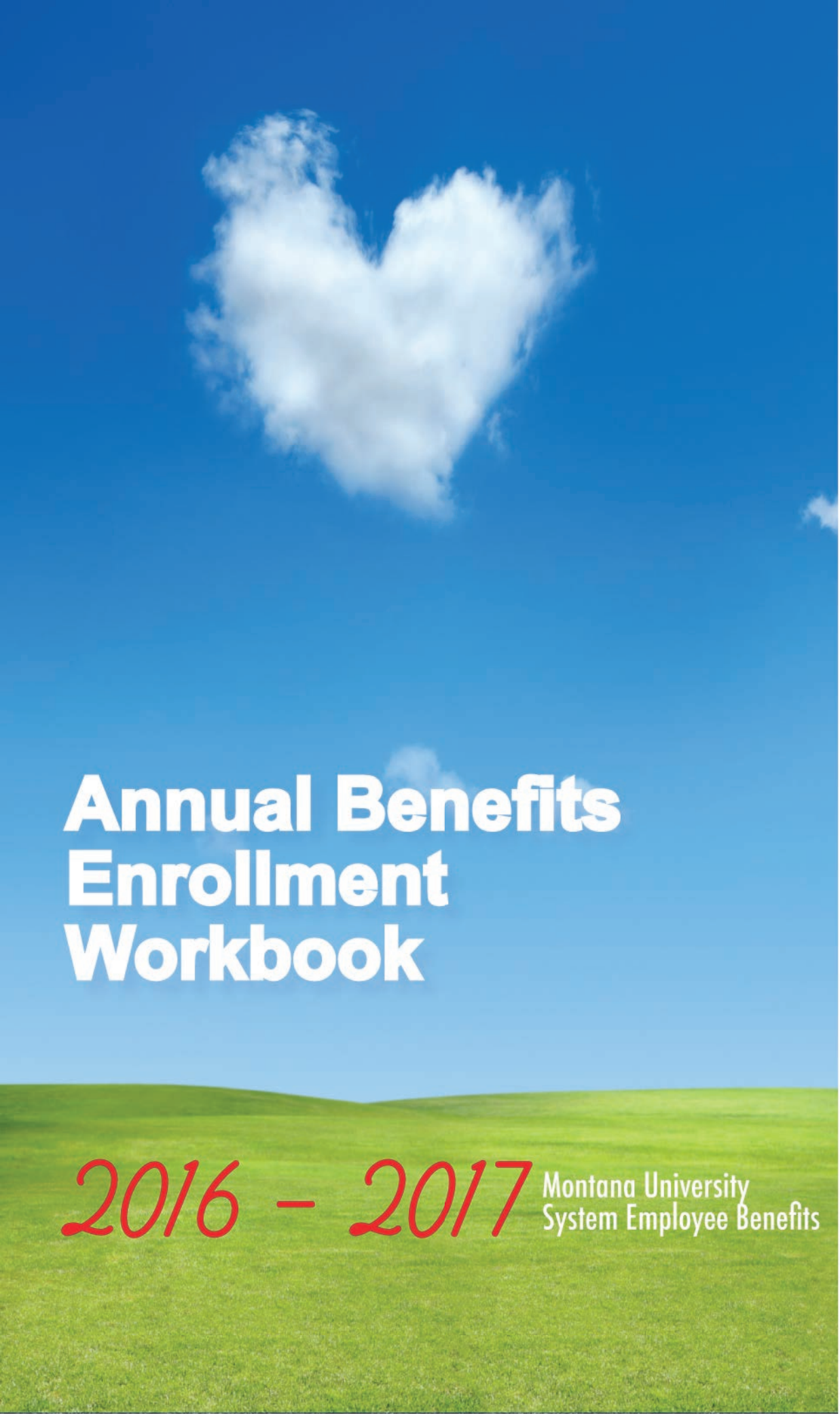


# Annual Benefits Enrollment Workbook

2016 – 2017

Montana University System Employee Benefits

choices


## 1. Summary of Benefits and Coverage (SBC)

SBC forms can be found by visiting the following website: www.choices.mus.edu/SBC.asp

These forms provide the detailed coverage information required by the Patient Protection and Affordable Care Act (PPACA). If you would like a hard copy, please call toll free 877-501-1722 to request one.

## 2. Waiver of Health Coverage

You have the option to waive coverage with the Montana University System Employee Benefits Plan. In order to waive coverage you must sign a hard-copy enrollment form stating you are waiving coverage and submit the form to your campus Human Resources Department by your enrollment deadline. If you do not sign and submit an enrollment form confirming your intention to waive coverage, certain coverages will continue (existing employees) or default (new employees) as outlined below. **Please note there is no continuing or default coverage for Flexible Spending Accounts (FSAs).** FSAs must be actively elected each benefit year.

If you waive coverage, all of the following apply:

- You waive coverage for yourself and for all eligible dependents.
- You waive all mandatory and optional ***Choices*** coverage including Medical, Dental, Life, Accidental Death and Dismemberment (AD&D), and Long Term Disability (LTD).
- You forfeit the monthly employer contribution toward benefit coverage.
- You and your eligible children cannot re-enroll unless and until you have a qualifying event or until the next re-enrollment period.
- Your spouse cannot re-enroll unless and until they have a qualifying event.

## 3. Continuing Coverages for Existing Employees

If you do not sign and turn in an enrollment form, your default coverage is as follows:

- Existing employees default to present elections if continuing benefits in FY 2017.
- New employees who do not enroll during the initial 30 day enrollment period default to all of the following:
  1) Employee Only Blue Cross Blue Shield
  2) Employee Only Basic Dental
  3) $15,000 Basic Life Insurance/AD&D
  4) Long Term Disability Option 1 (60% of pay/180 day waiting period)

## Important Note:

Enrollment for plan year 2016/17 is Closed Enrollment for spouses and adult dependents unless there is a qualifying event (see page 5 qualifying events). See glossary page 41 for definition of adult dependent. Children under age 26 may be added during this enrollment period.

# Table of Contents

# Director's Note
## 2016 - 2017

Dear MUS Plan members,

We are pleased to present the CHOICES workbook for the 2016-2017 Plan Year. The workbook contains information about options for employees continuing with the Montana University System (MUS) Employee Benefit Plan for the upcoming year. Plan descriptions and related explanations of the benefits we offer are provided in detail in this workbook, on our website www.mus.edu/choices, and on the enrollment form.

Beginning this year, we will be providing workbooks in an electronic format to our active employee members and their dependents. This allows us to save our members the cost of the production of printed books as well as distribution costs. In addition, we are able to post the document to our website sooner and permit our members earlier access to the information in the booklet.

In October 2015, we sent a memorandum to all plan members informing them of changes to our benefits for mid-year 2016. The Mid-Year 2016 Benefit Plan changes were primarily in response to an increase in certain high cost catastrophic claims, an overall rise in the costs of health care we purchase, and the employer contribution level remaining at $887 from July 1, 2014 through June 30, 2016.

Since that communication, the MUS Benefit Plan has continued to monitor expenditures and reserve levels closely. At this time we have not experienced further catastrophic claims in the $1M and up range. We have seen overall costs for health care rise, particularly in hospital prices (both inpatient and outpatient settings) and prescription drug prices. Overall we are seeing the number of claims hitting the $100,000 threshold during the year increase as a result of higher charges for those services. These increases in costs are not generally the result of any changes in our utilization of services, but an ongoing increase in the cost.

If you have followed the news during the last several months, the substantial increases in costs for certain drugs have made headlines. Many of those changes have been the result of acquisitions of pharmaceutical companies or drug patents. Other pharmaceutical cost increases have been due to the advent of therapies and treatments for diseases such as hepatitis C, which are extremely expensive. This is an area that we undertook to manage in 2010 when we embarked on the URx Pharmacy Program and we are continuing to work on strategies for managing these costs.

After the mid-year benefit changes to the plan went into effect on December 31, 2015 we observed the impacts to determine the need for further changes. It appears that those changes were appropriate and mitigated the need for significant additional changes beginning July 1, 2016.

*Continued on next page.....*

# Director's Note Cont.

The most significant change for July 1, 2016 is the addition of Acupuncture and Chiropractic services to the Rehabilitative Services benefit. These services will have their visit maximums combined with the current 30 visit maximum for physical, speech, and occupational therapies, as well as pulmonary, cardiac and respiratory rehabilitation. Please refer to the detailed benefits descriptions later in this booklet for more information.

As of July 1, 2016, the beginning of our MUS 2017 Benefit Plan Year, we will see an increase in the employer contribution from $887 to $1,054 per month for active employees. This increase covers a significant portion of the increase in premiums for active employees and their dependents. All active employees will continue to have their premiums for medical, basic dental, life, and long-term disability coverage paid entirely by the employer contribution.

The cost of coverage for dependents continues to be subsidized, in part, through the employer contribution as well. Those costs for dependents on a medical plan will increase between $0 and $50 per month depending on which plan is selected and what types of dependents you cover. Dental rates are increasing $1 to $3 dollars per month depending on which plan you select and your dependent coverage. Vision Hardware coverage will increase between $0.37 and $1.07 per month. Life and long-term disability rates remain unchanged.

In Plan Year 2016 we introduced and funded Tax Advantaged Accounts (TAAs) for MUS plan members. The initial funding level was $750 and we advised employees that we would review our financial situation each year regarding contributions. For Plan Year 2017, the MUS will not be making a general TAA contribution. Wellness participants who earned an incentive based on their participation in calendar year 2015 will see their Wellness incentive credited to their TAA account in July 2016 as long as the TAA is elected during annual enrollment.

We encourage employees to attend a benefit presentation or to access the Choices website to review your benefits for the upcoming year, refresh your knowledge about TAAs, and to learn how to make the most of your MUS benefit offerings for you and your family.

In Good Health!

Connie Welsh,
Director of Benefits
Montana University System

# How *Choices* Works


Farm Fresh produce - FVCC Campus

This workbook is your guide to ***Choices*** – Montana University System's employee benefits program that lets you match your 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 benefits needs, compare them to the options available under ***Choices*** and enroll for the benefits you've chosen. Please read the information in this workbook carefully. If you have any questions, please contact your campus Human Resources Department. This enrollment workbook is not a guarantee of benefits. Please consult your enrollment workbook or Summary Plan Description - see pg 43 for availability.

## 1. Who's Eligible

A person employed by a unit of the Montana University System, Office of the Commissioner of Higher Education, or other agency or organization affiliated with the Montana University System or the Board of Regents of Higher Education is eligible to enroll in the Employee Benefits Plan if qualified under one of the following categories:

1. Permanent faculty or professional staff members regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of more than six months in a 12-month period.

2. Temporary faculty or professional staff members scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of more than six months in a 12-month period, or who actually do so regardless of schedule.

3. Seasonal faculty or professional staff members regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of more than six months in a 12-month period, or who actually do so regardless of schedule.

**Note:** Student employees who occupy positions designated as student positions by a campus are not eligible to join the MUS Plan.

### Enrolling family members

**Important Note:** Enrollment for plan year 2016/17 is Closed Enrollment for spouses and adult dependents unless there is a qualifying event (see page 5 qualifying events). Eligible children under the age of 26 may be added during this enrollment period. See below for definition of terms.

If you're a **new employee**, you may enroll your family for certain benefits under ***Choices***, including Medical, Dental, Vision hardware, 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 Summary Plan Description. 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.

..... **Continued on next page**

- Adult Dependent is someone at least 18 yrs of age who does not meet the plan definition of spouse or dependent child, but does meet plan eligibility requirements as defined in the Summary Plan Description - see page 43 for availability.

- Eligible dependent children under age 26*. Children include your natural children, stepchildren, and 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 26 for an eligible unmarried dependent child who is mentally or physically disabled and incapable of self-support and is currently on the MUS Plan.

Sphinx in the Madison Range, - A.R
(MSU Bozeman plan member)

## 2. How to enroll

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

2. Within 30 days of first becoming eligible for benefits, or during annual enrollment each year, you select or make changes from among the benefit plan options. Note: Must enroll within 30 days of hire or 63 days of qualifying event (see qualifying events).

3. Each benefit option in ***Choices*** has a monthly cost associated with it. These costs are shown on your enrollment form and in this Enrollment Workbook.

   **Mandatory (must choose):**
   Medical pg 6
   Prescription Drug (included in Medical) pg 18
   Dental pg 21
   Basic Life Insurance and AD&D pg 27
   Long Term Disability pg 27

   **Optional (voluntary):**
   Supplemental Life Insurance pg 28
   Dependent Life Insurance pg 29
   Supplemental AD&D Insurance pg 30
   Long Term Care pg 31
   Vision Hardware pg 32
   Flexible Spending Acct. pg 34
   Tax Advantaged Acct. pg 36

4. The enrollment form will walk you through your coverage options and monthly costs. 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 the Montana University System. (A worksheet is provided on pg 39 to help you determine costs for the choices you make).

**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.

Your annual ***Choices*** elections remain in effect for the entire plan benefit period following enrollment, unless you have a change in status (qualifying event).

Qualifying Events
- Marriage
- Birth of a child
- Adoption of a child
- **Loss of Eligibility** for other health insurance coverage - *voluntarily canceling other health insurance does not constitute loss of eligibility.*

Other life events may allow limited benefit changes. All questions about the enrollment process or qualifying events should be directed to your campus Human Resources Office.

# Medical (*must choose*) *Choices*

***Choices*** gives you the opportunity to choose from three medical plan choices. The next two pages will help explain the medical plans and the corresponding 12-month medical rates for each plan.

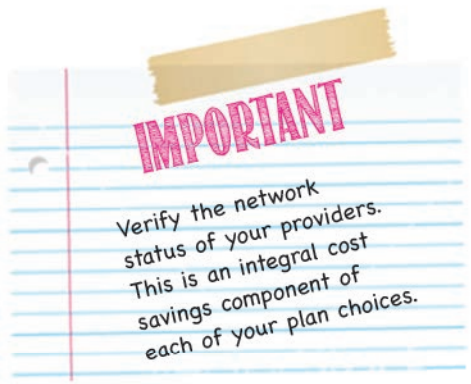
## Medical Plan Choices

Allegiance, Blue Cross/Blue Shield, and PacificSource **are the medical plan choices**. The plans provide the same basic benefits but have differences in provider networks. Check which providers participate on the medical plan administrator's website. See back cover for website addresses.

### How The Plan Works

Plan members receive medical services from a health care provider. If the provider is **in-network**, the provider submits a claim for the member. The administrator processes the claim and sends an Explanation of Benefits (EOB) to the member, showing the member's payment responsibilities (deductible, co-pay, and/or coinsurance costs) to the provider. The plan then pays the remaining allowed amount. The provider will not bill the member the difference between the charge and the allowed amount (balance billing).

If the provider is **out-of-network**, the member must verify if the provider will submit the claim or if the member must submit the claim. The administrator processes the claim and sends an EOB to the member showing the member's payment responsibilities (deductible, co-insurance, and any difference between the charge and the allowed amount (balance billing)).




### Definition of Terms

**In-Network Providers** – Providers who have contracted with the plan to manage and deliver care at agreed upon prices. Members may self-refer to In-network providers and specialists. There are better benefits for services received **In-Network** than for services **Out-of-Network**. You pay a $25 copayment for Primary Care Physician (PCP) visits and a $40 copayment for specialty provider visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services.

**Out-of-Network Providers –** You pay 35% of the allowed amount (after a separate deductible) for most services received Out-of-Network. Out-of-network providers can also balance bill you for any difference between their charge and the allowed amount.

**Emergency services** are covered everywhere. However, out-of-network providers may balance bill the difference between allowed amount and charge.

An **annual deductible** – the amount you pay each benefit year before the plan begins to pay.

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

**Coinsurance** – a percentage of the allowed amount and covered charges you pay, after paying any applicable deductible.

**Out-of-Pocket Maximum** - The maximum amount of money you pay toward the cost of health care services. Out-of pocket expenses include deductibles, copayments, and coinsurance.

## Medical Plan Rates for 2016 - 2017 (12 month rates)

| Monthly Premiums | Allegiance | Blue Cross Blue Shield | PacificSource |
|---|---|---|---|
| Employee Only | $782 | $748 | $837 |
| Employee & Spouse\AD | $1145 | $1075 | $1225 |
| Employee & Child(ren) | $1024 | $994 | $1096 |
| Employee & Family | $1387 | $1327 | $ 1484 |

The employer contribution for 2016-2017 is $1,054 per month for eligible active employees.

## Medical Plan Costs 2016 - 2017

| *Medical Plan Costs* | Medical Plan In-Network | Medical Plan Out-of-Network * |
|---|---|---|
| **Annual Deductible**<br>Applies to all covered services, unless otherwise noted or copayment is indicated. | $750/Person<br>$1,500/Family | Separate $750/Person<br>Separate $1,750/Family |
| **Copayment (on outpatient visits)**<br>Primary Care Physician Visit (PCP) - includes Naturopathic<br>Specialty Provider Visit | $25 copay<br>$40 copay | N/A<br>N/A |
| **Coinsurance Percentages**<br>(% of allowed charges member pays) | 25% | 35% |
| **Annual out-of-pocket maximum**<br>(Maximum paid by member in a benefit year; includes deductibles, co-pay and coinsurance) | $4,000/Person<br>$8,000/Family | Separate $6,000/Person<br>Separate $12,000/Family |

* Services from an **out-of-network** provider have a 35% coinsurance and a separate deductible and annual out-of-pocket maximum. An out-of-network provider can balance bill the difference between the allowance and the charge.

## *Examples of Medical costs to Plan and Member - Primary Care Physician Visit*

**(In-network) Jack's Plan Deductible is $750, his coinsurance is 25%, and his out-of-pocket max is $4,000.**

July 1
Beginning plan yr

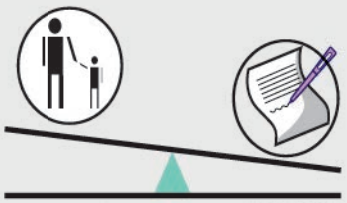
→ more costs → more costs

June 30
End of plan yr

Jack pays $25 office visit co-pay and 100% of allowed amount for lab charges

Plan pays remainder of office visit

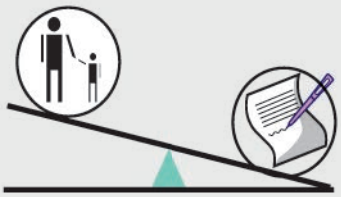
Jack hasn't reached his deductible yet and he visits the doctor and has lab work. He pays $25 for the office visit and 100% of the allowed amount for covered lab charges. **For example**, Jack's doctor visit totals $1,000. The office visit is $150 and labwork is $850. The plan allows $100 for the office visit and $400 for the labwork. Jack pays $25 for the office visit and $400 for the labwork. The plan pays $75 for the office visit and $0 for the labwork. The in-network provider writes off $500.



Jack pays $25 office visit co-pay and 25% of allowed amount for lab charges

Plan pays remainder of office visit and 75% of allowed amount

Jack has seen the doctor several times and reaches his $750 in-network deductible. His plan pays some of the costs of his next visit. He pays $25 for the office visit and 25% of the allowed amount for labwork and the plan pays the remainder of the office visit + 75% of the allowed amount. **For example,** Jack's doctor visit totals $1,000. The office visit is $150 and labwork is $850. The plan allows $100 for the office visit and $400 for the labwork. Jack pays $25 for the office visit and $100 for the labwork. The plan pays $75 for the office visit and $300 for the labwork. The in-network provider writes off $500.



Jack pays 0%

Plan pays 100% allowed amount

Jack reaches his $4,000 out-of-pocket maximum. Jack has seen his doctor often and paid $4,000 total (deductible + coinsurance + co-pays). The plan pays 100% of the allowed amount for covered charges for the remainder of the benefit year. **For example**, Jack's doctor visit totals $1,000. The office visit is $150 and labwork is $850. The plan allows $100 for the office visit and $400 for the labwork. Jack pays $0 and the plan pays $500. The in-network provider writes off $500.

**(Out-of-network) Jack's Plan Deductible is $750, his coinsurance is 35%, and his out-of-pocket max is $6,000.**

July 1
Beginning plan yr

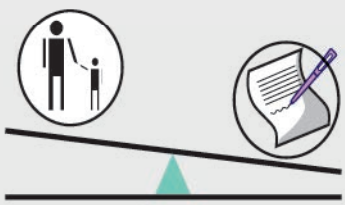
→ more costs → more costs

June 30
End of plan yr

Jack pays **100%**

Plan pays **0%**

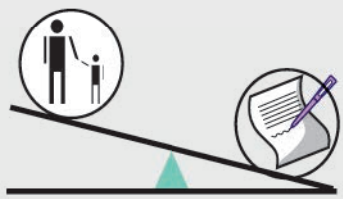
Jack hasn't reached his deductible yet and he visits the doctor. He pays 100% of the provider charge. Only allowed amounts apply to his deductible. **For example**, the provider charges $1,000. The plan allowed amount is $500. $500 applies to Jack's out-of-network deductible. Jack must pay the provider the full $1,000.



Jack pays 35% + any difference between provider charge and plan allowed amount.

Plan pays 65% of allowable

Jack has seen the doctor several times and reaches his $750 out-of-network deductible. His plan pays some of the costs of his next visit. He pays 35% of the allowed amount and any difference between the provider charge and the plan allowed amount. The plan pays 65% of the allowed amount. **For example**, the provider charges $1,000. The plan allowed amount is $500. Jack pays 35% of the allowed amount ($175) + the difference between the provider charge and the plan allowed amount ($500). Jack's total responsibility is $675. The plan pays 65% of the allowed amount ($325).



Jack pays any difference between provider charge and plan allowed amount (balance bill)

Plan pays 100% of allowed amount

Jack reaches his $6,000 out-of-pocket maximum. Jack has seen his doctor often and paid $6,000 total (deductible + coinsurance). The plan pays 100% of the allowed amount for covered charges for the remainder of the benefit year. Jack pays the difference between the provider charge and the allowed amount. **For example**, the provider charges $1,000. The plan allowed amount is $500. Jack pays $500 and the plan pays $500.

| *Medical Plan Services* | In-Network Copay/Coinsurance | Out-of-Network Coinsurance |
|---|---|---|
| **Hospital Inpatient Services** Pre-certification of non-emergency inpatient hospitalization is strongly recommended | | |
| Room Charges | 25% | 35% |
| Ancillary Services | 25% | 35% |
| Surgical Services<br>(See Summary Plan Description for surgeries requiring prior authorization) | 25% | 35% |
| **Hospital Services (Outpatient facility charges)** | | |
| Outpatient Services | 25% | 35% |
| Outpatient Surgi-Center | 25% | 35% |
| **Physician/Professional Provider Services** (not listed elsewhere) | | |
| Primary Care Physician Visit (PCP)<br>Includes (Naturopathic) visits | $25 copay/visit | 35%<br>**Note:** Currently there is no network for Naturopathic visits, so out-of-network is the same as in-network but the member will be balance billed the difference between the allowed amount and provider charge. |
| Specialty Provider Visit | $40 copay/visit | 35% |
| Inpatient Physician Services | 25% | 35% |
| Lab/Ancillary/Miscellaneous Charges | 25% | 35% |
| Eye Exam (preventive & medical) | 0%<br>one/yr | 35%<br>one/yr |
| Second Surgical Opinion | $40 copay/visit<br>for office visit only - lab, x-ray & other procedures apply deductible/coinsurance | 35% |
| **Emergency Services** | | |
| Ambulance Services for Medical Emergency | $200 copay | *$200 copay |
| Emergency Room Facility Charges | $250 copay/visit<br>for room charges only lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital) | *$250 copay/visit for room charges only lab, x-ray & other procedures apply deductible/co-insurance (waived if immediately admitted to hospital) |
| Professional Charges | 25% | 25% |
| **Urgent Care Services** | | |
| Facility/Professional Charges | $75 copay/visit<br>for room charges only - lab, x-ray & other procedures apply deductible/coinsurance | *$75 copay/visit<br>for room charges only - lab, x-ray & other procedures apply deductible/coinsurance |
| Lab & Diagnostic Charges | 25% | 25% |

* Reminder: Deductible applies to all covered services unless otherwise indicated or a copay applies. Out-of-Network providers can balance bill the difference between their charge and the allowed amount.

# Schedule of Medical Benefits 2016 - 2017

| *Medical Plan Services* | In-Network Copay/Coinsurance | Out-of-Network Coinsurance |
|---|---|---|
| **Maternity Services** | | |
| Hospital Charges | 25% | 35% |
| Physician Charges (delivery & inpatient) | 25% (waived if enrolled in WellBaby Program within first trimester) | 35% |
| Prenatal Offices Visits | $25 copay/visit (waived if enrolled in WellBaby Program within first trimester) | 35% |
| **Preventive Services** | | |
| Preventive screenings/ immunizations/flu shots (adult & child Wellcare)<br><br>Refer to pages 13 & 14 for listing of Preventive Services covered at 100% allowable and for age recommendations | limited to services listed on pg 13 & 14. Other preventive services subject to deductible and co-insurance | 35% |
| **Mental Health Services** | | |
| Inpatient Services (Pre-certification is strongly recommended) | 25% | 35% |
| Outpatient Services | First 4 visits $0 copay then $25 copay/visit<br>**Note:** Psychiatrist is $40 copay/visit | 35% |
| **Chemical Dependency** | | |
| Inpatient Services (Pre-certification is strongly recommended) | 25% | 35% |
| Outpatient Services | First 4 visits $0 copay then $25 copay/visit | 35% |
| **Rehabilitative Services** Physical, Occupational, Cardiac, Respiratory, Pulmonary & Speech Therapy, Acupuncture, Chiropractic<br>Note: Naturopathic is now included under Primary Care Physician Visit | | |
| Inpatient Services (Pre-certification is strongly recommended) | 25%<br>Max: 30 days/yr | 35%<br>Max: 30 days/yr |
| Outpatient Services | $25 copay/visit<br>Max: 30 visits/yr<br>(this is a combined max of 30 visits for all rehab services) | 35%<br>Max: 30 visits/yr<br>(this is a combined max of 30 visits for all rehab services)<br><br>**Note:** Currently there is no network for Acupuncture, so out-of-network is the same as in-network but the member will be balance billed the difference between the allowed amount and provider charge. |

| *Medical Plan Services* | In-Network Copay/Coinsurance | Out-of-Network Coinsurance |
|---|---|---|
| **Extended Care Services** | | |
| Home Health Care<br>(Prior authorization is strongly recommended) | $25 copay/visit<br>Max: 30 visits/yr | 35%<br>Max: 30 visits/yr |
| Hospice | 25%<br>Max: 6 months | 35%<br>Max: 6 months |
| Skilled Nursing<br>(Prior authorization is strongly recommended) | 25%<br>Max: 30 days/yr | 35%<br>Max: 30 days/yr |
| **Miscellaneous Services** | | |
| Allergy Shots | $40 copay/visit<br>Office visit only<br>If no office visit, deductible waived, 25% coinsurance | 35% |
| Durable Medical Equipment, Prosthetic Appliances & Orthotics<br>(Prior authorization is required for amounts greater than $2,500) | 25%<br>Max: $200 for foot orthotics | 35%<br>Max: $200 for foot orthotics |

**Reminder:** Deductible applies to all covered services unless otherwise indicated or a copay applies. Out-of-Network providers can balance bill the difference between their charge and the allowed amount.

# Schedule of Medical Benefits ..... 2016 - 2017

| *Medical Plan Service* | In-Network Copay/Coinsurance | Out-of-Network Coinsurance |
|---|---|---|
| **Miscellaneous Services cont.** | | |
| PKU Supplies (Includes treatment & medical foods) | 0% (no deductible) | 35% |
| Dietary/Nutritional Counseling (Prior authorization recommended) | 0% (no deductible) Max: 8 visits/yr | 35% |
| Obesity Management (Prior authorization recommended by all plans) | 25% Must be enrolled in Take Control for non-surgical treatment | 35% |
| TMJ (Prior authorization recommended) | 25% Surgical treatment only | 35% |
| **Organ Transplants** | | |
| Transplant Services (Prior authorization required) | 25% | 35% |
| **Travel** | | |
| Travel for patient only (If services are not available in local community) | 0% up to $1,500/yr. with Prior authorization -up to $5,000/yr. in conjunction with transplants only with Prior authorization | 0% up to $1,500/yr. with Prior authorization -up to $5,000/yr. in conjunction with transplants only with Prior authorization |
| **Discover Great Health!** | | |
| Preventive Health Screenings/ Healthy Lifestyle Ed. & Support/ Emotional & Financial Wellness | see pg 15 | |
| Take Control | see pg 16 | |
| Tobacco Cessation, Diabetes, Weight Loss, High Cholesterol, High Blood Pressure | | |
| WellBaby | | |
| Infusion Therapy | | |
| Incentive Program | see pg 17 | |

**Reminder:** Deductible applies to all covered services unless otherwise indicated or a copay applies. Out-of-Network providers can balance bill the difference between their charge and the allowed amount.

# Preventive Services

Stillwater River Headwaters in the Beartooth Mountains - C.Y (MSU Billings plan member)

## 1. What Services are Preventive

All MUS health options provide preventive care coverage that complies with the federal health care reform law, the Patient Protection and Affordable Care Act (PPACA). Services designated as preventive care include:

- periodic wellness visits
- certain designated screenings for symptom free or disease free individuals, and
- designated routine immunizations.

When this preventive care is provided by in-network providers it is reimbursed at 100% of the allowed amount, without application of deductible, coinsurance, or co-pay.

The PPACA has used specific resources to identify the preventive services that require coverage: U.S. Preventive Services Task Force (USPSTF) A and B recommendations and the Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Center for Disease Control (CDC). Guidelines for preventive care for infants, children, and adolescents, supported by the Health Resources and Services Administration (HRSA), come from two sources: Bright Futures Recommendations for Pediatric Health Care and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.

**U.S. Preventive Services Task Force:** www.uspreventiveservicestaskforce.org
**Advisory Committee on Immunization Practices (ACIP)**: www.cdc.gov/vaccines/acip/
**CDC:** www.cdc.gov
**Bright Future:** www.brightfutures.org
**Secretary Advisory Committee:** www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders

## 2. Important Tips

1. Accurate coding for preventive services by your health care provider is the key to accurate reimbursement by your health care plan. All standard correct coding practices should be observed.

2. Also of importance is the difference between a "screening" test and a diagnostic, monitoring or surveillance test. A "screening" test done on an asymptomatic person is a preventive service, and is considered preventive even if the test results are positive for disease, but future tests would be diagnostic, for monitoring the disease or the risk factors for the disease. A test done because symptoms of disease are present is not a preventive screening.

3. Ancillary services directly associated with a "screening" colonoscopy are also considered preventive services. Therefore, the procedure evaluation office visit with the doctor performing the colonoscopy, the ambulatory facility fee, anesthesiology (if necessary), and pathology will be reimbursed as preventive provided they are submitted with accurate preventive coding.

*See next page for listing of covered Preventive Services.*

# Covered Preventive Services

**Note:** When this preventive care is provided by in-network medical providers it is reimbursed at 100% of the allowed amount, without application of deductible, coinsurance, or co-pay.

| **Periodic Exams** Appropriate screening tests per Bright Futures and other sources (previous page) | |
|---|---|
| **WellChild Care**<br>Infant through age 17 | • Age 0 months through 4 yrs (up to 14 visits)<br>• Age 5 yrs through 17 yrs (1 visit per benefit plan year) |
| **Adult Routine Exam**<br>Exams may include screening/counseling and/or risk factor reduction interventions for depression, obesity, tobacco use/abuse, drug and/or alcohol use/abuse | • Age 18 yrs through 65+ (1 visit per benefit plan year) |
| **Preventive Screenings** | |
| **Anemia Screening** | • Pregnant Women |
| **Bacteriuria Screening** | • Pregnant Women |
| **Breast Cancer Screening (mammography)** | • Women 40+ (1 per benefit plan year) |
| **Cervical Cancer Screening (PAP)** | • Women age 21 - 65 (1 per benefit plan year) |
| **Cholesterol Screening** | • Men age 35+ (age 20 - 35 if risk factors for coronary heart disease are present)<br>• Women age 45+ (age 20 - 45 if risk factors for coronary heart disease are present) |
| **Colorectal Cancer Screening age 50 - 75** | • Fecal occult blood testing; 1 per benefit plan year OR<br>• Sigmoidoscopy; every 5 yrs OR<br>• Colonoscopy; every 10 yrs |
| **Prostate Cancer Screening (PSA) age 50+** | • 1 per benefit plan year (age 40+ with risk factors) |
| **Osteoporosis Screening** | • Post menopausal women 65+, or 60+ with risk factors (1 bone density x-ray (DXA)) |
| **Abdominal Aneurysm Screening** | • Men age 65 - 75 who have ever smoked (1 screening by ultrasound per plan year) |
| **Diabetes Screening** | • Adults with high blood pressure |
| **HIV Screening** | • Pregnant women and others at risk |
| **RH Incompatibility Screening** | • Pregnant women |
| **Routine Immunizations** | |
| Diptheria, tetanus, pertussis (DTaP) (Tdap)(TD), Haemophilus influenza (HIB), Hepatitis A & B, Human Papillomavirus (HPV), Influenza, Measles, Mumps, Rubella (MMR), Meningococcal, Pneumococcal (pneumonia), Poliovirus, Rotavirus, Varicella (smallpox), Zoster (shingles)<br>**Influenza and Zoster (Shingles) vaccinations are reimbursed at 100% via the URx Pharmacy benefit.**<br><br>**If needed, see immunization schedules on CDC website (previous page)** | |

# Discover Great Health!

**Overview**
The Montana University System (MUS) Benefits Plan offers Wellness services to covered adult plan members (faculty, staff, retirees, and spouses) regardless of which medical plan you choose. For more detailed information about your Wellness Program please refer to the Wellness website: www.wellness.mus.edu

WELLNESS
MONTANA UNIVERSITY SYSTEM

## Preventive Health Screenings

**WellCheck**
Every campus offers health screenings for plan members called WellChecks. A free basic blood panel and biometric screening are provided at WellCheck, with optional additional tests available at discounted prices. Representatives from MUS Wellness are also present at most WellChecks to answer wellness related questions. Adult plan members are eligible for two free WellChecks per plan year. Go to **www.wellness.mus.edu/WellCheck.asp** for more information regarding WellCheck dates and times on your campus.

**Online Registration**
Online registration is required on all campuses for WellCheck appointments. To register go to: www.itstartswithme.com.

**Lab Tests -**
Log on to your It Starts With Me account for a complete listing of tests available at WellCheck: **www.itstartswithme.com - NEW Allergy test option**

**Flu Shots**
Are offered FREE in the fall, subject to national vaccine availability. Go to **www.wellness.mus.edu** for more information.

## STAY CONNECTED

For education and updates visit our Blog: www.montanamovesandmeals.com

Follow us on Twitter: twitter.com
@montanamoves
@montanameals

Like us on facebook:
www.facebook.com/MUSwellness

## Healthy Lifestyle Education & Support

**Ask an Expert**
This program provides FREE telephone consultation with a registered dietitian and/or exercise specialist. See Wellness website below for an application.

**Quick Help Program**
If you have a quick question regarding health, fitness, or nutrition related topics, send us an email at: wellness@montana.edu. We'll do our best to provide the information you need, or point you in the right direction if we don't have an answer ourselves!

The information given through the Quick Help Program does not provide medical advice, is intended for general educational purposes only, and does not always address individual circumstances.

## Emotional Wellness

**Confidential Counseling**
Each plan year you are eligible for four (4) FREE, confidential sessions with an In-network counselor for any issues that may be causing stress or disruption. This can be for any issue, be it family, personal, work, or other. (Important: These sessions must be with an In-network counselor to be covered by the plan. To find an In-network counselor, contact your insurance administrator or visit their websites (Blue Cross, Allegiance, or PacificSource). See pg 10 for more information.

## Financial Wellness

**Solid Finances Series**
Solid Finances is a series of FREE financial education webinars to provide working Montanans high quality unbiased financial education opportunities. Available to anyone. Visit **www.msuextension.org/solidfinances** for more information and to view the webinar schedule.

**Visit the Wellness website for more information:** www.wellness.mus.edu

# Discover Great Health!

## Disease Management Programs

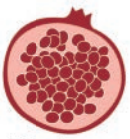
**Infusion Therapy Program**
The Infusion Therapy Program is offered in partnership with the Walgreens-OptionCare stores in Helena, Billings, Bozeman, and Butte. This program was designed for patients who need medication administered through a needle or catheter, to treat such diseases as congestive heart failure, immune deficiencies, multiple sclerosis, and rheumatoid arthritis.

Plan members receive treatment at no cost - no deductibles, no copayments, and no coinsurance. The plan reimburses 100% of the allowable charges for those enrolled in this program and it is easy to use. To learn more about the Infusion Program call 1-800-287-8266, or contact MUS Benefits at 1-877-501-1722.

**WellBaby**
WellBaby is a pregnancy benefit designed to help you achieve a healthier pregnancy. Enroll during your first trimester to take advantage of all the Program benefits. For more information call 406-660-0082 or visit the Wellness website below.

### Take Control Program

**Eat Well. Stay Active. Reduce Your Risks.**



Take Control is a healthcare company that believes living well is within everyone's reach. Take Control offers comprehensive and confidential education and support for the medical conditions listed below. Their unique and convenient telephonic delivery method allows plan members to participate from work or home, and receive individual attention specific to each plan member's needs. Members with any of the following conditions may enroll:

**Take Control Program Offerings:**

- **Diabetes** -Type I, Type II, Pre-diabetes, or Gestational (Fasting GLUC > 125)
- **Overweight** - High Body Mass Index (BMI > 24.99)
- **Tobacco User** – Smoking, chewing tobacco, cigars, pipe

**Take Control Program Offerings Cont.**

- **High Blood Pressure** (Hypertension) (Systolic > 140 or Diastolic > 90)
- **High Cholesterol** (Hyperlipidemia) (CHOL > 240 or TRIG > 200 or LDL > 150 or HDL < 40M/50F)
- **NEW** WellBaby members can join Take Control as part of the WellBaby program

**Services Provided:**

- Monthly Health Coaching
- Up to three in-network visits with your primary health care provider covered at 100%
- Fitness center or fitness class reimbursement
- Reduced-cost medication waivers for qualifying health conditions
- Assistance with tobacco cessation
- Monthly Newsletter written by Take Control staff, with healthy lifestyle topics
- Website with additional health resources

**Additional Benefits That Can Be Pre-Authorized by your Health Coach:**

- Certified Exercise Specialist (Personal Trainer)
- Sleep Study
- Additional Counseling Sessions (co-pay free)

For details or more information, call 1-800-746-2970, visit the Take Control website **www.takecontrolmt.com**, or visit the Wellness website below.

What our participants have to say:

*"I have just completed my year of Take Control and cannot tell you how much I have enjoyed it. I actually thought it would be a chore but found myself looking forward to the monthly coaching sessions. I really learned a lot about lifestyle choices and will continue to implement them as much as possible." – K.R*

"[Take Control Clinicians] are especially effective at phone consultation, (which) requires critical listening skills, the ability to establish verbal rapport with a stranger, and using intuition to hear those implied clues in a conversation. You focused on positive measures to tackle something that was an obstacle last month, and your support encouraged me to try again." - B.A

**Wellness Website:** www.wellness.mus.edu/TakeControl.asp

# Track Progress - Earn points - Improve Health

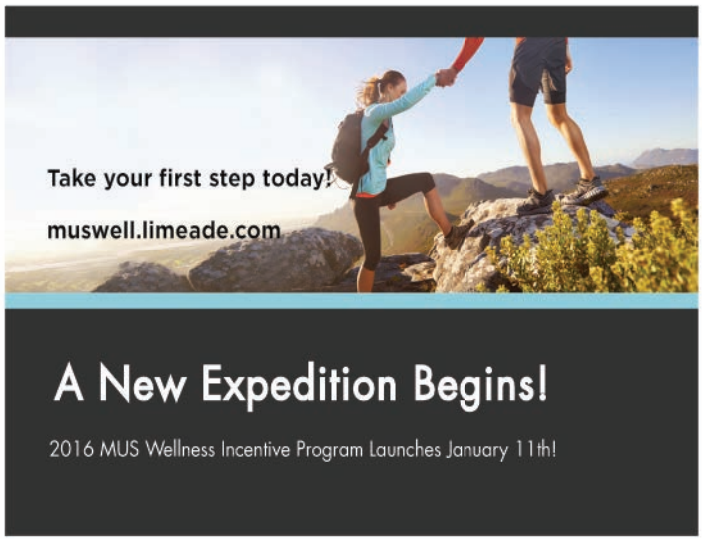
**Embark on a new expedition with the 2016 Wellness Incentive Program!**

Active employees can join exciting new wellness activities that will help you blaze a trail to your best life - all while earning rewards.

When you participate in the MUS incentive program and rack up points, you can move from Scout (406 points) up to our new fourth level — Expedition Leader (2,406 points) — to earn rewards such as a Fitbit Health Tracker, gift cards, and more! Sign up today!

**Ready to discover your own path to wellness? Here's how to get started:**

1. **Login at** www.muswell.limeade.com Haven't registered? Click "get started" on www.muswell.limeade.com and follow the detailed instructions
2. **Take the Well-Being Assessment:** Your assessment helps you understand the many dimensions of your well-being. Plan on spending approximately 15 minutes to complete.
3. **Complete a WellCheck Health Screening (blood draw and biometric screening) in 2016:** Completing a WellCheck health screening will give you an accurate measure of your health so you can maintain your health and prevent disease. For the Wellcheck schedule go to: www.wellness.mus.edu/WellCheck.asp


4. **Complete challenges to earn points:** No matter what your well-being goals are, there's a challenge for you. Throughout the year, you'll find a rotating menu of:

- Trek the 406 Movement Challenges
- Montana Meals Nutrition Challenges
- Montana Moves Fitness Challenges
- Challenges focusing on stress, sleep, and financial Wellness

If you have any questions about the MUS Wellness incentive program call 866-885-6940 or email support@limeade.com

# Prescription Drug Choices

**(Included in Medical plan)**

**Out-of pocket max:**
Individual: $2,150/yr
Family: $4,300/yr

URx Your Pharmacy Plan ™

## URx is your Pharmacy Plan:

- Any member enrolled in a medical insurance plan will automatically receive URx. There is no separate premium.
- No deductible for prescription drugs.

**What is URx?**
URx is a prescription drug management program developed by the Montana University System. URx uses the prescription process as a mechanism to manage overall care of a member by focusing on producing better clinical outcomes by making sure members get the best drug to treat their condition.

**How does URx work?**
One component of the URx program is the Pharmacy & Therapeutics Committee (PTAC). Under the Montana University System's oversight, this committee is responsible for evaluating drugs for placement on the URx formulary. The PTAC committee is charged with developing the formulary (the list of preferred drugs covered by the plan) that will make the most effective drugs the least expensive to the member, regardless of the drug's actual cost.

With URx there is no deductible and tier A, B, C, S $150, and S $300 prescriptions will accumulate toward an out-of-pocket maximum of: Individual - $2,150/yr; Family - $4,300/yr.

**Who is eligible?**
The Prescription Drug Plan is a benefit for all benefits eligible Montana University System employees, Retirees, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive URx. There is no separate premium.

**Prescription Options**
Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy.

**Administrators**

Under URx, the plan's administrative responsibilities are divided among four vendors:

**MedImpact** is the pharmacy benefit administrator. MedImpact serves as the claims processor. They have a dedicated customer service telephone line for the Montana University System to answer any questions that members may have regarding benefits or claims processing.

**Specialty Pharmacy**
Diplomat Specialty Pharmacy (1-877-319-6337) is the administrator of the specialty pharmacy program. Diplomat will provide assistance and resources to members who are prescribed high dollar oral, intravenous, or injectable medications.

**Costco Pharmacy** and **Ridgeway** will administer the mail-order drug program and will provide mail-order pharmacy services to plan members, based on URx pricing and plan design.

## Questions

**About the pharmacy benefit**.
call MedImpact at 1-888-648-6764
or visit: www.choices.mus.edu/urx.asp

**About prescriptions or alternatives** call 1-888-5-Ask-Urx (527-5879) to speak with a Pharmacist and ask questions about your drug and what tier it falls under in the URx formulary.

# URx Specialty Drug Program

**Administered by Diplomat:** 1-877-319-6337


**Specialty Drugs**

Specialty drugs are defined as high cost prescription drugs that may require special handling and/or administration to treat chronic, complex conditions. They require much higher levels of clinical management due to the nature of the disease they treat and their potential side effects – personalized dosing, administration and intensive monitoring.

The **URx** Specialty Drug program offers a variety of medications at $150 copay. Other specialty drugs are available through the **URx** Specialty Program with a $300 copay.

If members prefer to receive specialty drugs at retail pharmacies (if available), then the copay is 50% of the total cost of the drug.

Some drugs are limited distribution drugs and may not be available through Diplomat. For these prescriptions, Diplomat will transfer them to specialty pharmacies that are able to dispense these drugs.

Because of the complexity of the medical condition, many of these drugs will require Prior Authorization to ensure appropriate use and to maximize the effectiveness of the drug by encouraging careful adherence to treatment protocols.

Diplomat Specialty Pharmacy is the provider for specialty drug services. To enroll or for any questions regarding the specialty drug program, please contact Diplomat at: 1-877-319-6337.

Hornet Lookout near Glacier National Park - J.B
(FVCC plan member)

Specialty Drug copays are $150 and $300.

# URx Drug Classification

Call 1-888-5-Ask-URx (527-5879) to ask questions about your prescriptions or alternative drugs that may be available.

| URx Drug Classification (Based on medical evidence of impact to health and overall net cost) | Drug Class | Deductible | Retail Rx (30-day supply) | Mail Rx (90-day supply) |
|---|---|---|---|---|
| Excellent level of value based on best medical evidence, best opportunity for improved health outcomes via disease management, and best overall net cost. | **Tier A** | **$0** | $0 Copayment † | $0 Copayment † |
| High level of value based on medical evidence of outcomes and lower overall net cost savings. Includes generic and brand drugs compared to higher cost brand name counterparts. | **Tier B** | **$0** | $25 Copayment † | $50 Copayment † |
| Good level of value based on fair medical evidence grading, but displaying higher overall net cost relative to generic counterparts and less expensive brand name drug or clinical alternatives. | **Tier C** | **$0** | $60 Copayment † | $120 Copayment † |
| Lower level of value based on evidence of outcomes relative to other clinical alternatives. Generally have much higher overall net costs. *[Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.]* | **Tier D** | **$0** | 50% Coinsurance †* (You will pay half of the discounted price) | 50% Coinsurance †* (You will pay half of the discounted price) |
| These drugs have the lowest level of value (based on clinical evidence) or the highest overall net cost in relation to generic or other brand alternatives. Tier F drugs may also include drugs that were not previously covered, allowing members to purchase them at a substantial discount. *[Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.]* | **Tier F** | **$0** | 100% Coinsurance †* (You will pay 100% of the discounted price) | 100% Coinsurance †* (You will pay 100% of the discounted price) |
| If you take a specialty drug, you are encouraged to use the URx Specialty Pharmacy program to qualify for a $150 or $300 copayment. If you fill your prescription at a retail pharmacy, you will have to pay 50% coinsurance. Specialty drugs are not covered through the mail-order program. | **Tier S** | **$0** | 50% Coinsurance †* if purchased through standard retail pharmacy | Not Covered |

***The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.***

† ***A copayment is a flat dollar amount you pay for Rx services. Coinsurance is a percentage of the total discounted cost you pay for Rx services.***

**Interesting Facts:**
Most people don't realize that just because a drug costs more does not mean that it is better. Drug manufacturers spend billions of dollars each year on advertising - so if you see six commercials for a particular drug, that drug may cost a lot of money!

Currently the Montana University System Employee Benefits Plan spends more on prescription drugs than on doctor visits.

**How do I determine what my drug tier is?**
You can look up which tier your drug is at www.choices.mus.edu/urx.asp or by calling the Ask a Pharmacist line at 1888-527-5879. If you are unsatisfied with the tier your drug(s) makes, other therapeutically equivalent drugs that are more cost effective will be displayed that you can discuss with your physician. We encourage you to take this information to your physician to determine if you are able to use the therapeutically equivalent drug.

**What does it mean that most drugs are covered?**
The Montana University System's Pharmacy Benefit Administrator negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. All drugs, including those that were formerly not covered, will have a discount. This savings will be passed on to you as a member of the Montana University System Employee Benefits Plan.

# Dental *(must choose)* Choices

Because dental coverage is an annual required benefit choice, you can choose from two options: **Basic Plan** and **Select Plan**.

Review the chart below and pay close attention to the different benefits and the different rates to help you make your selection.

| | Basic Plan - Preventive Coverage | Select Plan - Enhanced Coverage |
|---|---|---|
| **Who May be Enrolled & Monthly Rates** | • Employee Only $17<br>• Employee & Spouse/Adult Dep. $31<br>• Employee & Child(ren) $31<br>• Employee & Family $45 | • Employee Only $43<br>• Employee & Spouse/Adult Dep. $82<br>• Employee & Child(ren) $82<br>• Employee & Family $116 |
| **Maximum Annual Benefit** | **$750 per covered individual** | **$1,500 per covered individual** |
| **Preventive and Diagnostic Services** | • Twice Per Benefit Year<br>• Initial and Periodic oral exam<br>• Cleaning<br>• Complete series of intraoral X-rays | • Twice Per Benefit Year<br>• Initial and Periodic oral exam<br>• Cleaning<br>• Complete series of intraoral X-rays<br>**Note:** the above services do not count towards the $1,500 annual maximum and include the Diagnostic & Preventive (D&P) Maximum Waiver feature. See below |
| **Basic Restorative Services** | • Not covered | • Amalgam filling<br>• Endodontic treatment<br>• Periodontic treatment<br>• Oral surgery |
| **Major Dental Services** | • Not covered | • Crown<br>• Root canal<br>• Complete lower and upper denture<br>• Dental implant<br>• Occlusal guards |
| **Removal of impacted teeth** | • Not covered | • Covered benefit |

**Select Plan Benefit Highlight Features:**

**Diagnostic & Preventive Maximum Waiver Benefit**

The ***Choices*** Select Plan includes the D&P Maximum waiver benefit allowing MUS plan members to obtain diagnostic & preventive services without those costs applying to the annual $1,500 maximum.

**Orthodontic Benefits**

The ***Choices*** Select Plan provides a $1,500 lifetime orthodontic benefit per covered individual. Benefits are paid at 50% of the allowable charge for authorized services. Treatment plans usually include an initial down payment and ongoing monthly fees. If an initial down payment is required, ***Choices*** will pay up to 50% of the initial payment, up to 1/3 of the total treatment charge. In addition, Delta Dental (the dental plan administrator) will establish a monthly reimbursement based on your provider's monthly fee and your prescribed treatment plan.

**Delta Dental: 1-866-579-5717 www.deltadentalins.com/mus**

# Delta Dental Fee examples

How to select a Delta Dental Dentist that will best suit your needs and your pocket book! Understand the difference between a PPO and Premier Dentist.

## Finding a Delta Dental Dentist:

The MUS dental program utilizes schedules of benefits so you know in advance exactly how much the plan will pay for each covered service. It is important to understand that a dentist's charges may be greater than the plan benefit, resulting in balance billing to you. While you have the freedom of choice to visit any licensed dentist under the plan, you may want to consider visiting a Delta Dental dentist to reduce your out of pocket costs.

When a dentist contracts with Delta Dental, they agree to accept Delta Dental's allowed fee as full payment. This allowed fee may be greater than the MUS plan benefit in which case, the dentist may balance bill you up to the difference between the allowed fee and the MUS benefit amount.

Montana University System plan members will usually save when they visit a Delta Dental dentist. Delta Dental Preferred Provider Organization (PPO) dentists agree to lower levels of allowed fees and therefore offer the most savings. Delta Dental Premier dentists also agree to a set level of allowed fees, but not as low as with a PPO dentist. Therefore, when visiting a Premier dentist, MUS members usually see some savings, just not as much as with a PPO dentist. The best way to understand the difference in fees is to view the examples below. Then go to: www.deltadentalins.com/MUS and use the *Find a Dentist* search to help you select a dentist that is best for you!

The following claim examples for an adult cleaning demonstrate how lower out-of-pocket patient costs can be achieved when you visit a Delta Dental dentist (**Basic** and Select Plan coverage). The examples compare the patient's share of costs at each network level below:

| Adult Cleaning | PPO Dentist | Premier Dentist | Out-of-Network Dentist |
|---|---|---|---|
| **What the Dentist Bills** | $87 | $87 | $87 |
| **Dentists allowed fee with Delta Dental** | $57 | $71 | No fee agreement with Delta Dental |
| **MUS Plan Benefit allowed amount** | $83 | $83 | $83 |
| **What you pay** | $0 | $0 | $4 |

The following claim examples for a crown demonstrate how lower out-of-pocket patient costs can be achieved when you visit a Delta Dental dentist (**Basic** and Select Plan coverage). The examples compare the patient's share of costs at each network level below:

| Crown | PPO Dentist | Premier Dentist | Out-of-Network Dentist |
|---|---|---|---|
| **What the Dentist Bills** | $1,000 | $1,000 | $1,000 |
| **Dentists allowed fee with Delta Dental** | $694 | $822 | No fee agreement with Delta Dental |
| **MUS Plan Benefit allowed amount** | $423 | $423 | $423 |
| **What you pay** | $271 | $399 | $577 |

## Dental Codes

Dental claims are reimbursed based on a Schedule of Benefits. The following subsets of the **Select** and **Basic Plan** Schedules include the most commonly used procedure codes. Please note the Basic Plan provides coverage for a limited range of services including diagnostic and preventive.

The Schedule's dollar amount is the maximum reimbursement for the specified procedure code. Covered individuals are responsible for the difference (if any) between the provider's charge and the Schedule's reimbursement amount. Blue shaded codes are for the **Basic Plan** ONLY. All Codes (shaded and non-shaded) are for the **Select Plan**.

See Summary Plan Description (SPD) for complete listing (see pg 43 for availability).

| Procedure Code | Description | Fee |
|---|---|---|
| D0120 | Periodic oral evaluation - established patient | $40.00 |
| D0140 | Limited oral evaluation - problem focused | $58.00 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | $40.00 |
| D0150 | Comprehensive oral evaluation - new or established patient | $65.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | $72.00 |
| D0210 | Intraoral - complete series of radiographic images | $110.00 |
| D0220 | Intraoral - periapical first radiographic image | $26.00 |
| D0230 | Intraoral - periapical each additional radiographic image | $20.00 |
| D0240 | Intraoral - occlusal radiographic image | $25.00 |
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | $58.00 |
| D0270 | Bitewing - single radiographic image | $22.00 |
| D0272 | Bitewings - two radiographic images | $37.00 |
| D0273 | Bitewings - three radiographic images | $45.00 |
| D0274 | Bitewings - four radiographic images | $53.00 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | $73.00 |
| D0320 | Temporomandibular joint arthrogram, including injection | $622.00 |
| D0330 | Panoramic radiographic image | $91.00 |
| D1110 | Prophylaxis - adult | $83.00 |
| D1120 | Prophylaxis - child (through age 13) | $58.00 |
| D1206 | Topical application of fluoride varnish (Child through age 18) | $31.00 |
| D1208 | Topical application of fluoride – excluding varnish (Child through age 18) | $28.00 |
| D1351 | Sealant - per tooth (Child through age 15) | $45.00 |
| D1510 | Space maintainer - fixed - unilateral (Child through age 13) | $239.00 |
| D1515 | Space maintainer - fixed - bilateral (Child through age 13) | $388.00 |
| D1520 | Space maintainer - removable - unilateral (Child through age 13) | $393.00 |
| D1525 | Space maintainer - removable - bilateral (Child through age 13) | $538.00 |
| D1550 | Re-cement or re-bond space maintainer | $63.00 |
| D1555 | Removal of fixed space maintainer | $63.00 |
| D2140 | Amalgam - one surface, primary or permanent | $93.00 |

## Dental Codes Schedule of Benefits

| Procedure Code | Description | Fee |
|---|---|---|
| D2150 | Amalgam - two surfaces, primary or permanent | $118.00 |
| D2160 | Amalgam - three surfaces, primary or permanent | $147.00 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | $176.00 |
| D2330 | Resin-based composite - one surface, anterior | $98.00 |
| D2331 | Resin-based composite - two surfaces, anterior | $125.00 |
| D2332 | Resin-based composite - three surfaces, anterior | $156.00 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) | $190.00 |
| D2391 | Resin-based composite - one surface, posterior | $116.00 |
| D2392 | Resin-based composite - two surfaces, posterior | $148.00 |
| D2393 | Resin-based composite - three surfaces, posterior | $184.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior | $220.00 |
| D2543 | Onlay - metallic - three surfaces 12 years and older | $375.00 |
| D2544 | Onlay - metallic - four or more surfaces 12 years and older | $440.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces 12 years and older | $375.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces 12 years and older | $440.00 |
| D2740 | Crown - porcelain/ceramic substrate | $453.00 |
| D2750 | Crown - porcelain fused to high noble metal | $423.00 |
| D2751 | Crown - porcelain fused to predominantly base metal | $410.00 |
| D2752 | Crown - porcelain fused to noble metal | $414.00 |
| D2780 | Crown - 3/4 cast high noble metal | $406.00 |
| D2783 | Crown – ¾ porcelain/ceramic | $410.00 |
| D2790 | Crown - full cast high noble metal | $410.00 |
| D2930 | Prefabricated stainless steel crown - primary tooth | $148.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | $222.00 |
| D2932 | Prefabricated resin crown | $221.00 |
| D2933 | Prefabricated stainless steel crown with resin window | $222.00 |
| D2940 | Protective restoration | $70.00 |
| D2950 | Core buildup, including any pins when required | $95.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | $38.00 |



Please refer to the SPD for complete listing ( see pg 43 for availability).

| Procedure Code | Description | Fee |
|---|---|---|
| D2954 | Prefabricated post and core in addition to crown | $127.00 |
| D3110 | Pulp cap - direct (excluding final restoration) | $43.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | $105.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | $105.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | $489.00 |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | $566.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | $695.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | $592.00 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | $674.00 |
| D3348 | Retreatment of previous root canal therapy - molar | $814.00 |
| D3410 | Apicoectomy – anterior | $435.00 |
| D3421 | Apicoectomy – bicuspid (first root) | $480.00 |
| D3425 | Apicoectomy – molar (first root) | $520.00 |
| D3430 | Retrograde filling - per root | $116.00 |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | $358.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | $113.00 |
| D4249 | Clinical crown lengthening – hard tissue | $455.00 |
| D4260 | Oseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | $672.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | $511.00 |
| D4270 | Pedicle soft tissue graft procedure | $407.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | $632.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | $154.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | $97.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | $59.00 |
| D4910 | Periodontal maintenance | $84.00 |
| D5110 | Complete denture - maxillary | $608.00 |
| D5120 | Complete denture - mandibular | $608.00 |
| D5130 | Immediate denture, maxillary | $666.00 |
| D5140 | Immediate denture, mandibular | $666.00 |
| D5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | $436.00 |
| D5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | $436.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $650.00 |



Please refer to the SPD for complete listing (see pg 43 for availability)

## Dental Codes Schedule of Benefits

| Procedure Code | Description | Fee |
|---|---|---|
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | $650.00 |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | $488.00 |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | $488.00 |
| D5510 | Repair broken complete denture base | $86.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | $76.00 |
| D5610 | Repair resin denture base | $89.00 |
| D5640 | Replace broken teeth - per tooth | $76.00 |
| D5650 | Add tooth to existing partial denture | $114.00 |
| D5751 | Reline complete mandibular denture (laboratory) | $274.00 |
| D5761 | Reline mandibular partial denture (laboratory) | $263.00 |
| D5821 | Interim partial denture (mandibular) | $216.00 |
| D5850 | Tissue conditioning, maxillary | $51.00 |
| D6210 | Pontic - cast high noble metal | $399.00 |
| D6212 | Pontic - cast noble metal | $365.00 |
| D6214 | Pontic - titanium | $399.00 |
| D6240 | Pontic - porcelain fused to high noble metal | $424.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal | $391.00 |
| D6242 | Pontic - porcelain fused to noble metal | $408.00 |
| D6245 | Pontic - porcelain/ceramic | $429.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal 16 years and older | $423.00 |
| D6752 | Retainer crown - porcelain fused to noble metal 16 years and older | $414.00 |
| D6790 | Retainer crown - full cast high noble metal 16 years and older | $410.00 |
| D6791 | Retainer crown - full cast predominantly base metal 16 years and older | $402.00 |
| D6792 | Retainer crown - full cast noble metal 16 years and older | $406.00 |
| D6794 | Retainer crown - titanium 16 years and older | $410.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | $94.00 |
| D7210 | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | $160.00 |
| D7220 | Removal of impacted tooth - soft tissue | $176.00 |
| D7230 | Removal of impacted tooth - partially bony | $215.00 |
| D7240 | Removal of impacted tooth - completely bony | $255.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | $305.00 |
| D7850 | Surgical discectomy, with/without implant | $1,500.00 |
| D7860 | Arthrotomy | $1,500.00 |
| D7880 | Occlusal orthotic device, by report | $469.00 |
| D7899 | Unspecified TMD therapy, by report | By Report |
| D7960 | Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure | $210.00 |
| D7971 | Excision of pericoronal gingiva | $120.00 |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | $69.00 |
| D9223 | Deep sedation/general anesthesia – each 15 minute increment | $107.00 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment | $90.00 |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | $67.00 |
| D9940 | Occlusal guard, by report | $245.00 |

# Life Insurance/AD&D & Long Term Disability

## *(must choose)*

Administered by Standard Insurance Co.
1-800-759-8702; www.standard.com

### Basic Life/AD&D Insurance:

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.

**Who is Eligible:**
An employee may increase one level of coverage during annual benefit enrollment, if eligible and in an active work status.

| Basic Life/AD&D Monthly Premiums | | |
|---|---|---|
| Basic Life/AD&D | $15,000 | $ 1.49 for both |
| Basic Life/AD&D | $30,000 | $2.97 for both |
| Basic Life/AD&D | $48,000 | $4.75 for both |
| If you are enrolling in *Choices* you must select a Basic Life Insurance | | |

### Long Term Disability (LTD):

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 180 days of disability
- 66-2/3% of pay, following 180 days of disability
- 66-2/3% of pay, following 120 days of disability

The three LTD options differ in terms of the amount of your pay they replace, when benefits become payable, and premium costs. Employees may increase coverage during annual enrollment. However, the increase in coverage will be subject to a pre-existing condition exclusion for disabilities occurring during the first 12 months that the increase in insurance is effective. Any coverage existing for at least 12 months prior to the increase will not be subject to the pre-existing condition exclusion.

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

**Who May Enroll:**
Employee Only

**Amount of Benefit:**
**Option 1:** 60% of pre-disability earnings, to a maximum benefit of $9,200 per month. The minimum monthly benefit is the greater of $100 or 10% of your LTD benefit before reduction by deductible income.

**Option 2:** 66-2/3% of pre-disability earnings, to a maximum benefit of $9,200 per month. The minimum monthly benefit is $100 or 10% of your LTD benefit before reduction by deductible income.

**Option 3:** 66-2/3% of pre-disability earnings, to a maximum benefit of $9,200 per month. The minimum monthly benefit is $100 or 10% of your LTD benefit before reduction by deductible income.

**Do 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.

This is a brief summary provided to help you understand your coverage. Please review the group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. This information can be found on the ***Choices*** website: www.choices.mus.edu.

| Long Term Disability Monthly Premiums | | |
|---|---|---|
| Option 1 | 60% of pay/180 days waiting period | $ 5.90 |
| Option 2 | 66 2/3% of pay/180 days waiting period | $11.75 |
| Option 3 | 66 2/3% of pay/120 days waiting period | $14.66 |

# Supplemental Life Insurance *(voluntary)*

Administered by Standard Insurance Co.
1-800-759-8702; www.standard.com

## Optional Supplemental Life Insurance eligibility:

This is an employee only benefit. 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.

If you are not enrolling for the first time, other than new employees, you may increase one level of coverage during annual enrollment (up to $300,000) without having to submit evidence of good health - if you are eligible and are in an active work status. You may also increase coverage more than one level. However, you will need to submit evidence of good health to the insurance company for the increase above more than one level. Elections above $300,000 will always require evidence of good health.

"The controlling provisions will be in the group policy issued by Standard Insurance Company. Neither the certificate nor the information presented in this booklet modifies the group policy or the insurance coverage in any way. "

### Optional Supplemental Life Monthly Premium (after tax) -Employee Benefit

| Age | $25,000 | $50,000 | $75,000 | $100,000 | $125,000 | $150,000 | $175,000 | $200,000 | $225,000 | $250,000 | $275,000 | $300,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| under 30 | $ 1.15 | $ 2.30 | $ 3.45 | $ 4.60 | $ 5.75 | $ 6.90 | $ 8.05 | $ 9.20 | $ 10.35 | $ 11.50 | $ 12.65 | $ 13.80 |
| 30-34 | $ 1.60 | $ 3.20 | $ 4.80 | $ 6.40 | $ 8.00 | $ 9.60 | $ 11.20 | $ 12.80 | $ 14.40 | $ 16.00 | $ 17.60 | $ 19.20 |
| 35-39 | $ 1.80 | $ 3.60 | $ 5.40 | $ 7.20 | $ 9.00 | $ 10.80 | $ 12.60 | $ 14.40 | $ 16.20 | $ 18.00 | $ 19.80 | $ 21.60 |
| 40-44 | $ 2.48 | $ 4.95 | $ 7.43 | $ 9.90 | $ 12.38 | $ 14.85 | $ 17.33 | $ 19.80 | $ 22.28 | $ 24.75 | $ 27.23 | $ 29.70 |
| 45-49 | $ 4.25 | $ 8.50 | $ 12.75 | $ 17.00 | $ 21.25 | $ 25.50 | $ 29.75 | $ 34.00 | $ 38.25 | $ 42.50 | $ 46.75 | $ 51.00 |
| 50-54 | $ 6.43 | $ 12.85 | $ 19.28 | $ 25.70 | $ 32.13 | $ 38.55 | $ 44.98 | $ 51.40 | $ 57.83 | $ 64.25 | $ 70.68 | $ 77.10 |
| 55-59 | $ 10.75 | $ 21.50 | $ 32.25 | $ 43.00 | $ 53.75 | $ 64.50 | $ 75.25 | $ 86.00 | $ 96.75 | $ 107.50 | $ 118.25 | $ 129.00 |
| 60-64 | $ 13.20 | $ 26.40 | $ 39.60 | $ 52.80 | $ 66.00 | $ 79.20 | $ 92.40 | $ 105.60 | $ 118.80 | $ 132.00 | $ 145.20 | $ 158.40 |
| 65-69 | $ 26.00 | $ 52.00 | $ 78.00 | $ 104.00 | $ 130.00 | $ 156.00 | $ 182.00 | $ 208.00 | $ 234.00 | $ 260.00 | $ 286.00 | $ 312.00 |
| over 70 | $ 60.00 | $ 120.00 | $ 180.00 | $ 240.00 | $ 300.00 | $ 360.00 | $ 420.00 | $ 480.00 | $ 540.00 | $ 600.00 | $ 660.00 | $ 720.00 |

| Age | $ 325,000 | $ 350,000 | $ 375,000 | $ 400,000 | $ 425,000 | $ 450,000 | $ 475,000 | $ 500,000 | $ 525,000 | $ 550,000 | $ 575,000 | $ 600,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| under 30 | $ 14.95 | $ 16.10 | $ 17.25 | $ 18.40 | $ 19.55 | $ 20.70 | $ 21.85 | $ 23.00 | $ 24.15 | $ 25.30 | $ 26.45 | $ 27.60 |
| 30-34 | $ 20.80 | $ 22.40 | $ 24.00 | $ 25.60 | $ 27.20 | $ 28.80 | $ 30.40 | $ 32.00 | $ 33.60 | $ 35.20 | $ 36.80 | $ 38.40 |
| 35-39 | $ 23.40 | $ 25.20 | $ 27.00 | $ 28.80 | $ 30.60 | $ 32.40 | $ 34.20 | $ 36.00 | $ 37.80 | $ 39.60 | $ 41.40 | $ 43.20 |
| 40-44 | $ 32.18 | $ 34.65 | $ 37.13 | $ 39.60 | $ 42.08 | $ 44.55 | $ 47.03 | $ 49.50 | $ 51.98 | $ 54.45 | $ 56.93 | $ 59.40 |
| 45-49 | $ 55.25 | $ 59.50 | $ 63.75 | $ 68.00 | $ 72.25 | $ 76.50 | $ 80.75 | $ 85.00 | $ 89.25 | $ 93.50 | $ 97.75 | $ 102.00 |
| 50-54 | $ 83.53 | $ 89.95 | $ 96.38 | $ 102.80 | $ 109.23 | $ 115.65 | $ 122.08 | $ 128.50 | $ 134.93 | $ 141.35 | $ 147.78 | $ 154.20 |
| 55-59 | $ 139.75 | $ 150.50 | $ 161.25 | $ 172.00 | $ 182.75 | $ 193.50 | $ 204.25 | $ 215.00 | $ 225.75 | $ 236.50 | $ 247.25 | $ 258.00 |
| 60-64 | $ 171.60 | $ 184.80 | $ 198.00 | $ 211.20 | $ 224.40 | $ 237.60 | $ 250.80 | $ 264.00 | $ 277.20 | $ 290.40 | $ 303.60 | $ 316.80 |
| 65-69 | $ 338.00 | $ 364.00 | $ 390.00 | $ 416.00 | $ 442.00 | $ 468.00 | $ 494.00 | $ 520.00 | $ 546.00 | $ 572.00 | $ 598.00 | $ 624.00 |
| over 70 | $ 780.00 | $ 840.00 | $ 900.00 | $ 960.00 | $ 1,020.00 | $ 1,080.00 | $ 1,140.00 | $ 1,200.00 | $ 1,260.00 | $ 1,320.00 | $ 1,380.00 | $ 1,440.00 |

Continued on next page.....

## Optional Supplemental Dependent Life Insurance eligibility:

Your spouse and unmarried child(ren) from live birth to age 26. 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 with after-tax dollars. Employees may NOT cover other MUS employed family members. In addition, dependent children may not be insured by more than one member. You must enroll in employee supplemental life to be eligible for spouse or child/ren supplemental life elections.

Other than new employees, you may increase one level of coverage for child/ren without evidence of good health. Evidence of good health is always required for spouse elections over $50,000. Spouse elections cannot exceed 50% of the employee election (i.e., employee elects $100,000 for self, spouse maximum is $50,000). An employee must enroll in self coverage equal to or greater than the amount elected for child coverage.

### Optional Supplemental Life Monthly Premium (after tax) -Spouse Benefit
***Based on age of spouse as of July 1***

| Age | $25,000 | $50,000 | $75,000 | $100,000 | $125,000 | $150,000 | $175,000 | $200,000 | $225,000 | $250,000 | $275,000 | $300,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| under 30 | $ 1.15 | $ 2.30 | $ 3.45 | $ 4.60 | $ 5.75 | $ 6.90 | $ 8.05 | $ 9.20 | $ 10.35 | $ 11.50 | $ 12.65 | $ 13.80 |
| 30-34 | $ 1.60 | $ 3.20 | $ 4.80 | $ 6.40 | $ 8.00 | $ 9.60 | $ 11.20 | $ 12.80 | $ 14.40 | $ 16.00 | $ 17.60 | $ 19.20 |
| 35-39 | $ 1.80 | $ 3.60 | $ 5.40 | $ 7.20 | $ 9.00 | $ 10.80 | $ 12.60 | $ 14.40 | $ 16.20 | $ 18.00 | $ 19.80 | $ 21.60 |
| 40-44 | $ 2.48 | $ 4.95 | $ 7.43 | $ 9.90 | $ 12.38 | $ 14.85 | $ 17.33 | $ 19.80 | $ 22.28 | $ 24.75 | $ 27.23 | $ 29.70 |
| 45-49 | $ 4.25 | $ 8.50 | $ 12.75 | $ 17.00 | $ 21.25 | $ 25.50 | $ 29.75 | $ 34.00 | $ 38.25 | $ 42.50 | $ 46.75 | $ 51.00 |
| 50-54 | $ 6.43 | $ 12.85 | $ 19.28 | $ 25.70 | $ 32.13 | $ 38.55 | $ 44.98 | $ 51.40 | $ 57.83 | $ 64.25 | $ 70.68 | $ 77.10 |
| 55-59 | $ 10.75 | $ 21.50 | $ 32.25 | $ 43.00 | $ 53.75 | $ 64.50 | $ 75.25 | $ 86.00 | $ 96.75 | $ 107.50 | $ 118.25 | $ 129.00 |
| 60-64 | $ 13.20 | $ 26.40 | $ 39.60 | $ 52.80 | $ 66.00 | $ 79.20 | $ 92.40 | $ 105.60 | $ 118.80 | $ 132.00 | $ 145.20 | $ 158.40 |
| 65-69 | $ 26.00 | $ 52.00 | $ 78.00 | $ 104.00 | $ 130.00 | $ 156.00 | $ 182.00 | $ 208.00 | $ 234.00 | $ 260.00 | $ 286.00 | $ 312.00 |
| over 70 | $ 60.00 | $ 120.00 | $ 180.00 | $ 240.00 | $ 300.00 | $ 360.00 | $ 420.00 | $ 480.00 | $ 540.00 | $ 600.00 | $ 660.00 | $ 720.00 |

### Optional Supplemental Life Monthly Premium (after tax) -Child Benefit

| Age | $5,000 | $10,000 | $15,000 | $20,000 | $25,000 | $30,000 |
|---|---|---|---|---|---|---|
| to age 26 | $ 0.50 | $ 1.00 | $ 1.50 | $ 2.00 | $ 2.50 | $ 3.00 |

Northern Ag Research Cntr, "Moving Cows" -
(Northern Ag plan members)

# Supplemental AD&D Coverage *(voluntary)*

Administered by Standard Insurance Co.
1-800-759-8702; www.standard.com

## Optional AD&D Insurance eligibility:

This is an employee only benefit. If you enroll for Optional AD&D Insurance, your cost depends on the amount of coverage you select, as shown in the following table. Remember, this cost is paid on an after-tax basis.

You may elect any AD&D amount in increments of $25,000.

"The controlling provisions will be in the group policy issued by Standard Insurance Company. Neither the certificate nor the information presented in this booklet modifies the group policy or the insurance coverage in any way."

### Optional Supplemental AD&D Monthly Premium (after tax) -Employee Benefit

| Age | $25,000 | $50,000 | $75,000 | $100,000 | $125,000 | $150,000 | $175,000 | $200,000 | $225,000 | $250,000 | $275,000 | $300,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All Adults | $ 0.50 | $ 1.00 | $ 1.50 | $ 2.00 | $ 2.50 | $ 3.00 | $ 3.50 | $ 4.00 | $ 4.50 | $ 5.00 | $ 5.50 | $ 6.00 |

| Age | $ 325,000 | $ 350,000 | $ 375,000 | $ 400,000 | $ 425,000 | $ 450,000 | $ 475,000 | $ 500,000 | $ 525,000 | $ 550,000 | $ 575,000 | $ 600,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All Adults | $ 6.50 | $ 7.00 | $ 7.50 | $ 8.00 | $ 8.50 | $ 9.00 | $ 9.50 | $ 10.00 | $ 10.50 | $ 11.00 | $ 11.50 | $ 12.00 |

## Optional Dependent AD&D Insurance eligibility:

Your spouse and unmarried child(ren) from live birth to age 26. Optional Dependent AD&D Insurance is designed to protect you against certain financial burdens in the event a covered dependent dies of an accidental death. You are automatically the beneficiary of any benefits that become payable. This benefit is paid with after-tax dollars. Employees may NOT cover other MUS employed family members. In addition, dependent children may not be insured by more than one member. You must enroll in employee optional AD&D in order to elect AD&D for dependents.

You may elect any amount for your spouse in $25,000 increments and any amount for your children in $5,000 increments.

### Optional Supplemental AD&D Monthly Premium (after tax) -Spouse Benefit

| Age | $25,000 | $50,000 | $75,000 | $100,000 | $125,000 | $150,000 | $175,000 | $200,000 | $225,000 | $250,000 | $275,000 | $300,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All Adults | $ 0.50 | $ 1.00 | $ 1.50 | $ 2.00 | $ 2.50 | $ 3.00 | $ 3.50 | $ 4.00 | $ 4.50 | $ 5.00 | $ 5.50 | $ 6.00 |

### Optional Supplemental AD&D Monthly Premium (after tax) -Child Benefit

| Age | $5,000 | $10,000 | $15,000 | $20,000 | $25,000 | $30,000 |
|---|---|---|---|---|---|---|
| to age 26 | $ 0.05 | $ 0.10 | $ 0.15 | $ 0.20 | $ 0.25 | $ 0.30 |

# Long Term Care Insurance *(voluntary)*

## Provided by UNUM Life Insurance Co.

1-800-227-4165 www.unuminfo.com/mus

| Options | Choices |
|---|---|
| **Care Type** | |
| Plan 1 | Facility (nursing home or assisted living) |
| Plan 2 | Facility + Professional Home Care (Provided by a licensed home health organization) |
| Plan 3 | Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members) |
| **Monthly Benefit** | |
| Nursing Home | $1,000-$6,000 |
| Assisted Living | 60% of the selected nursing home amount |
| Home Care | 50% of the selected nursing home amount |
| **Duration** | |
| 3 years | 3 years Nursing Home |
| 6 years | 6 years Nursing Home |
| Unlimited | Unlimited Nursing Home |
| **Inflation Protection** | |
| Yes | 5% compounded annually |
| No | No protections will be provided |

**Unexpected events,** such as accidents or illness, can catch us off guard at any age, any time. This can often lead to financial and emotional hardship. Many believe that our health plan covers long term care situations when, in most cases, it does not. We may be left thinking we should have planned better. The Long Term Care (LTC) plan is designed to pick up where our health plan leaves off. You may never need long term care. However, this year about nine million men and women will need long term care. By 2020, 12 million Americans will need long term care. Most will be cared for at home. A study by the US Department of Health and Human Services indicates that people who reach age 65 have a 40 percent chance of entering a nursing home. About 10 percent of the people who enter a nursing home stay there five years or longer. The Montana University System offers the opportunity to purchase Long Term Care Insurance from Unum Life Insurance Company of America, a subsidiary of Unum Provident.

**New employees can enroll in LTC within 30 days of employment** without demonstrating evidence of insurability. Continuing employees, spouses, retirees, and grandparents can enroll in our group LTC insurance with medical underwriting at any time.

**Who is Eligible**
Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long Term Care Insurance Plan.

Rapelje bike race, Rapelje MT - L.T (Helena plan member)

This plan may be elected, changed, or dropped at anytime.

**Enrollment**
If you would like to sign up for the Long Term Care Plan, contact your campus Human Resource Department for an enrollment kit.

# Vision hardware *(voluntary)*

## Administered by Blue Cross Blue Shield of Montana:

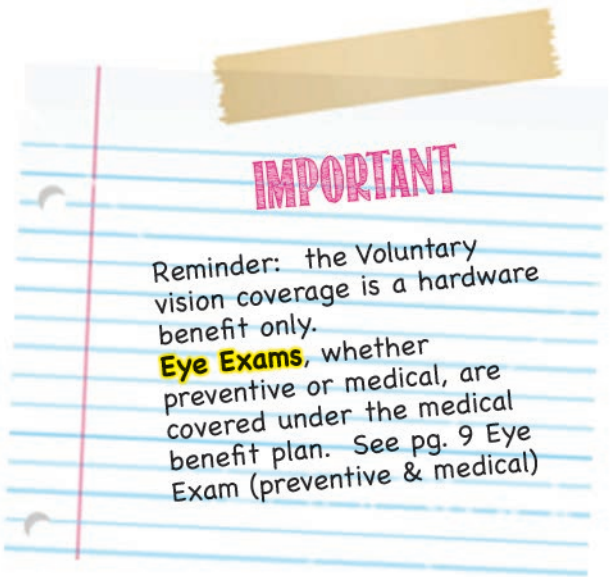
Customer Service 1-800-820-1674 or 447-8747
www.bcbsmt.com
Claim submission form available at: www.choices.mus.edu

"RATBOB" Run across the Bob Marshall Wilderness - J.V (UM Missoula plan member)

**Who is Eligible?**
Employees, spouses, adult dependents, retirees, and children are eligible if you elect to have this coverage.

**Instructions**
Review the premiums on the next page and complete the appropriate sections of the Enrollment Form.

**Using Your Vision Hardware Benefit**
Quality vision care is important to your eye wellness and overall health care. Accessing your Vision Hardware benefit is easy. Simply select your provider, purchase your hardware and submit to Blue Cross Blue Shield of Montana for processing.

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# Vision hardware *(voluntary)* cont.

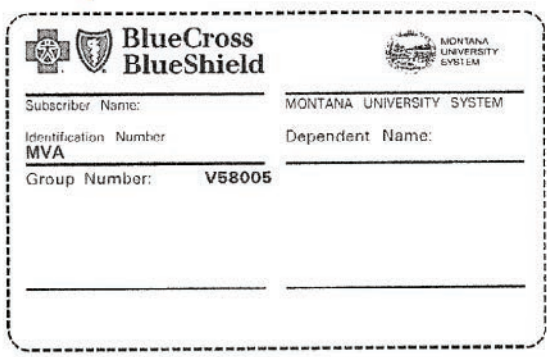
| Monthly Vision Hardware Rates | |
|---|---|
| • Employee Only | $7.48 |
| • Employee & Spouse/Adult Dep. | $14.12 |
| • Employee & Child(ren) | $14.86 |
| • Employee & Family | $21.80 |

**Note:** The Voluntary vision coverage is a hardware benefit only. Eye Exams, whether preventive or medical, are covered under the medical benefit plan. See pg. 9 Eye Exam (preventive & medical)

| Service/Material | Coverage |
|---|---|
| **Eyeglass Frames and Lenses:**<br>Once every benefit year in lieu of contact lenses | up to $300 allowance towards purchase of a frame and prescription eyeglass lenses including single vision; bifocal; trifocal; progressive lenses; ultraviolet treatment; tinting; scratch-resistant coating; polycarbonate; anti-reflective coating.<br><br>The Plan Participant may be responsible for the charges at the time of service. |
| **Contact Lenses:**<br>Once every benefit year in lieu of eyeglass frame and lenses | Up to $150 allowance toward contact lens fitting and the purchase of Conventional, Disposable or Medically Necessary* contact lenses.<br><br>The Plan Participant may be responsible for the charges at the time of service. |

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e., cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

## Sample Vision Hardware card




## Filing a claim

When a Plan Participant purchases vision hardware, a walk-out statement should be provided by the Provider. This walk-out statement should be submitted to Blue Cross and Blue Shield of Montana for reimbursement.

Go to: www.choices.mus.edu/forms.asp and select the Vision Hardware Claim Form

# Flexible Spending Account *(voluntary)*

Great News! This year, flexible spending account administrative fees will again be paid by MUS!

**Administered by Allegiance Benefit Plan Management, Inc.**

1-877-778-8600 - www.askallegiance.com

Wildflowers in Bavarian Alps on sabbatical - C. M (MSU Bozeman plan member)

| Account Types | Annual Amount | Qualifying Expense Examples |
|---|---|---|
| Medical FSAs | Minimum Contributions: $120<br>Maximum Contributions: $2,550 | Medical expenses including deductibles, co-insurance, co-pays, Rx expenses, chiropractic and naturopathic care. All dental and vision expenses that are not considered cosmetic. |
| Dependent Care FSAs | Minimum Contribution: $120<br>Maximum Contribution: $5,000 | Costs for care provided to your child(ren) under age 13, or other dependents unable to care for themselves, and necessary for you to remain gainfully employed. |
| Adoption Assistance (Maximum listed is a lifetime maximum) | Minimum Contribution: $120<br>Maximum Contribution: $13,400 | Adoption fees, court costs, attorney fees, medical examination costs, and related travel expenses. |

**Health Flex Spending Account (FSA)**

During the annual enrollment period, you may elect amounts to be withheld from your earnings to pay for your out-of-pocket medical expenses. Eligible health FSA expenses include those defined by IRS Code, Section 213(d). For a list of examples, go to www.askallegiance.com

The amount you elect to set aside for Health FSA expenses is not subject to federal income, state income, or Social Security/Medicare taxes.

Your health FSA election will reimburse you for eligible expenses that you, your spouse, and your qualified dependents incur during the plan year. The entire annual amount you elect can be used at any time during the plan year.

You can request reimbursement on a mobile device, by toll-free fax, or through the mail. If the expense may be covered through your health coverage, please provide the coverage explanation of benefits as documentation. If coverage will not consider the expense, an itemized statement from the provider will satisfy documentation requirements.

Some expenses are considered to be "dual purpose." These expenses are for items or services that are sometimes for purposes other than to treat a medical condition. In order to be reimbursed for a "dual purpose" expense, or over the counter drugs and medicines, a diagnosis and recommendation for treatment from a medical professional is required.

If you or your spouse contribute to a Health Savings Account (HSA), you are not eligible to participate in a general purpose health FSA.

You can access a tax savings calculator for accurate savings estimates under Tax Calculators on the Allegiance flex website www.askallegiance.com.

**$500 Rollover from one plan year to the next.**

When you enroll in the flexible spending account, you are electing to participate for the entire plan year. No changes to your election may be made during the plan year unless you experience a "qualifying event."

Be sure not to elect more than you will need to cover expenses incurred by you and/or your family members during the plan year. Under the "use-or-lose" rule, any money not used by the end of the plan year cannot be returned to you. However, the IRS permits modification of the "use-or-lose" rules for health flexible spending accounts to allow $500 to rollover from one plan year to the next. This means that up to $500 from last year's plan election can be rolled over to the new plan year that begins July 1, 2016. The $500 rollover feature does not apply to dependent care flexible spending accounts. This remains unchanged with the introduction of the Tax Advantaged Accounts (TAA).

Continued on next page

## Important:

- You must re-enroll each year to participate in a Flexible Spending Account ( No Automatic Enrollment).
- All claims must be received by Allegiance by September 30, 2017 to be eligible for reimbursemet.
- No exceptions can be made on late enrollment or late submissions.

**Dependent Care**

If both you and your spouse work or you are a single parent, you may have dependent care expenses. The Federal Child Care Tax Credit is available to taxpayers to help offset dependent care expenses. A dependent care FSA often gives employees a better tax benefit. You can complete a worksheet that compares the Federal Child Care Tax Credit to the dependent care FSA by clicking on Tax Calculators on the Allegiance flex website.

Your dependent care FSA lets you use "before-tax" dollars to pay care expenses for children under age 13, or individuals unable to care for themselves. A dependent receiving care must live in your home at least eight (8) hours per day. The care must be necessary for you and your spouse to remain gainfully employed. Care may be provided through live-in care, baby sitters, and licensed day care centers. You cannot use "before-tax" dollars to pay your spouse or one of your children under the age of nineteen (19) for providing care. Schooling expenses at the kindergarten level and above are not reimbursable. Neither overnight camp nor nursing home care is reimbursable.

Unlike health FSAs, dependent care FSAs may only reimburse expenses up to the amount you have contributed at any time during the year.

**Mid-Year Election Changes**

Mid-year election changes must be made within 63 days of a qualifying event. Changes are limited and differ for each pre-tax option. Changes must be consistent with the change in status.

For more information about mid-year election changes, please contact your campus Human Resources Department or Allegiance.

**Reimbursement**

You may mail, fax toll-free, or scan and send claims electronically at www.askallegiance.com or via your mobile device.

*Check Payment:* Allegiance authorizes reimbursement and prints checks each business day.

Claims are normally processed within five business days of receipt. You usually have a check in your mailbox within a week after Allegiance receives your claim.

*Direct Deposit:* Send in the Direct Deposit form with a voided check, or sign up online at www.askallegiance.com and Allegiance will electronically deposit reimbursements directly into your checking account.

*Debit Card:* Your employer offers debit cards as part of the Flex Plan at a cost of $10.00 per year. That fee will be paid by MUS for the July 1, 2016-June 30, 2017 plan year. Two cards are issued per family and additional cards are available when requested. You may use the debit card to pay for medical care expenses. Documentation for the expense may be required, and should be saved for all debit card transactions.

Claims for eligible expenses that were incurred during the plan year (July 1, 2016 - June 30, 2017) must be received by Allegiance by September 30, 2017, to be eligible for reimbursement. If you terminate employment during the plan year, your participation in the plan ends, subject to COBRA limitations. However, you still may submit claims through September 30, 2017, if the claims were incurred during your period of employment, and during the plan year.

If an employee has both a medical FSA and a TAA, the two accounts will be coordinated by the plan administrator to ensure that FSA funds are expended prior to TAA funds.

## Questions

Customer Service Representatives are available to answer questions each business day between 7:00 a.m. and 6:00 p.m. Mountain time. After hours and on weekends, you can access your account information online or through the toll-free automated voice-response system.
**Call toll free at 1-877-778-8600.**

# Tax Advantaged Account - TAA *(voluntary)*

**Administered by Allegiance Benefit Plan Management, Inc.**

1-877-778-8600 - www.askallegiance.com

**Important:** If you are participating in the Wellness incentive program or have remaining funds left over from plan year 2016 you must elect the TAA during spring enrollment to receive funding.

**Tax-Advantaged Account (TAA) For MUS**

The IRS permits tax-advantaged accounts to be established and funded by employers. These TAAs may only be funded with employer funds. No employee funds are permitted. MUS has a separate medical FSA account which still permits employee funds to be deposited on a tax-free basis.

In Plan Year 2017 (July 1, 2016 - June 30, 2017), the employer contributions to the new TAA account will consist of the following if the employee has elected the TAA:

1. Wellness Incentive Funds ($250/$500 based on achieving Explorer level requirements of the Wellness program that **ended Dec. 31, 2015**) will be placed in the TAA July 1, 2016.

2. Any **remaining funds left over** from plan year 2016.

NOTE: any TAA funds earned during the current wellness incentive program ending this Dec. 31, 2016 will be placed in a TAA account July 1, 2017 as long as the TAA is elected during spring enrollment.

**Features of a TAA include:**

• No "use-it-or-lose-it" requirement: Balances may be carried over from year-to-year if they are not expended.

• Same Allowable Expenditures as a medical FSA: Allowable expenditures from the TAA are the same as expenditures permitted from a medical FSA. Please see IRS Publication 502 for details.

• Account Balance is Portable upon Termination of Employment: If an employee ceases participating in the medical plan, separates from service, or terminates employment (i.e. retires, goes to work for another employer, etc.), they can utilize the remaining balance in the TAA for up to 24 months following the month in which they left the MUS plan. After this 24 month period the account balance reverts back to the MUS central health fund reserves.

• The amounts in the TAAs will continue to accumulate and be eligible for use by qualified active employees for up to 24 months following the date that the MUS ceases to provide Wellness contributions to the accounts.

**How to Elect and Use a Tax Advantaged Account (TAA)**

In order to be eligible for the TAA, employees must have a remaining balance from plan year 2016, or have earned Wellness Incentive funds while participating in the incentive program that ended Dec. 31, 2015. They must also elect the TAA during spring enrollment to receive the funding. Employees who waive benefits under the MUS Plan are not eligible for a TAA (this is an ACA requirement).

If an employee has both a medical FSA and a TAA, the two accounts will be coordinated by the plan administrator to ensure that FSA funds are expended prior to TAA funds.

**Administrative Fees and Continuation of TAA**

During the 2017 Plan Year, the administrative fees for the TAA accounts will be paid by the MUS for those TAAs with remaining funds left over from plan year 2016 or for those participants who earned a Wellness Incentive contribution during the Wellness program that ended Dec. 31, 2015.

## Questions

Customer Service Representatives are available to answer questions each business day between 7:00 a.m. and 6:00 p.m. Mountain time. After hours, and on weekends, you can access your account information online or through the toll-free automated voice-response system.
**Call toll free at 1-877-778-8600.**

## Dependent Hardship Waiver

The MUS Benefit Plan offers a dependent hardship waiver to allow medical coverage for children. The family must first apply for Healthy Montana Kids (HMK) coverage for all children under the age of 19. If HMK denies coverage and the family has a hardship, an application may be submitted to MUS Benefits requesting the Dependent hardship waiver. If the total household income is not more than 115% of the HMK guidelines, the dependent children will be eligible for the waiver for the plan year.
For more information, please contact your campus Human Resources office or call MUS Benefits at 406-444-2574, toll free at 877-501-1722.

## Self Audit Award Program

Be sure to check all bills and EOBs from your medical providers to make sure that charges have not been duplicated or billed for services you did not receive. When you detect billing errors that result in a claims adjustment, the MUS plan will share the savings with you! You may receive an award of 50 percent of the savings, up to a maximum of $1,000.

The Self Audit Award Program is available to all plan members who identify medical billing errors which:

- Have not already been detected by the medical plan's claims administrator or reported by the provider;
- Involve charges which are allowable and covered by the MUS Plan, and
- Total $50 or more in errant charges.

To receive the self-audit award, the member must:

- Notify the claims administrator of the error before it is detected by the administrator or the health care provider,
- Contact the provider to verify the error and work out the correct billing, and
- Have copies of the correct billing sent to the claims administrator for verification, claims adjustment and calculation of the self-audit award.

East Rosebud trail toward Rainbow Lake- L.B
(MSU Northern plan member)

# Resources



Devil's Backbone in the Gallatin Range - L.V
(MSU Bozeman plan member)

Riding at Zimmerman Park - J.TL
(Billings plan member)

Dillon MT - W.D
(UM Western plan member)

# Medical Spending Worksheet

## Monthly Out-of-Pocket Benefit Premium Costs

| | | | |
|---|---|---|---|
| **Active Employees Employer Contribution for July 2016 through June 2017** | | $ 1,054 | (a) |
| **MANDATORY (must choose) BENEFITS (unless you waive all benefits)** | | | |
| MEDICAL PLAN (rates on page 7) | Allegiance Medical Plan | $ | (b) |
| | BCBS Medical Plan | $ | (b) |
| | PacificSource Medical Plan | $ | (b) |
| DENTAL PLAN (rates on page 21) | Basic | $ | (c) |
| | Select | $ | (c) |
| LIFE INSURANCE (rates on page 27) | Basic Life/AD&D $15,000 | $ | (d) |
| | Basic Life/AD&D $30,000 | $ | (d) |
| | Basic Life/AD&D $48,000 | $ | (d) |
| LONG TERM DISABILITY (rates on page 27) | Option 1 | $ | (e) |
| | Option 2 | $ | (e) |
| | Option 3 | $ | (e) |
| **TOTAL MANDATORY BENEFITS PREMIUM** | Add lines b, c, d, and e | $ | (f) |
| **OPTIONAL (voluntary) BENEFITS (Pre-tax)** | | | |
| VISION HARDWARE PLAN (rates on page 33) | | $ | (g) |
| **TOTAL OPTIONAL BENEFITS PREMIUM (Pre-Tax)** | Place amount from line g here | $ | (h) |

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR BENEFITS JULY 2016-JUNE 2017

| | | | |
|---|---|---|---|
| **MANDATORY BENEFITS** | **Enter amount from line (f)** | $ | ( i ) |
| **OPTIONAL BENEFITS (Pre-Tax)** | **Enter amount from line (h)** | $ | ( j ) |
| **TOTAL BENEFITS (Pre-Tax)** | **Add lines (i) and (j)** | $ | (k) |
| **EMPLOYER CONTRIBUTION** | **Amount from line (a)** | $ 1,054 | ( l ) |
| **TOTAL MONTHLY OUT-OF-POCKET COST (Pre-Tax)** | **Subtract line (k) from line (l)** | $ | (m) |

*If line (m) is a negative amount, this is the left-over amount from state share.*
*If line (m) is positive, this amount is your out-of-pocket expense.*
***Note:** the amount in line (m) reflects pre-tax expenses only.*

| | | | |
|---|---|---|---|
| **OPTIONAL (voluntary) BENEFITS (Post-tax)** | | | |
| SUPPLEMENTAL LIFE (page 28 & 29) | | $ | (n) |
| SUPPLEMENTAL AD&D (rates on page 30) | | $ | (o) |
| **OPTIONAL BENEFITS (Post-Tax)** | Add lines (n) and (o) | $ | ( p) |

**Note**:

**Flexible Spending Account (FSA):** (page 34) Employees have the option to elect an FSA using Pre-Tax salary reduction. Employer funds (i.e excess state share) are **not** permitted.

If you select the **optional Long Term Care** benefit, UNUM will provide the rate. This benefit has not been included on this worksheet.
**** Your benefit premiums will be applied as pre-tax or post-tax based on amounts eligible for pre-tax vs. post-tax.

# Privacy Rights & Plan Documents

Eligibility and enrollment for coverage in the Montana University System Employee Group Benefits Plan for persons (and their dependents) who are NOT active employees within MUS:
Detailed rules are published in the MUS Summary Plan Description in these sections:

- Eligibility
- Enrollment, Changes in Enrollment, Effective Dates of Coverage
- Leave, Layoff, Coverage Termination, Re-Enrollment, Surviving Spouse, and Retirement Options
- Continuation of Coverage Rights under COBRA

Each employee and former employee is responsible for understanding rights and responsibilities for themselves and their eligible dependents for maintaining enrollment in the Montana University System Employee Group Benefits Plan.

Coordination of Benefits: Persons covered by any health care plan through the Montana University System AND also by any other health care coverage, whether private, employer-based, governmental (including Medicare and Medicaid), or through any other type of insurance (including automobile, homeowners or premises liability insurance) are subject to coordination of benefits rules as specified in the Summary Plan Description, Coordination of Benefits section. Rules vary from case to case by the circumstances surrounding the claim and by the active or retiree status of the member. In no case will more than 100% of a claim's allowed amount be paid by the sum of all payments from all applicable coordinated insurance coverages.

Note to Retirees eligible for Medicare coverage: All claims are subject to coordination of benefits with Medicare whether or not the covered person is actually receiving Medicare benefits. Retirees eligible for Medicare and paying Medicare Retiree premium rates as published in the ***Choices*** Retiree Workbook are expected to be continuously enrolled in BOTH Medicare Part A and Medicare Part B. Due to MUS participation in the Medicare Retiree Drug Subsidy Program, enrollment in Medicare Part D (drug plan) is not permitted.

## Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Notice

The Montana University System Employee Group Benefits Plan has a duty to safeguard and protect the privacy of all plan members' personally identifiable health information that is created, maintained, sent or received by the Plan. The Plan is required by law to provide a Notice of Privacy Practices to further describe its legal obligations. The Notice can be accessed on the MUS website.

The Montana University System Employee Group Benefits Plan contracts with individuals or entities known as Business Associates, who perform various functions on the Plan's behalf such as claims processing and other health-related services associated with the plan, including counseling, psychological services and pharmaceutical services, etc. These Business Associates and health care providers must also, under HIPAA, take measures to protect a plan member's personally identifiable health information from inadvertent, improper or illegal disclosure.

The Montana University System's self-insured employee group health benefit plan, in administering plan benefits, shares and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment, wellness program (including WellChecks), disease management programs (e.g., Take Control) healthcare operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection, and compliance. Information concerning these categories may be shared, without a participant's written consent, between MUS authorized benefit employees, supervisors and MUS Business Associates, participant's providers or legally authorized governmental entities.

Full HIPAA policy available on Website or by contacting Campus HR

# Glossary

**Allowed Amount**

A set dollar allowance for procedures/services that are covered by the plan.

**Adult Dependent**

Adult Dependent is someone at least 18 yrs of age who does not meet the plan definition of spouse or dependent child, but does meet plan eligibility requirements as defined in the Summary Plan Description.

**Benefit Year/Plan Year**

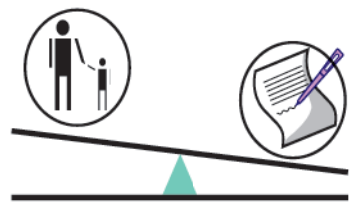
The period starting July 1 and ending June 30.

**Certification/Pre-certification**

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

**Coinsurance**

A percentage of allowed amount and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowed amount. For example, if Jack has met his deductible for the In-Network medical costs ($750), he pays 25% of additional allowed amount and the plan pays 75%.



Jack pays $25 office visit co-pay and 25% of allowed amount for lab charges

Plan pays remainder of office visit and 75% of allowed amount

**Copayment**

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

**Covered Charges**

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical plan.

**Deductible**

A set dollar amount that a member and family must pay before the medical plan begins to share the costs. The deductible applies to the plan July 1 through June 30. For example, Jack's deductible is $750. Jack pays 100 percent of the allowed amount until his deductible has been met.

Jack pays $25 office visit co-pay and 100% of allowed amount for lab charges

Plan pays remainder of office visit

**In-Network Providers**

Providers who have contracted with the plan to manage and deliver care at agreed upon prices. Members may self-refer to in-network providers and specialists. There are better benefits for services received **In-Network** than for services **Out-of-Network**. You pay a $25 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services.

.

**Managed Care Medical Plan**

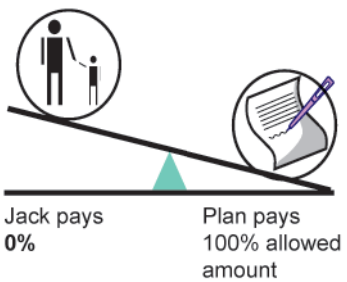
Plans that offer first dollar coverage for services such as office visits that are exempt from deductible. These plans also provide differing levels of benefits for in-network and out-of-network providers.

**Out-of-Network Provider**

Any provider who renders services to a member but is not a participant in the plan's network.

**Out-of-pocket Maximum**

The maximum amount of money you pay toward the cost of health care services. Out-of pocket expense include deductibles, copayments, and coinsurance. For example, Jack reaches his $4,000 out-of-pocket maximum. Jack has seen his doctor often and paid $4,000 total (deductible + coinsurance + co-pays). The plan pays 100% of the allowed amount for covered charges for the remainder of the benefit year.




**Participating Provider**

A provider who has a contract with the medical plan administrator to accept the allowed amount as payment in full.

**Prior Authorization**

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

**PPACA**

The Patient Protection and Affordable Care Act (PPACA) – also known as the Affordable Care Act or ACA – is the landmark health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010. The legislation includes a long list of health-related provisions that began taking effect in 2010 and will continue to be rolled out through 2018.

**URx**

A prescription drug management program developed by the Montana University System.

## Availability of the MUS Summary Plan Description

All Montana University System (MUS) plan participants have the right to obtain a current copy of the Summary Plan Description (SPD). Despite the use of "summary" in the title, this document contains the full legal description of the Plan's medical, vision, dental, flex and prescription drug benefits and should always be consulted when a specific question arises about the Plan.

Participants may request a hard copy of the SPD by visiting, writing, or calling their campus Human Resources/ Benefits Office; by writing to MUS Benefits, P.O. Box 203203, Helena, MT 59620-3203, or by calling the MUS Benefits Office at 406-444-2574, toll free 877-501-1722. An easier way to access this information for many participants is to visit the MUS website at: www.choices.mus.edu.

Using the FIND function on your computer will help you to locate the section you need quickly.

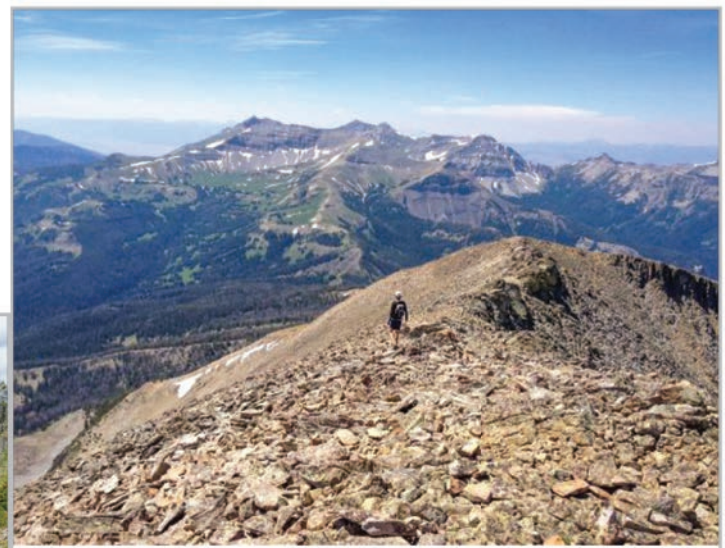
Rattlesnake wilderness hike - A.H
(UM Missoula plan member)

### Don't Forget:

**Summary of Benefits and Coverage (SBC)** forms can be found by visiting the following website: www.choices.mus.edu/SBC.asp These forms, required by PPACA, detail what each medical plan covers.

# Scratch Paper

Rainbow Lake, MT - A.K
(MSU Bozeman plan member)



Hiking Lone Peak, Big Sky MT - K.O
(UM Missoula plan member)

# RESOURCES

Montana University System Benefits
Office of the Commissioner of Higher Education
(406) 444-2574 * Fax (406) 444-0222 * Toll Free (877) 501-1722
www.choices.mus.edu

## HEALTH PLANS

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC. -Medical Plan
Customer Service 1-877-778-8600
Precertification 1-800-342-6510
www.abpmtpa.com/mus

BLUE CROSS AND BLUE SHIELD OF MONTANA - Medical Plan
Customer Service 1-800-820-1674 or 406-447-8747
www.bcbsmt.com

PACIFICSOURCE HEALTH PLAN - Medical Plan
Customer Service 406-442-6589 or 1-877-590-1596
Pre-Authorization: 406-442-6595 or 1-877-570-1563
www.PacificSource.com/MUS

NEW WEST MEDICARE - MAP
Customer Service 1-888-873-8049
www.newwestmedicare.com

DELTA DENTAL INSURANCE COMPANY
Customer Service 1-866-579-5717
www.deltadentalins.com/MUS

BLUE CROSS AND BLUE SHIELD OF MONTANA - Vision Hardware Plan
Customer Service 1-800-820-1674 or 406-447-8747
www.bcbsmt.com

## URx – PRESCRIPTION DRUG PROGRAM

www.URx.mus.edu
ASK-A-Pharmacist 1-888-527-5879
Plan Exception Processing Dept. 1-888-527-5879
Plan Exception Fax: 406-513-1928

MEDIMPACT
Customer Service 1-888-648-6764

MAILORDER PRESCRIPTION DRUG PROGRAM
RIDGEWAY MAIL ORDER PHARMACY – www.ridgewayrx.com
Customer Service 1-800-630-3214
Fax: 406-642-6050

COSTCO MAIL ORDER PHARMACY - www.pharmacy.costco.com
Customer Service 1-800-607-6861
Fax: 1-888-545-4615

DIPLOMAT SPECIALTY PHARMACY
Customer Service 1-877-319-6337

STANDARD LIFE INSURANCE – Life and Disability
Customer Service 1-800-759-8702
www.standard.com

UNUM LIFE INSURANCE – Long Term Care
Customer Service 1-800-822-9103
www.unuminfo.com/mus