

# Welcome to the Active Employees FY2021 Benefits Presentation

## Announcements

Slide 1



Good morning. Thank you everyone for joining us for this year's annual enrollment presentation. This is Mary Lachenbruch. I'm the Director of Benefits for the Montana University System and on behalf of commissioner of higher education, Clay Christian and our entire benefit staff, I just want to say welcome to all of you and thank you for joining us. Before we dive into this morning's presentation, I do have a couple of housekeeping items I just like to share with all of you. The first one is hopefully all of you received your benefits letter in the mail and that letter said that your enrollment workbooks would be available on our website some time the week of April 13th. I just wanted to update you and let you know with my sincere apologies that those books should be available on our website on Monday, April 20th. We actually need to get them formatted into an ADA, the Americans with Disabilities Act format, acceptable format before those are posted online, but we do anticipate they'll be online for you on Monday. If you do have pressing questions before that, you can either ask them throughout the presentation this morning or you can certainly send us an email or give us a call, and we will help you out with those things. Then the other thing that I just wanted to touch on briefly because we have had a number of questions is just to provide you some assurance that I am very carefully monitoring all of the legislation that is coming out from the federal level. There have so far been two acts that have impacted benefits. The first was the Families First Coronavirus Response Act which was signed into law on March 18th of 2020 and from a health benefits perspective, what that did was allowed for reimbursement of testing for COVID-19 at 100%, and our plan with the Montana University System did implement that change immediately. The second act that pertains to us is the CARES Act, the Coronavirus Aid, Relief, and Economic Security Act which was signed into law on March 27th of 2020, and that plan or that act

does help some things that impact our plan primarily from a retirement perspective. We won't go into great detail on those things, but just know that we're available to answer any questions you may have regarding the retirement plan. From a health plan perspective, there was a change to the health or medical flexible spending accounts that allows for over-the-counter medications and menstrual aid products to be reimbursed through a medical flexible spending account without a doctor's prescription, and that change was also implemented immediately so you can submit those items to your medical flexible spending accounts. I bring those things up just first of all to let you know we are monitoring and we are aware what's happening at the federal level and second, just so that we also have made a request to the federal level on behalf of our plan and our plan member that there be some identification of potential needs for changes, even short-term changes to flexible spending accounts to perhaps do something like allow for roll over into the next plan year. It's important for you all to understand though that those are regulated by the Internal Revenue Service, and we cannot at the plan level make changes until we receive some type of guidance or direction or some legislation from the federal level that if that comes, we have prepared and we will immediately jump into action to make sure that whatever direction or guidance is provided is implemented. With that, let's jump for fiscal year 21. The fiscal year will begin July 1, 2020 and run through June 30, 2021.

**Agenda**

**MUS EB**  
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- ❖ **Important Benefit Information for FY2021**
  1. Medical Benefits
  2. Pharmacy Benefits
  3. Dental Benefits
  4. Vision Hardware Benefits
  5. 2020 Wellness Programs
  6. Employee Assistance Program (EAP)
  7. Flexible Spending Accounts (FSAs)
  8. Life/AD&D Insurance Benefits
- ❖ **Plan Rates for FY2021**
  1. Medical
  2. Dental
  3. Vision Hardware
- ❖ **Enrollment Reminders**



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Today we'll walk through your benefit pieces for this annual enrollment period. We'll talk medical, pharmacy, and dental benefits, vision hardware benefits, our 2020 wellness programs and remember, our wellness programs are a little bit different because we run the incentive platform on a calendar year. Then we'll talk about your premiums or your plan rates for fiscal year 21 including medical, dental, and vision hardware and do enrollment reminders.



## **MUS is a Self-Funded Plan – What does this mean?**

- ❖ All MUS benefit plans (medical, prescription drug, dental, and vision hardware) are self-insured (self-funded).
- ❖ Premium contributions go directly into a fund, which is used to pay the cost of benefits for MUS Plan participants who experience illness or injury.
- ❖ To keep the Plan financially sound and affordable, it is important that all Plan participants use their benefits responsibly.
- ❖ Plan Participants are expected to pay a portion of their medical costs in the form of annual deductibles, percentage coinsurance and/or flat dollar copayments.
- ❖ These cost-containment features are part of the Plan design, so Plan funds will be available should a high-cost medical emergency or a catastrophic illness strike a Plan participant.

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Let's start off with just a reminder. I know most of you know this, but I think it's important that we reiterate each year that the Montana University System has a self-funded health plan based on a premium pooling. It is very important that all of us use our benefits responsibly. In order to do that, we are expected to pay a portion of our medical costs in the form of annual deductible, percentage coinsurance, and some flat dollar copayments. These cost-containment features are built in as a part of our plan design, so that plan funds are available in the event of some kind of a catastrophic high-cost medical emergency or an illness for any of our plan participants. Our self-funding is done through what is called a cafeteria plan and really at its core, that allows us to use tax-advantaged money to pay for benefits. That's really the importance of providing a self-funded employer-sponsored plan is that pre-tax benefit that all of us received.



**MUS *Choices***  
**Annual Enrollment Dates**  
**for FY2021**

**April 22 – May 15, 2020**

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The slide features a light blue background with a dark blue vertical bar on the left. The text is centered and uses a mix of bold black and blue fonts. Below the text is a white rectangular area containing a colorful illustration of butterflies and flowers. A small number '4' is located in the bottom right corner of the slide.

Moving on to enrollment, the big enrollment will open on April 22nd, that's next Wednesday and it will close on May 15. It's really important that all of us get online into the Benefitsolver platform and make our elections during that timeframe.

## Eligibility Information for FY2021



- Dependent children, up to age 26, may be enrolled in medical, dental, and/or vision hardware benefits during annual enrollment.  
***(MUS has a closed enrollment for medical and dental coverage for spouses)***
- Proof of eligibility **will be** required for all new dependent children being added to the MUS Plan for a July 1, 2020 effective date.
- Mid-year enrollment or disenrollment may only occur with a “Qualifying Event” or during a “Special Enrollment Period”.  
- *Such as, marriage, birth, loss or gain of eligibility for other health coverage.*

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Some eligibility information for fiscal year 21. During this annual enrollment period, you may enroll your eligible dependent children up to age 26 in your medical, dental or vision hardware benefits during this annual enrollment period. Please keep in mind and I can't stress enough the Montana University System has a closed enrollment for the spouse on medical and dental benefit. You are not able to add your spouse to medical or dental during this annual enrollment period. We are including that information in this presentation and in all of our documentation including online on the Benefitsolver platform. The reason I'm really stressing this to you is because we had to make a decision in order to ensure that the Benefitsolver platform could be up and running for your enrollment next week, and that decision was we could either close off any type of addition which would include your ability to add a spouse to vision hardware or to your life insurance, or we could leave that open knowing that once the system is open to allow you to add a spouse anywhere, it just allows the addition of a spouse and so we will have to audit on the back end and remove your spouse if you do add that person on medical or dental, so please just be aware. We are continuing with closed enrollment for your spouse for medical and dental benefits. Proof of eligibility will be required for all new dependent children who are added to the plan for July 1, 2020 effective date, and that will be true if you add a spouse to vision hardware and you have not had yourself on the planet all prior. You will have to add upload documentation for your spouse as well. Your mid-year enrollment or disenrollment may only occur with a qualifying event or during a special enrollment period. Those are things such as marriage, birth, loss or gain of eligibility for other health coverage and enrollment period, we offer one every October for our retirees because Medicare does require that when they have their open enrollment period. Otherwise, it really is a qualifying event and when we talk about loss or gain of eligibility for other health coverage, that truly means loss or gain of eligibility. It does not include that you no longer want to have that coverage and would prefer university system coverage.



**MEDICAL BENEFIT PLAN  
FOR FY2021**

**\*\*Choices WILL OFFER ONE  
MEDICAL PLAN OPTION FOR FY2021**

➤ **BlueCross BlueShield of MT (BCBSMT)**



**BlueCross BlueShield  
of Montana**  
An Independent Licensee of the Blue Cross and Blue Shield Association



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As of July 1 of 2020, we will be offering one medical plan for all of our members. We did go out with the request for proposal and we are required to do that for all of our benefits every seven years at a minimum. We went out with a request for proposal for a single third party administrator, that's our claims processor and administrator of our benefits. Our successful bidder with Blue Cross Blue Shield of Montana, and I know many of you probably have questions about why we chose to go to a single party administrator instead of continuing with the choices that we have had in the past, which have included Allegiance Blue Cross and PacificSource.

**MEDICAL BENEFIT PLAN  
FOR FY2021 CONT.**

- In an effort to reduce Plan administrative costs and monthly premiums for enrollees, the MUS is moving to one Medical Plan option as of July 1, 2020 (BCBSMT).
- Plan members currently enrolled in the Allegiance or PacificSource Medical Plans will automatically be enrolled in the BCBSMT Medical Plan at the current coverage level.
- Medical Plan enrollees new to BCBSMT as of July 1, 2020 will receive new ID cards.
- Allegiance & PacificSource will continue to process claims for services rendered prior to July 1, 2020.

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The reasons that we did include an effort to reduce the plans of administrative cost and the monthly premiums for enrollees, it also includes things like the ability to provide consistent application of medical policy, having unclaimed system, consolidated file fees for eligibility and reporting, the ability to integrate health analytics and data management, and to ensure the same set of criteria is being applied for all of our plan members. Plan members who are currently enrolled in the Allegiance or PacificSource medical plans will automatically be enrolled in the Blue Cross Blue Shield of Montana medical plan at the current coverage level. For example, if you today have yourself and your children on Allegiance and if you do nothing, you will automatically be rolled to Blue Cross Blue Shield with yourself and your children at the Blue Cross Blue Shield premium amount and you would receive new ID cards. The Benefitsolver platform has already been converted to ensure that we don't miss anybody who chooses not to make any changes this annual enrollment period. When you log in during the annual enrollment period, the Benefitsolver platform will already be set up as though you are currently on Blue Cross Blue Shield, and that is so that everybody was rolled, so that those of you who choose to make no changes will automatically be rolled over to Blue Cross Blue Shield at your current level. Those of you already enrolled on the Blue Cross Blue Shield coverage will not receive new ID cards. Only those who are new to Blue Cross as of July 1 of 2020 will receive new cards, and those of you currently covered by Allegiance or PacificSource, all of your claims rendered prior to July 1 of 2020 need to continue to be sent to Allegiance or PacificSource, whoever is your third party administrator. We do have run out contracts in place with Allegiance and PacificSource for processing of those claims for a period of time.

### **Choices Employee Medical Benefits for FY2021**



BENEFIT DESCRIPTION	IN-NETWORK BENEFITS
PCP Office Visit	\$25 copay
Specialty Office Visit	\$40 copay
Coinsurance	25%
Emergency Room Facility Visit	\$250 copay (room charge only)
Urgent Care Visit	\$75 copay
In-Network Deductible	\$750 (individual) / \$1,500 (family)
In-Network Out-of-Pocket (OOP) Maximum	\$4,000 (individual) / \$8,000 (family)
Eye Exam Benefit (routine or medical)	\$0 copay/1 per plan year (with an In-Network provider)

➤ No Medical Plan benefit changes for FY2021!!!

➤ To see if your provider is a BCBSMT In-Network provider, visit the BCBSMT website provider finder at [www.bcbsmt.com/find-a-doctor-or-hospital](http://www.bcbsmt.com/find-a-doctor-or-hospital).



Some good news for fiscal year 21. There are no changes to your medical benefits or to your premiums, except for those of you moving from Allegiance or PacificSource to Blue Cross. You will now have the Blue Cross premiums and those are lower than what you're paying today for Allegiance and PacificSource. We've just provided a quick snapshot of your in-network benefits. There are no changes. You will continue to have a \$25 copay for your office visits, a \$40 copay for your specialty office visits, 25% coinsurance for all of those items that are subject to your deductible and coinsurance. The emergency room facility copay remains at \$250 and remember, that's only for the room. Does not include things like lab work or professional services. Those are subject to deductible and coinsurance. Your in-network deductible will remain at 750 per individual and 1500 per family, and keep in mind that one individual can never meet the family aggregate. That has to be met by two or more people. Your in-network out-of-pocket maximum remains at \$4000 per individual or \$8000 per family. Your urgent care visit copay remains at \$75 and your eye exam remains as long as it's an in-network provider, the first one per plan year is a \$0 copay for the plan participant. We do continue to encourage all of our plan members to get that annual eye exam. Again, no benefit changes at all on the medical side. We are providing information if you want to check the in-network provider status with Blue Cross Blue Shield of Montana for your family's providers. You can do that using to find a doctor or a hospital link and if you have problems with that, you can reach out the Blue Cross or you can contact us, and we will help you navigate to determine if your providers are in-network.

**Prescription Drug Plan  
for FY2021**



- Navitus Health Solutions will continue as the Pharmacy Benefit Manager for the MUS Plan.
- Lumicera Health Services will continue as the Specialty Pharmacy for the MUS Plan.
- CVS/Target and Western Drug pharmacies are not participating in the pharmacy network. If you choose to use these pharmacies, you will be responsible for all charges.
- Prescriptions can be filled at a participating retail pharmacy for either a 34-day or 90-day supply.
- Mail Order prescriptions for a 90-day supply can be filled at Ridgeway, Costco, or miRx (only delivers to Montana, Idaho, Washington, Wyoming, S. Dakota, and N. Dakota).



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The prescription plan for fiscal year 21 will remain with Navitus. They will continue to be our pharmacy benefit manager and Lumicera will continue as our specialty pharmacy for the Montana University System. Just a reminder, I think most of you are aware that CVS, Target, and Western drug pharmacies are not participating in our pharmacy network. Should you choose to use these pharmacies, you will be responsible for all charges. You may continue to fill your prescriptions at a participating retail pharmacy for a one month supply which is considered a maximum of 34 days or for a 90-day supply. If you fill a 90-day-supply, you pay a copay that is equivalent to a 2-month supply so you're basically getting one month copay free. You may continue your mail-order prescriptions for a 90-day supply through Ridgeway, Costco or miRx. Just keep in mind please that miRx only delivers to Montana, Idaho, Washington, Wyoming, South Dakota and North Dakota.

### Prescription Drug Plan for FY2021 cont.



Navitus Rx Benefit as of July 1, 2020
Tier \$0 (34-day supply/90-day supply) – \$0 / \$0 copay
Tier 1 (34-day supply/90-day supply) – \$15 / \$30 copay
Tier 2 (34-day supply/90-day supply) – \$50 / \$100 copay
Tier 3 (34-day supply/90-day supply) – 50% coinsurance
Tier 4 (Specialty) – \$200 copay (50% coinsurance - retail)
Out-of-Pocket Maximum – \$2,150 (individual) / \$4,300 (family)

**❖ No Pharmacy Plan benefit changes for FY2021!!!**

\*\*Coinsurance in Tier 3 and Tier 4 do not apply to the Out-of-Pocket Maximum.



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Your co-pays will remain the same on prescriptions for fiscal year 21. At tier zero has a \$0 copay. Tier one has a \$15 copay for a one month supply or \$30 for a 90-day supply. Tier two has a \$50 copay for a one month supply or \$100 for a 3-month supply. Tier three has a 50% coinsurance and remember, any prescriptions coinsurance do not apply to your out-of-pocket maximum for prescription. Then the specialty tier or tier four has a \$200 copay or a 50% coinsurance and again, that coinsurance would not apply to your out-of-pocket maximum and that 50% coinsurance is for specialty prescriptions that you purchased at a retail pharmacy. We do have one program update on the tier four specialty that we'll talk about in just a moment. Your out-of-pocket maximum will remain at \$2150 per individual or \$4300 per family. Again, no plan benefit changes for fiscal year 21.

**Copay Max Program – Administered by Navitus**



Copay Max creates a benefit design that leverages copay assistance cards to reduce both member and Plan costs.

- This is only for certain specialty medications purchased via Lumicera specialty pharmacy.
- This is only available to Commercial Plan enrollees (employees & Non-Medicare retirees).

The specialty copay assistance program is for certain specialty drugs included in the specialty tier and dispensed only through the specialty pharmacy, Lumicera. This program will properly manage expenses for eligible specialty medications while lowering the Plan's overall cost if copay assistance is available. Under the program, these specialty medications are subject to a coinsurance of 30%. However, this program will cap the patient total payment at \$0 after utilization of available copay assistance. Only the amount paid out-of-pocket will apply to the out-of-pocket maximum. If a specialty drug does not qualify or is removed from the program, the copay will default to the formulary's current tiered copay.

We are opting in to a program that is administered by Navitus called the Copay Max Program, and this is a benefit design that leverages copay assistance cards to reduce both member and plan costs. This is something that we've had a request for from some of our plan members who do utilize specialty medications that have a copay assistance benefit available from a pharmaceutical manufacturer. The reason that we've waited until the upcoming plan year to actually opt into this program is because at the federal level, there have been a number of bills introduced to Congress that would actually eliminate some of these pharmaceutical programs. We were watching those closely, but to date, there has been no action and we are still able to opt into the program so we are going to do that. Of course at the point that we could no longer participate, we would then opt out. If there were state or federal legislation that required us to opt out, we would then do that. This program is only for certain specialty medications that are purchased through Lumicera specialty pharmacy, and it is only available to commercial plan enrollees, so that's employees and non-Medicare retirees. Medicare actually does not allow participation in this type of programs, and what the specialty copay assistance program does is it sets the program coinsurance for these certain specialty medications at 30%. However, at the end of the program processing, the patient actually pays zero. From the plan perspective, it actually allows us to accurately reflect the amount of copay or out-of-pocket maximum that a patient has met and it also allows the plan to benefit from savings from the copay assistance as well. We'll walk through just an example of what this would look like. The example is that if you have a copay assistance card and most of those cards have a \$5 or a \$15 copay, the benefit would process first and apply a 30% coinsurance, then it would apply the copay assistance card. It would show either a \$5 or a \$15 copay, and then it would process at a third level, and the plan would pick up that \$5 or \$15 copay, and the patient would actually pay \$0. All of this is done behind the scenes between Lumicera and Navitus, and your pharmacy processing is all completed that way. At the end of the day, you end up with a \$0 copay.

**Dental Benefits for FY2021**

**\*\*Delta Dental will continue to administer the Basic & Select Dental Benefit Plans for FY2021.**



**❖ No Dental Plan benefit changes or rate increases for FY2021!!!**

- **Basic Plan – Diagnostic/Preventive services only.**  
**\$750 ANNUAL MAXIMUM, per covered member**
- **Select Plan – Diagnostic/Preventive, Basic, Major Restorative, and Orthodontia services** (\$1,500 lifetime maximum)  
**\$2,000 ANNUAL MAXIMUM, per covered member**  
(Select Plan annual maximum does not apply to Diagnostic/Preventive services)



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Your dental benefits for fiscal year 21 also remain unchanged, both from a premium perspective and from a benefit perspective. We will continue to offer active employees the choice between basic and select dental. The basic is for diagnostic and preventive services only. It has a \$750 annual maximum per covered plan member, and the select plan is comprehensive dental coverage including an Orthodontia benefit that has a \$1500 lifetime maximum. For your other services, there's a \$2000 annual maximum and that's for your basic and your major restorative, so that includes things like fillings, crowns, full mouth x-rays, those types of things. Your diagnostic and preventive services are not actually subject to the annual maximum at all on the select plan. If you need some major restorative work early in the plan year, let's say in July, you end up needing several crowns or a bridge and some other work that's fairly major and you meet that \$2000 annual maximum early in the plan year, you can still go in and get your diagnostic and preventive services. In fact, we encourage you to do that, so that would be your semiannual cleaning and the oral exam and your basic x-rays. Those types of things do not apply to your annual maximum.

**Vision Hardware Benefits for FY2021**

**\*\*BlueCross BlueShield will continue to administer the Optional Vision Hardware Benefit for FY2021**

**❖ No Vision Hardware Plan benefit changes or rate increases for FY2021!!!**

❖ **Optional Vision Hardware Benefit covers ONLY hardware.**

- Eyeglass frames and lenses, in lieu of contacts (1 pair).  
**UP TO \$300 ANNUAL ALLOWANCE, per covered member**
- Contacts, in lieu of frames and lenses (1 purchase).  
**UP TO \$150 ANNUAL ALLOWANCE, per covered member**

❖ **Eye Exam (routine or medical) is provided as part of the medical plan (1 per plan year). (\$0 copay when using an In-Network provider)**



Your vision hardware benefits for fiscal year 21 are also unchanged. Blue Cross continues to administer the optional vision hardware benefit. That benefit covers your vision hardware which is your glasses, your contacts, and it's one or the other. For eyeglass, frames and lenses in lieu of contacts, you get one pair, one purchase per plan year up to \$300 as your annual allowance, and that's per covered member on your plan. Contacts in lieu of frames and lenses, again it's one purchase per plan year up to a \$150 annual allowance. We have had a number of inquiries this plan year regarding that contact benefit from people saying they only purchased enough for three months. Our suggestion to you is if you want to utilize your \$150 annual allowance and your contacts are less than that, to go ahead and purchase as much as you can purchase for that \$150 annual allowance. Then again just a reminder, your eye exam is covered under your medical benefit. It is not covered through your vision hardware benefit.



**MUS Wellness Incentives for 2020**

\*Incentive Program began on January 14<sup>th</sup>

\*\* Limeade will continue to be the Wellness Incentive Platform for the Wellness Program for 2020!!

POWERED BY limeade

❖ **WELLNESS INCENTIVES –**

- \*\* Scout Level (1,000 pts.) – \$50 Amazon Gift Card
- \*\* Explorer Level (2,000 pts.) – \$35 Amazon Gift Card
- \*\* Trailblazer Level (3,000 pts.) – \$35 Amazon Gift Card
- \*\* Expedition Leader Level (4,060 pts.) – \$35 Amazon Gift Card

(Claiming gift cards will result in payroll taxation)

❖ Participation in a MUS WellCheck continues to be a requirement!

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✓ Look for the Limeade app in your mobile device app store to download the Limeade app!!! Use code MUS!!

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We are continuing with a wellness incentive program for calendar year 2020. The Limeade platform is continuing on as our wellness incentive platform. That opened up on January 14th. I'm hopeful that many of you are already out there participating in challenges and learning new things through the Limeade platform, and hopefully earning some incentives as well. We are continuing with a four-tiered program this year, and we do have three mandatory requirements in order to earn incentives. Those include a Montana University System well-check. Those are provided by It Starts With Me, a well-being assessment, you must complete that and you must also take the integrity pledge. Those three requirements must be met before you earn your Amazon gift cards. At level one, it requires the mandatory items and then 1000 for a \$50 Amazon gift card. Level two, the explorer level requires 2000 to earn a \$35 Amazon gift cards. Trailblazer level three is 3000 points for a \$35 Amazon gift card, and then finally, the top tier expedition leader level is 4060 points for a \$35 Amazon gift card. Just a reminder that claiming gift cards because it is considered the same as cash from an employer-sponsored program does result in payroll taxation. Just an update because we have had a number of inquiries regarding whether or not we would perhaps eliminate the need for a MUS wellness well-check this year, and what I will tell you is that we are certainly conscientious, considerate about the fact that all of us are in uncertain times and unknown territory with regard to what we are dealing with with the COVID-19 situation. At this point, I feel it's too early to make that call. We do have well-check plans for our campuses again in the fall and if we're able to offer those opportunities, that would be that opportunity for you to earn your well-check. We are keeping again our ear to the ground with what's going on both at the state and the federal level, and just in terms of our university system and what it means for all of us at campus levels and in different programs and all of those things. Please don't think that we're just telling you point-blank no, but we do want to monitor where things are at and what things look like as we continue to move through whatever comes our way with the results of the COVID-19 pandemic. Stay

tuned, but for right now, these are the wellness incentive requirements, the well-check, the well-being assessment, and the integrity pledge. We encourage you to download the Limeade app onto your mobile device, and you can use the code MUS to get access into that Limeade app.

## MUS Wellness Program Highlights for 2020



- Two **FREE** MUS WellChecks per benefit period (provided by It Starts With Me)
- Live Fitness & Nutrition Webinars (recordings available)
- Live Fitness & Nutrition Workshops
- Montana Moves & Montana Meals Blogs
- WellBaby Program ~ Enroll within the 1<sup>st</sup> trimester to be eligible for all benefits
- Take Control Lifestyle Management Program (12-month program)
- Campus Wellness Champions ~ **Get Involved!!!**
- Quick Help (Q & A support regarding health, fitness, and/or nutrition)
- **The 30-day Nutrition Upgrade™** is a highly effective program to help reshape your eating habits and upgrade your nutrition!
- **Whil** – 250+ digital training videos available through the Limeade Wellness Incentive Platform focusing on mindfulness, sleep, yoga and more!

For more information, visit.....[www.wellness.mus.edu](http://www.wellness.mus.edu)



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Some of our Montana University System wellness program highlights. We continue to offer to free Montana University System well-checks per plan year. Again, I understand that we did have to make the decision to cancel some of the spring well-checks, but we're still hopeful that we will be able to provide some summer well-checks that were already on the books. If not, the fall well-checks that are already scheduled at this time. We have live fitness and nutrition webinars, and those webinars are recorded so that if you're unable to attend live, you can go to the recordings. Live fitness and nutrition workshops, the Montana moves and Montana meals blogs, the well-baby program. That program, if you enroll within the first trimester, you are eligible for all benefits including copay waivers for some prenatal visits and for the delivery with your physician. The take control lifestyle management program, that's a 12-month program that we are continuing to offer for a number of conditions. Campus wellness champions, we continue to have wellness champions at all of our locations and we encourage you to get involved. We have a quick help program which is a Q and A support program regarding health fitness and nutrition questions that you may have. The 30-day nutrition upgrade is an effective program that helps us reshape our eating habits and monitor our nutrition with planning to offer that program again in the fall. For the second year now, we are offering the Whil program, that is a digital training program that offers visit via videos that are available on the Limeade wellness incentive platform. This year, our focus is on mindfulness, sleep, yoga, and more. If you haven't checked any of those out, I would encourage you to get onto the Limeade platform and go to Whil. Whil is a program some of you may be familiar with because you can get the Whil app that you can access these things for free through our Limeade incentive platform if you'd like to go that route. You can access more information by visiting our website at [wellness.mus.edu](http://wellness.mus.edu).

**WellBaby** – *Healthy Moms, Healthy Babies.... a world of difference*



**Eligibility Requirements:**

*Montana University System covered medical plan members (employees, spouses, and dependents) are eligible for **ALL** of the benefits, if enrolled within the 1st trimester of pregnancy. If enrolled during the 2nd or 3rd trimester, the enrollee is eligible for all of the benefits **EXCEPT** the copay waiver benefit.*

- ❖ *Benefits begin the day the participant enrolls (enrollment cannot be backdated).*
- ❖ **Benefits include:**
  - *Copay waivers (pre-natal/post-partum office visits, ultrasounds, routine maternity labwork, physician delivery charges)*
  - *Prescription generic pre-natal vitamins @ zero copay*
  - *Pregnancy books*
  - *Enrollment in the Take Control Lifestyle Management Program*
- ❖ *Enrollment in WellBaby (just like all MUS Wellness programs) is confidential and voluntary.*

Enroll by calling 406-660-0082 or email: [wellbaby@umwestern.edu](mailto:wellbaby@umwestern.edu)

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A few more details about some of our wellness programs, the WellBaby program is a voluntary confidential program as are all of our programs offered through benefits. This program is eligible for all of our university system covered medical plan members, that's employees, spouses and dependents, eligible for all benefits if enrolled within the first trimester of the pregnancy. If enrolled during the second or third trimester, the enrollee is eligible for all benefits except the copay waiver benefit. Please understand that benefits begin the day the participant enrolls. Enrollment is not backdated. If you've already had some visits or purchased vitamins or had some services prior to your enrollment, just understand that your enrollment begins and moves forward from that date. Benefits of the WellBaby program includes copay waivers for prenatal and postpartum office visits, two ultrasounds per pregnancy, and routine maternity lab work along with your physician delivery charges. Hospital services are not eligible for waivers of deductible and coinsurance, and things that are not routine in nature. If you have some high-risk lab work or additional ultrasounds done, those are not covered via the copay waiver program. Prescription generic prenatal vitamins are supplied to our WellBaby program members who enroll at zero copay and our WellBaby program coordinator has that list of vitamins, and we have it here at the commissioner's office as well in our benefits team. We have pregnancy books that we offer and our enrollees do have some choices with regard to the books that they receive, and you're also eligible for enrollment in the take control lifestyle management program. There are some special offer through the take control program for our new moms or our moms to be. Again, it is a confidential and voluntary program and we've provided you with the email address as well as the phone number if you would like to get enrolled or get some more information about our WellBaby program.

**Lifestyle Management Program**



**SIGN UP ONLINE:** [takecontrolmt.com](http://takecontrolmt.com)  
Contact Take Control @ 1-800-746-2970 or email [info@takecontrolmt.com](mailto:info@takecontrolmt.com)

**TAKE CONTROL**  
*Eat Well, Stay Active, Reduce Your Risks.*

**\*\* Take Control offers comprehensive and confidential education and support. They use a telephonic delivery method which allows the Plan member to participate from work or home and receive the individual attention specific to the Plan member's needs. The 12-month program includes one-on-one monthly phone sessions with licensed Dietitians, Exercise and Sports Science Trainers, and certified Diabetes Educators.**

**The Take Control Lifestyle Management Program offers the following programs:**

- **High Blood Pressure**
- **High Cholesterol**
- **Weight Loss**
- **Diabetes/Pre-Diabetes**
- **Tobacco Cessation**
- **Maternity via the WellBaby program**

**\*\* Enrollment in Take Control is confidential and voluntary.**

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We will continue to offer our take control lifestyle management program. Again, we've provided you with some information for signing up online or email and telephone contact. The take control program is a comprehensive education and support program that is a telephonic delivery method. It allows plan members to participate from work or from home and to receive some individual one-on-one attention specific to the plan members' needs. This 12-month program includes one-on-one monthly phone sessions with licensed dietitian, exercise and sports clients trainers, and certified diabetes educators. The take control lifestyle management program offers programs for high blood pressure, high cholesterol, weight loss, diabetes and prediabetes, tobacco cessation and of course, the maternity program if you are enrolled in WellBaby. If you think you would qualify for any of these conditions, I encourage you to reach out and see if this program might be something that is interesting to you to get one-on-one assistance with those conditions.

**MUS Employee Assistance Program (EAP) -**

➤ EAP provided by Reliant Behavioral Health –  
A free, confidential employee benefit program that assists employees with personal problems and/or work-related problems that may impact their job performance, health, mental and emotional well-being.

- Services available to:
  - Employees
  - Dependents
  - Household members
- EAP services include:
  - 24-hour Crisis Help: toll-free access for you or a family member experiencing a crisis.
  - In-person Counseling: up to 4 face-to-face counseling sessions per issue for relationship and family issues, stress, anxiety, and other common challenges.
  - RBH eAccess: convenient access to online consultations with licensed counselors.



We're also really thrilled to announce that we have implemented Montana University System Employee Assistance Program. This program is offered through Reliant Behavioral Health or their parent company, IBH Integrated Behavioral Health. If you see either of those, know that they are trademarks of our employee assistance program. We did develop our own logo and really are hoping that we can offer some significant assistance to our employees, and I know that we've had a great feel about outreach during the uncertainty of the pandemic that we're currently navigating through. I just want to encourage all of you if you or any member of your household is dealing with stress or anxiety or anything that is related to this pandemic, this is a perfect time to reach out and see what the employee assistance program might have to offer you. These services are available to employees, to dependents and they're also extended to your household members. This is really an exciting offering I think because we are able to expand it to all employees, not only those eligible for benefits, but also dependents and household members. So if some people have roommates in their house or they might have older children that aren't on the health plan or perhaps they care for elderly family members. All of those people within your house are eligible for the employee assistance program. This program offers 24-hour crisis health with toll-free access for you or a family member if you're experiencing a crisis, in-person counseling up to four face-to-face sessions and that is per issue, and that's for relationship or family issues, stress, anxiety or other common challenges that could include maybe some financial stress or legal issues, any of those things. It's four face-to-face counseling sessions per issue and that is outside of the four \$0 co-pays visits that we offer through our health plan. Those will remain intact under the health plan. We also have RBH eAccess which is convenient access to online consultations with licensed counselors. Some people do choose the online access, instead of the face-to-face counseling visit.

**MUS Employee Assistance Program (EAP) cont. –**

➤ The EAP includes access to online Work-Life tools and educational resources to help make life easier.

- Webinars
- Monthly newsletters
- Wellness resources
- Self-directed courses
- Articles
- Stress tools
- Financial calculators
- Legal resources
- Retirement planning resources
- Child/elder care locators
- Lunch & Learn webinars

**Access Counseling and Benefit Information**

CALL 866-750-1327

WEBSITE [ibhsolutions.com](http://ibhsolutions.com)

- Select Members from the top right corner
- Click on the RBH logo
- Enter your Access Code: MUS
- Click the My Benefits button

**Balancing Life at Work and Home**



The EAP also offers access to online work life tools and educational resources that we hope will make life easier for our plan members. This includes webinars, monthly newsletters, wellness resources, self-directed courses, articles, stress tools, financial calculators, legal resources, retirement planning resources, child and elder care locators, and lunch and learn webinars. A couple of the really highly utilized things have included some of the financial calculators as well as the will and estate planning resources that are online. We're really hopeful that this provides an opportunity for everyone to have balance life and work. We know that that's really essential to all of us in terms both productiveness at work and our feelings of quality of life. You can access the counseling and benefit information either on the website or by calling the toll-free number. Our access code is MUS.

## Flexible Spending Account (FSA) Elections



❖ As of July 1, 2020, MUS will be moving to a **NEW** Flexible Spending Account claims administrator, WageWorks, Inc.

- **No Automatic Enrollment:** Employees must re-enroll each plan year to participate in a Flexible Spending Account (no exceptions can be made on late enrollment).
- **Irrevocable Elections:**
  - After annual enrollment, FSA enrollees have until their first paycheck after July 1<sup>st</sup> to identify any issues or enrollment errors in their FSA election(s).
  - No changes to FSA elections will be allowed after a new hires first paycheck or the first paycheck after a qualifying event.
- **To be eligible for reimbursement:** All FY21 claims must be received by WageWorks by September 30, 2021.

With regard to flexible spending account, I'll be giving you the updates that came to us out of the CARES Act, and I am hopeful that that little change in the CARES Act means that the feds are looking at the flexible spending accounts and that perhaps there will be some other changes that come down the pipe, so stay tuned for those. As soon as we know of them we will provide communication and a plan for any necessary implementation, but for now our flexible spending accounts, this benefit also was one that was out for a request for proposal as one of our major benefits. The winning bidder for our flexible spending accounts was WageWorks. We have been working to get the implementation work done, so that we are ready for a smooth transition on July 1, but there are some things that you need to know because we are going to a new administrator for the flexible spending account. Again, as in the past, there is no automatic enrollment into flexible spending accounts. You must enroll each plan year if you want to participate in a flexible spending account. No exceptions can be made on late enrollment. You cannot come to us in August or in December or next March and ask if you can set up a flexible spending account. If you anticipate a need for one, please set them up during annual enrollment. The one caveat to that is that there is an IRS exception for dependent care accounts if you do have a new child during the plan year, that is a qualifying event that would allow you to open a dependent care account. Other than that, please set up all of your flexible spending accounts for fiscal year 21 during annual enrollment period that will run from April 22nd through May 15th. Again, flexible spending accounts are governed by the Internal Revenue Service. These really are tax vehicles. They allow you to get pre-tax money that you can then spend on services that you have throughout the plan year or for your dependent care for those accounts. These are irrevocable elections. After annual enrollment, you have until your first paycheck to identify any errors. The only changes that can may be made are due to what is called an administrative error, and that is defined by the IRS and needs review by our compliance officer. It doesn't just mean that you can come in and make a change because you got your first paycheck. You

need to be identifying an administrative error. Meaning, the plan did something that was in error. For instance, you made an election and that's not what showed up, something like that and there's a technical reason why that happened. There will be no changes to flexible spending account elections at all after the first paycheck or after a qualifying event. You only have that first paycheck to determine that there is an administrative error that has been made. To be eligible for reimbursement, all fiscal year 21 claims must be received by WageWorks by September 30 of 2021. There are no exceptions for late claims reimbursements.

## Health Flexible Spending Account (FSA) Elections –



- ❖ The minimum amount an employee can contribute to a Health FSA for FY2021 is \$120 and the maximum amount an employee can contribute is \$2,750.
- ❖ You **must** re-enroll each plan year to participate in a Health FSA.  
**(NO AUTOMATIC RE-ENROLLMENT)**
- ❖ **Health FSA FY2020 balance:** If an employee doesn't enroll in an FSA for FY2021 and has unused FSA funds in the amount of \$50 or less that are not expended by June 30, 2020, the FSA will be closed and the remaining unused funds will be forfeited.
  - Claims for FY2020 **must** be received by Allegiance Flex Advantage by **September 30, 2020 for reimbursement**.

**\$500 Annual Health FSA Roll-Over** - If you have funds remaining in your FSA account as of June 30, 2020, the rollover provision allows you to carry up to \$500 forward into your FSA for FY2021. These roll-over funds will be rolled over to WageWorks by November 1, 2020 and you may expend these funds on qualifying medical expenses incurred during FY2021.

For our health flexible spending accounts, the minimum that you can elect for fiscal year 21 is \$120 and the maximum is \$2750. The federal government did increase that election amount by \$50 for this plan year. Again, no automatic re-enrollment. You must re-enroll each plan year if you want to participate. Let's talk about your balances for your fiscal year 20 account. If you don't enroll in a flexible spending account for fiscal year 21 and you have unused flexible spending account funds, \$50 or less that are not expended by June 30th, so that means you have claims for services by June 30th and they get to Allegiance by September 30th. After all of those claims are processed and you have \$50 or less in that account, that money will be forfeited. If you have between \$50 and a penny and \$500, that money will be rolled over and we'll talk a little bit about how that rollover will work because it is different because we have a new third-party administrator for your flexible spending accounts. So, \$500, we still have the \$500 rollover opportunity. The funds in your flexible spending account for medical purposes as of June 30th of 2020, the rollover provision allows you to roll up to \$500 into your fiscal year 21 account. However, keep in mind, you can continue submitting claims to Allegiance until September 30th for reimbursement for services through June 30th. What that means is that rollover funds up to \$500 will not be rolled over to WageWorks until after Allegiance has had the opportunity to process all claims received by September 30th, which of course will be processed into October. Then they need to do a reconciliation of all the accounts, and we have to audit them. We do not anticipate your rollover funds will be available in your WageWorks account for fiscal year 21 until November 1 of 2020. We hope that we can get them in there earlier, but don't expect to see them until November 1 of 2020. Then if you have had claims, you will be able to submit them for that rollover amount once it is available in your account. All of your other amounts that are elected will be available for you on July 1. The elections that you make for fiscal year 21 will be available. It's just your rollover amount that will not be available until November 1.

## Health Flexible Spending Account (FSA) Elections –

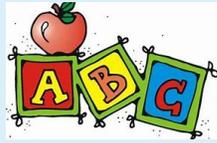


- Health FSA enrollees will automatically receive new debit cards at no cost to the employee.
- MUS will continue to pay all administrative fees.
- **Reimbursement Options:**
  - Direct Deposit
  - WageWorks Healthcare® Card (debit card)
  - Pay Me Back or Pay My Provider
- **FSA Store:** Have health FSA funds you need to spend before the end of the plan year? WageWorks partners with FSA Store which houses one of the largest selections of eligible Health FSA products. And, you can use your Healthcare Debit Card to conveniently order and pay for these items online!



All of our members who have helped the flexible spending accounts will automatically receive new debit cards at no cost to you. This was something that we asked for in the request for proposal and WageWorks agreed to provide them to all of our members at no cost. The university system will continue to pay all of your administrative fees for having these accounts. The administrative fee is the reason that we don't roll over any funds that are less than \$50. \$50 and less doesn't roll over because we are paying those administrative fees, and we need you to have a balance that really justifies the university system continuing to pay administrative fees on your behalf. For fiscal year 21, you will have three reimbursement options. You may get reimbursed from your flexible spending account via direct deposit. For those of us who have direct deposit currently with Allegiance, we need to use a new direct deposit form with WageWorks because that financial information will not be passed from Allegiance to WageWorks. Direct deposit is an option. The WageWorks healthcare card which is your debit card is another option. You can get the money on your debit card or use your debit card or the pay me back or pay my provider, and those are some direct payment options via cheque. WageWorks will also provide access to a flexible spending account store. If you have funds that you need to spend or would like to spend, they do partner with a flexible spending account store which will allow collections of eligible health flexible spending account products, and you would have the ability to use your healthcare debit card to order and pay for those items online.

**Dependent Care Flexible Spending Account (DCFSA) –**



- ❖ The minimum amount an employee can contribute to a Dependent Care FSA for FY2021 is **\$120** and the maximum amount an employee can contribute is **\$5,000**.
- ❖ You **must** re-enroll each plan year to participate in a Dependent Care FSA.  
**(NO AUTOMATIC ENROLLMENT)**
- ❖ DCFSA eligible expenses include live-in care, babysitters, licensed day care/preschool centers, and after school care. Schooling expenses at the kindergarten level and above, overnight camps, and nursing home care are not reimbursable.
- ❖ A DCFSA election can be reduced or terminated mid-year due to a change in day care needs. A change in election will require review.

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Your dependent care flexible spending account. Again, this year the minimum is \$120 and the maximum is \$5000. Again, you must re-enroll each year to participate in a dependent care flexible spending account. There are no automatic re-enrollment into a flexible spending account. Just a reminder for the flexible spending account for dependent care, this is for expenses that you incur due to a live-in care person, a babysitter, a licensed daycare, a preschool center, after-school care. School expenses for kindergarten level and above are not eligible nor are overnight camps or nursing home care. We get a lot of inquiries regarding the dependent care flexible spending account. This is not a medical or health care account. This is daycare or for elder care for people that you are required to care for because they live in your home and they're your tax dependents. That is what dependent care is. It is not for medical services that you are to receive. Please, please, please make sure that if you are enrolling in a dependent care flexible spending account, that you have dependents who are eligible for these services and that you anticipate that you will need to pay for either daycare or after-school care or some type of elder care for someone who is your dependent. That might include a disabled adult dependent. It might include perhaps a parent or some elderly relatives that you are responsible for it as a tax dependent. The requirements by the IRS for a dependent care flexible spending account are a little bit different than they are for medical or health flexible spending accounts, in that if your situation changes mid-year due to a change in daycare needs, you can change your dependent care election account. However, it does require review because there are still requirements for that change. It could include things like one parent is now going to stay home, and so you no longer need to take care or it could be that your daycare has raised their fees and you now need more in that account, or it could be something like a pandemic such as the COVID-19 situation where many, many daycare shut down. That was an eligible reason to change your dependent care account mid-year. That is not the case for flexible spending account designed for health or medical. Those are true use it or lose it account that you must have a

qualifying event, such as the birth of a child or some other federal qualifying event in order to make changes on the medical.

## Flexible Spending Account (FSA) Mobile App

**WageWorks**  
everyone benefits

- The EZ Receipts mobile app by WageWorks allows you to check your balances, submit claims, snap photos of receipts and manage your account from anywhere.
- Snap and submit photos of your receipts.
- File claims, view transactions and check account balances on the go.
- Simplify processes – let day care providers, for example, sign eligible expenses directly within the app.
- Sign up for email and text alerts to stay on top of everything.

**EZ Receipts® App**

No forms to fill out.  
Nothing to mail in.  
And even less to worry about.

All you have to do is download the EZ Receipts app to your iPhone or Android smartphone. Then log in to your WageWorks account and go:

- View transactions and account balances.
- File claims for quick reimbursements.
- View and edit your account profile.



**Learn more at:**  
[wageworks.com/myezreceipts](http://wageworks.com/myezreceipts)

WageWorks does offer a flexible spending account mobile app. If you are interested in this, we have provided the information so that you can download the app on your mobile device. This would allow you to snap and submit photos of your receipts, file claims, view your transactions, and check your account balances on the go. This is met to simplify things. Your daycare providers, for example, can sign off on your eligible expenses in the app, and one other change with regard to your dependent care flexible spending accounts is WageWorks is not requiring you to do the new year contract, daycare contract in order to start being reimbursed for your expenses. If you're interested in the app, please go ahead and download it. Perhaps you want to sign up for email and text alerts, so that you can stay on top of everything related to your flexible spending accounts.

## Supplemental Life Insurance Benefits for FY2021 –



- 1. Optional Employee Supplemental Life –**
  - During annual enrollment, active employees can enroll in or increase coverage up to the guaranteed issue amount of \$300,000 without having to submit evidence of insurability.
  - Elections above \$300,000 will require an employee to submit evidence of insurability.
  
- 2. Optional Spouse Supplemental Life –**
  - During annual enrollment, active employees can enroll in or increase spousal coverage up to the guaranteed issue amount of \$50,000 without having to submit evidence of insurability.
  - Spouse elections cannot exceed 100% of the employee election (i.e., employee elects \$100,000 for self, spouse maximum is \$100,000).
  - If an active employee wants to increase spousal coverage over \$50,000 at annual enrollment, he/she is required to submit evidence of insurability.

MUS employees **may not** cover other MUS employed family members.

- 3. Optional Child Supplemental Life – \*\*\*No evidence of insurability required**
  - Unmarried children from live birth to age 26 are eligible for coverage.
  - During annual enrollment, active employees can increase dependent child coverage up to the guaranteed issue amount of \$30,000.
  - Dependent children **may not** be insured by more than one MUS employed member.

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Let's move on to the supplemental life insurance benefits, life insurance, long-term disability insurance and accidental death and dismemberment insurance also went out with an RFP, a request for proposal. The Standard was the successful bidder for these accounts, but because it is a new term so to speak, we did secure the opportunity for our employer and our employees this one time only during annual enrollment to be able to take advantage of the opportunity for guaranteed issue. This is really a big opportunity for you and it is a one-time opportunity. Some of you may read your enrollment workbooks very carefully, and so I just want to point out to you that the enrollment workbooks are designed for our employees throughout the entire year. They do contain regular plan rules because this guaranteed issue is a one-time opportunity during this annual enrollment period. What it allows you to do is instead of the normal opportunity to move up one increment during annual enrollment. You may actually elect up to the maximum that is allowed without evidence of insurability. For an employee, that is \$300,000 in optional supplemental life insurance. You can go straight from \$0 to \$300,000 during this annual enrollment period, any level up to \$300,000. An election about \$300,000 will still require evidence of insurability. For the optional spouse supplemental life insurance, again you may take advantage of this one-time opportunity to go up to the guaranteed issue amount of \$50,000. This is a change that the standard has allowed and this will go forward, in that you can elect supplemental life at 100% of what you elect for yourself. If you have spousal life insurance today, you probably understand that you could only elect 50% of what you on yourself. What that meant was that as an employee, you really had to elect up to two levels which is \$50,000 because they go in \$25,000 increments that have anything on your spouse, but now you could elect \$25,000 on yourself and \$25,000 on your spouse. The guaranteed-issue up to \$50,000 with no evidence of insurability is for this annual enrollment period only. This will not happen again next year. If you choose to elect more than \$50,000 in spousal life insurance, you will be required to submit evidence of insurability. Just a reminder, this is not new, but you may not cover

other MUS employed family members under supplemental life insurance. If we have two people who are married and they both work for the University System, you may not cover them on each of your accounts as a spouse. The same is true of children. They may not be covered on two MUS policies, whether that's a spousal situation or whether it's a child and a parent who are both MUS employees. The optional child supplemental life does not ever require evidence of insurability and this year only during annual enrollment, you may go clear up to the guaranteed-issue amount of \$30,000 annual enrollment. You do need to have yourself covered under supplemental life in order to cover a spouse or children. Then one final reminder is that the optional child supplemental life is for unmarried children up to the age of 26. While you may have a married child on your plan for health coverage, you may not have child supplemental life insurance for a married child.

## Supplemental AD&D Insurance Benefits for FY2021 –



- 1. Optional Employee Supplemental AD&D –**
  - During annual enrollment, active employees can enroll in or increase coverage up to the guaranteed issue amount of \$600,000.
- 2. Optional Spouse Supplemental AD&D –**
  - During annual enrollment, active employees can enroll in or increase spousal coverage up to the guaranteed issue amount of \$300,000.
  - Spouse elections cannot exceed 100% of the employee election (i.e., employee elects \$100,000 for self, spouse maximum is \$100,000).

MUS employees **may not** cover other MUS employed family members.
- 3. Optional Child Supplemental AD&D –**
  - Unmarried children from live birth to age 26 are eligible for coverage
  - During annual enrollment, active employees may enroll in or increase dependent child coverage up to the guaranteed issue amount of \$30,000.
  - Dependent children **may not** be insured by more than one MUS employed member.

\*\*\*No evidence of insurability required

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For accidental death and dismemberment for fiscal year 21, these benefits again will allow you to increase up to the maximum that is allowed without evidence of insurability. Since we do not require evidence of insurability ever for accidental death and dismemberment, an employee may elect up to \$600,000 during this annual enrollment period and you may elect up to \$300,000 for the spouse. You may go to the very top of \$30,000 for a child and again, the same rules that apply to the supplemental life applied to accidental death and dismemberment as well in terms of not being able to cover other MUS employed family members on these products.

**MUS CHOICES FY2021 – MONTHLY RATES**



Monthly Premium	BlueCross BlueShield	Basic Dental	Select Dental	Vision Hardware
<b>Employee/Survivor Only</b>	<b>\$748</b>	<b>\$18</b>	<b>\$43</b>	<b>\$10.70</b>
<b>Employee + Spouse</b>	<b>\$1,075</b>	<b>\$34</b>	<b>\$82</b>	<b>\$20.20</b>
<b>Employee/Survivor + Child(ren)</b>	<b>\$994</b>	<b>\$34</b>	<b>\$82</b>	<b>\$21.26</b>
<b>Employee + Family</b>	<b>\$1,327</b>	<b>\$49</b>	<b>\$116</b>	<b>\$31.18</b>

Employer contribution remains at \$1,054/month for FY2021.

- **No increase to Medical, Dental, or Vision Hardware Plan rates for FY2021!!!**
- Rates vary based on what plan(s) you select and whether you cover dependents.
- Employees who were not enrolled on the BCBSMT Medical Plan prior to July 1<sup>st</sup> will see a reduction in their monthly Medical Plan premium amount.

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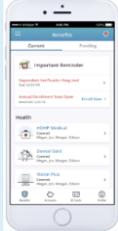
Before we move on to the premiums for most of our benefits, I wanted to just alert you to something that we were able to secure in the request for proposal on our basic life and long-term disability benefits. Those actually decreased. On the basic life, remember we had three options, \$15,000, \$30,000 and \$48,000, and the premiums for all three of those have decreased for fiscal year 21, and that is true as well for all three options of long-term disability. You can go ahead and check those out in your choices enrollments books that should be on our website on Monday, but I just wanted to alert you to that good news. Then for our other products, our medical, basic and select dental and vision hardware, all of those premiums will remain the same for the third consecutive year for our employees. I am really excited that we're able to offer that again this year, and I have to say thank you to all of you because it's through your efforts to make sure that you're doing things to maintain healthy lifestyles and that you're working with us when you do have some type of an illness or a catastrophic event. We've had great success with our disease management and our case management programs. We do a lot of things, my team, to really try to offer those benefits as well as maintaining fiscal responsibility on the part of the plan. I just want to thank you and say we're just really excited to offer flat premiums again. The only people who will see a change in your premiums are those of you moving from Allegiance or PacificSource to Blue Cross Blue Shield. You will see a reduction in your premiums for fiscal year 21.

**Benefits Enrollment  
Benefits Administration  
(BEBA) System –**



- Centralized, online benefits enrollment system, [Benefitsolver](#), for all campus employees.
- Online mid-year changes, such as a marriage or birth. (subject to Human Resources/Benefits staff approval)
- Ability to upload new hire and qualifying event proof of eligibility.
- Stores enrollment and benefit elections information.
- Benefitsolver® MyChoice™ Mobile App





**\*\* For questions about enrolling in the Benefitsolver system, contact your campus HR/Benefits Office.**

Enroll at [www.choices.mus.edu!!](http://www.choices.mus.edu!!)

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Again, we are using for the second annual enrollment, the benefits enrollment benefits administration system that is offered through BusinessSolver and the platform is called BenefitSolver. We are asking all active employees to utilize the online platform to make any changes to your benefits for this upcoming fiscal year. This you will recall is a centralized online benefits enrollment system for all campus employees. This is also what you use if you should need a mid-year change due to a qualifying event such as a marriage or birth of a child. All major changes always require HR or benefit staff approval, but you do go online to make those changes. This is also where you upload your new hire and your qualifying event proof of eligibility, that includes things like your dependent verification. This is where we store your enrollment and benefit election information. If you would like to use it via app, Benefitsolver does have a MyChoice mobile app and if you have any questions regarding the system or what you need to do to enroll, you can contact your campus HR benefits office. You can also contact our benefits office here at OCHE and we will do our very best to assist you. We do anticipate that the majority of our employees have access to a computer or a smartphone or an iPad or some other kind of mobile device. If you do not have any type of access, please reach out so that we can help you because your elections do need to be made on the online platform, and we can walk through that with you if there is an absolute need because you have no access at all. I do encourage all employees to go online, check your beneficiaries, check and make sure that all of your benefits are what you expect that they are. If you want a flexible spending account, you must go online and make that election, but it's always a good idea even if you want exactly what you have today to just go and make sure that everything looks right. I encourage everyone to check your beneficiaries every year. That's really important that you keep those updated and maintained.

**Plan Members**  
Employees  
Retirees  
COBRA  
Navitus Rx

**Additional Benefits**  
Wellness  
EAP & Work-Life Services  
Pension & Retirement

**Benefits Resources**  
Forms  
Publications & Notices  
Archived Information  
Inter-Unit Benefits Committee

Montana University System  
Employee Benefits  
560 North Park Ave, 4th Floor  
Helena, MT 59601  
Mailing address: PO Box 203203, Helena,  
MT 59620  
Fax: 406-449-9170  
Toll free: 877-501-1722  
Contact Us

### Welcome to Choices

This web site is your guide to Choices – the Montana University System's employee benefits program that lets you match our benefits to your individual and family situation. To get the most out of this opportunity to design your own benefits package, you need to consider your benefit needs, compare them against the options available under Choices and enroll for the benefits you've chosen.

Picture by Neal Andrews - MUS Wellness

**2020-2021 MUS Benefit Plan Information**  
[Employees](#) [Retirees](#)

Montana University System  
Online Enrollment System

Benefitsolver Login  
[Benefits Enrollment](#) [Make a Payment](#)

### Benefits Bulletin

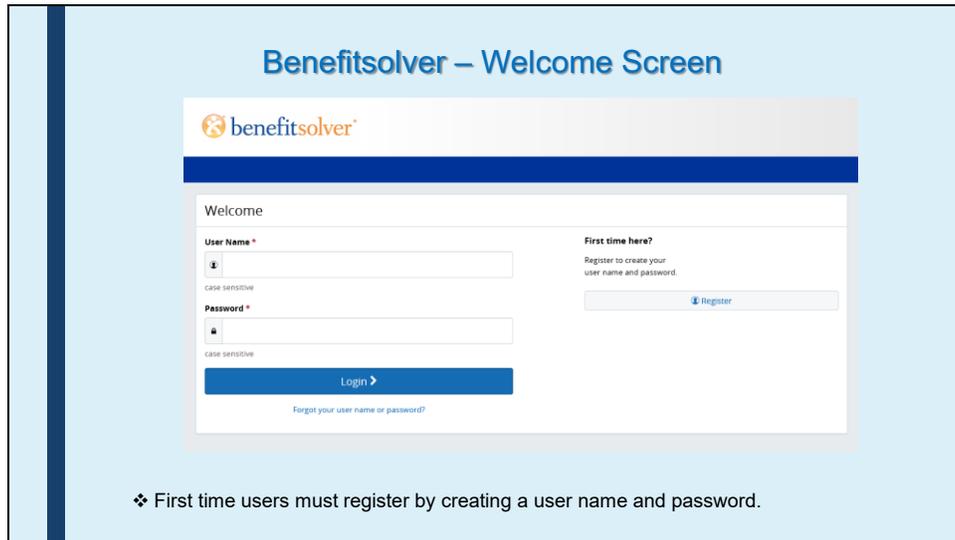
**Choices 2019-2020 Information**  
[2019-2020 Choices Active Workbook](#)  
[2019-2020 Active Workbook Flip Book](#)  
[2019-2020 Choices Retiree Workbook](#)  
[2019-2020 Retiree Enrollment Workbook Flip Book](#)

**Summary Plan Documents**  
[Summary Plan Description \(effective 1/1/2019\)](#)  
[Flex Plan Description \(effective 1/1/2019\)](#)

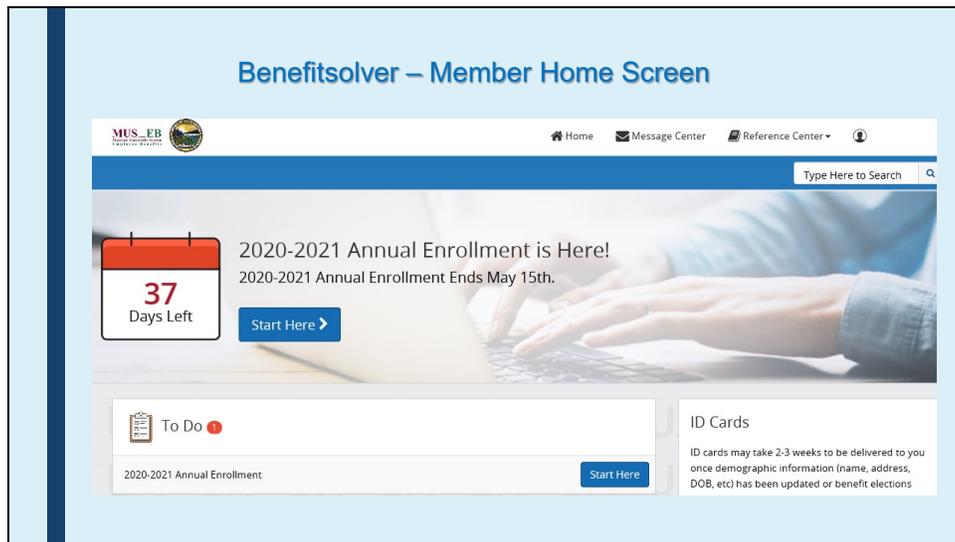
**MONTANA UNIVERSITY SYSTEM**

Enroll at [www.choices.mus.edu](http://www.choices.mus.edu)

With that, I would just tell you that you can access our choices website. Again, we anticipate that your workbooks will be online on Monday. This is also where you can log on to the Benefitsolver platform. There are buttons that you can click to log on and make your enrollment changes. For those of you who have your employment through the University of Montana or Montana State University, you can also use your single sign-on or you can access via our website as well.



This is just a quick peek at the welcome screen on the platform where you either on the right create your account, you register or on the left, if you already have an account, you can enter your user name and password to get in and make your changes or review your benefits.



Then you will receive reminders as we go through the enrollment period from April 22nd through May 15th, and you can see on the left-hand side on the bottom until you've clicked in and done your enrollment, it will show that you have a to-do item for annual enrollment. ID cards will not be mailed until the middle of June and it will take a couple of weeks for you to get those. Just know that once annual enrollment is complete, there is a process that has to be run through for reconciliation, and then those eligibility files are sent on to our third party administrators who can then send out ID cards.

**CHOICES Enrollment Reminders.....**

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- Closed enrollment for spouses (for medical and dental coverage) for FY2021 (qualifying event required). Children up to age 26 may be added at annual enrollment for a July 1, 2020 effective date.
- If you do not submit any changes, then you will be automatically re-enrolled in the prior plan year benefit elections (*with the exception of Flexible Spending Accounts and the new Medical Plan administrator*).
- Flexible Spending Account enrollment – You **must** re-enroll in an FSA **each Plan year** and specify the dollars you wish to go into your account(s).
- Employee benefits communications letter was mailed on April 3<sup>rd</sup> and is posted on the *Choices* website at [www.choices.mus.edu](http://www.choices.mus.edu).
- *Choices* benefit books will be posted online on the *Choices* website on April 20<sup>th</sup>.
- Recorded live WebEx benefits presentation, and benefits slide presentation will be available online on the *Choices* website at [www.choices.mus.edu](http://www.choices.mus.edu) on April 22<sup>nd</sup>.



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Again, we've gone through all of the information. Just those reminders that if you don't submit changes, you will roll over with the same benefits you have, except that you will have Blue Cross Blue Shield starting July 1 for medical, and you need to enroll if you want a flexible spending account. We did mail out letters on April 3rd. If you did not receive one or if you have misplaced yours, that is available on our website. Again, the books will be out there on Monday. We plan to have the recorded presentation out there on Wednesday along with the slide presentation. Just one caveat again, all of our information does have to be ADA accessible, and so we do want to make sure that it's available in the format at the same time as all of the other formats, but those are the dates at this point that we anticipate you can access that information on our website.

## Provider Network Reminders.....



- ❖ **Use In-Network Providers** – Be sure to use In-Network providers to ensure you do not incur “balance billing” charges.
- ❖ Always check - **DO NOT** assume participation “....but my doctor has always been In-Network!”
- ❖ Check with the Medical Plan claims administrator (BCBSMT), campus Human Resources/Benefits office or the MUS Benefits office if you need help finding In-Network providers.
- ❖ To see if your provider is a BCBSMT In-Network provider, visit the BCBSMT website provider finder at [www.bcbsmt.com/find-a-doctor-or-hospital](http://www.bcbsmt.com/find-a-doctor-or-hospital).

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Again, just a reminder, make sure that your providers are in network. Do not assume that. Check it out before hand. If you have trouble navigating online, you can always call either your provider or our office, and remember that out-of-network providers in addition to you having a separate benefit that has separate deductible coinsurance and out-of-pocket maximum, you also can be balanced billed the difference between the charge and the allowance for out-of-network providers. Always check that out before you receive services.



**QUESTIONS?**

Thank you for your time!

[www.choices.mus.edu](http://www.choices.mus.edu)

1-877-501-1722

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And with that, I just want to say thank you for tuning in today. I very much appreciate your time and your attention, and we are open for questions. We do have access if you want to type in your questions. We will try to get as many of those answered as we can and with that, look for information on our website next week. Thank you very much.