Dillon</b>	Blake Curtis	Family Practice
				Carrick Patricia	Family Practice
				Grantham Patricia	Family Practice
				Hansen Burke	Family Practice
				Hill Nikki	Family Practice
				Loge Ronald	Family Practice
			<b>Drummond</b>	Pawlak Frank	Family Practice
				Stinson Kathy	Family Practice
			<b>Eureka</b>	Stein Edward	Family Practice
			<b>Fairfield</b>	Catron Stephanie	Family Practice
			<b>Forsyth</b>	Hopwood Donald	Family Practice
			<b>Fortine</b>	Smith Michelle	Family Practice
			<b>Great Falls</b>	Harkness James	Family Practice
				Johnson Marcus	Family Practice
				Joyner Donald	OB/GYN
				Krauss Kristen	Internal Medicine
				Kuykendall Julie	OB/GYN
				Martin Brian	Internal Medicine
				Miles Mark	OB/GYN
				Robbins Jan	OB/GYN
			<b>Hamilton</b>	Ashcraft Walker	Family Practice
				Borino Teresa	Family Practice
				Brouwer Lawrence	Family Practice
				Courchesne John	Internal Medicine
				Favara Blaise	Pediatrics
				Forbes Virginia	Family Practice

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	Gillis Harry	Pediatrics		Gormely Dawn	Family Practice
	Harder-Brouwer Kathleen	Family Practice		Hay Michael	OB/GYN
	Heath H Brett	Family Practice		Hess Phillip	Family Practice
	Humphrey Maria	Pediatrics		Howell Sheri	Family Practice
	Jones Ellyn	Pediatrics		Hunter Kristine	Internal Medicine
	Laraway John	OB/GYN		Huntley Maria	OB/GYN
	Milch Lisa	Internal Medicine		Hutchison Mary	Pediatrics
	Moran Michael	Family Practice		Jordan David	Internal Medicine
	Moreland John	Internal Medicine		Justad Jean	Internal Medicine
	Smith Gary	Internal Medicine		Keefe Erin	Pediatrics
	Stewart Randy	Family Practice		Kenny Lisa	Family Practice
	Wagner Alexis	Family Practice		Kolar Carol	OB/GYN
	White Marshall	OB/GYN		Larson Jay	Internal Medicine
<b>Hardin</b>	Billin Aaron	Family Practice		Lechner David	Family Practice
	Caprata Kim	Family Practice		Malany Andrew	OB/GYN
	Greimann Carolyn	Internal Medicine		McMahon Jack	OB/GYN
	Kirkland Brenda	Family Practice		McRee Heather	Pediatrics
	Murter Melody	Family Practice		Nordwick Nancie	Pediatrics
	Ostahowski Gary	Family Practice		Reynolds John	Pediatrics
	Trevino Carlos	Family Practice		Riessen Erik	Internal Medicine
	Whiting Robert	Family Practice		Roope Beverly	Family Practice
<b>Harlem</b>	Nemes Joseph	General Practice <b>Pediatrics</b>		Sargent Richard	Family Practice
<b>Harlowton</b>	MacCart John	Family Practice		Seitz Tristan	Internal Medicine
	Thompson Dwight	Family Practice		Smigaj Denise	OB/GYN
	Wolf Mary	Family Practice		Snider William	Family Practice
<b>Havre</b>	Blossom Mark	Internal Medicine		Strekall Michael	Family Practice
	Booth Thomas	Family Practice		Strickler Jeffrey	Pediatrics
	Henderson Robert	Internal Medicine		Strizich Thomas	Pediatrics
	Huffman Phillip	Internal Medicine		Vanhorsen Jamie	Family Practice
	Latkovich Katarina	Internal Medicine		Wampler Todd	Family Practice
	Lien Karen (Karrie)	Family Practice		Wiley Frank	Family Practice
	Miller Frank	OB/GYN		Williams Derek	Family Practice
	Nolan Michael	Family Practice	<b>Hot Springs</b>	Damschen Rhonda	Family Practice
	Pappas Mary	Family Practice		Drye John	Family Practice
	Richardson Bruce	Family Practice		Gochis Paul	Family Practice
	Seitz Mary	Family Practice		Hanson Gregory	Family Practice
	Swietnicki Suzanne	OB/GYN		Shear Alan	Family Practice
	Ward Mark	Internal Medicine	<b>Jordan</b>	Muniak Daniel	Physicians Asst.
	Williams Aryls	Pediatrics	<b>Kalispell</b>	Anderson Jonathan	Family Practice
<b>Helena</b>	Batey William	Family Practice		Armstrong Jr. James	Family Practice
	Bower Ryan	Family Practice		Barinowski Linh	Family Practice
	Bristow Donna	Family Practice		Charman Alison	Internal Medicine
	Bryant Lynne	OB/GYN		Dugan Shelly	Internal Medicine
	Burkholder James	Family Practice		Fleischer Lisa	Family Practice
	Cody Karen	Family Practice		Grossman Linda	Internal Medicine
	Ditchey-Hellems Susan	OB/GYN		Habel David	Pediatrics
	Eodice Diane	Family Practice		Habel David	Internal Medicine
	Eodice Paul	Family Practice		Johnson Marise	Internal Medicine
	Eodice Paul	Pain Management		Jonas Gwenda	OB/GYN
	Fernandez William	Internal Medicine		Jonas Kenneth	Family Practice
	Fritz Blayne	Pediatrics		Lavin John	OB/GYN
				Nelson Douglas	Pediatrics
				Nelson Douglas	Internal Medicine
				Nelson Gina	OB/GYN

# NEW WEST PRIMARY CARE PROVIDERS

See [www.newwesthealth.com](http://www.newwesthealth.com) for complete Provider Network (specialists)

This is subject to change. See above website for updates.

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Oehrtman Pamela	Family Practice		Gerstle Lawrence	Internal Medicine
	Palchak Andrew	Family Practice		Gibson Carla	Nurse Practitioner
	Ponti Julie	Internal Medicine		Gottman Dirk	Pediatrics
	Sax Karrin	OB/GYN		Harper Daniel	Pediatrics
	Sherrick Robert	Internal Medicine		Harvey Gary	OB/GYN
	Smith Leah	Family Practice		Howard Raymond	Osteopathy
	Swanberg Louise	Internal Medicine		Hubbard Duncan	Family Practice
	Vranish Loren	Family Practice		Jeakins-Kok Jody	OB/GYN
	Walker Sarah	Family Practice		Knudsen Valarie	OB/GYN
	Weber Kyle	Family Practice		Kornish Gloria	Family Practice
	Weiner Eric	Internal Medicine		Kornish Michael	Family Practice
	Winkel R Dennis	Family Practice		Kress Eric	Family Practice
	Young Kathleen	OB/GYN		Laine Ted	Pediatrics
	Zander Melanie	Nurse Practitioner		Larson Jennifer	OB/GYN
<b>Lakeside</b>	Gullotta Suzanne	Family Practice		Lowder Thomas	Pediatrics
<b>Lincoln</b>	Barrey Roger	Physician Asst.		Marks R.	Family Practice
<b>Livingston</b>	Flook Benjamin	Family Practice		Marx Laura	Family Practice
	Loh Johnson	Internal Medicine		McCoy Craig	OB/GYN
	Noteboom Dennis	Family Practice		McNerney Sarah	Family Practice
	Reid Genevieve	Family Practice		Montgomery Lynn	Perinatology
	Reid Genevieve	OB/GYN		Montgomery Lynn	OB/GYN
	Rowe Thomas	Internal Medicine		Nielson Killeen	Family Practice
	Scanson Peggy	OB/GYN		Pitt Jesse	OB/GYN
	Schulein Mark	Family Practice		Priddy Michael	Family Practice
	Scofield Ted	Internal Medicine		Quick Edward	Family Practice
	Wadle Douglas	Internal Medicine		Randall Thomas	Pediatrics
<b>Malt</b>	Giblette Thad	Family Practice		Rauch Kristen	Gynecology
<b>Miles City</b>	Amsden Jessica	Family Practice		Ravitz Eric	Family Practice
	Holland Randy	Family Practice		Rosquist Jennifer	Pediatrics
	Nass Omar	Family Practice		Sax Karrin	OB/GYN
	Rauh Randall	OB/GYN		Sienkiewicz Holly	OB/GYN
	Reynolds Lourdes	Pediatrics		Simmons Sandra	Pediatrics
	Roshan Bijan	Internal Medicine		Smith Stephen	OB/GYN
	Russell Laine	Family Practice		Swinyard Michael	Pediatrics
	Schillo Sherry	Family Practice		Thompson Beth	Internal Medicine
	Shiotani Glenn	Family Practice		Travis Lee	Internal Medicine
	Vadheim A	Internal Medicine		Wallace Steven	Pediatrics
	Young James	Pediatrics		Westphal David	Family Practice
<b>Missoula</b>	Anderson Rebecca	Internal Medicine	<b>Noxon</b>	Damschen Rhonda	Family Practice
	Arnold John	Pediatrics		Johns-Kooy Karin	Family Practice
	Baker Cheryl	OB/GYN		Shear Alan	Family Practice
	Baskett Kathleen	General Practice	<b>Philipsburg</b>	Pawlak Frank	Family Practice
	Baumgartner Thomas	OB/GYN		Stinson Kathy	Family Practice
	Burke Timothy	OB/GYN	<b>Plains</b>	Damschen Rhonda	Family Practice
	Carnegie Margaret	Family Practice		Drye John	Family Practice
	Cone Clancy	Internal Medicine		French Dean	Family Practice
	Davis Carla	Family Practice		Hanson Gregory	Family Practice
	Degrazio Brenda	OB/GYN		Mack Randall	Family Practice
	Engberg Lynn	Family Practice		Shear Alan	Family Practice
	Ferguson J Paul	OB/GYN	<b>Plentywood</b>	Stoner Kirk	Family Practice

# NEW WEST PRIMARY CARE PROVIDERS

See [www.newwesthealth.com](http://www.newwesthealth.com) for complete Provider Network (specialists)

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CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY		
<b>Polson</b>	Bahnmler	Daniel	OB?GYN	<b>Superior</b>	Chambers	Laurel	Family Practice
	Carte	Timothy	Pediatrics		Jones	Terry	General Practice
	Cato	Mary	Family Practice		Ornelas	Ernesto	Family Practice
	Cullis	William	Family Practice		Park	Young	Family Practice
	Gochis	Paul	Family Practice		Parrott	Robert	Family Practice
	Gorman	David	Family Practice	Smith	Terry	Family Practice	
	Gullotta	Suzanne	Family Practice	<b>Thompson Falls</b>	Damschen	Rhonda	Family Practice
	Harrop	Cara	Family Practice		Drye	John	Family Practice
	Irwin	Stephen	Family Practice		Hanson	Gregory	Family Practice
	Jones	Heather	Family Practice		Lovell	Randy	Family Practice
	Katsma	Timothy	Physicians Asst.		Nelson	Raymond	General Practice
	Mangold	Marci	Family Practice		Scarpine	Connie	Family Practice
	Palmieri	Steven	Family Practice	Shear	Alan	Family Practice	
	Panos	Craig	Family Practice	<b>Whitefish</b>	Beach	Dennis	Family Practice
	Stahl	Steve	Family Practice		Bowden	Mirna	OB/GYN
	Taylor	Susan	Family Practice		Erickson	Jay	Family Practice
	Trudeau	Randy	Family Practice		Holdhusen	Christopher	Family Practice
Vizcarra	Ed	Family Practice	Kalbfleish		John	Family Practice	
Yoder	Steven	Family Practice	Miller		Jon	Family Practice	
<b>Red Lodge</b>	George	William	Family Practice	Miller	Ronald	Family Practice	
	Hauxwell	Clinton	Family Practice	Munzing	Daniel	Family Practice	
	Mohl	Virginia	Family Practice	Neff	Kathryn	Family Practice	
	Oley III	William	Family Practice	<b>Whitehall</b>	Sacry	Gayle	Family Practice
Quirk	James	Family Practice					
<b>Ronan</b>	Bahnmler	Daniel	OB/GYN				
	Cullis	William	Family Practice				
	Gochis	Paul	Family Practice				
	Harrop	Cara	Family Practice				
	Jones	Heather	Family Practice				
	Mangold	Marci	Family Practice				
	Trudeau	Randy	Family Practice				
Vizcarra	Ed	OB/GYN					
Yoder	Steven	MD					
<b>Roundup</b>	Madi	Ahmed	Internal Medicine				
	Zohary	Hossam	Family Practice				
<b>Sidney</b>	Freislenben	Lois	Internal Medicine				
<b>St. Ignatius</b>	Bahnmler	Daniel	OB/GYN				
	Cullis	William	Family Practice				
	Davis	Victor	Family Practice				
	Gochis	Paul	Family Practice				
	Jones	Heather	Family Practice				
	Mangold	Marci	Family Practice				
	Trudeau	Randy	Family Practice				
	Vizcarra	Ed	Family Practice				
Yoder	Steven	Family Practice					
<b>Stevensville</b>	Baldrige	Teresa	Internal Medicine				
	Livingston	Amanda	Family Practice				
	Paul	Mark	Family Practice				
	Reed	Frank	Family Practice				
	Rooley	Beverly	Family Practice				

# PEAK HEALTH PRIMARY CARE PROVIDERS

See [www.healthinfonetmt.com](http://www.healthinfonetmt.com) for updates. This is subject to change.

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY			
<b>Absarokee</b>	Exley	Jack		Neuhoff	Douglas	OB & GYN		
	Ragar	Todd		Nichols	Robert	Family Practice		
<b>Anaconda</b>	Connors	Stacie		Nicholson	Laura	Pediatrics		
	Robison	Jill		Petersen	Susan	Family Practice		
<b>Billings</b>	Anderson	Richard		Peterson	Erica	Family Practice		
	Bailey	Ieva		Plummer	L. Eugene	Family Practice		
	Beijer	Kerstin		Ragar	Todd	Family Practice		
	Bullman	Jon		Roane	Douglas	Internal Medicine		
	Busch	Byron		Internal Medicine	Schiffert	Martin	Family Practice	
	Campbell	Bruce		Family Practice	Schnitzer	Brian	Family Practice	
	Center	Dean		Family Practice	Sears	Scott	Internal Medicine	
	Chisdak	Jami		OB & GYN	Shaub	Stephen	Family Practice	
	Collett	Gordon		Pediatrics	Sorensen	Neal	Internal Medicine	
	Cook	Cheryl		Internal Medicine	Standish	David	Pediatrics	
	Crichlow	Renee		Family Practice	Stanley	Merrill	Family Practice	
	Dahl	Chimene		OB & GYN	Stevens	Richard	Pediatrics	
	Dietrich	Janet		OB & GYN	Tapia	Lionel	Pediatrics	
	Etchart	Leonard		Internal Medicine	Thompson	Frank	Family Practice	
	Ezell	Douglas		OB & GYN	Wickstrom	Glenda	Internal Medicine	
	Fahrenwald	Roxanne		Family Practice	Williamson	Steven	Family Practice	
	Fishburn	Amy		Internal Medicine	Winbus	Nicole	Family Practice	
	Forseth	Hal		OB & GYN	Zinser	Michael	Family Practice	
	Fritz	Stephen		Internal Medicine	<b>Bridger</b>	Exley	Jack	Family Practice
	Fuller	Bradley		Internal Medicine	<b>Butte</b>	Bartakke	Swaroop	Internal Medicine
	Gerbasi	Paolo		Family Practice	Bodine	Jonathan	Internal Medicine	
	Gobin	Mark		Internal Medicine	Brown	James	Pediatrics	
	Gray	Jimmy		Internal Medicine	Carrick	Patricia	Family Practice	
	Guyer	James		Family Practice	Chamberlain	David	Internal Medicine	
	Hagan	Michael		Internal Medicine	Chopyak	Joseph	Family Practice	
	Hager	Dwight		Family Practice	Cortese	Florian	Internal Medicine	
	Hinshaw	James		OB & GYN	Ellis	William	Family Practice	
	Hugelen	Julie		Family Practice	Gleason	Jason	Family Practice	
	James	Thomas		Family Practice	Gould	Stanley	OB & GYN	
	Johnson	David		Internal Medicine	Graham	Kenneth	Pediatrics	
	Johnson	Jeffrey		Internal Medicine	Healy	Shari	Family Practice	
	Johnson	Vernon		Family Practice	Henke	Paul	OB & GYN	
	Jozwiak	Mary		Internal Medicine	Hunt	Kenneth	Family Practice	
	Kadri	Abdulmajeed		Internal Medicine	Karmaker	Nivedita	Pediatrics	
	Kadri	Kathie		Internal Medicine	Kautzman	Jessie	Family Practice	
	Kappy	Michael		Pediatrics	Kronenberger	Brett	Internal Medicine	
	Kent	Thomas		OB & GYN	Kumar	Rakesh	Internal Medicine	
	Kirkland	Brenda		Family Practice	McGree	Patrick	Family Practice	
	Kummer	Marian		Pediatrics	McGuire	Chtistine	Nurse Practitioner	
	Langohr	Janis		Pediatrics	Mosqueda	Eric	Pediatrics	
	Lindley	Jeff		Family Practice	Mulcaire-			
	Maheras	Joseph		Internal Medicine	Jones	George	Family Practice	
Malloy	John	Family Practice	Munro	Leslie	Nurse Practitioner			
Malters	Edward	Internal Medicine	O'Brien	Al	Family Practice			
McClave	Charles	Internal Medicine	Payne	Jeri	Family Practice			
Mehia	Denise	Internal Medicine	Popovich	Keith	Internal Medicine			
Metzger	Michael	Internal Medicine	Pullman	John	Internal Medicine			
Michels	Frank	Family Practice	Russell	Kathy	Family Practice			
Molloy	Daniel	OB & GYN	Sager	Wayne	Pediatrics			
Moore	Douglas	Family Practice	Salisbury	Dennis	Family Practice			

# PEAK HEALTH PRIMARY CARE PROVIDERS

See [www.healthinfonetmt.com](http://www.healthinfonetmt.com) for updates. This is subject to change.

CITY	NAME		SPECIALTY		CITY	NAME	SPECIALTY
	Salisbury	Jessie	Pediatrics	.			
	Sessions	Lisa	Family Practice	.			
	Shepherd	Susan	Pediatrics	.			
	Siddoway	Paul	Internal Medicine	.			
	Sironi	Rindo	OB & GYN	.			
	Taverna	Jacob	Internal Medicine	.			
	Wilson	Judy	Internal Medicine	.			
<b>Deer Lodge</b>	Corbin	Michelle	Family Practice	.			
	Martin	Wayne	Family Practice	.			
	Oser	J. Barry	Family Practice	.			
<b>Hardin</b>	Billin	Aaron	Family Practice	.			
	Campbell	Bruce	Family Practice	.			
	Greimann	Carolyn	Family Practice	.			
	Ostahowski	Gary	Family Practice	.			
	Trevino	Carlos	Family Practice	.			
<b>Harlowtown</b>	MacCart	John	Family Practice	.			
	Smith	Justin	Family Practice	.			
	Wolf	Mary	Family Practice	.			
<b>Laurel</b>	Forseth	Lori	Family Practice	.			
	Hager	Dwight	Family Practice	.			
	McCrea	Kevin	Family Practice	.			
	Richardson	E. Lee	Family Practice	.			
	Ulrich	Robert	Family Practice	.			
	VanNice	Robert	OB & GYN	.			
<b>Red Lodge</b>	Fouts	Thomas	Family Practice	.			
	Zavala	Jeffrey	Family Practice	.			
<b>Worden</b>	Stanley	Merrill	Family Practice	.			

# NOTICES

**Pre-existing Condition Exclusion.** Your University System Choices Group Benefit Plan (Plan) may exclude certain medical conditions (either physical or mental) from coverage, if you or an eligible dependent received medical advice, diagnosis, treatment or care for that condition, including prescription medication, within a six (6) month period immediately preceding your enrollment. The enrollment date means the date you or your dependent becomes eligible for University System Group Benefits coverage.

Such pre-existing conditions may be excluded from coverage or be subject to a pre-existing condition limitation for a period of twelve (12) consecutive months beginning on your enrollment date.

**Special Enrollment Periods.** If you are waiving coverage for yourself or your eligible dependents as defined by your Choices Group Plan and this Enrollment Booklet (including your spouse) because you or they are currently covered under other health insurance or another health care plan, you may be able to enroll yourself or your dependents for coverage under the Plan in the future, provided that you request such coverage within sixty-three (63) days after such other coverage ends. Also, if you acquire an eligible dependent, as defined by your Plan, as a result of marriage, birth, adoption or placement for adoption of a child under the age of 18, you may enroll yourself and your newly acquired dependent children or spouse for coverage under the Plan, provided that such enrollment occurs within sixty-three (63) days after marriage, birth, adoption or placement for adoption.

**Creditable Coverage.** You or your eligible dependent, as defined by the Plan, may submit to the Plan Administrator, certification of Creditable Coverage from any prior health insurance or health care plan under which you or your eligible dependent had coverage, for the purpose of reducing, on a day-for-day basis, the pre-existing condition exclusion or limitation imposed by the Plan for any pre-existing condition for which you or your eligible dependent had applicable Creditable Coverage.

You or your eligible dependent have a right to request and receive a Certificate of Creditable Coverage from any insurance carrier or health care plan under which you or your eligible dependent had coverage.

If you are unable to obtain a Certificate of Creditable Coverage from your prior insurance carrier or health plan, the Plan Administrator will provide assistance to obtain the same from your prior carrier or health plan. The Plan also has written procedures to determine Creditable Coverage if you are unable to obtain a Certificate of Creditable Coverage. Please consult the Plan Administrator for more information regarding this procedure.

“Creditable Coverage” means health or medical coverage under which you or your eligible dependent was covered, prior to your enrollment date under the Plan, which prior coverage was under any of the following:

1. A group health plan
2. Health insurance coverage
3. Medicare Part A or Part B
4. Medicaid
5. TRICARE
6. A medical care program of the Indian Health Service or a tribal organization
7. A state health benefits risk pool
8. Federal Employees Health Benefits Program
9. A public health plan
10. A health benefit plan under the Peace Corps Act
11. State Children’s Health Insurance Program

A “Certificate of Creditable Coverage” must include the following information in order for us to determine the exact number of days to be reduced from the **pre-existing condition exclusionary or limitation period**.

1. The name or names of the individuals who were previously covered.
2. The date the previous health coverage began.
3. The date the previous health coverage ended.

**INSURANCE ID CARDS AND OTHER LIKE DOCUMENTS CANNOT BE ACCEPTED IN LIEU OF CERTIFICATES OF CREDIBLE COVERAGE BUT MAY BE USED AS EVIDENCE OF ANY PRIOR COVERAGE.**

All questions about the Pre-existing Condition Exclusion or Limitation and Credible Coverage should be directed to your Campus Human Resources Office.

# Glossary

**Allowable fees**

A set dollar allowance for procedures/services that are covered by a medical or dental plan.

**Benefit year/year**

The period starting July 1 and ending June 30 of each year.

**Certification/pre-certification**

A determination by the appropriate medical plan claims administrator that an inpatient hospital stay is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan claims administrator.

**Coinsurance**

A percentage of allowable and covered fees that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable fees.

**Copayment**

A fixed dollar amount for allowable and covered fees that a member is responsible for paying. The medical plan pays the remaining allowable fees. This type of cost-sharing method is typically used by managed care medical plans.

**Covered medical expenses or fees**

Fees for medical services that are determined to be medically necessary, covered by the plan and within allowable fees.

**Deductible**

A set dollar amount of allowable and covered fees that a member and family must pay each benefit year before the medical plan begins to share the costs. Deductible does not apply to services for which there is a copayment nor to a few other specified services.

**Formulary**

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

**In-network providers**

Providers (including facilities) who (which) contract with a managed care plan to manage and/or delivery care according to the fees and other terms of the contract. Managed Care Plan benefits for services of an in-network provider are higher than for those of an out-of-network provider.

**Managed care medical plan**

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

**Out-of-network provider**

Any provider who renders services to a managed care member, but is not an in-network provider.

**Coinsurance maximum**

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the coinsurance maximum has been paid, the member or family is not responsible for paying any further coinsurance for the remainder of the benefit year.

**Participating provider (called extended network provider in the PEAK plan)**

A provider who has a contract with a health plan administrator to accept allowable fees as payment in full and not bill members for amounts above allowable fees. A participating provider of a managed care plan can be either an in-network provider (whose allowable fees are paid at the higher in-network level) or an out-of network provider (whose allowable fees are paid at the lower out-of network level).

**Preferred hospital or facility**

A hospital or other licensed medical facility that has contractually agreed to lower fees for traditional plan members. Traditional plan members pay a lower coinsurance for these services, 20%, compared to 35% for services of a non-preferred hospital and 25% for services of a hospital/facility that is neither preferred or non-preferred.

**Primary Care Provider**

A provider that coordinates medical care for a member of a managed care plan.

**Prior authorization**

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.





# RESOURCES

**MONTANA UNIVERSITY SYSTEM  
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION**

(406) 444-6570 Phone (406) 444-0222 Fax  
[www.montana.edu/choices/](http://www.montana.edu/choices/)

General benefits information and contacts.

**ALLEGIANCE**

Customer service, prior authorization and claims processing 1-877-778-8600  
Precertification 1-800-342-6510  
[www.abpmtpa.com](http://www.abpmtpa.com)

Traditional Plans Contacts

**BLUE CROSS AND BLUE SHIELD OF MONTANA**

1-800-820-1674 or 447-8747  
[www.bcbsmt.com](http://www.bcbsmt.com)

**NEW WEST HEALTH PLAN**

1-800-290-3657 or 457-2200  
[www.newwesthealth.com](http://www.newwesthealth.com)

**PEAK HEALTH PLAN**

Customer service and claims processing questions 1-866-368-7325  
Precertification/prior authorization 1-866-275-7646  
[www.healthinfont.com](http://www.healthinfont.com)

Managed Care Plans Contacts

**PHARMACARE (FORMALY ECKERD) MAIL ORDER PRESCRIPTION DRUG PROGRAM**

Customer Service 1-888-645-9303  
[www.ehs.com](http://www.ehs.com)

**RIDGEWAY MAIL ORDER PRESCRIPTION DRUG PROGRAM**

Customer Service 1-800-630-3214

Prescription drug refills, customer service, prior authorizations, and quantity overrides

**VISION SERVICE PLAN (VSP)**

Customer Service 1-800-228-1018  
[www.vsp.com](http://www.vsp.com)

**APS HEALTH CARE**

**EMPLOYEE ASSISTANCE PROGRAM**

Appointment 1-800-999-1077 24 Hour Crisis Counseling 1-800-833-3031 Ask a Nurse 1-800-821-6222

**STAR POINT HEALTH CARE GROUP STAR BABY PROGRAM**

1-877-792-7827  
[www.starpointmedical.com](http://www.starpointmedical.com)

Maternity Case Management (call during first trimester)

**STANDARD LIFE INSURANCE**

1-800-759-8702

Life and Disability

**UNUM LIFE INSURANCE**

1-800-822-9103

[www.unum.com](http://www.unum.com)

Long Term Care claims and information.

**EMPLOYEE BENEFIT RESOURCES**

1-800-765-9429 or 449-5500  
[www.ebrworld.com](http://www.ebrworld.com)

Reimbursement Accounts claims, eligible expenses, account status, and IRS rules.