Montana University System Employee Benefits - FY2022

(July 1, 2021 – June 30, 2022)



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Thank you for joining!!





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

- All MUS benefit plans (medical, prescription drug, dental, vision hardware, and flexible spending accounts) 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 MUS Plan design, so Plan funds will be available should a high-cost medical emergency or a catastrophic illness strike a Plan participant.

MUS *Choices*Annual Enrollment Dates for FY2022

April 26 – May 14, 2021





Eligibility Information for FY2022

 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

- o Proof of eligibility **will be** required for all new dependent children being added to the MUS Plan for a July 1, 2021 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.



Choices Medical Plan Benefits –



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 benefit plan year (with an In-Network provider)		

- > **NEW** Telemedicine Visits medical benefits will apply.
- > **NEW** Outpatient Rehabilitative Services visit maximum increased from 30 to 60 visits.
- ➤ 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.

Prescription Drug Plan –





- > 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.
- ➤ All CVS/Target and Western Drug (Bozeman only) 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 ashington, Wyoming, S. Dakota, and N. Dakot

Prescription Drug Plan cont.

Navitus Rx Benefit as of July 1, 2021

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

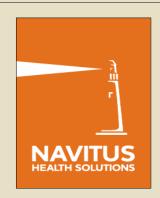
Tier 3 (34-day supply/90-day supply) - 50% coinsurance

Tier 4 (Specialty) – \$200 copay (50% coinsurance - retail)

Out-of-Pocket Maximum – \$2,150 (individual) / \$4,300 (family)

❖ No Pharmacy Plan benefit changes for FY2022!!!

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





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 <u>only</u> 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.

Sempre Health Discount Program



Administered by Navitus

Sempre Health is a SMS-based (short message service or text messaging) program that improves adherence and affordability for chronic disease medications by lowering copays when members fill their prescriptions consistently and on time.

- Members can text, call or visit the dedicated Navitus landing page to enroll
 using their unique enrollment code.
- Visit navitus.semprehealth.com for more information and to enroll.
- Once enrolled, the program is entirely SMS-based.
- Once enrolled, members will immediately start saving on their copay.
- Discounts and reminders are sent automatically via SMS and are designed to drive on-time refills.
- Discounts can also decrease if members do not refill on time; members will not pay more than their default copay.
- This is <u>only</u> available to Commercial Plan enrollees (employees & Non-Medicare retirees).





Choices Dental Plan Benefits -

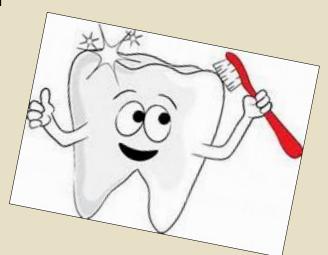


**Delta Dental will continue to administer the Basic & Select Dental Benefit Plans for FY2022.

- **❖** No Dental Plan benefit changes for FY2022!!
- ☐ MUS is increasing the fee schedule reimbursement maximums for many dental codes for FY2022 without increasing premiums.
- 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)

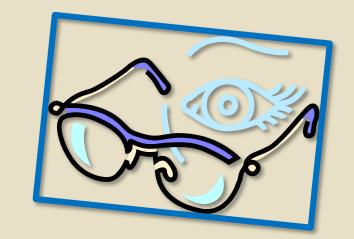
\$2,000 ANNUAL MAXIMUM, per covered member

(Select Plan annual maximum does not apply to Diagnostic/Preventive services)



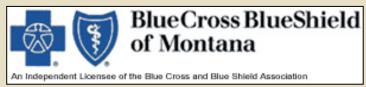
Choices Vision Hardware Plan Benefits -

**BlueCross BlueShield will continue to administer the Optional Vision Hardware Benefit for FY2022



- **Optional** Vision Hardware Benefit covers **ONLY** hardware.
 - ☐ Eyeglass frames and lenses, in lieu of contacts (1 pair).

 <u>UP TO \$300 ANNUAL ALLOWANCE</u>, per covered member
 - ☐ Contacts, in lieu of frames and lenses (1 purchase).
 - **NEW** UP TO \$200 ANNUAL ALLOWANCE, per covered member (increased from \$150 annual allowance)
- ❖ Eye Exam (routine or medical) is provided as part of the Medical Plan (1 per benefit plan year). (\$0 copay when using an In-Network provider)



MUS *CHOICES* FY2022 – MONTHLY RATES



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

Employer contribution remains at \$1,054/month for FY2022.

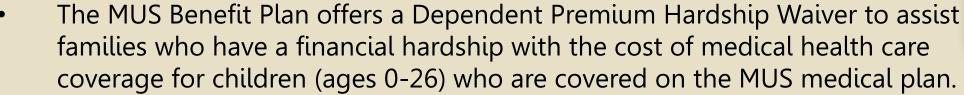
- No increase to Medical, Dental, or Vision Hardware Plan rates for FY2022!!!
- Rates vary based on what plan(s) you select and whether you cover dependents.

Long Term Care (LTC) –



- ❖ In 2020, UNUM notified the MUS that there would be a significant premium rate increase for participants as of 7/1/20. The MUS and UNUM agreed to close the Long Term Care plan to new participants, allowing current enrollees to remain on the plan at the current premium rate.
- ❖ Due to UNUM increasing premium rates substantially (83.4%) for current LTC plan participants as of July 1, 2021, the MUS will no longer offer the UNUM Long Term Care benefit.
- All current LTC participants will be provided the option to convert their current MUS group-sponsored LTC plan to an individual LTC plan with UNUM.
- All current LTC participants will be sent a LTC portability (conversion) application form by UNUM to allow participants the option to elect continuous coverage and convert their plan.

Dependent Premium Hardship Waiver





- The family must first apply for Healthy Montana Kids (HMK) for all children under the age of 19. If HMK denies coverage and the family has a financial hardship, an application may be submitted to the MUS Benefits office requesting the Dependent Premium Hardship Waiver. If the total household income is not more than 120% of the HMK guidelines, covered dependent children will be eligible for the waiver for the Plan year.
- The family <u>must</u> re-apply for HMK and the Dependent Premium Hardship Waiver <u>each</u> Plan year in order to be eligible for the waiver.
- Visit choices.mus.edu/dependent_hardship.html or contact the MUS Benefits Office at 1-877-501-1722 for more information.

MUS Wellness Incentives for 2021

*Incentive Program began on January 26th



** LimeadeOne is the Wellness Incentive Platform for the Wellness Program for 2021!!

POWERED BY limeade

WELLNESS INCENTIVES –

** Scout Level (1,000 pts.) – Fitbit Health Tracker

** Explorer Level (2,000 pts.) – \$35 Amazon Gift Card

** Trailblazer Level (3,000 pts.) – \$35 Amazon Gift Card

** Expedition Leader Level (4,060 pts.) – Camp Hammock

(Claiming gift cards will result in payroll taxation)

- **❖** Participation in a MUS WellCheck continues to be a requirement!
 - ✓ Look for the LimeadeOne app in your mobile device app store to download !!! Use code MUS!!

MUS Wellness Program Highlights for 2021



- 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 1st 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)
- Whil 250+ digital training videos available through the LimeadeOne Wellness Incentive Platform focusing on mindfulness, sleep, yoga and more!

For more information, visit......www.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 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



Lifestyle Management Program



SIGN UP ONLINE: <u>takecontrolmt.com</u>

Contact Take Control @ 1-800-746-2970 or email 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

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 6 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.





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

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





Flexible Spending Accounts (FSA)

• <u>No Automatic Enrollment</u>: Employees <u>must</u> enroll each Plan Year to participate in a Flexible Spending Account (HCFSA, LPFSA, or DCFSA) (no exceptions can be made on late enrollment).

Irrevocable Elections:

- After annual enrollment, FSA participants have until their first paycheck after July 1st 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 FY2022 FSA claims must be received by WageWorks by September 30, 2022.
- MUS will continue to pay all FSA administrative fees.
- WageWorks is transitioning to HealthEquity (Spring 2021).
 - HealthEquity/WageWorks co-branding.
 - Current website links are still applicable.
 - WageWorks links will redirect members to HealthEquity webpages.



Health Care Flexible Spending Accounts (FSA) –

Health**Equity**

WageWorks\%

- ❖ Health Care FSA (HCFSA) During the annual enrollment period, you may elect amounts to be withheld from your earnings to pay for your Out-of-Pocket medical, Rx, dental, and/or vision expenses (including, but not limited to, deductibles, copays, coinsurance).
 - For a comprehensive list of HCFSA eligible expenses, including a list of expenses that may require a letter of Medical Necessity signed by your doctor or a prescription from your doctor, visit www.wageworks.com/employees/eligible-expenses/.

If you and/or your spouse are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are **not** eligible to elect the MUS standard health care FSA (Flexible Spending Account).

- HSA-Compatible Limited Purpose FSA (LPFSA) If you and/or your spouse have a HSA, you may choose to elect a HSA-Compatible LPFSA (Limited Purpose Flexible Spending Account), which you can use to pay for eligible dental and vision expenses only (including, but not limited to, dental exams, dentures, contacts, eyeglass frame and prescription lenses).
 - The LPFSA guidelines are the same as the HCFSA, with the exception of eligible expenses.
 - For a comprehensive list of eligible LPFSA expenses, visit www.wageworks.com/employees/support-center/support-and-faqs-eligible-expenses.

Benefitsolver LPFSA election screen -

Additional Information

- If you and/or your spouse are enrolled in a High Deductible Health Plan (HDHP)
 with a Health Savings Account (HSA), you are not eligible to elect the MUS
 standard health care FSA (Flexible Spending Account).
- If you and/or your spouse have a HSA, you may choose to elect a HSA-Compatible LPFSA (Limited Purpose Flexible Spending Account), which you can use to pay for eligible dental and vision expenses only.

I acknowledge I have read the qualifying language for the LPFSA plan: *

Please Select One

I **DO NOT** agree to elect the LPFSA I agree to elect the LPFSA

Health Care Flexible Spending Account (FSA) cont. –



- ❖ The minimum amount an employee can contribute to a HCFSA or LPFSA for FY2022 is \$120 and the maximum amount an employee can contribute is \$2,750.
- ❖ Health Care FSA balance: If an employee doesn't enroll in an FSA for FY2022 and has unused FSA funds in the amount of \$50 or less that are not expended by June 30, 2022, the FSA will be closed and the remaining unused funds will be forfeited.
- New health care FSA participants will **automatically** receive debit cards at no cost to the employee.
- Reimbursement Options:
 - Direct Deposit
 - WageWorks Healthcare© Card (debit card)
 - Pay Me Back or Pay My Provider
- * FSA Store: Have 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. You can use your Healthcare Card to conveniently order and pay for these items online!

Dependent Care Flexible Spending Account (DCFSA) –



- The minimum amount an employee can contribute to a DCFSA for FY2022 is \$120 and the maximum amount an employee can contribute is \$5,000.
- DCFSA eligible expenses include live-in care, babysitters, licensed day care/preschool centers, and after school care for children under age 14 or for individuals unable to care for themselves. Schooling expenses at the kindergarten level and above, overnight camps, and nursing home care are not reimbursable.

***** Reimbursement Options:

- Direct Deposit
- Pay Me Back or Pay My Provider

Flexible Spending Accounts Rollover Funds –



FSA Rollover Funds -

Be sure not to elect more than you will need to cover expenses incurred by you and/or your family members during the benefit plan year. Under the "use it – or – lose it" rule, any money not used by the end of the benefit plan year will be forfeited. The IRS permits health FSAs to allow rollover from one benefit plan year to the next.

Temporary Changes – The Consolidated Appropriations Act, 2021 allows the MUS to temporarily amend the HCFSA, LPFSA, and DCFSA to provide enhanced benefits for a limited time. This means that unused funds from HCFSA, LPFSA, and DCFSA from FY2020 (July 1, 2019 – June 30, 2020) from Allegiance Flex Advantage and from FY2021 (July 1, 2020 - June 30, 2021) from WageWorks will be rolled over to the new benefit plan year that begins July 1, 2021 (FY2022). The rollover for FY2022 is only applicable for active MUS benefits eligible members and does not include employees who have terminated employment with MUS.

Important Reminders:

If an employee does not enroll in an FSA for FY2022 and has unused FSA funds in the amount of \$50 or less that are not expended by June 30, 2022, the FSA will be closed and the remaining unused funds will be forfeited. Claims **must** be received by WageWorks by September 30, 2022 for reimbursement.

Health Care FSA Mobile App





- 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 your account(s).

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

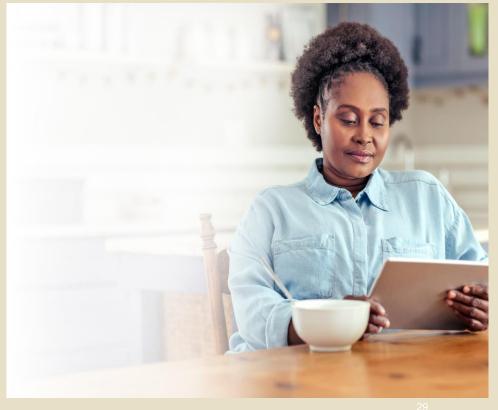
WONDR HEALTH ® (formerly Naturally Slim)



Metabolic Syndrome Reversal Program

Wondr Health* is a behavioral counseling program for metabolic syndrome reversal, weight management, and diabetes prevention. Features include:

- 10 weeks of counseling, personalized for skill building; 10 weeks customized for skill reinforcement; 32 weeks customized for skill maintenance.
- Weekly, self-paced, informative, online video sessions (including mobile app for on-the-go access, skill reinforcement and habit formation).
- Interactions with health coaches and online community for social support.
- Available at no cost to <u>all</u> MUS Medical Plan participants over age 18.
- Enrollment opens 7/1/21, visit <u>www.naturallyslim.com/mus</u> for more information!



Conquer your back, knee, hip, shoulder, or neck pain with Hinge Health.

Hinge Health provides a 12-week program, which includes:

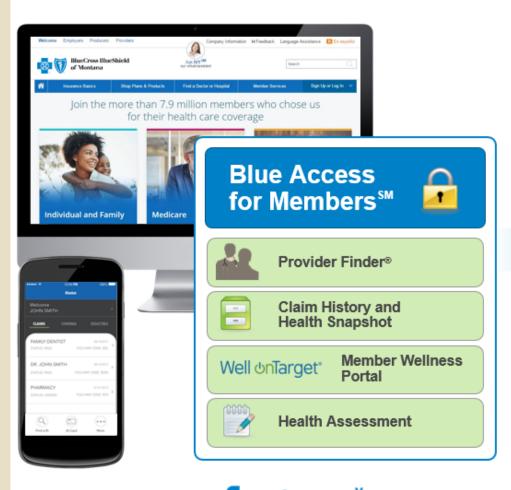
- A tablet computer and wearable sensors.
- Unlimited 1:1 health coaching.
- Personalized exercise therapy.
- The program is delivered remotely using mobile and wearable technology.
- Available at no cost to <u>all</u> MUS Medical Plan participants over age 18.

Enrollment opens 7/1/21, visit www.hingehealth.com/mus for more information!



HINGE HEALTH® Musculoskeletal Management Solution* Helps members get back to the activities they love!

Online access Blue Access for Members (BAM)





ID Card Management



Mobile Preferences



Benefits and Claims



eCards for Health®



Member Care Profile



Blue Points Member Rewards



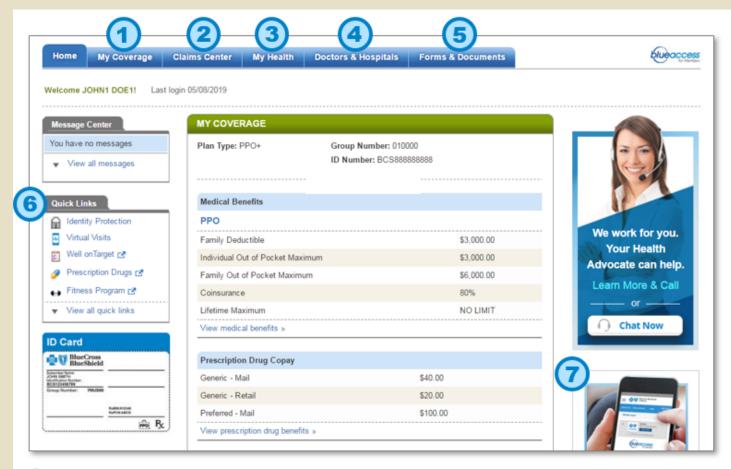
Special Beginnings*



Blue365® Discount Program



Blue Health Care Schoof™



- My Coverage: Review benefit details for you and your covered dependents
- Claims Center: View and organize details such as payments, claims status and more
- My Health: Make more informed health care decisions by reading about health and wellness topics and specific conditions.
- Octors & Hospitals: Use Provider Finder to locate a network doctor, hospital or other health care provider
- 5 Forms & Documents: Use the Form Finder to get medical, dental, pharmacy and other forms quickly and easily
- 6 Quick Links: For easy access to member discounts, replacement ID cards and more
- Go Digital: Get your plan info the way YOU want it! Update your contact info and preferences.





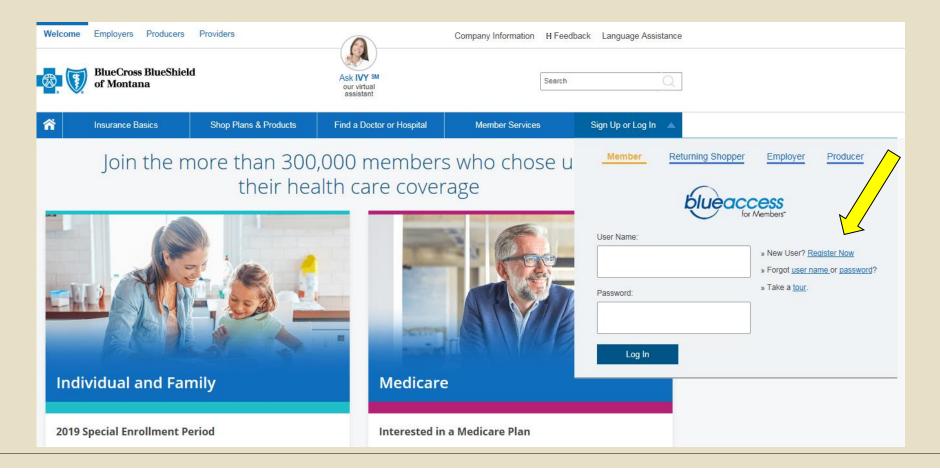
Well on Target®

Empowering, engaging and motivating members

HOW TO ACCESS THE PORTAL

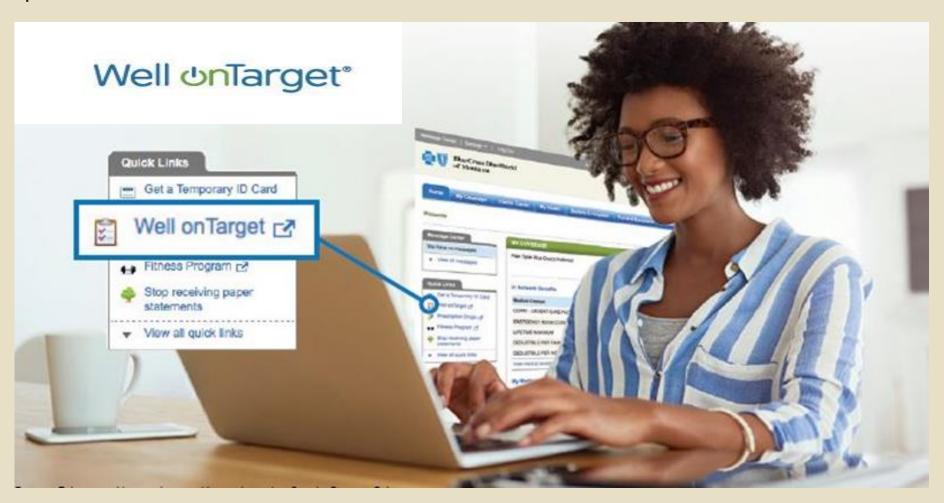
Use your Blue Access for MembersSM (BAMSM) account:

- Have your medical ID ready to register with your subscriber ID number.
- Log in to BAM at www.bcbsmt.com/members. If you are New User, you will need to register your account. Click "Register Now" on the login screen.

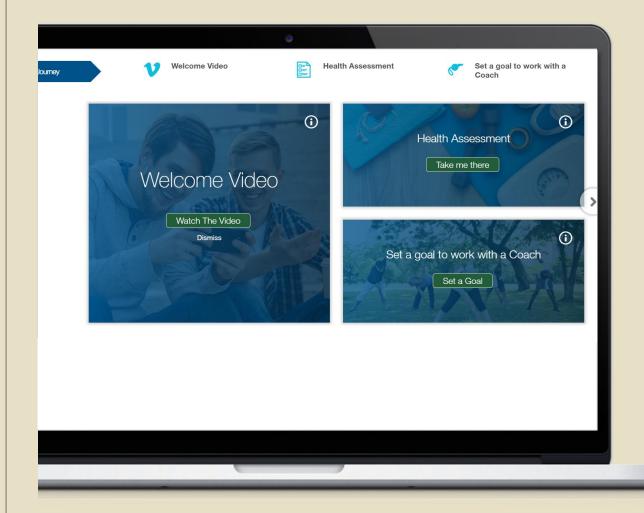


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• Once you are in BAM, click on the "Well onTarget" link on the right side of the screen and you will be taken to the portal.



Well on Target Member Portal



Portal Highlights

- Health Assessment
- Member dashboard
- Explore your wellbeing
- My Journey recommended activities
- Digital self-management programs
- Trackers and tools
- Interactive symptom checker
- Health and wellness content
- Blue Points rewards
- Personal wellness challenges
- Fitness and nutrition tracking and device integration

Blue Points[™] – Built-In Rewards

Offerings that earn points:

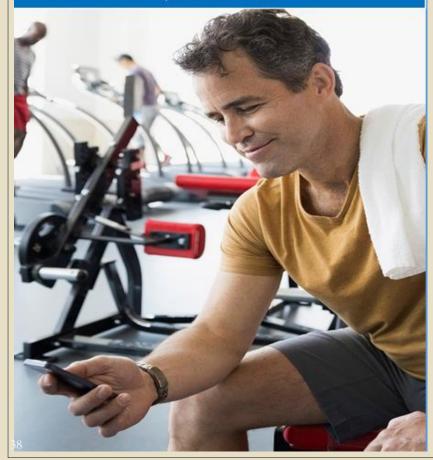
- Health Assessment completion
- Digital self-management program engagement
- Fitness Program visits
- Use of Online Trackers
- Connecting and syncing a fitness or nutrition device or app

** Blue Points monetary value are considered taxable income by the IRS once redeemed.



Options	Base	Core	Power	Elite
Monthly Fee	\$19	\$29	\$39	\$99
Gym Facility Network Size	3,000	7,500	12,000	12,400

\$19 Initiation Fee



Our Fitness Services

Fitness Program

• The Fitness Program is available to you and your covered dependents (age 16 and older). The program gives you access to a nationwide network of fitness locations. Choose one location close to home, one near work, or visit locations while traveling.

Other program perks include:

- Flexible Gym Network: A choice of gym networks to fit your budget and preferences.
- Studio Class Network: Boutique-style classes and specialty gyms with pay-asyou-go option and 30% off every 10th class.
- Family Friendly: Expands gym network access to your covered dependents at a bundled price discount.
- Convenient Payment: Monthly fees are paid via automatic credit card or bank account withdrawals.
- Blue Points : Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.
- Web resources: You can go online to find fitness locations and track your visits
- Mobile App: Allows members to access location search, studio class registration, location check-in and activity history.
- Real-time Data: Provided to the mobile app and Well on Target portals.

AlwaysOn Mobile App

Mobile App Features

- Mobile Health Assessment.
- Health dashboard and trackers.
- Blue Points balance.
- Sync a fitness and nutrition device or app.

Fitness Integration

- Member can choose a fitness device to connect and monitor their activity.
- Metrics include steps, miles, minutes and calories.
- Samsung Health and Apple Health are available via the AlwaysOn mobile app.

Nutrition Integration

- Member can choose a nutrition app to connect to and monitor their intake.
- Metrics include calogie target, carbs, fats, protein and more.
- Apps include Fitbit and MyFitnessPal
- Nutrition app FAQs available.



Blue 365 Member Discount Program

Members and covered dependents can save money on value-added health and wellness products and services not usually covered by a medical benefit plan.

Visit www.bcbsmt.com/member/advantages-of-membership/blue365-discount-program.

Discounts available in these categories:



Apparel and Footwear



Fitness



Hearing and Vision



Home and Family



Nutrition



Personal Care



Save on fitness gear, gym memberships, healthy eating, dental, vision, hearing aids and more, from top national and local retailers. There are no claims to file and no referrals or preauthorizations.









Register for Blue365 on Blue Access for Members[™] or visit blue365deals.com/bcbsmt

Blue365 is a discount program only for BCBSMT members. This is NOT insurance. BCBSMT does not guarantee or make any claims or recommendations about the program's services or products and reserves the right to stop or change this program at any time without



Choosing Quality Care for You and Your Family

Under your plan, you have access to designated specialty care facilities that have met national measures for quality and cost-efficient care. When you use a Blue Distinction[®] Center doctor or hospital, you will receive the most from your benefits and know that the doctor or hospital has a record of providing proven, effective specialty care.



Blue Distinction[®] Specialty Care services include:

- Blue Distinction® Centers for Bariatric Surgery: Postoperative care, follow-up and patient education
- Blue Distinction® Centers for Cardiac Care: Cardiac rehabilitation, cardiac catheterization and cardiac surgery
- Blue Distinction[®] Centers for Knee and Hip Replacement: Knee and hip replacement surgeries and services
- Blue Distinction® Centers for Maternity Care: Childbirth services, including both vaginal and cesarean deliveries
- Blue Distinction® Centers for Spine Surgery: Spine surgery services, including discectomy, fusion and decompression procedures
- **Blue Distinction**[®] **Centers for Transplants:** Transplant and support services



Blue Distinction Centers (BDC): Doctors or hospitals recognized for their expertise in delivering specialty care.

Blue Distinction Centers+ (BDC+): Doctors or hospitals

recognized for their expertise and efficiency in delivering specialty care.

Hospitals with Expertise in Specialty Care

High Quality, Lower Cost

At a BDC or a BDC+ facility, you may get a better outcome and may have lower out-of-pocket costs. Although your plan may require you to get treatment at a BDC or BDC+ facility, you may still be covered at a non-BDC facility, but your out-of-pocket costs will usually be higher.

Nationwide Access

There are approximately 1,900 BDCs nationwide. To find a BDC near you, log in to Blue Access for MembersSM (BAMSM) at **bcbsmt.com/member**. To register for a BAM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use. When you search for providers in BAM, it will take you directly to network providers only.

By logging in to BAM you can also use Provider Finder[®] to:

- Estimate the cost of up to 1,600 procedures, treatments and tests, including your out-of-pocket expenses.
- View patient reviews.
- See how industry experts rate your doctor.
- Review providers' certifications and recognitions.
- Rate your doctor or hospital after your visit.

For basic provider searches, you can also access Provider Finder without logging in to BAM. Just visit **bcbsmt.com** and click on the **Find a Doctor or Hospital** tab.

Or, download the BCBSMT app at the App Store or Google Play.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.

Learn more about Blue Distinction.

Visit **bcbs.com/why-bcbs/blue-distinction/**or call the Customer Service number on the back of your member ID card.







Savings You Can See and Hear

Get exclusive discounts on LASIK eye surgery and Amplifon hearing aids



Your wellness is more than oral health

That's why, as a Delta Dental enrollee, you have access to preferred pricing on hearing aids and LASIK vision services through Amplifon Hearing Services and QualSight.¹

How do I get the discounts?

It's easy. Just give Amplifon or QualSight a call. A dedicated representative will walk you through the program and help you pick a provider, make an appointment and receive your discount.

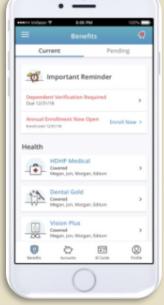
	Amplifon	QualSight	
Products and services	Discounts on hearing aids and one year of free follow-up care	Discount on LASIK eye surgery, including pre- and post-operative visits	
Savings	62% average savings off retail hearing aid pricing ² , with a best-price guarantee of 5% ³	40 to 50% off the national average price of traditional LASIK eye surgery ⁴	
Access	Nationwide network of providers	Over 1,000 LASIK locations nationwide⁵	
Quality	Leading brands featuring the latest hearing aid technology and a three-year product warranty	Experienced LASIK surgeons who have collectively performed over 7.5 million procedures ⁶	
Get started	 Call Amplifon. A patient care advocate will explain the discount process, help you find a hearing care provider and help you make an appointment. Amplifon will send you and your provider the details to activate your discounts. Save on hearing aids, and receive complimentary batteries for two years. 	 Call QualSight. A care manager will explain the program, answer any questions, help you pick a provider and set up a free consultation to see if you're eligible for LASIK eye surgery. Receive written confirmation, including pricing information and directions to your provider's office. Pay a discounted price for LASIK services. 	
Website	amplifonusa.com/deltadentalins	qualsight.com/-delta-dental	

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 HR/Benefits staff approval)
- Ability to upload new hire and qualifying event proof of eligibility.
- Benefitsolver 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 <u>www.choices.mus.edu</u>!!

Plan Members

Employees

Retirees

COBRA

Rx Plan

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

Montana University System Online Enrollment System

Benefitsolver Login

Benefits Enrollment

Make a Payment

Campus NetID Login

UM Campuses Login

MUS *Choices*Benefits Bulletin

2020-2021 *Choices* Active Workbook

2020-2021 *Choices* Active Workbook Flip Book

2020-2021 *Choices* Retiree Workbook

2020-2021 *Choices* Retiree Workbook Flip Book

Summary Plan Documents

MUS Summary Plan Description (effective 7/1/2020)

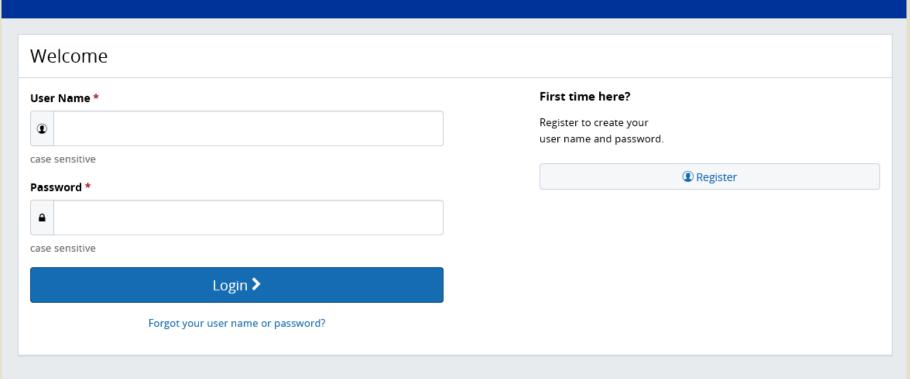
Flexible Spending Account Summary Plan Description (effective 7/1/20)



Enroll at www.choices.mus.edu

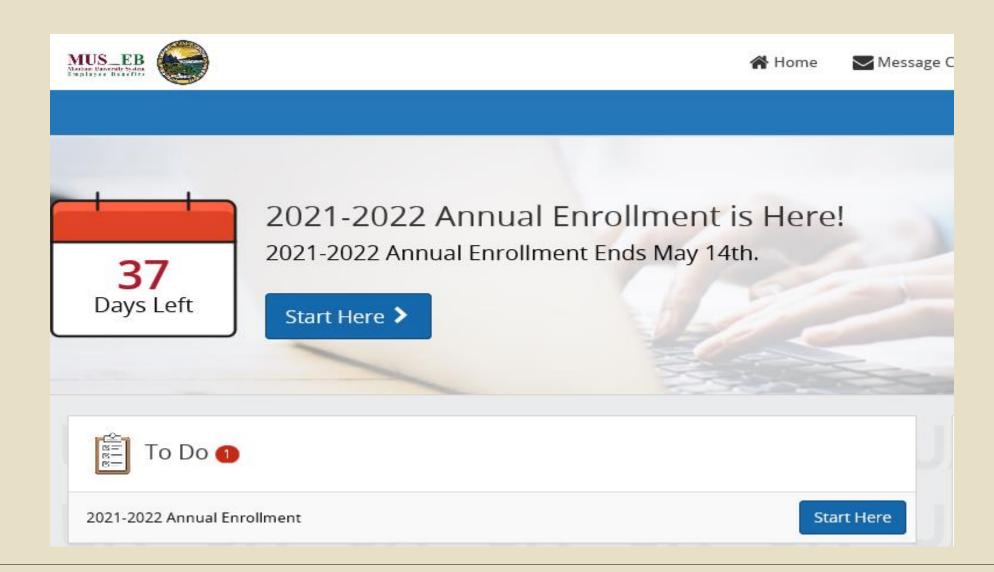
Benefitsolver – Welcome Screen





❖ First time users must register by creating a User Name and Password.

Benefitsolver – Member Home Screen



CHOICES Enrollment Reminders......



- ➤ <u>Closed enrollment for spouses</u> (for medical and dental coverage) for FY2022 (qualifying event required). Dependent children up to age 26 may be added at annual enrollment for a July 1, 2021 effective date.
- If you do not submit any changes, then you will be <u>automatically</u> re-enrolled in your prior Plan Year benefit elections (with the exception of Flexible Spending Accounts).
- Flexible Spending Account (FSA) enrollment You <u>must</u> enroll in an FSA <u>each</u> Plan Year and specify the dollars you wish to go into your account(s).
- Verify your Beneficiaries for your Life and AD&D coverages.
- > Choices benefit books will be posted online on the Choices website on April 22nd.
- ➤ Recorded live WebEx *Choices* benefits presentation and benefits slide presentation will be available online on the *Choices* website at <u>www.choices.mus.edu</u> by April 28th.





*** Use a Blue Distinction Center ® for your Specialty Care needs.



Provider Network Reminders.....



<u>Use In-Network Providers</u> – Be sure to use In-Network providers to ensure you do not incur "balance billing" charges.



Always check - **<u>DO NOT</u>** assume participation "....but my doctor has always been In-Network!"



Check with the Plan claims administrators, campus HRs/Benefits office, or the MUS Benefits office if you need help finding In-Network providers.



To see if your provider is an In-Network provider, visit the Plan claims administrators' website provider finder.

QUESTIONS?

Thank you for your time!



