

2007 – 2008

Enrollment Workbook



STOP!!!!

Waiver of Health Coverage

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

If you waive coverage:

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

Waiver of Coverage Does Not Entitle the Employee to the Employer Contribution.

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Introduction to *Choices*

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

Must Choose:*

- Medical
- Dental
- Long Term Disability
- Basic Life Insurance and AD&D

* Unless you waive all coverage

Voluntary:

- Optional Accidental Death & Dismemberment Insurance
- Optional Supplemental Life
- Optional Dependent Life Insurance
- Optional Reimbursement Accounts
- Optional Vision
- Optional Long Term Care

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

Who’s Eligible

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

1. **Permanent faculty or professional staff members** regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of more than six months in a 12-month period.
2. **Temporary faculty or professional staff members** scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of six months or more, or who actually do so regardless of schedule.
3. **Seasonal faculty or professional staff members** regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of six months or more, or who actually do so regardless of schedule.
4. **Academic or professional employees** with an individual contract under the authority of the Board of Regents which provides for eligibility under one of the above requirements.

Note:

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

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

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



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

How *Choices* Works

How to Enroll

1. Each eligible faculty and/or staff member receives a monthly employer contribution. This amount is based on the Montana State Legislature's allocation toward the cost of benefits for state employees.
2. Within 31 days of first becoming eligible for benefits, or during annual enrollment each year, you select or make changes from among the benefit plan options.
3. Each benefit option in *Choices* has a monthly cost associated with it. These costs are shown on your enrollment form or in this Enrollment Workbook.
4. Complete an enrollment form. Your enrollment form should be included with this workbook. In the event your enrollment form is missing or you need another, please contact your campus Human Resources Department. If your campus provides on-line enrollment, you may enroll on-line.
5. The enrollment form will walk you through your coverage options and monthly costs. To determine the before-tax cost of your benefits, add up the total cost of the benefits you've selected and compare it to the employer contribution provided to you by Montana University System.

If the benefits you choose cost . . .

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

Your annual *Choices* elections remain in effect for 12 months following enrollment, unless you have a change in status (qualifying event). Listed here are examples of qualifying events:

- Marriage
- Birth of a child
- Adoption of a child
- Loss of eligibility for other health insurance coverage

All questions about qualifying events should be directed to your campus Human Resources Office.



Keep In Mind

The Montana University System offers a Dependent Premium Waiver Program to eligible employees. This waiver is designed to make dependent child(ren) coverage more affordable. Please refer to page 29 of this workbook for eligibility plan details and waiver amounts.

Notices for *Choices* Coverage

Pre-existing Condition Exclusion

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

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

Special Enrollment Periods

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

Creditable Coverage

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

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

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

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

Insurance ID cards and other similar documents cannot be accepted in lieu of Certificates of Credible Coverage but may be used as evidence of prior coverage.

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



Important Terminology

Certification/pre-certification

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

Prior authorization

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

In-network providers

Providers (including facilities) who contract with a plan administrator to deliver care according to the fees and other terms of the contract.

Your Medical Plan Choices

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

Traditional Plans

- Traditional Plan A – \$400 Deductible**
(available everywhere)
- Traditional Plan B – \$600 Deductible**
(available everywhere)

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

- An annual deductible** – the amount you pay each benefit year before the plan begins to pay (\$400 or \$600, depending on which plan you choose)
- Coinsurance** – a percentage of allowable fees you pay until you reach the benefit year’s coinsurance maximum (the maximum is higher for Plan B)
- In-Network providers** – Providers (including facilities) who contract with the plan administrator to delivery care according to agreed upon prices.
- Plan A Network hospitals** – You pay 25% coinsurance for services of an in-network hospital; and 35% in a non-network hospital. Also, for services from a non-network facility in Plan A, your coinsurance payments do not accumulate to your annual coinsurance maximum.

Managed Care Plans

- Blue Choice Managed Care Plan** (available in limited towns and zip codes).
- New West Managed Care Plan** (available in limited towns and zip codes)
- PEAK Managed Care Plan** (available in limited towns and zip codes)
- Allegiance Managed Care Plan** (available in limited towns and zip codes)

**Emergency services are covered everywhere.*

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

- Network Providers** – Providers who have contracted with the managed care plan to manage and deliver care at agreed upon prices. Members may self-refer to In-Network providers and specialists.
- Better benefits for services received In-Network than for services Out-of-Network** – You pay a \$15 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services. You pay 35% of allowable fees (after a separate deductible) for most services received Out-of-Network.

The Traditional Basic and Premium plans have been remodeled into our new Traditional Plan A and Plan B offerings. Please discuss with your campus Human Resources Office.

Medical Rates

Monthly Premiums	Plan A Traditional Plan	Plan B Traditional Plan	Blue Choice Managed Care	Peak Managed Care	New West Managed Care	Allegiance Managed Care
Employee Only	\$565	\$592	\$516	\$518	\$508	\$520
Employee & Spouse\AD	\$702	\$732	\$639	\$643	\$624	\$647
Employee & Child(ren)	\$687	\$721	\$625	\$629	\$610	\$633
Employee & Family	\$780	\$821	\$708	\$714	\$693	\$720

Schedule of Medical Plan Benefits

Medical Plan Costs You Pay:

Traditional Plan A

Administered by Allegiance

Annual Deductible

(Applies to all services, unless otherwise noted or a copayment is indicated)

\$400/Person
\$800/Family

Coinsurance Percentages

General

25%

In-Network Facility Services

25%

Non-Network Providers/Facilities

35%*

Annual Coinsurance Maximums

(Maximum coinsurance paid in a benefit year; excludes deductibles and copayments)

\$1,250/Person*
\$2,500/Family*

Copayment (on outpatient visits)

(Deductible does not apply to services/visits with dollar copayments.)

N/A

Medical Plan Service

Coinsurance

Hospital Services (Inpatient facility charges)

(Pre-certification of hospitalization is strongly recommended.)

Room charges

25%*

Ancillary Services

25%*

Surgical Services *(See Summary Plan Description for surgeries requiring prior authorization.)*

25%*

Hospital Services (Outpatient facility charges)

Outpatient Services

25%*

Outpatient Surgi-Center

25%

Physician/Professional Provider Services (not listed elsewhere)

Office Visit

25%

Inpatient Physician Services

25%

Lab/Ancillary/Miscellaneous Charges

25%

Second Surgical Opinion

0%
(No deductible)

**Hospital services from a non-network facility have a 35% coinsurance.
Also these coinsurance payments do not accumulate toward your annual coinsurance maximum.*

Benefit Year 2007-2008

Traditional Plan B <i>Administered by Allegiance</i>	Managed Care Plans	
	In-Network Benefits	Out-of-Network Benefits
\$600/Person \$1,200/Family	\$300/Person \$600/Person	Separate \$500/Person Separate \$1,000/Family
25%	25%	35%
25%	25%	NA
25%	N/A	35%
\$2,500/Person \$5,000/Family	\$2,000/Person \$4,000/Family	Separate \$2,000/Person Separate \$4,000/Family
N/A	\$15/visit	NA
.....		
Coinsurance	Coinsurance/ Copayment	Coinsurance
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	\$15/visit	35%
25%	25%	35%
25%	25%	35%
0% (No deductible)	\$15/visit	35%

Schedule of Medical Plan Benefits 2007-2008

Medical Plan Costs You Pay:

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room
Facility Charges

Professional Charges

Urgent Care Services

Facility/professional Charges

Lab & Diagnostic Charges

Maternity Services

Hospital Charges

Physician Charges (delivery and inpatient)

Prenatal Office Visits

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services

Adult Exams and Tests (age 19+)

Mammogram, gynecologic exam and PAP, proctoscopic, sigmoidoscopic or colonoscopic exams, limited routine lab work, such as PSA tests, and basic blood panel.

For managed care plans only, bone density tests.

Immunizations and Pneumonia and Flu shots

Child Checkups through age 2

Mental Illness Services

Inpatient Services (*Pre-certification is strongly recommended.*)

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

Outpatient Services

Chemical Dependency

Inpatient Services (*Pre-certification is strongly recommended.*)

Outpatient Services

Traditional Plans	In-Network Managed Care	Out-Of-Network Managed Care
25%	\$100 copay	\$100 copay
\$25/visit for facility charges only (waived if immediately admitted to hospital)	\$75 visit for facility charges only (waived if inpatient hospital or patient surgery coinsurance applies)	\$75 visit for facility charges only (waiver as In-Network)
25%	25%	35%
25%	\$25/visit	\$25 / visit
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	\$50 global copay for non-facility professional services	35%
25%	25%	35%
0% (no deductible) up to max allowable on: gynecologic exam & PAP; mammogram and prostate exam; 25% (deductible applies) on routine lab (PSA, blood panel), proctoscopy, sigmoidoscopy, and colonoscopy. Colon studies- Max: one/year starting at age 50	\$15/visit for periodic physicals (including PSA, gynecologic exam & PAP, basic blood panel and other routine limited lab work); \$0 copay for mammogram; 25% for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy	35% \$75 out-of-network allowance for mammogram.
0% (no deductible) up to max Max: \$250/yr. up to age 19; \$75/yr age 19+; \$50/yr. on pneumonia and flu shots	\$15/visit 25% (no deductible) without office visit	35%
0% (no deductible) up to max Max: \$500 first 2 years of life	\$15/visit 25% (no deductible) without office visit	35%
25% Max: 30 days/yr (No maximum for severe conditions)	\$25% Max: 21 days/yr (No maximum for severe conditions)	35% Max: 21 days/yr (No maximum for severe conditions)
25% Max: 40 visits/yr (No maximum for severe conditions)	\$15/visit Max: 30 visits/yr (No maximum for severe conditions)	35% Max: 30 visits/yr (No maximum for severe conditions)
25% Max: Dollar limit*	25% Max: Dollar limit*	35% Max: Dollar limit*
25% Max: \$2,000/yr**	\$15/visit Max: Dollar limit**	35% Max: Dollar limit**

* Dollar benefit max for inpatient services of \$7,000/year, \$14,000/lifetime

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

Schedule of Medical Plan Benefits 2007-2008

Medical Plan Costs You Pay:

Rehabilitative Services

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

Inpatient Services

(Pre-certification is strongly recommended.)

Outpatient Services

Alternative Health Care Services *Max: 15 visits/yr in any combination for alternative health care

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care

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

Hospice

Skilled Nursing

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

Miscellaneous Services

Allergy Shots

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Prosthetic Appliances, and Orthotics

(Prior authorization required for amounts greater than \$1,000)

PKU Supplies

(Includes treatment and medical foods)

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

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

Obesity Management

(Prior authorization required by all plans)

TMJ

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

Infertility Treatment (biological infertility only)

(Prior authorization required for all plans providing coverage)

Organ Transplants

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

Transplant Services

Travel - Out of state travel for policyholder only

Traditional Plans	Managed Care In-Network	Managed Care Out-Of-Network
25% Max: 30 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
25% Max: \$2,000/yr (or if prior authorization through case management up to \$10,000/yr)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit* * Max: 15 visits/yr. in any combination for alternative health care	\$15/visit Max: 20 visits/yr	35% After deductible/20 visit limit
25% Max: 90 day/yr.; 180 lifetime	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% Max: 70 days/yr.	25% Max: 30 days/yr	35% Max: 30 days/yr
25% (No deductible)	\$15/ visit 25% (no deductible) without an office visit.	35%
Not covered (Except through campus wellness program)	\$15/ visit	35%
25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/yr.	25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/yr	35% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/yr
25%	0% (no deductible) Plan pays 100% of allowable fees	35%
0% (no deductible) Max: \$250/yr.	0% (no deductible) Max: \$250/yr.	Not covered
25% Max: \$25,000 on surgery/lifetime	25% Non-surgical treatment only	Not covered
25% - Max: \$1,000 lifetime for non-surgical treatment	Surgical treatment only	Not covered
Not covered	25% Max: 3 artificial inseminations/lifetime	Not covered
25% - See Summary Plan Description Max: \$500,000 lifetime, Liver \$200,000; Heart \$125,000; Lung \$160,000; Pancreas \$68,000; Cornea/Kidney - no maximum	25% - Max: \$500,000 lifetime with \$5,000 of the maximum available for travel to and from the facility	Not covered
25% up to \$1,500/yr. with prior authorization	25% up to \$5,000/yr. with prior authorization	Not covered

Prescription Drug

Administered by PharmaCare
1-888-347-5329 ■ www.pharmacare.com

Note:

The deductible does not apply to medications received from one of the mail-order pharmacies.

Retail Pharmacy Deductible

\$100 per Person/Year
\$200 per Family/Year

Mail Order Deductibles

\$0 per Person/Year
\$0 per Family/Year

Local Pharmacy Costs (After Deductible), you pay

- The greater of \$10 or 20%
- The greater of \$20 or 30%
- The greater of \$30 or 40%
- The greater of \$40 or 50%

Mail-Order Pharmacy Costs (PharmaCare or Ridgeway), you pay:

- \$20
- \$40
- \$60
- Not covered

Type of Drug

- Generic
- Brand formulary
- Brand non-formulary
- ProtoCall Specialty Drugs

Supply Amount

30-day maximum

90-day maximum

The benefit year out-of-pocket maximum on pharmacy charges only (in addition to the deductible) is \$800/person, \$1,600 per family.

AT-A-GLANCE

Instructions

No separate enrollment is required.

Who Is Eligible?

The Prescription Drug Plan is an add-on benefit for all MUS employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

Prescription Options

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$200 per family deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance.

Network pharmacy listings can be found on the PharmaCare website at: www.pharmacare.com.

Formulary drug listings can also be found at the PharmaCare website.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail-order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at your campus Human Resources Office or at the PharmaCare website.

Prescription Costs

Please refer to the chart above for information on prescription drug costs.

Prior authorizations

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

ProtoCall Specialty Drug Program

The ProtoCall Specialty Drug Program is designed to assist with specialty medications for certain chronic illnesses,

such as: arthritis, hemophilia, hepatitis, osteoporosis, multiple sclerosis, Parkinson's Disease, and transplants.

If you currently use these specialty drugs (see list on next page), you can now receive your medications through PharmaCare's ProtoCall program and take advantage of the following benefits:

- Free delivery to your home or physician's office of up to a 30-day supply of your medication at a **\$0 co-payment and no deductibles** with participation in the ProtoCall program (For non-participants, the retail plan copayments and deductibles will apply).
- 24/7 access to a staff of pharmacists, nurses, and care coordinators
- Educational materials, support, and home instruction
- Ancillary supplies such as syringes and needles

If you have questions about the **ProtoCall** program, or need to order these medications, please call:

1-888-442-9780 (press option 4).

PROTOCOL™ SPECIALTY DRUG LIST

This list contains those medications that are part of PharmaCare's ProtoCall Specialty Pharmacy program. To enroll in the ProtoCall program, please call 1-888-442-9780, option 4.

HIV / AIDS		HEMOPHILIA		ARTHRITIS	
ABACAVIR	AGENERASE	ADVATE	ALPHANATE	ENBREL	EUFLEXXA
APTIVUS	ATRIPLA	ALPHANINE SD	BEBULIN VH	HEALON	HUMIRA
COMBIVIR	CRIXIVAN	BENEFIX	FEIBA VH	HYALGAN	KINERET
DELATESTRYL	DEPO-TESTOSTERONE	HELIXATE FS	HEMOPIL M	ORENCIA	ORTHOVISC
DIDANOSINE	EMTRIVA	HUMATE-P	HYATE:C	REMICADE	SUPARTZ
EPIVIR	EPZICOM	KOATE-DVI	KOGENATE FS	SYNVISC	
FUZEON	HIVID	MONARC-M	MONOCLATE-P		
INVIRASE	KALETRA	MONONINE	NOVOSEVEN		
LEXIVA	NORVIR	PROFILNINE SD	PROPLEX T		
RESCRIPTOR	RETROVIR	RECOMBINATE	REFACTO		
REYATAZ	SUSTIVA				
TESTOSTERONE	TRIZIVIR				
TRUVADA	VIDEX				
VIRACEPT	VIRAMUNE				
VIREAD	ZERIT				
ZIAGEN	ZIDOVUDINE				
GROWTH HORMONE		HEPATITIS C		TRANSPLANT	
GENOTROPIN	HUMATROPE	COPEGUS	INFERGEN	CELLCEPT	CYCLOSPORINE
INCRELEX	IPLEX	PEGASYS	PEG-INTRON	GENGRAF	MYFORTIC
NORDITROPIN	NUTROPIN	REBETOL	REBETRON	NEORAL	PROGRAF
NUTROPIN AQ	SAIZEN	RIBAPAK	RIBASPHERE	RAPAMUNE	SANDIMMUNE
SEROSTIM	TEV-TROPIN	RIBATAB	RIBAVIRIN	ZENAPAX	
ZORBTIVE					
MULTIPLE SCLEROSIS		DERMATOLOGY		SERIOUS MENTAL ILLNESS	
AVONEX	BETASERON	AMEVIVE	RAPTIVA	CLOZAPINE	CLOZARIL
COPAXONE	MITOXANTRONE				
NOVANTRONE	REBIF				
TYSABRI					
ONCOLOGY		OSTEOPOROSIS		PARKINSON'S DISEASE	
NEXAVAR	REVLIMID	FORTEO		APOKYN	
PULMONARY ARTERIAL HYPERTENSION		RSV			
REVATIO	TRACLEER	SYNAGIS			

ProtoCall Specialty Drug List is periodically reviewed and subject to change.

Dental Plan



Administered by Delta Dental Insurance Company (Delta Dental)
Telephone: 1-866-579-5717
or visit us at www.WeKeepYouSmiling.com/MUS

Choices offers two Dental plan options:

- Premium Plan
- Basic Plan

As you decide between these dental plans, keep in mind that the Dental plan is now an annual enrollment benefit and your election will remain in effect until the next annual enrollment (unless you have a change in status).

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

Dental Plans At-A-Glance

The following chart provides highlights of your Dental plan options.

	Premium Plan	Basic Plan - Preventive Coverage
Who May be Enrolled & Monthly Premium	<ul style="list-style-type: none"> ■ Employee Only \$36 ■ Employee & Spouse/Adult Dep. \$65 ■ Employee & Child(ren) \$65 ■ Employee & Family \$97 	<ul style="list-style-type: none"> ■ Employee Only \$17 ■ Employee & Spouse/Adult Dep. \$35 ■ Employee & Child(ren) \$35 ■ Employee & Family \$48
Maximum Annual Benefit	\$1,500 per covered individual	\$750 per covered individual
Preventive and Diagnostic Services	<ul style="list-style-type: none"> ■ Twice Per Benefit Year ■ Initial and Periodic oral exam ■ Cleaning ■ Complete series of intraoral X-rays ■ Topical application of fluoride 	<ul style="list-style-type: none"> ■ Twice Per Benefit Year ■ Initial and Periodic oral exam ■ Cleaning ■ Complete series of intraoral X-rays ■ Topical application of fluoride
Basic Restorative Services	<ul style="list-style-type: none"> ■ Amalgam filling ■ Endodontic treatment ■ Periodontic treatment ■ Oral surgery 	<ul style="list-style-type: none"> ■ Not covered
Major Dental Services	<ul style="list-style-type: none"> ■ Crown ■ Root canal ■ Complete lower and upper denture ■ Dental implant (subject to \$1,500 lifetime benefit) 	<ul style="list-style-type: none"> ■ Not covered
Removal of impacted teeth	<ul style="list-style-type: none"> ■ Covered benefit 	<ul style="list-style-type: none"> ■ Covered benefit
Orthodontia	<ul style="list-style-type: none"> ■ Available to covered children and adults ■ \$1,500 lifetime benefit 	<ul style="list-style-type: none"> ■ Not covered
Implants	<ul style="list-style-type: none"> ■ \$1,500 lifetime benefit 	<ul style="list-style-type: none"> ■ Not covered

Your Orthodontic Benefits

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

Schedule of Benefits

Dental claims are reimbursed based on a Schedule of Benefits. The following subsets of the Premium and Basic Plan Schedules include the most commonly-used procedure codes. Please note, the Basic Plan provides coverage for a limited range of services including diagnostic, preventive, and extractions of impacted teeth. The Schedule dollar amount is the maximum reimbursement for the specified procedure code. Covered individuals are responsible for the difference (if any) between the provider's charge and the Schedule reimbursement amount. To reduce your out-of-pocket expenses, use a Delta Dental Provider. These dentists have contracted with Delta Dental and agree to accept reduced fees for covered services. Covered individuals and the Choices Plan benefit from the cost savings achieved by using Delta Dental providers.

MUS Table of Allowance

Shaded Codes are for the Basic Plan Only.

All Codes (shaded and non-shaded) are for the Premium Plan

Sample Codes Only - Not a Complete Listing

Procedure Code	Description	Maximum Allowance
D0120	Periodic oral evaluation - established patient	\$36
D0140	Limited oral evaluation - problem focused	\$52
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$36
D0150	Comprehensive oral evaluation - new or established patient	\$58
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$124
D0180	Comprehensive periodontal evaluation - new or established patient	\$64
D0210	Intraoral - complete series (including bitewings)	\$98
D0220	Intraoral - periapical first film	\$23
D0230	Intraoral - periapical each additional film	\$18
D0240	Intraoral - occlusal film	\$22
D0250	Extraoral - first film	\$52
D0272	Bitewings - two films	\$33
D0273	Bitewings - three films	\$40
D0274	Bitewings - four films	\$47
D0277	Vertical bitewings - 7 to 8 films	\$65
D0330	Panoramic film	\$81
D0340	Cephalometric film	\$78
D0350	Oral/facial photographic images	\$29
D0470	Diagnostic casts	\$81
D1110	Prophylaxis - adult	\$74
D1120	Prophylaxis - child	\$52
D1203	Topical application of fluoride (prophylaxis not included) - child	\$24
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant - per tooth	\$40

D1510	Space maintainer - fixed - unilateral	\$213
D1515	Space maintainer - fixed - bilateral	\$346
D1550	Re-cementation of space maintainer	\$56
D2140	Amalgam - one surface, primary or permanent	\$93
D2150	Amalgam - two surfaces, primary or permanent	\$118
D2160	Amalgam - three surfaces, primary or permanent	\$147
D2161	Amalgam - four or more surfaces, primary or permanent	\$176
D2330	Resin-based composite - one surface, anterior	\$98
D2331	Resin-based composite - two surfaces, anterior	\$125
D2332	Resin-based composite - three surfaces, anterior	\$156
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$190
D2391	Resin-based composite - one surface, posterior	\$93
D2392	Resin-based composite - two surfaces, posterior	\$118
D2393	Resin-based composite - three surfaces, posterior	\$147
D2394	Resin-based composite - four or more surfaces, posterior	\$176
D2543	Onlay - metallic-three surfaces	\$375
D2544	Onlay - metallic-four or more surfaces	\$440
D2643	Onlay - porcelain/ceramic - three surfaces	\$375
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$440
D2740	Crown - porcelain/ceramic substrate	\$453
D2750	Crown - porcelain fused to high noble metal	\$423
D2751	Crown - porcelain fused to predominantly base metal	\$410
D2752	Crown - porcelain fused to noble metal	\$414
D2780	Crown - 3/4 cast high noble metal	\$406
D2783	Crown - 3/4 porcelain/ceramic	\$410
D2790	Crown - full cast high noble metal	\$410
D2791	Crown - full cast predominantly base metal	\$402
D2792	Crown - full cast noble metal	\$406
D2794	Crown - titanium	\$410
D2910	Recement inlay, onlay, or partial coverage restoration	\$60
D2920	Recement crown	\$61
D2930	Prefabricated stainless steel crown - primary tooth	\$148
D2931	Prefabricated stainless steel crown - permanent tooth	\$222
D2932	Prefabricated resin crown	\$221
D2933	Prefabricated stainless steel crown with resin window	\$222
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$222
D2940	Sedative filling	\$70
D2950	Core buildup, including any pins	\$95
D2951	Pin retention - per tooth, in addition to restoration	\$38
D2952	Post and core in addition to crown, indirectly fabricated	\$159
D2954	Prefabricated post and core in addition to crown	\$127
D2960	Labial veneer (resin laminate) - chairside	\$622
D2962	Labial veneer (porcelain laminate) - laboratory	\$452

D2980	Crown repair, by report	\$41
D3110	Pulp cap - direct (excluding final restoration)	\$43
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$105
D3310	Root canal - Anterior (excluding final restoration)	\$489
D3320	Root canal - Bicuspid (excluding final restoration)	\$566
D3330	Root canal - Molar (excluding final restoration)	\$695
D3346	Retreatment of previous root canal therapy - anterior	\$592
D3347	Retreatment of previous root canal therapy - bicuspid	\$674
D3348	Retreatment of previous root canal therapy - molar	\$814
D3410	Apicoectomy/periradicular surgery - anterior	\$435
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$480
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$520
D3430	Retrograde filling - per root	\$116
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$358
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
D4249	Clinical crown lengthening - hard tissue	\$455
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$672
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$511
D4271	Free soft tissue graft procedure (including donor site surgery)	\$632
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Periodontal maintenance	\$84
D5110	Complete denture - maxillary	\$608
D5120	Complete denture - mandibular	\$608
D5130	Immediate denture - maxillary	\$666
D5140	Immediate denture - mandibular	\$666
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5213	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650

D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5510	Repair broken complete denture base	\$86
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76
D5610	Repair resin denture base	\$89
D5640	Replace broken teeth - per tooth	\$76
D5650	Add tooth to existing partial denture	\$114
D5660	Add clasp to existing partial denture	\$160
D5750	Reline complete maxillary denture (laboratory)	\$274
D5751	Reline complete mandibular denture (laboratory)	\$274
D5761	Reline mandibular partial denture (laboratory)	\$263
D5820	Interim partial denture (maxillary)	\$216
D5821	Interim partial denture (mandibular)	\$216
D5850	Tissue conditioning, maxillary	\$51
D6210	Pontic - cast high noble metal	\$399
D6212	Pontic - cast noble metal	\$365
D6240	Pontic - porcelain fused to high noble metal	\$424
D6241	Pontic - porcelain fused to predominantly base metal	\$391
D6242	Pontic - porcelain fused to noble metal	\$408
D6245	Pontic - porcelain/ceramic	\$429
D6750	Crown - porcelain fused to high noble metal	\$423
D6751	Crown - porcelain fused to predominantly base metal	\$410
D6752	Crown - porcelain fused to noble metal	\$414
D6790	Crown - full cast high noble metal	\$410
D6791	Crown - full cast predominantly base metal	\$402
D6792	Crown - full cast noble metal	\$406
D6794	Crown - titanium	\$410
D6930	Recement fixed partial denture	\$54
D6973	Core build up for retainer, including any pins	\$92
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$160
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$173
D7280	Surgical access of an unerupted tooth	\$291

D7510	Incision and drainage of abscess - intraoral soft tissue	\$146
D7910	Suture of recent small wounds up to 5 cm	\$192
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$69
D9220	Deep sedation/general anesthesia - first 30 minutes	\$219
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$199
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$81
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$92

The CDT codes and nomenclature are copyright of the American Dental Association. The procedures described and maximum allowances indicated on this table are subject to the terms of the contract and Delta Dental processing policies. These allowances may be further reduced due to maximums, limitations, and exclusions.

Schedule Regular Dental Check-ups and Cleanings

Researchers have found that periodontitis (advanced form of gum disease that can cause tooth loss) is linked with other health problems such as cardiovascular disease, stroke, and bacterial pneumonia. Likewise, pregnant women with periodontitis may be at increased risk for delivering pre-term and/or low-birth weight babies.

Vision Plan



Administered by EyeMed Vision Care.
 Underwritten by Fidelity Security Life Insurance Company
 1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

Rates

Member only \$7.64 ■ Member and spouse \$14.42 ■ Member and child(ren) \$15.18 ■ Member and family \$22.26

Covered Services	Plan Year	Coverage from an EyeMed Doctor	Out-of-Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount off balance over \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15 copay	N/A
Tint (solid and gradient)		\$15 copay	N/A
Scratch Resistance (standard)		\$15 copay	N/A
Polycarbonate (standard)		\$40 copay	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A
Progressive Lens (standard)		\$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (<i>Contact lens allowance covers materials only - in lieu of standard lenses</i>)			
Conventional		\$0 Copay, \$125 allowance, 15% off balance over \$125	\$80
Disposable		\$0 Copay, \$125 allowance, plus balance over \$125	\$80
Medically Necessary*		\$0 Copay, Paid-in-full	\$200

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

AT-A-GLANCE

Who is Eligible?

Employees, spouses, adult dependents, retirees, and children are eligible if you elect to have this coverage.

Instructions

Review the premiums found above and complete the appropriate sections of the Enrollment Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the online provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit: www.eyemedvisioncare.com to view coverage and eligibility status.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network. Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

- 1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemedvisioncare.com, or by calling the Customer Care Center.
- 2) Make an appointment with an out-of-network provider you trust as your choice for vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

Life Insurance/Accidental Death & Dismemberment



Administered by The Standard Insurance Company
1-800-759-8702 ■ www.standard.com

Basic Life/AD&D, Optional Supplemental and Optional
Dependent Life Insurance

Monthly Premiums		
Basic Life / AD&D	\$10,000	\$1.55 for both
Basic Life / AD&D	\$20,000	\$3.10 for both
<i>*If you are enrolling in Choices you must select a Basic Life Insurance.</i>		
Optional Supplemental Life	\$25,000-\$200,000 (increments of \$25,000) (rates on next page)	
Optional Dependent Life	\$2,500 Spouse/ \$1,250 Child(ren)	\$0.77
	\$5,000 Spouse/ \$2,500 Child(ren)	\$1.54
	\$10,000 Spouse/ \$5,000 Child(ren)	\$3.08
	\$25,000 Spouse/ \$5,000 Child(ren)	\$7.71

AT-A-GLANCE

Basic Life Insurance:

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

Who is Eligible for Basic Life/AD&D:

Employee Only (May increase one level of coverage during annual enrollment, if you are eligible and are in an active work status)

Who is Eligible for Optional Supplemental Life Insurance:

This is an employee only benefit. If you enroll for Optional Supplemental Life

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

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

Who is Eligible for Optional Dependent Life Insurance

Your spouse and unmarried child(ren) from live birth to age 25. Optional

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

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

If you are not enrolling for the first time, other than new employees, you may increase one level of coverage during annual enrollment without having your dependent spouse submit evidence of good health, if you are in an active work status. You may increase coverage more than one level; however, your dependent spouse will need to submit evidence of good health to the insurance company for increases above more than one level.

Cost of Optional Supplemental Life Insurance (After-Tax)

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

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

Optional AD&D Coverage

Administered by The Hartford ■ www.thehartford.com

Monthly Premiums	Employee Only	Employee & Family
\$25,000	\$0.63	\$1.18
\$50,000	\$1.25	\$2.35
\$75,000	\$1.88	\$3.53
\$100,000	\$2.50	\$4.70
\$150,000	\$3.75	\$7.05
\$200,000	\$5.00	\$9.40
\$250,000	\$6.25	\$11.75
\$300,000	\$7.50	\$14.10

AT-A-GLANCE

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

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

- Employee Only
- Employee & Family Coverage

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

Who May Be Enrolled

Employee only or Employee and Family (employee, spouse, and child(ren) to age 25)

Family Benefits are paid accordingly:

- Your spouse only: he or she is covered for 60% of the amount you have chosen.

- Child(ren) only: each child is covered for 20% of the amount you have chosen.
- Spouse and children: your spouse is covered for 50% and each child is covered for 15% of the amount you have chosen.

Long Term Disability

Administered by The Standard Insurance Company
1-800-759-8702 ■ www.standard.com

Monthly Premiums		
Option 1	60% of pay/180 day waiting period	\$ 6.35
Option 2	66 2/3% of pay/180 day waiting period	\$11.75
Option 3	66 2/3% of pay/120 day waiting period	\$14.66

AT-A-GLANCE

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

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

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

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

Important!

This is a brief summary provided to help you understand your coverage. Please review the group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitation, reductions and terminating events. This information can be found on the **Choices** website: www.montana.edu/choices/. The controlling provisions will be in the group policy issued by Standard Insurance Company. Neither the certificate nor the information presented here modifies the group policy or the insurance coverage in any way.

Who May Enroll

Employee Only

Amount of Benefit

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

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

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

If You Have Other Disability Income

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

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

Long Term Care Insurance

Provided by UNUM Life Insurance Company
1-800-227-4165 ■ www.unum.com

Options	Choices
Care Type	
Plan 1	Facility (<i>nursing home or assisted living</i>)
Plan 2	Facility + Professional Home Care (<i>Provided by a licensed home health organization</i>)
Plan 3	Facility + Professional Home Care + Total Home Care (<i>Care provided by anyone, including family members</i>)
Monthly Benefit	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
Duration	
3 years	3 years Nursing Home or 5 years Assisted Living or 6 years Home Care
6 years	6 years Nursing Home or 10 years Assisted Living or 12 years Home Care
Unlimited	Unlimited Nursing Home or Unlimited Assisted Living or Unlimited Home Care
Inflation Protection	
Yes	5% compounded annually
No	No protections will be provided

AT-A-GLANCE

Unexpected events, such as accidents or illness, can catch us off guard at any age, any time. This can often lead to financial and emotional hardship. Many believe that our health insurance covers long term care situations when, in most cases, it does not. We may be left thinking we should have planned better. Long Term Care Insurance (LTC) is designed to pick up where our health insurance leaves off. The Montana University System offers the opportunity to purchase Long Term Care Insurance from Unum Life Insurance Company of America a subsidiary of Unum Provident.

New employees can enroll in LTC within 30 days of employment without demonstrating evidence of insurability. Continuing employees, spouses,

retirees, and grandparents can enroll in our group LTC insurance with medical underwriting at any time. And during this open enrollment period, employees who missed the opportunity when they were hired may purchase for the first time.

Who is Eligible

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

Enrollment

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

Optional Reimbursement Accounts

(Also referred to as Flexible Spending Accounts)

Administered by Employee Benefit Resources
1-800-765-9429 ■ www.ebrworld.com

Account Types	Annual Amount	Qualifying Expense Examples
Medical*	Minimum : \$120 Maximum: \$6,000/Employee	Doctor visits, copays and deductibles, dental exams and services, eye exams, contact lenses and solution, glasses, chiropractic care, prescription drugs and insulin, hearing aids and exams.
Dependent Care*	Minimum: \$120 Maximum: \$4,999.92	Day care centers (must comply with state and local law), babysitters, preschools, and general-purpose day camps.

*Administrative cost \$2.76 per month.

AT A GLANCE

Who is Eligible

Active employees eligible for MUS benefits are eligible for the Flexible Spending Account (FSA) Program (Optional Reimbursement Accounts).

After your initial enrollment (within 31 days of hire), there are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage
- divorce
- birth/adoption of a baby
- death of spouse/dependent child, or
- a change in employment status

The change must be consistent with the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change must be made within 63 days of the qualifying event.

How FSAs Work

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance and a dependent care FSA to pay for day-care expenses.

Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in equal installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. There is a monthly \$2.76 administration fee for one or both FSAs (\$33.12 per year).

After you have incurred a qualifying expense, you will file a claim with EBR, who will then reimburse you for the claimed amount. EBR processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided.

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the “use it or lose it” provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. Explanation of Benefits or day care provider receipt) to EBR either by fax or mail at the address listed on the claim form. EBR will send reimbursement within 3 days of receiving your expense claim. Forms are available on EBR’s web site.

Tax Issues

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5% of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

Important!
You must re-enroll each year to participate in a Flexible Spending Account.
Enrollment is **NOT** automatic!

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

Will a Medical FSA Account Help You?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available even though the full amount is not yet collected.

If you answer “yes” to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

- Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?
- Do you expect to pay deductible, coinsurance, or copayments under your medical and prescription drug insurance plans?
- Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?
- Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, glasses,
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs
- Hearing aids and exams
- Routine doctor visits
- Copays & deductibles

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

Do You Qualify for a Dependent Care FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

- The amount to be reimbursed must not be greater than your or your spouse’s annual earnings, whichever is lower.
- A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your dependent for income tax purposes, such as an older child.
- A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

Benny Debit Card

Participants in the Medical Optional Reimbursement Account may now choose to use a debit card to pay for services at the “point of sale”. Employee Benefit Resources, LLP (EBR) provides the Benny™ Card to use with the medical flex account.

When you use the debit card the funds are automatically deducted from your employee benefit account for payment. You will continue to be required to keep all itemized bills and submit them. If you purchase an item at a store that sells merchandise that might not be eligible for flex, you will be required to submit documentation for the expense to support the transaction.

There is a \$10 set up fee for the card and a \$1 per month processing fee. In year one, the charge for use of the card will be \$22. In subsequent years, the fee would be \$12. Indicate your interest at the time of benefit enrollment or you may elect to get a card at any time during the year. The total annual charge for the card will be deducted from your flex account at the beginning of the plan year or at any other time you choose to get a card.

Visit EBR!



EBR's website offers a wealth of resources for FSA participants. Check it out!

www.ebrworld.com

Employee Assistance Program



Administered by APS
1-800-999-1077 ■ www.apshealthcare.com

Covered Services	Costs	Annual Maximums
Counseling	Free	4 visits per issue
Legal Consultations	Free	1/2 hour consultation
Financial Consultations	Free	Unlimited

AT-A-GLANCE

Who Is Eligible?

The Employee Assistance Plan is an add-on benefit for all MUS employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

Enrollment

No separate enrollment is required.

Benefits

APS benefits provide a variety of services including confidential counseling; legal and financial services; access to the Healthwise Knowledge website; and 24-hour, toll-free access to crisis counselors.

Confidential Counseling

APS offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to four counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, APS will initiate a referral for the appropriate care. See your medical plan for cover-

age of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Managed care members do not need a referral to use APS for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by APS, at no direct cost to you, the member, the plan also experiences cost savings which are ultimately passed on to all of the plan participants.

Legal & Financial Services

You have convenient access to legal and financial professionals by simply contacting APS.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer-related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc.

Healthwise Website

APS includes a wellness focused website, Healthwise Knowledgebase, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources. Refer to the Wellness section of this workbook for log on details.

24-hour Crisis Help

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-800-833-3031.



WELLNESS

MONTANA UNIVERSITY SYSTEM

.....
“Our mission is to provide preventive health screenings and healthy lifestyle and disease prevention education.”
.....

Overview

The Montana University System (MUS) Insurance Plan offers Wellness services to adult plan members (faculty, staff, retirees, and insured spouses) regardless of which medical plan you choose (Allegiance, BCBSMT, New West, or Peak). Each of the twelve campuses has a Wellness director and some offer classes or services in addition to those listed below.



Preventive Health Screenings

Every campus conducts annual, semi-annual, or every other year health fairs (**WellChecks**). The blood tests listed below are always available at **WellCheck**, as well as a variety of additional free or discounted health screenings. Beginning in Fall 2007, appointments for blood tests will be scheduled online prior to each campus **WellCheck**. See next page for the 2007/2008 campus **WellCheck** schedules.

• Blood Tests*

Available at WellCheck or by appointment. Refer to www.montana.edu/wellness for complete descriptions:

- **Chem Screen:** FREE every other plan year or \$25
- **PSA (Prostate Specific Antigen):** FREE every plan year to men over 50 or \$24
- **CBC (Complete Blood Count):** \$16
- **Cardio C-Reactive Protein:** \$36
- **Hemoglobin A1c:** \$30

**The costs incurred for Wellness blood tests cannot be submitted for insurance reimbursement. They can, however, be submitted to your MUS flexible spending account or Montana medical savings account.*

- **Blood Tests by Appointment** (Billings, Bozeman, Havre, Missoula only): Subject to \$5 lab fee. Contact your campus Wellness office for appointment (see phone #'s next page).
- **Blood Pressure Screenings** are available FREE to any plan member. Call your campus Wellness office for dates and locations (most offer at WellCheck and on-campus).

Wise Consumer Tip:

Getting the above blood tests through Wellness is both cost-effective and smart! You save yourself and our self-funded insurance plan money by taking advantage of the discounts. You can also optimize your own personal health care by taking or sending your results to your primary care provider.

- **Colon Cancer Screenings** are recommended annually to those 50 and older. FREE kits are available on each campus. Call your campus Wellness office for availability.
- **Flu Shots** are offered FREE in the fall, subject to national vaccine availability. Contact your campus Wellness office for dates and locations.



*Wellness...
the choice that lasts a lifetime!*



Healthy Lifestyle & Disease Prevention Education

- **Ask an Expert:** Adult plan members are eligible for one FREE annual personalized telephone diet/or exercise consultation with a Registered Dietician and/or Exercise Specialist. Contact by e-mail AskanExpert@ms0.umt.edu, or call 1-866-644-2025 or 243-2025 (Missoula)
 - **Online Medical Self-Care: Healthwise Knowledgebase**
 - Gain a complete understanding of medical self-care tips.
 - Gain a better understanding of a surgical procedure.
- Go to website: www.montana.edu/wellness Click on:
- 1) Medical Self-Care
 - 2) Enter Healthwise® Knowledgebase
 - 3) Enter the Knowledgebase
 - 4) Password: mus
 - 5) Click on “click here”
- **Online DesktopSpa™:** A database of unique, brief, and highly effective audio and video wellness exercises led by

respected holistic health practitioners using yoga, relaxation, acupressure, tai chi, guided imagery, and ergonomics. DesktopSpa™ can be delivered directly to your computer and is designed to help integrate “mini-treatments” into your daily life to reduce stress and illness and increase your effectiveness, energy, and performance. Available May 1, 2007.

Go to website: www.montana.edu/wellness Click on:

- 1) DesktopSpa
 - 2) Enter DesktopSpa
 - 3) Register as New User, follow all prompts
 - 4) Corporate Code: MUS (disregard User ID)
 - 5) Click on “click here”
- **Fitness Products:** All campuses sell quality pedometers. Call your campus for more information.
 - **Telephonic Workshops:** Classes taught over the phone. See newsletter and website for current listings.
 - **Wellness Newsletter:** Published three (3) times each plan year (September, January, April) and mailed to home addresses. Previous editions can be accessed via the website.



WellCheck Schedule & Campus Wellness Contacts

Campus	2007/2008 WellCheck Dates	Phone
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 8, 2007	896-5836
Bozeman (MSU)	November 6 & 7, 2007; March 25 & 26, 2008	994-6348
Butte (MT Tech)	October 18, 2007	496-4323
Butte (COT)	October 19, 2007	496-4323
Dillon (UM Western)	October 9, 2007; April 8, 2008	683-7441
Glendive (DCC)	October 4, 2007	377-9450
Great Falls (COT)	October 24, 2007	268-3717
Havre (MSU Northern)	October 25, 2007	265-3719
Helena (COT & OCHE)	October 17, 2007	COT: 444-6877 OCHE: 444-0330
Kalispell (FVCC)	October 16, 2007	756-3804
Miles City (MCC)	October 2, 2007	874-6186
Missoula (UM)	October 30 & 31, 2007 April 15 & 16, 2008	243-2027
Missoula (COT)	November 1, 2007	243-2027



Website: www.montana.edu/wellness

See the website for specific campus classes/services, special programs, and more detailed information.

Dependent Premium Waiver (DPW)

Purpose

These guidelines are placed in the Enrollment Workbook to assure consistent application of the dependent premium waiver program for eligible plan members.

Eligibility

All employees who are eligible for benefits under the MUS health insurance plan and who enroll their qualifying dependent child(ren) for medical coverage may elect to receive the dependent premium waiver provided they meet the following requirements:

- the employee’s annualized salary paid to them by the Employer is no more than \$28,314.00. Annualized salary is determined either by multiplying the base hourly wage plus any longevity increment by 2,080 or by multiplying the monthly salary by 12 and dividing by the employee’s established full time equivalent (FTE); and
- the employee is in a pay status or the employee is in a leave without pay status wherein the Employer’s contribution towards health insurance is continued.

Application

An eligible employee will normally elect to receive the dependent premium waiver benefit during the annual open enrollment period. An employee who becomes eligible for the waiver outside the annual open enrollment period because of a qualifying change in status or due to a change in salary may receive the benefit provided the employee makes the change in circumstance known to the Campus Human Resources Office.

An employee receiving the benefit must maintain coverage for the eligible dependent child(ren). If the child or children do not meet the requirements for dependent status as outlined in this document, the dependent premium waiver benefit will be immediately discontinued. In no case can the dependent premium waiver be applied to the spousal/adult dependent premium.

An employee who receives an adjustment to their wage which results in their annualized salary exceeding the established threshold amount will remain eligible to receive the dependent premium waiver for the remainder of the benefit year in which the wage adjustment takes place.

Waiver Amount

Medical Plan	Employee & Children	Employee & Spouse/AD & Children
Plan A	\$ 122.00	\$ 78.00
Plan B	\$ 129.00	\$ 89.00
Blue Choice	\$ 109.00	\$ 69.00
New West	\$ 102.00	\$ 69.00
Peak	\$ 111.00	\$ 71.00
Allegiance Managed Care	\$ 113.00	\$ 73.00

The dependent premium waiver may be applied to medical coverage only.

On your Enrollment Form

Check the box next to “Accept Dependent Child(ren) Premium Waiver” if you are eligible and wish to accept the waiver. Enter the waiver amount (from above) in the

appropriate box on the Enrollment Form. Subtract the waiver amount from the Total Cost to get your Costs after Fee Waiver.

Choices

Listings of Managed Care Plan Service Areas

Traditional Plan - Hospitals/Facilities

In-Network Hospitals – Managed Care Plans

BCBSMT Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Creston	59902	Hingham	59528	Pole Bridge	59928
Acton	59002	Crow Agency	59022	Hot Springs	59845	Polson	59860
Alberton	59820	Custer	59024	Hungry Horse	59919	Pompeys Pillar	59064
Alder	59710	Cut Bank	59427	Huntley	59037	Pony	59747
Anaconda	59711	Darby	59829	Huson	59846	Power	59468
Arlee	59821	Dayton	59914	Inverness	59530	Pray	59065
Augusta	59410	DeBorgia	59830	Jackson	59736	Proctor	59929
Avon	59713	Deer Lodge	59722	Jefferson City	59638	Pryor	59066
Ballantine	59006	Dell	59724	Joliet	59041	Ramsay	59748
Basin	59631	Dillon	59725	Joplin	59531	Ravalli	59863
Bearcreek	59007	Divide	59727	Judith Gap	59453	Raynesford	59469
Belfry	59008	Dixon	59831	Kalispell	59901	Red Lodge	59068
Belgrade	59714	Drummond	59832		59902	Rexford	59930
Belt	59412	Dupuyer	59432		59903	Ringling	59642
Big Arm	59910	Dutton	59433		59904	Roberts	59070
Bigfork	59911	East Helena	59635	Kevin	59454	Rollins	59931
Big Sky	59716	East Missoula	59801	Kila	59920	Ronan	59864
Billings	59101	Edgar	59026	Kremlin	59532	Roscoe	59071
	59102	Elliston	59728	Lake McDonald	59921	Roundup	59072
	59103	Elmo	59915	Lakeside	59922	Rudyard	59540
	59104	Emigrant	59027	Laurel	59044	Ryegate	59074
	59105	Ennis	59729	Lavina	59046	Saltese	59867
	59106	Ethridge	59435	Ledger	59456	Sand Coulee	59472
	59107	Eureka	59917	Libby	59923	Sand Springs	59077
	59108	Fairfield	59436	Lima	59739	Santa Rita	59473
	59111	Fishtail	59028	Lincoln	59639	Shawmut	59078
	59112	Florence	59833	Livingston	59047	Seeley Lake	59868
	59114	Floweree	59440	Lloyd	59535	Shelby	59474
	59115	Fort Benton	59442	Lodge Grass	59050	Shepherd	59079
	59116	Fort Harrison	59636	Lolo	59847	Sheridan	59749
	59117	Fort Shaw	59443	Loma	59460	Silver Star	59751
Black Eagle	59414	Fortine	59918	Lonepine	59848	Simms	59477
Bonner	59823	Frenchtown	59834	Lothair	59461	Silverbow-Butte	59750
Boulder	59632	Fromberg	59029	Malmstrom AFB	59402	Somers	59932
Box Elder	59521	Galata	59444	Manhattan	59741	Springdale	59082
Boyd	59013	Gallatin Gateway	59730	Marion	59925	St. Ignatius	59865
Bozeman	59715	Garneill	59445	Martin City	59926	St. Regis	59866
	59717	Garrison	59731	Martinsdale	59053	St. Xavier	59075
	59718	Garryowen	59031	Marysville	59640	Stevensville	59870
	59719	Geraldine	59446	McAllister	59740	Stockett	59480
	59771	Geyser	59447	McLeon	59052	Styker	59933
	59772	Gildford	59525	Melrose	59743	Sula	59871
	59773	Glen	59732	Melville	59055	Sunburst	59482
Brady	59416	Gold Creek	59733	Milltown	59851	Sun River	59483
Bridger	59014	Grantsdale	59835	Missoula	59801	Superior	59872
Broadview	59015	Great Falls	59401		59802	Swan Lake	59911
Buffalo	59418		59402		59803	Thompson Falls	59873
Butte	59701		59403		59804	Three Forks	59752
	59702		59404		59806	Trego	59934
	59703		59405		59807	Trout Creek	59874
	59707		59406		59808	Twin Bridges	59754
Bynum	59419	Greenough	59836		59812	Two Dot	59085
Canyon Creek	59633	Hamilton	59840	Molt	59057	Ulm	59485
Cardwell	59721	Hardin	59034	Monarch	59463	Valier	59486
Carter	59420	Harlowton	59036	Musselshell	59059	Vaughn	59487
Cascade	59421	Harrison	59735	Neihart	59465	Victor	59875
Charlo	59824	Haugen	59842	Norris	59745	Virginia City	59755
Chester	59522	Havre	59501	Noxon	59853	Warm Springs	59756
Chinook	59523	Helena	59601	Oilmont	59466	West Glacier	59936
Choteau	59422		59602	Olney	59927	White Splhr Sprgs	59645
Clancy	59634		59604	Ovando	59854	Whitefish	59937
Clinton	59825		59620	Pablo	59855	Whitehall	59759
Clyde Park	59018		59623	Paradise	59856	Whitelash	59545
Columbia Falls	59912		59624	Paradise	59856	Wilsall	59086
Condon	59826		59625	Park City	59063	Winston	59647
Connor	59827		59626	Pendroy	59467	Wisdom	59761
Conrad	59425	Helmville	59843	Philipsburg	59858	Wise River	59762
Coram	59913	Heron	59844	Pinesdale	59841	Wolf Creek	59648
Corvallis	59828	Highwood	59450	Plains	59859	Worden	59088
				Polaris	59746	Zurich	59547

New West Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Conner	59827	Hogeland	59529	Proctor	59929
Acton	59002	Cooke City	59020	Hot Springs	59845	Pryor	59066
Alberton	59820	Coram	59913	Hungry Horse	59919	Radersburg	59641
Amsterdam	59741	Corvallis	59828	Huntley	59037	Rapelje	59067
Anaconda	59711	Crow Agency	59022	Huson	59846	Ravalli	59863
Angela	59312	Cushman	59046	Hysham	59038	Red Lodge	59068
Arlee	59821	Custer	59024	Ingomar	59039	Reed Point	59069
Ashland	59003	Darby	59829	Iverness	59530	Ringling	59642
	59004	Dayton	59914	Ismay	59336	Roberts	59070
Augusta	59410	De Borgia	59830	Jackson	59736	Rollins	59931
Avon	59713	Decker	59025	Jefferson City	59638	Ronan	59864
Ballantine	59006	Deer Lodge	59722	Joliet	59041	Roscoe	59071
Basin	59631	Dell	59724	Jordan	59337	Rosebud	59347
Bearcreek	59007	Dillon	59725	Judith Gap	59453	Roundup	59072
Belfry	59008	Dixon	59831	Kalipsell	59901		59073
Belgrade	59714	Dodson	59524		59902	Rudyard	59540
Belt	59412	Drummond	59832		59903	Ryegate	59074
Big Arm	59910	East Helena	59635		59904	Saco	59261
Big Sandy	59520	Edgar	59026	Kila	59920	Saint Ignatius	59865
Big Sky	59716	Elliston	59728	Kinsey	59338	Saint Regis	59866
Big Timber	59011	Elmo	59915	Kremlin	59532	Saint Xavier	59075
Bigfork	59911	Emigrant	59027	Lame Deer	59043	Saltese	59867
Bighorn	59010	Essex	59916	Laurel	59044	Sand Coulee	59472
Billings	59101	Fishtail	59028	Lavina	59046	Sand Springs	59077
	59102	Florence	59833	Libby	59923	Sanders	59076
	59103	Floweree	59440	Lima	59739	Seeley Lake	59868
	59104	Forsyth	59327	Lincoln	59639	Shawmut	59078
	59105	Fort Benton	59442	Livingston	59047	Shelby	59474
	59106	Fort Harrison	59636	Lloyd	59535	Shepherd	59079
	59107	Fort Shaw	59443	Lodge Grass	59050	Somers	59932
	59108	Frenchtown	59834	Lolo	59847	Springdale	59082
	59111	Fromberg	59029	Loma	59460	Stevensville	59870
	59112	Gallatin Gateway	59730	Lonepine	59848	Stockett	59480
	59114	Gardiner	59030	Loring	59537	Sula	59871
	59115	Garrison	59731	Malmstrom AFB	59402	Sumatra	59083
	59116	Garryowen	59031	Malta	59538	Sun River	59483
	59117	Geraldine	59446	Manhattan	59741	Superior	59872
Birney	59012	Gildford	59525	Martín City	59926	Thompson Falls	59873
Black Eagle	59414	Glen	59732	Martinsdale	59053	Three Forks	59752
Bonner	59823	Gold Creek	59733	Marysville	59640	Toston	59643
Boulder	59632	Grantsdale	59835	McLeod	59052	Townsend	59644
Box Elder	59521	Great Falls	59401	Melstone	59054	Trout Creek	59874
Boyd	59013		59403	Melville	59055	Troy	59935
Bozeman	59715		59404	Miles City	59301	Turner	59542
	59717		59405	Milltown	59851	Two Dot	59085
	59718		59406	Missoula	59801	Ulm	59485
	59719	Greenough	59836		59802	Vaughn	59487
	59771	Greycliff	59033		59803	Victor	59875
	59772	Hall	59837		59804	Volberg	59351
	59773	Hamilton	59840		59806	West Glacier	59936
Bridger	59014	Hardin	59034		59807	Whitefish	59937
Broadview	59015	Harlem	59526		59808	White Splr Sprngs	59645
Brusett	59318	Harlowton	59036		59812	Whitehall	59759
Busby	59016	Hathaway	59333	Molt	59057	Whitewater	59544
Canyon Creek	59633	Haugan	59842	Mosby	59058	Willow Creek	59760
Cardwell	59721	Havre	59501	Musselshell	59058	Wilsall	59086
Carter	59420	Hays	59527	Noxon	59853	Winston	59647
Cascade	59421	Helena	59601	Nye	59061	Wisdom	59761
Charlo	59824		59602	Ovando	59854	Wise River	59762
Chinook	59523		59604	Pablo	59855	Wolf Creek	59648
Churchill	59741		59620	Paradise	59856	Worden	59088
Clinton	59825		59623	Park City	59063	Wyola	59089
Clyde Park	59018		59624	Philpsburg	59858	Yellowtail	59035
Cohagen	59322		59625	Pinesdale	59841	Zortman	59546
Colstrip	59323		59626	Plains	59859	Zurich	59547
Columbia Falls	59912	Helmville	59843	Polaris	59746		
Columbus	59019	Heron	59844	Polson	59860		
Condon	59826	Highwood	59450	Pompeys Pillar	59064		
Clancy	59634	Hingham	59528	Pray	59065		

Peak Managed Care Plan Service Areas

City	Zip Code
Acton	59002
Anaconda	59711
Angela	59312
Ashland	59003
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Birney	59012
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Hathaway	59333
Huntley	59037
Hysham	59038
Ingomar	59039
Ismay	59336
Joliet	59041
Kinsey	59338
Lame Deer	59043
Laurel	59044
Lavina	59046
Lodge Grass	59050
Melrose	59743
Miles City	59301
Pompeys Pillar	59064
Pryor	59066
Ramsay	59748
Red Lodge	59068
Roberts	59070
Roscoe	59071
Rosebud	59347
Ryegate	59074
Saint Xavier	59075
Sanders	59076

City	Zip Code
Sawmut	59078
Sheherd	59079
Sumatra	59083
Volborg	59351
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

Allegiance Managed Care Plan Service Areas

City	Zip Code
Absarokee	59001
Agusta	59410
Alberton	59820
Anaconda	59711
	59771
Arlee	59821
Ashland	59003
Agusta	59410
Avon	59713
Basin	59631
Belgrade	59714
Belt	59412
Big Arm	59910
Big Timber	59011
Big Sky	59716
Bigfork	59911
Billings	59101
	59102
	59103
	59105
	59106
	59107
Black Eagle	59414
Bonner	59823
Boulder	59632
	59638
Box Elder	59521
Bozeman	59715
	59717
	59718
	59719
Broadus	59317
Chester	59522
Chinook	59523
Choteau	59422
Clancy	59634
Clinton	59825
Colstrip	59323
Columbia Falls	59912
Columbus	59019
Conrad	59425
Coram	59913
Corvallis	59828
Cutbank	59427
Darby	59829
DeBorgain	59830
Deer Lodge	59722
Denton	59430
Dillon	59275
	59721
	59725

Allegiance Managed Care Plan Service Areas

City	Zip Code
Divide	59727
Drummond	59732
East Helena	59635
Elliston	59728
Eureka	59917
	59918
Fairfield	59436
Florence	59833
Forsyth	59327
Fort Benton	59442
Fort Harrison	59443
Fort Shaw	59443
Frenchtown	59846
Gardiner	59030
Garrison	59731
Geraldine	59446
Glasgow	59230
	59231
Glendive	59330
Great Falls	59401
	59402
	59403
	59404
	59405
	59406
Hamilton	59840
	59849
Hardin	59034
Harlowtown	59036
Harrison	59735
Havre	59501
Helena	59601
	59602
	59604
	59620
	59623
	59624
	59625
	59626
Helmville	59843
Highwood	59450
Hot Springs	59845
Hungry Horse	59919
Hudson	59846
Jackson	59736
Jefferson City	59638
Joliet	59041
Judith Gap	59453
Kalipsell	59901
	59902
	59903
Kremlin	59532
Lake McDonald	59921
Lakeside	59922
Lame Deer	59043
Laurel	59044
Lewistown	59457
Libby	59923
Lima	59739
Lincoln	59639
Livingston	59047
Lolo	59847
Malta	59538
Manhattan	59714
Martin City	59926
Martinsdale	59053
Marysville	59640
Miles City	59301

City	Zip Code
Missoula	59801
	59802
	59803
	59804
	59806
	59807
	59808
	59812
	59825
	59834
Monarch	59463
Montana City	59634
Neilhart	59465
Norris	59745
Noxon	59853
Ovando	59854
Pablo	59855
Paradise	59856
Philipsburg	59858
Plains	59859
Plentywood	59254
Polson	59860
Power	59468
Red Lodge	59068
Ronan	59824
	59864
Roundup	59072
Seeley Lake	59864
Shelby	59474
Sidney	59270
St. Ignatius	59865
St. Regis	59866
Stanford	59479
Stevensville	59870
Sunburst	59482
Superior	59872
Terry	59349
Thompson Falls	59873
Townsend	59644
Troy	59935
Valier	59486
Vaughn	59487
Victor	59875
West Glacier	59936
Whitefish	59937
	59938
Worden	59088

Traditional Plan - Hospitals/Facilities

This is subject to change. See www.abpmtpa.com for updates.

Anaconda	Community Hospital of Anaconda	Hardin	Big Horn County Memorial Hospital
Big Sandy	Big Sandy Medical Center	Harlowton	Wheatland Memorial Hospital
Big Timber	Pioneer Medical Center	Havre	Northern Montana Hospital
Billings	St. Vincent's Healthcare Center	Helena	St. Peter's Community Hospital
	*Deaconess Billings Clinic	Kalispell	Kalispell Regional Medical Center
Bozeman	Bozeman Deaconess Hospital	Lewistown	Central Montana Surgery Center
Chester	Liberty County Hospital	Libby	St. John's Lutheran Hospital
Chinook	Sweet Medical Center	Livingston	Livingston Memorial Hospital
Choteau	Teton Medical Center	Malta	Phillips County Hospital
Columbus	Stillwater Community Hospital	Miles City	Holy Rosary Healthcare
Conrad	Pondera Medical Center	Missoula	St. Patricks Hospital
Cutbank	Northern Rockies Medical Center, Inc.		*Community Medical Center
Deer Lodge	Powell County Memorial Hospital	Philipsburg	Granite County Medical Center
Dillon	Barrett Hospital and Health Care	Plains	Clark Fork Valley Hospital
Forsyth	Rosebud Health Care Center	Plentywood	Sheridan Memorial Hospital
Fort Benton	Missouri River Medical Center	Polson	St. Joseph Medical Center
Glasgow	Frances Mahon Deaconess Hospital	Red Lodge	Beartooth Hospital and Health Center
Glendive	Glendive Medical Center	Ronan	St. Luke Community Hospital
Great Falls	Benefis Health Care	Roundup	Roundup Memorial Health Care
	Central Montana Surgical Hospital	Scobey	Daniels Memorial Healthcare Center
Hamilton	Marcus Daly Memorial Hospital	Shelby	Marias Medical Center
		Sidney	Sidney Health Center
		Superior	Mineral Community Hospital
		Terry	Prairie Community Health Center
		Whitefish	North Valley Hospital

Traditional Plan A Members Keep in Mind

Traditional Plan members that have chosen the Plan A option must be aware of the facilities identified above that are not considered in-network for Plan A. If you are on the Traditional Plan A offering and receive elective services from these non-network facilities you will be subject to a 35% coinsurance.

Also these coinsurance payments do not accumulate to your annual coinsurance maximum. Emergency services, and services that are not offered by the in-network facility will be covered as in-network.

* Facility is **NOT** in-network for the Traditional Plan A. All facilities listed on this page are in-network for the Traditional Plan B.

In-Network Hospitals – Managed Care Plans

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

BCBSMT (Blue Choice) Network Hospitals

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

Allegiance Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Chester	Liberty County Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cut Bank	North Rockies Medical Center
Deer Lodge	Powell County Medical Center
Dillon	Barrett Memorial Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Francis Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care
Great Falls	Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Health Care
Malta	Phillips County Hospital
Miles City	Holy Rosary Health Center

Allegiance Network Hospitals

City	Hospital
Missoula	Community Medical Center
Missoula	St. Patrick Hospital
Phillipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Healthcare Center
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Whitefish	North Valley Hospital

New West Network Hospitals

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

Peak Network Hospitals

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

Availability of the MUS Summary Plan Description

All MUS plan participants have the right to obtain a current copy of the Summary Plan Description (SPD). Despite the use of “summary” in the title, this document is the full legal description of our medical, dental, and pharmacy plans and should always be consulted when a specific question arises about the plan.

Participants may request a hardcopy of the SPD and amendments describing the MUS managed care plans by visiting, writing, or calling their campus benefits office, or by writing to MUS Benefits, P.O. Box 203201, Helena, MT 59620-3201, or by calling the MUS Benefits Office at 406-444-6570. Participants should know which medical plan they are enrolled in when calling or writing so that the correct amendment, if any, can be sent. An easier way to access this information for many participants is to visit the MUS website at

www.montana.edu/choices. Using the FIND function on your computer will help you to locate the section you need quickly.

All participants are given or mailed a copy of the **CHOICES** Enrollment Workbook or Retiree Workbook each spring during the annual enrollment period. These workbooks list the various required and optional programs available, and their premiums. We encourage participants to retain this book until it is replaced the following year, as it provides most of the information needed by participants and their families to properly utilize their benefit plans. If additional information is needed after referring to **CHOICES** or the SPD, either the campus benefit office or the MUS Benefits Office should be able to help. Many problems can also be resolved by contacting the customer service department of the appropriate program administrator.

RESOURCES

MONTANA UNIVERSITY SYSTEM OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION

(406) 444-6570 Phone (406) 444-0222 Fax
www.montana.edu/choices/

General benefits information and contacts.

ALLEGIANCE

Customer service, prior authorization and claims processing 1-877-778-8600

Precertification 1-800-342-6510

www.abpmtpa.com/MUS

Traditional Plans & Allegiance Managed Care Plan Contacts

BLUE CROSS AND BLUE SHIELD OF MONTANA

1-800-820-1674 or 447-8747

www.bcbsmt.com

NEW WEST HEALTH PLAN

1-800-290-3657 or 457-2200

www.newwesthealth.com

PEAK HEALTH PLAN

Customer service and claims processing questions 1-866-368-7325

Precertification/prior authorization 1-866-275-7646

www.healthinfont.com

Managed Care Plan Contacts

DELTA DENTAL INSURANCE COMPANY

Customer Service 1-866-579-5717

www.WeKeepYouSmiling.com/MUS

Dental Contact

PHARMACARE MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-888-645-9303

www.pharmacare.com

RIDGEWAY MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-800-630-3214

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

EYEMED VISION CARE

Customer Service 1-866-723-0513

www.enrollwiththeyemed.com/access (prior to enrollment)

www.eyemedvisioncare.com (after enrollment)

Eye exam, related services, and benefits

APS HEALTH CARE

EMPLOYEE ASSISTANCE PROGRAM

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

STAR POINT HEALTH CARE GROUP STAR BABY PROGRAM

1-877-792-7827

www.starpointmedical.com

Maternity Case Management (call during first trimester)

STANDARD LIFE INSURANCE

1-800-759-8702

Life and Disability

UNUM LIFE INSURANCE

1-800-822-9103

www.unum.com

Long Term Care claims and information.

EMPLOYEE BENEFIT RESOURCES

1-800-765-9429 or 449-5500

www.ebrworld.com

Flex Plan Administrator