

choices

2008 - 2009

**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, (see default coverage below). 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 coverage of pre-existing conditions will apply if you did not have prior coverage or if there was a break of more than 63 days between the termination of your prior coverage and your effective date on this policy.

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

- Existing employees during open enrollment default to present elections.
- New employees who do not enroll during the initial 31 day enrollment period default to:
 - 1). Employee Only Plan B
 - 2). Employee Only Basic Dental
 - 3). \$10,000 Basic Life Insurance/AD & D
 - 4). Long Term Disability Option 1 (60% of pay/180 day waiting period)

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

Choices

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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
- 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 group benefit 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.

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 you:

- **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.

Note:

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



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 30 days of first becoming eligible for benefits, or during annual enrollment each year, you select or make changes from among the benefit plan options.
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 the entire plan benefit period 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 30 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 Creditable Coverage but may be used as evidence of prior coverage.

All questions about the Pre-existing Condition Exclusion or Limitation and Creditable 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.

Working Families Tax Relief Act (WFTRA)

The definition of *Dependent* has changed in the tax law. The eligibility for enrollment of dependents in a Montana University System health plan may differ from the eligibility for tax-free health coverage under the new tax law. This means that you may continue to enroll all eligible dependents in MUS health insurance plans, but some of your premium costs may be taxable, depending on family circumstances. In addition, eligibility for dependent coverage under the Optional Reimbursement (Flex) Spending Accounts may differ from eligibility for coverage under our health plans. If you have a medical Flex account, our Flex Plan Administrator will closely examine your reimbursement claims to ensure they are for dependents who are eligible under current tax law. For more information, you may access details at <http://mus.edu/choices/info.asp>.

Newborns' and Mothers' Health Protection Act of 1996

Under federal law, group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following delivery by cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours, as applicable. In any case, plans and insurers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay that does not exceed 48 hours or 96 hours, as applicable.

Self Audit Award Program

Be sure to check all bills from your medical providers to ensure charges have not been duplicated or billed for services you did not receive. When you detect billing errors that result in a claims adjustment, the plan will share the savings with you! You may receive an award of 50 percent of the savings, up to a maximum of \$1,000.00.

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

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

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

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

Women's Health and Cancer Rights Acts

The MUS health plan provides coverage for medically necessary mastectomies. This coverage includes procedures to reconstruct the breast on which the mastectomy was performed, as well as the cost of necessary prostheses and treatment of any physical complications resulting from any stage of the mastectomy. The plan also provides coverage for surgery and physical complications resulting from any stage of the mastectomy. The plan also provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery. The following benefits are provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymphedema.

These benefits are subject to the same deductibles, coinsurance and coordination of benefits that apply to mastectomy benefits under the plan. Preauthorization is highly recommended for all surgeries.



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 deliver care according to agreed upon prices.
- Plan A Network providers** – You pay 25% coinsurance for services of an in-network provider; and 35% in a non-network provider. Also, for services from a out-of-network provider in Plan A, you have a separate deductible and 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.

Note: There is a two million dollar individual lifetime maximum and four million family lifetime maximum for reimbursement on the MUS group plan.

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	\$536	\$602	\$472	\$483	\$477	\$485
Employee & Spouse\AD	\$635	\$713	\$559	\$572	\$565	\$575
Employee & Child(ren)	\$625	\$702	\$550	\$563	\$557	\$566
Employee & Family	\$734	\$824	\$646	\$661	\$653	\$664

The employer contribution for 2008-2009 is \$626 per month for eligible active employees.

Monthly Out-of-Pocket Benefit Premium Costs

Employer Contribution for July 2008 through June 2009

Active Employees \$626.00 (a)

REQUIRED BENEFITS (unless you waive all benefits)

MEDICAL PLAN (see rates on page ____)	Traditional Plan A	\$ _____ (b)
	Traditional Plan B	\$ _____ (b)
	New West Managed Care	\$ _____ (b)
	PEAK Managed Care	\$ _____ (b)
	BCBS Managed Care	\$ _____ (b)
	Allegiance Managed Care	\$ _____ (b)
DENTAL PLAN (see rates on page ____)	Basic	\$ _____ (c)
	Premium	\$ _____ (c)
LIFE INSURANCE (see rates on page ____)	Basic Life/AD&D \$10,000	\$ _____ (d)
	Basic Life/AD&D \$20,000	\$ _____ (d)
LONG TERM DISABILITY (see rates on page ____)	Option 1	\$ _____ (e)
	Option 2	\$ _____ (e)
	Option 3	\$ _____ (e)
TOTAL REQUIRED BENEFITS PREMIUM	Add lines b, c, d and e =	\$ _____ (f)

OPTIONAL BENEFITS

VISION PLAN (see rates on page ____)	\$ _____ (g)	
OPTIONAL AD&D (see rates on page ____)	\$ _____ (h)	
SUPPLEMENTAL LIFE (see rates on page ____)	\$ _____ (i)	
DEPENDENT LIFE (see rates on page ____)	\$ _____ (j)	
FLEXIBLE SPENDING ACCOUNT	Medical	\$ _____ (k)
	Dependent Care	\$ _____ (l)
TOTAL OPTIONAL BENEFITS PREMIUM	Add lines g, h, i, j, k, and l = \$ _____ (m)	

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR BENEFITS JULY 2008 THROUGH JUNE 2009

REQUIRED BENEFITS	Enter amount from line (f)	\$ _____ (n)
OPTIONAL BENEFITS	Enter amount from line (m)	\$ _____ (o)
TOTAL BENEFITS	Add lines (n) and (o)	\$ <u>\$626.00</u> (p)
EMPLOYER CONTRIBUTION	Amount from line (a)	\$ _____ (q)
TOTAL MONTHLY OUT-OF-POCKET COST	Add lines (q) and (p)	\$ _____

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

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

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)

** Services from a non-network provider have a 35% coinsurance. In addition, there is a separate \$400/person, \$800/family deductible and a separate \$1,250/person, \$2,500/family annual coinsurance maximum. A non-network provider can also balance bill the difference between the allowance and the charge.*

Benefit Year 2008-2009

Traditional Plan B	Managed Care Plans	
<i>Administered by Allegiance</i>	In-Network Benefits	Out-of-Network Benefits
\$600/Person \$1,200/Family	\$300/Person \$600/Family	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	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 2008-2009

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

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 7

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
\$75/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 (same waived as In-Network)
25%	25%	25%
25%	\$25/visit	\$25 / visit
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25% (waived if enrolled in Star Baby Program within first trimester)	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 physical exam and gynecologic exam-copay is for the office visit charge only - labwork 25%; \$0 copay for mammogram, PAP and PSA; 25% for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy.	35% \$75 out-of-network allowance for mammogram.
0% (no deductible) up to max Max: \$500/yr. ages 8+	\$15/visit 25% (no deductible) without office visit up to \$10 max	35%
0% (no deductible) up to max Max: \$750 first 7 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 \$7,000/year; \$14,000/lifetime; \$2,000/year after max is met.

Schedule of Medical Plan Benefits 2008-2009

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, medical foods under Pharmacy)

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% 20 visit/yr
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: 30 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)/2 yr.	25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/2 yr	35% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/2 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	25% 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	Not covered
25% up to \$1,500/yr. with prior authorization	25% up to \$5,000/yr. in conjunction with transplants only, with prior authorization	Not covered

Prescription Drug

Note:

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

Administered by Caremark

1-888-347-5329 ■ www.pharmacare.com

Retail Pharmacy Deductible

\$100 per Person/Year
\$300 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 (Caremark 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
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*The benefit year out-of-pocket maximum on pharmacy charges only (in addition to the deductible) is \$1,200/person, \$2,400 per family. *ProtoCall Specialty drugs purchased at a retail pharmacy do not apply to the out-of-pocket maximum. Copays for mail order prescriptions are included in the out-of-pocket maximum.*

AT-A-GLANCE

Who Is Eligible?

The Prescription Drug Plan is a benefit for all MUS employees and dependents enrolled in a MUS medical plan. There is no separate premium for this plan.

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/\$300 per family deductible. If you use a pharmacy in the Caremark Preferred Network and have met your deductible, you only pay the applicable coinsurance.

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

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

Mail-Order Pharmacies

You may obtain up to a 90-day supply of most covered prescriptions with **no deductible**. *Specialty drugs and proton pump inhibitors cannot be purchased through mail order.*

Mail-order pharmacies are: Ridgeway Pharmacy (1-800-630-3214) and Caremark Mail Service Pharmacy.

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

Prior authorizations

Some drugs require prior or special authorization. Contact Caremark 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 the 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 **no**

cost to you 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).

Coverage for Proton Pump Inhibitors (PPI) such as aciphex, nexium, prevacid and protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Due to the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order benefit.

ProtoCall™ Specialty Drug List

This list contains those medications that are part of ProtoCall's Specialty Pharmacy program. To enroll in the ProtoCall program, please call 1.888.442.9780, option 4. The name of iPharmaCare has changed to iCareMark. PharmaCare Specialty Pharmacy will be referred to as CareMark Specialty Pharmacy Services. You may see either of the two names for a period of time.

HIV/AIDS

ABACAVIR	AGENERASE
APTIVUS	ATRIPLA
COMBIVIR	CRIXIVAN
DIDANOSINE	EMTRIVA
EPIVIR	EPZICOM
FUZEON	INTELENCE
INVIRASE	KALETRA
LEXIVA	NORVIR
RESCRIPTOR	RETROVIR
REYATAZ	SEROSTIM
TRUVADA	SUSTIVA
VIRACEPT	TRIZIVIR
VIREAD	VIDEX
VIRAMUNE	ZERIT
ZIAGEN	ZIDOVUDINE

Hemophilia

ADVATE	ALPHANATE
ALPHANINE SD	BEBULIN VH
BENEFIX	FEIBA VH
HELIXATE FS	HEMOFIL M
HUMATE-P	HYATE:C
KOATE-DVI	KOGENATE FS
MONARC-M	MONOCLATE-P
MONONINE	NOVOSEVEN
PROFILNINE SD	PROPLEX T
RECOMBINATE	REFACTO

Arthritis

ENBREL	EUFLEXXA
HEALON	HUMIRA
HYALGAN	KINERET
ORENCIA	ORTHOVISC
REMICADE	SUPARTZ
SYNVISC	

Growth Hormone

GENOTROPIN	HUMATROPE
INCRELEX	IPLX
NORDITROPIN	NUTROPIN
NUTROPIN AQ	SAIZEN
TEV-TROPIN	ZORBTIVE

Hepatitis C

COPEGUS	INFERGEN
INTRONA	PEG-INTRON
PEGASYS	REBETRON
REBETOL	RIBASPHERE
RIBAPAK	RIBATAB
RIBAVIRIN	ROFERONA

Transplant

CELLCEPT	CYCLOSPORINE
GENGRAF	MYFORTIC
NEORAL	PROGRAF
RAPAMUNE	SANDIMMUNE
ZENAPAX	

Multiple Sclerosis

AVONEX	BETASERON
COPAXONE	REBIF
TYSABRI	

Dermatology

AMEVIVE	ENBREL
HUMIRA	RAPTIVA
REMICADE	

Serious Mental Illness

CLOZAPINE	CLOZARIL
FAZACLO	

Oncology

NEXAVAR	REVLIMID
TARCEVA	

Osteoporosis

FORTEO

Parkinson's Disease

APOKYN

Pulmonary Arterial Hypertension

REVATIO	TRACLEER
TRACLEER	

RSV

SYNAGIS

Dental Plan



Administered by Delta Dental Insurance Company (Delta Dental)

Telephone: 1-866-579-5717

or visit us at www.deltadentalins.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. \$68 ■ Employee & Child(ren) \$68 ■ Employee & Family \$96 	<ul style="list-style-type: none"> ■ Employee Only \$17 ■ Employee & Spouse/Adult Dep. \$32 ■ Employee & Child(ren) \$32 ■ Employee & Family \$46
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.

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
D0270	Bitewings - one film	\$20
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 (through age 13)	\$24
D1204	Topical application of fluoride (prophylaxis not included) adult (ages 14 through 19)	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant - per tooth	\$40

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
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 - 4 or more surfaces 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 - 4 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 predominately 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 predominately 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

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
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

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
D4341	Peridontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Peridontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Peridontal 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

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
D6241	Pontic - porcelain fused 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 predominately base metal	\$410
D6752	Crown - porcelain fused to noble metal	\$414
D6790	Crown - full cast high noble metal	\$410
D6791	Crown - full cast predominately 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 an/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 5cm	\$192
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	Pallative (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/analgesic - first 30 minutes	\$199
D9242	Intravenous conscious sedation/analgesic - 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.

Vision Plan



Administered by EyeMed Vision Care.

1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)

www.enrollwiththeyemed.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

Service/Material	Coverage from an EyeMed Doctor	Out of Network	Rural OON Allowance**
Exam with dilation as necessary Once every calendar year	\$10 copay	\$45 allowance	Up to \$85
Frames: Once every two years	\$125 allowance, 20% off balance over \$125	\$47 allowance	\$100
Standard Plastic Lenses: Single Vision Bifocal Trifocal Standard Progressives Once every calendar year in lieu of contacts	\$20 copay \$20 copay \$20 copay \$85 copay	\$45 allowance \$55 allowance \$65 allowance	\$45 \$55 \$65 \$55
Contact Lens Materials Conventional Disposable *Medically Necessary Once every calendar year in lieu of eyeglass lenses	\$125 allowance, 15% off balance over \$125 \$125 allowance Paid in full	\$80 \$80 \$200	\$100 \$100 \$200
Contact Lens Exam Fees: Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every calendar year	\$20 co-pay, paid in full fit and two follow up visits \$20 co-pay, 10% off retail price, then apply \$35 allowance	\$40 \$40	\$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard A/R	\$15 copay \$15 copay \$15 copay \$40 copay \$45 copay	NA	NA

* 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.

**To qualify for the enhanced rural out-of-network benefit, employees must meet the definition of rural employee, meaning any MUS employee and dependents enrolled on the vision plan who reside more than 50 miles from the nearest network provider.

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.enrollwiththeyemed.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>Clf 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

Insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in the following table. *Remember, this cost is paid on an after-tax basis.*

If you are not enrolling for the first time, other than new employees, you may increase one level of coverage during annual enrollment 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 levels 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.
- Cannot exceed 10x annual salary.

Long Term Disability

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

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

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 is designed to pick up where our health insurance leaves off. You may never need long term care. However, this year about nine million men and women will need long term care. By 2020, 12 million Americans will need long term care. Most will be cared for at home. A study by the US Department of Health and Human Services indicates that people who reach age 65 have a 40 percent chance

of entering a nursing home. About 10 percent of the people who enter a nursing home stay there five years or longer. The Montana University System offers the opportunity to purchase Long Term Care Insurance from Unum Life Insurance Company of America a subsidiary of Unum Provident.

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

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.

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.

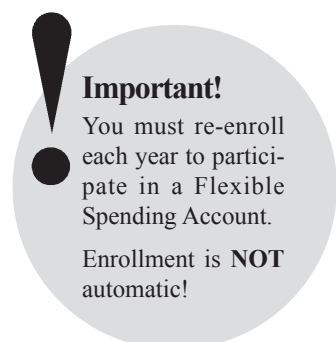
Getting Reimbursed

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
- Over the counter medications such as Prilosec

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 TM 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



WELLNESS

MONTANA UNIVERSITY SYSTEM

.....
“Our mission is to help our plan members stay healthy by providing preventive health screenings, healthy lifestyle education and support, and disease prevention/management programs.”
.....

Overview

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



Preventive Health Screenings

WellCheck: Every campus conducts annual, semi-annual, or every other year health fairs, called WellChecks. The lab tests listed below are always available at WellCheck, as well as a variety of additional free or discounted health screenings. See next page for the 2008/2009 WellCheck schedules.

- **Online Registration:** Online registration is now required on all campuses for WellCheck appointments. Website: www.montana.edu/wellness, select Online Registration. No computer - call campus Wellness.

Drop-In Blood Draws: Lab tests are available in Bozeman and Missoula by making an appointment via online registration; and Billings, Butte, and Havre by calling Wellness office for appointment. Subject to \$5 lab fee.

Lab Tests:

- Chemistry Screen: \$20 at WellCheck (\$25 at Drop-in Blood Draws - see above)
- 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 lab tests cannot be submitted for insurance reimbursement. They can, however, be submitted to your MUS flexible spending account or Montana medical savings account.

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!*

Website:

www.montana.edu/wellness

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



WellCheck Schedule & Campus Wellness Contacts

Campus	2008/2009 WellCheck Dates	Phone
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 13 & 14, 2008	896-5836
Billings COT	April 2, 2009	896-5836
Bozeman (MSU)	November 6 & 7, 2008; March 24 & 25, 2009	994-6348
Bozeman (MSU - Extension)	October 8, 2008	994-6348
Butte (MT Tech)	October 2, 2008	496-4323
Butte (COT)	October 3, 2008	496-4323
Dillon (UM Western)	October 8, 2008; March 31, 2009	683-7441
Glendive (DCC)	October 14, 2008	377-9450
Great Falls (COT)	October 22, 2008	268-3717
Havre (MSU Northern)	October 23, 2008	265-4147
Helena (COT & OCHE)	October 21, 2008	COT: 444-6877 OCHE: 444-2574
Kalispell (FVCC)	September 30, 2008	756-3804
Miles City (MCC)	October 15, 2008	874-6186
Missoula (UM)	October 28 & 29, 2008; April 7 & 8, 2009	243-2027
Missoula (COT)	October 30, 2008	243-2027



Disease Prevention Education/ Management Programs

Metabolic Syndrome

Available to adult plan members with related risk factors.

For details, see website:

www.montana.edu/wellness or

contact: lisa.hofman@umontana.edu or 866-644-2025.

Diabetic Support

Available to any plan member with diabetes.

For details, see website:

www.montana.edu/wellness or

contact: lisa.hofman@umontana.edu or 866-644-2025.



Healthy Lifestyle Education & Support

The Life Connection (TLC) Program

Includes EAP and online services. See page 29 for details.

Ask an Expert

Adult plan members are eligible for one FREE annual personalized telephone diet and/or exercise consultation with a Registered Dietitian and/or Exercise Specialist.

Email contact: lisa.hofman@umontana.edu, or call toll free 1-866-644-2025 or 243-2025 (Missoula).

Online DesktopSpa

A database of unique, brief and highly effective audio and video wellness exercises led by respected health practitioners using yoga, relaxation, acupuncture, tai chi, guided imagery and ergonomics. It integrates “mini-treatments” to reduce stress and illness, and increase effectiveness, energy and performance.

Go to website: www.montana.edu/wellness

Select:

- 1). DesktopSpa
- 2). Enter DesktopSpa
- 3). Register as New User, follow all prompts
- 4). Corporate Code: MUS (disregard User ID)

Fitness Products

All campuses sell quality pedometers and some sell other fitness products.

Telephonic Workshops

Classes taught over the phone. See newsletter and website for current listing.

Wellness Newsletter

Mailed to home addresses three (3) times each plan year. Archived editions can be accessed via the website.

The Life Connection (TLC) Program

because everyone needs a little TLC

The Montana University System recognizes the challenges of balancing work and the demands of everyday life. That's why you and your household members can have access to the *TLC* services listed below. When you call the toll-free number, you will be assisted by a qualified consultant who will respond to your request thoroughly and promptly. When you log onto the *TLC* link via the Wellness website, you'll find an abundance of useful resources, articles, links and interactive tools.

FREE • CONFIDENTIAL

Employee Assistance Program (EAP) Counseling Services

- 4 free 1-on-1 counseling visits per issue
- Available to any member of your household
- Available 24 hours/day, 7/days per week
- 24 hour crisis support

1-866-248-4532

Recovering from Depression

- Voluntary program for plan members (adults & children) wanting to feel better with a diagnosis of depression
- 1-on-1 counseling and support
- Health education
- Assisted access to online resources

1-866-248-4532

TLC Online Work-Life Services

- **Family and Care Giving**
 - Parenting; child and adult-care
 - Online assisted searches
- **Emotional Wellbeing**
 - Mental health and personal growth
- **Health & Wellness**
 - Health-related tools
- **Working Smarter**
 - Career and workplace
- **Daily Living**
 - Legal and financial documents
 - TaxACT – tax preparation software
 - Consumer tips
- **International**
 - Living or relocating abroad
- **Learning Center**
 - Assessments; trainings
- **Savings Center**
 - Merchandise discounts

Online: www.montana.edu/wellness (select *TLC*)
(Company code: MUS)

Legal Services

- 30-minute free consult with an attorney
- 25% discount for extended legal consults
- Online downloadable legal documents

1-866-248-4532

Online: www.montana.edu/wellness (select *TLC*)
(Company code: MUS)

Financial Services

- 30-minute free consult with a financial advisor
- Online downloadable financial forms

1-866-248-4532

Online: www.montana.edu/wellness (select *TLC*)
(Company code: MUS)



All of the listed services of the TLC Program can be accessed on our website:

Website: www.montana.edu/wellness:

select "TLC Program" (Company Code: MUS)

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	\$ 89.00	\$ 99.00
Plan B	\$ 100.00	\$ 111.00
Blue Choice	\$ 78.00	\$ 87.00
New West	\$ 80.00	\$ 88.00
Peak	\$ 80.00	\$ 89.00
Allegiance Managed Care	\$ 81.00	\$ 89.00

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

New West Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Colstrip	59323	Hobson	59452	Pompeys Pillar	59064
Acton	59002	Condon	59826	Hotsprings	59845	Power	59468
Alberton	59820	Conrad	59425	Hungry Horse	59919	Pray	59065
Alder	59710	Coram	59913	Huntley	59037	Proctor	59929
Anaconda	59711	Corvalis	59828	Huson	59846	Pryor	59066
Angela	59312	Crow Agency	59022	Hysham	59038	Radersburg	59641
Arlee	59821	Custer	59024	Jefferson City	59638	Ramsey	59748
Augusta	59410	Darby	59829	Joliet	59041	Rapelje	59067
Avon	59713	Dayton	59914	Jordan	59337	Ravalli	59863
Ballantine	59006	Deer Lodge	59722	Judith Gap	59453	Raynesford	59469
Basin	59631	Denton	59430	Iverness	59530	Red Lodge	59068
Bearcreek	59007	Dillon	59725	Joplin	59531	Reed Point	59069
Belfry	59008	Divide	59727	Kalispell	59901	Ringling	59642
Belgrade	59714	Dixon	59831	Kalispell	59902	Roberts	59070
Belt	59412	Dodson	59524	Kalispell	59903	Rollins	59931
Big Arm	59910	Drummond	59832	Kalispell	59904	Ronan	59864
Bigfork	59911	Dupuyer	59432	Kevin	59454	Roscoe	59071
Big Sandy	59420	Dutton	59433	Kila	59920	Rosebud	59347
Big Sky	59716	East Helena	59635	Kinsey	59338	Roundup	59072
Big Timber	59011	Edgar	59026	Kremlin	59532	Roundup	59073
Billings	59101	Ellston	59728	Lake McDonald	59921	Roy	59471
Billings	59102	Elmo	59915	Lakeside	59922	Rudyard	59540
Billings	59103	Emigrant	59027	Laurel	59044	Ryegate	59074
Billings	59104	Ethridge	59435	Lavina	59046	Saco	59261
Billings	59105	Fairfield	59436	Ledger	59456	Saint Ignatius	59865
Billings	59106	Fallon	59326	Lewistown	59457	Saint Regi	59866
Billings	59107	Fishtail	59028	Libby	59923	Saint Xavier	59075
Billings	59108	Florence	59833	Livingston	59047	Sand Coulee	59472
Billings	59111	Floweree	59440	Lloyd	59535	Sanders	59076
Billings	59112	Forest Grove	59441	Lodge Grass	59050	Shawmut	59078
Billings	59114	Forsyth	59327	Lolo	59847	Shelby	59474
Billings	59115	Fort Benton	59442	Loma	59460	Shepherd	59079
Billings	59116	Fort Harrison	59636	Lonepine	59848	Silver Star	59751
Billings	59117	Fort Shaw	59443	Loring	59537	Simms	59477
Black Eagle	59414	Frenchtown	59834	Manhattan	59741	Somers	59932
Bonner	59823	Fromberg	59029	Marion	59925	Springdale	59082
Boulder	59632	Galata	59444	Martin City	59926	Stevensville	59870
Boyd	59013	Gallatin Gateway	59730	Marysville	59640	Stockett	59480
Bozeman	59715	Garneill	59445	McLeod	59052	Stryker	59933
Bozeman	59717	Garrison	59731	Malstrom AFB	59402	Sula	59871
Bozeman	59718	Garryowen	59031	Malta	59538	Sunburst	59482
Bozeman	59719	Geraldine	59446	Martinsdale	59053	Sun River	59483
Bozeman	59771	Gilford	59525	Melville	59055	Superior	59872
Bozeman	59772	Glen	59732	Mildred	59341	Terry	59349
Bozeman	59773	Gold Creek	59733	Miles City	59301	Thompson Falls	59873
Box Elder	59521	Grantsdale	59835	Milltown	59851	Three Forks	59752
Brady	59416	Grass Range	59032	Missoula	59801	Toston	59643
Bridger	59014	Great Falls	59401	Missoula	59802	Townsend	59644
Broadview	59015	Great Falls	59403	Missoula	59803	Troy	59935
Brusett	59318	Great Falls	59404	Missoula	59804	Twin Bridges	59754
Buffalo	59418	Great Falls	59405	Missoula	59806	Two Dot	59085
Butte	59701	Great Falls	59406	Missoula	59807	Ulm	59485
Butte	59702	Greenough	59836	Missoula	59808	Vaughn	59487
Butte	59703	Hall	59837	Missoula	59812	Victor	59875
Butte	59707	Hamilton	59840	Moccasin	59462	Warm Springs	59756
Butte	59750	Hardin	59034	Molt	59057	West Glacier	59936
Bynum	59419	Harlowton	59036	Moore	59464	Whitefish	59937
Canyon Creek	59633	Hathaway	59333	Musselshell	59059	Whitehall	59759
Cardwell	59721	Havre	59501	Neihart	59465	White Sulphur Springs	59645
Carter	59420	Helena	59601	Noxon	59853	Whitewater	59544
Cascade	59421	Helena	59602	Oilmont	59466	Wilsall	59086
Charlo	59824	Helena	59604	Pablo	59855	Winston	59647
Chester	59522	Helena	59620	Paradise	59856	Wolf Creek	59648
Chinook	59523	Helena	59623	Park City	59063	Worden	59088
Choteau	59422	Helena	59624	Pendroy	59467	Wyola	59089
Clancy	59634	Helena	59625	Phillipsburg	59858	Yellowtail	59035
Clinton	59825	Helena	59626	Pinesdale	59841	Zortman	59546
Clyde Park	59018	Heron	59844	Plains	59859	Zurich	59547
Cohagen	59322	Highwood	59450	Polaris	59746		
Columbia Falls	59912	Hilger	59451	Polebridge	59928		
Columbus	59019	Hingham	59528	Polson	59860		

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
Acton	59002
Alberton	59820
Alder	59710
Amsterdam	59741
Anaconda	59711
	59771
Arlee	59821
Ashland	59003
Augusta	59410
Avon	59713
Ballantine	59006
Basin	59631
Bearcreek	59007
Belfry	59008
Belgrade	59714
Belt	59412
Big Arm	59910
Big Sandy	59520
Big Sky	59716
Big Timber	59011
Bigfork	59911
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Black Eagle	59414
Bonner	59823
Boulder	59632
Boyd	59013
Bozeman	59715
	59717
	59718
	59719
	59771
	59772
	59773
Brady	59416
Bridger	59014
Broadus	59317
Broadview	59015

Allegiance Managed Care Plan Service Areas

City	Zip Code
Buffalo	59418
Butte	59701
	59702
	59703
	59707
Bynum	59419
Canyon Creek	59633
Cardwell	59721
Carter	59420
Cascade	59421
Charlo	59824
Chester	59522
Chinook	59523
Choteau	59422
Clancy	59634
Clinton	59825
Clyde Park	59018
Colstrip	59323
Columbia Falls	59912
Columbus	59019
Condon	59826
Conner	59827
Conrad	59425
Coram	59913
Corvallis	59828
Creston	59902
Cushman	59046
Custer	59024
Cutbank	59427
Darby	59829
Dayton	59914
DeBorgia	59830
Deer Lodge	59722
Dell	59724
Denton	59430
Dillon	59275
	59721
	59725
Divide	59727
Dixon	59831
Drummond	59732
Dupuyer	59432
Dutton	59433
East Helena	59635
East Missoula	59801
Edgar	59026
Elliston	59728
Elmo	59915
Emigrant	59027
Ennis	59729
Ethridge	59435
Eureka	59917
	59918
Fairfield	59436
Fairview	59221
Fallon	59326
Fishtail	59028
Florence	59833
Flowerree	59440
Forsyth	59327
Fortine	59918
Fort Benton	59442
Fort Harrison	59636
Fort Shaw	59443
Frenchtown	59834
Fromberg	59029
Galata	59444
Gallatin Gateway	59730
Gardiner	59030

City	Zip Code
Garnelli	59445
Garrison	59731
Garryowen	59031
Geraldine	59446
Geyser	59447
Gildford	59525
Glasgow	59230
	59231
Glen	59732
Glendive	59330
Gold Creek	59733
Grantsdale	59835
Great Falls	59401
	59402
	59403
	59404
	59405
	59406
Greenough	59836
Hall	59837
Hamilton	59840
	59849
Hardin	59034
Harrison	59735
Haugan	59842
Havre	59501
Hays	59527
Helena	59601
	59602
	59604
	59620
	59623
	59624
	59625
	59626
Helmville	59843
Heron	59844
Highwood	59450
Hilger	59451
Hingham	59528
Hobson	59452
Hot Springs	59845
Hungry Horse	59919
Huntley	59037
Huson	59846
Inverness	59530
Ismay	59336
Jackson	59736
Jefferson City	59638
Joliet	59041
Joplin	59531
Judith Gap	59453
Kalipsell	59901
	59902
	59903
	59904
Kevin	59454
Kila	59920
Kinsey	59338
Kremlin	59532
Lake McDonald	59921
Lakeside	59922
Lame Deer	59043
Laurel	59044
Lavina	59046
Ledger	59456
Lewistown	59457

TRADITIONAL PLAN A - HOSPITALS/FACILITIES

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

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	St. Vincent's Healthcare Center
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare & Nursing Home
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cutbank	Northern Rockies Medical Center, Inc.
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital and Health Care
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care Central Montana Surgery Center
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

Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital
Philipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Health Care
Scobey	Daniels Memorial Healthcare Center
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Healthcare
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View Medical Center

Out of State

There is a specific travel network for elective/non-emergent services. Please contact Allegiance Customer Service at 1-877-778-8600 for assistance with this travel network.



Traditional Plan A Members Keep in Mind

Members who have selected the Plan A option must be aware that the facilities listed above are the in-network facilities. Non-emergent services received at any other facility will be processed as out-of-network, subject to a separate deductible and a separate coinsurance maximum. **Prior to receiving services, check with Allegiance, as some professional providers (doctors, therapists, etc.) may have elected not to participate in-network and, as a result, those services would also be processed as out-of-network.** Remember that in addition to the separate deductible and separate coinsurance maximum, out-of-network providers may **balance bill** for any differences between allowance and charge. Emergency services and services that are not offered by an in-network provider will be covered on the in-network benefit.

TRADITIONAL PLAN B - HOSPITALS/FACILITIES

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

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



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
Great Falls	Central Montana Surgical Center
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Children's 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
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
Sheridan	Ruby Valley Hospital
Sidney	Sidney Healthcare
Superior	Mineral Community Hospital
Terry	Prairie Community Health Care
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View Medical Center

New West Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical 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 Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Missoula	St. Patrick Hospital
Phillipsburg	Granite Co. Medical Center Hospital
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Healthcare
Shelby	Marias Medical Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View Medical Center

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
Billings	Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Medical Center
Dillon	Barrett Hospital and Healthcare
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 Surgery Center
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 Care
Missoula	Community Medical Center
Missoula	St. Patrick 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

It is a good idea to contact the claims administrator for the plan you've chosen to make sure your provider is in-network prior to receiving services. This will help you avoid unanticipated out of pocket expenses.

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 406-444-2574. 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.mus.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.

10,860 copies of this public document were published at an estimated cost of \$.85 per copy, for a total cost of \$9,231.00, which includes \$9,231.00 for printing and \$0.00 for distribution.

RESOURCES

MONTANA UNIVERSITY SYSTEM OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION

(406) 444-2574 Phone (406) 444-0222 Fax
www.montana.edu/choices/

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Traditional Plans & Allegiance Managed Care Plan Contacts

ALLEGIANCE

Customer service, prior authorization and claims processing 1-877-778-8600
Precertification 1-800-342-6510
www.abpmtpa.com

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.healthinfonet.com

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Dental Contact

DELTA DENTAL INSURANCE COMPANY

Customer Service 1-866-579-5717
www.deltadentalins.com/MUS

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CAREMARK

Customer Service 1-800-994-8439
Prescription Drug Program mail order 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.enrollwitheyemed.com/access (prior to enrollment)
www.eyemedvisioncare.com (after enrollment)
Eye exam, related services, and benefits

■ ■ ■

THE LIFE CONNECTION (TLC)

1-866-248-4532

■ ■ ■

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

Flex Plan Administrator
1-800-765-9429 or 449-5500
www.ebrworld.com

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