

choices

MONTANA UNIVERSITY SYSTEM



2010 -2011

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 forfeit the state share employers portion of your benefit 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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MSU Bozeman



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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

Voluntary:

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

* Unless you waive all coverage

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.

Note:

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

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

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

How *Choices* Works

How to Enroll

1. Each eligible faculty and/or staff member receives a monthly employer contribution. This amount is based on the Montana State legislature's allocation toward the cost of benefits for state employees.
2. Within 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. If you have questions about the enrollment process, please contact your campus Human Resources department.
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 the 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 a Flexible Spending 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 coverage more affordable for dependent children. Please refer to page 31 of this workbook for eligibility, plan details, and waiver amounts.

Notices for *Choices* Coverage

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. The Montana University System (MUS) Employee Group Benefit Plan, which is a non-federal, self-funded plan, has elected to exempt MUS from #5 and #7 of the following requirements:

1. Limitations on preexisting condition exclusion periods.
2. Special enrollment periods.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
4. Standards relating to benefits for mothers and newborns.
5. Parity in the application of certain limits to mental health benefits.
6. Required coverage for reconstructive surgery following mastectomies.
7. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the FY 2011 Plan Year which begins July 1, 2010 and ends June 30, 2011. The election may be renewed for subsequent plan years.

The MUS Plan presently provides dependent coverage independent of student status.

HIPAA also requires the Plan to provide covered employees and dependents with “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion of you joining another employer’s health plan, or if you wish to purchase an individual health insurance policy. Please contact your chosen health plan administrator identified on your MUS insurance card for more information regarding a certification of creditable coverage.



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED.

The Montana University System self-insured employee health benefit plan has a duty to safeguard and protect the privacy of all plan members’ personally identifiable health information that is created, maintained, sent or received by plan employees or persons under our control.

The Montana University System self-insured health plan has contracts with multiple business associates. Business associates do claims processing and perform other health-related services associated with the plan such as counseling, psychological services and pharmaceutical services, etc. The MUS self-insured plans business associates and health care provider(s) must also protect a plan member’s personally identifiable health information from inadvertent, improper or illegal disclosure.

The Montana University System self-insured health plan, in administering plan benefits shares, and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment(s), wellness program (including WellChecks), disease management programs (i.e. TLC, Take Control, etc.) healthcare operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection and compliance. Information concerning those areas may be shared between MUS authorized benefit employees, their supervisors and our business associate(s), members’ provider(s) or legally authorized governmental entities without a member’s written consent.

Full HIPAA Policy Available on Web Site or by contacting Campus HR.

Working Families Tax Relief Act

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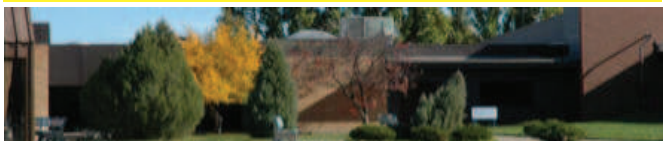
The definition of Dependent has changed in the tax law. The eligibility for enrollment of dependents in a Montana University System health plan may differ from the eligibility for tax-free health coverage under the new tax law. This means that you may continue to enroll all eligible dependents in MUS health insurance plans, but some of your premium costs may be taxable, depending on family circumstances. In addition, eligibility for dependent coverage under the Flexible 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>.



Dawson Community College



MSU Bozeman



Miles City Community College

Self Audit Award Program

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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.



MSU Billings

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 – \$450 Deductible (available everywhere)
- Traditional Plan B – \$650 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 (\$450 or \$650, 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% for a non-network provider. Also, for services from an out-of-network provider in Plan A, you have a separate deductible and coinsurance maximum. Out-of-network providers can also balance bill you for any difference between their charge and the allowance.

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. However, out of network providers may balance bill the difference between allowance and charge.

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. Out-of-network providers may balance bill the difference between their charge and the allowance.

Note: There is a 2 million dollar individual lifetime maximum and 4 million dollar 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	\$640	\$708	\$582	\$595	\$582	\$595
Employee & Spouse\AD	\$796	\$881	\$724	\$740	\$724	\$740
Employee & Child(ren)	\$780	\$864	\$710	\$726	\$710	\$726
Employee & Family	\$952	\$992	\$867	\$886	\$867	\$886

The employer contribution for 2010-2011 is \$733 per month for eligible active employees.

Monthly Out-of-Pocket Benefit Premium Costs

Employer Contribution for July 2010 through June 2011

Active Employees \$ 733 (a)

REQUIRED BENEFITS (unless you waive all benefits)

MEDICAL PLAN	(rates on page 5)	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	(rates on page 15)	Basic	\$_____ (c)
		Premium	\$_____ (c)
LIFE INSURANCE	(rates on page 21)	Basic Life/AD&D \$10,000	\$_____ (d)
		Basic Life/AD&D \$20,000	\$_____ (d)
LONG TERM DISABILITY	(rates on page 23)	Option 1	\$_____ (e)
		Option 2	\$_____ (e)
		Option 3	\$_____ (e)
TOTAL REQUIRED BENEFITS PREMIUM		Add lines b,c,d, and e	\$_____ (f)

OPTIONAL BENEFITS - Pre tax

VISION PLAN	(rates on page 20)		\$_____ (g)
OPTIONAL AD&D	(rates on page 22)		\$_____ (h)
FLEXIBLE SPENDING ACCOUNT		Medical	\$_____ (i)
		Dependent	\$_____ (j)
TOTAL OPTIONAL BENEFITS PREMIUM (Pre-Tax)		Add lines g,h,i and j	\$_____ (k)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR BENEFITS JULY 2010 – JUNE 2011

REQUIRED BENEFITS		Enter amount from line (f)	\$_____ (l)
OPTIONAL BENEFITS		Enter amount from line (k)	\$_____ (m)
TOTAL BENEFITS		Add lines (l) and (m)	\$_____ (n)
EMPLOYER CONTRIBUTION		Amount from line (a)	\$ <u>733</u> (o)
TOTAL MONTHLY OUT-OF-POCKET COST (Pre-Tax)		Add lines (o) and (n)	\$_____
SUPPLEMENTAL LIFE	(rates on page 22)		\$_____ (p)
DEPENDENT LIFE	(rates on page 21)		\$_____ (q)
OPTIONAL BENEFITS	(Post-Tax)	Add lines (p) and (q)	\$_____ (r)

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 2010-2011

Medical Plan Costs You Pay:	Traditional Plan A***
Annual Deductible (Applies to all services, unless otherwise noted or a copayment is indicated)	\$450/Person \$900/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)	
	\$2,250/Person \$4,500/Family
Copayment (on outpatient visits)	
	N/A
.....	
Medical Plan Service	Coinsurance
Hospital Services (Inpatient facility charges) (Pre-certification of hospitalization is strongly recommended.)	
Room charges	25%
Ancillary Services	25%
Surgical Services (See Summary Plan Description for surgeries requiring prior authorization.)	25%
Hospital Services (Outpatient facility charges)	
Outpatient Services	25%
Outpatient Surgi-Center	25%
Physician/Professional Provider Services (not listed elsewhere)	
Office Visit	25%
Inpatient Physician Services	25%
Lab/Ancillary/Miscellaneous Charges	25%
Second Surgical Opinion	0% (No deductible)

***Services from a non-network provider have a 35% coinsurance. In addition, there is a separate \$450/person, \$900/family deductible and a separate \$2,250/person, \$4,500/family annual coinsurance maximum. A non-network provider can also balance bill the difference between the allowance and the charge.

Benefit Year 2010-2011

Traditional Plan B	Managed Care Plans	
Administered by Allegiance	In-Network Benefits	Out-of-Network Benefits
\$650/Person \$1,300/Family	\$350/Person \$700/Family	Separate \$550/Person Separate \$1,100/Family
25%	25%	35%
25%	25%	NA
25%	N/A	35%
\$3,500/Person \$7,000/Family	\$2,250/Person \$4,500/Family	Separate \$3,000/Person Separate \$6,000/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 2010-2011

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.

Child Checkups through age 7

Immunizations and Pneumonia and Flu shots

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

*** Services from an out-of-network provider have a 35% coinsurance. In addition, there is a separate \$450/person, \$900/family deductible and a separate \$2,250/person, \$4,500/family coinsurance maximum. Out-of-network providers can also balance bill the difference between allowance and the charge.

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

Traditional Plans	Managed Care In-Network	Managed Care Out-Of-Network
25%	\$200 copay	\$200 copay
25%	\$125/visit for room charges only- lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital)	Coverage same as in-network benefit
25%	25%	25%
25%	\$50 for office visit charge only. Labwork & other charges 25%	\$50 for office visit charge only. Labwork & other charges 25%
25%	25%	35%
25%	25%	35%
25%	25% (waived if enrolled in WellBaby)	35%
25%	25% (waived if enrolled in WellBaby 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 every 10 years 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.
Max: \$750 first 7 years of life (deductible and coinsurance waived)	\$15/visit 25% (no deductible) without office visit	35%
Max: \$500/yr. ages 8+ (deductible and coinsurance waived)	\$15/visit 25% (no deductible) without office visit	35%
25% Max: 30 visits/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 2010-2011

Medical Plan Costs You Pay:

Rehabilitative Services

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

Inpatient Services

(Pre-certification is strongly recommended)

Outpatient Services

Alternative Health Care Services

*Max: 15 visits/yr in any combination for alternative health care

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care

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

Hospice

Skilled Nursing

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

Miscellaneous Services

Allergy Shots

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Prosthetic Appliances, and Orthotics

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

PKU Supplies

(Includes treatment and medical foods)

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

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

Obesity Management

(Prior authorization required by all plans)

TMJ

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

Infertility Treatment (biological infertility only)

(Prior authorization required for all plans providing coverage)

Organ Transplants

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

Transplant Services

Travel - Out of state travel for policyholder only

Traditional Plans	Managed Care In-Network	Managed Care Out-Of-Network
25% Max: 30 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
25% Max: \$2,000/yr (or if prior authorization through case management up to \$10,000/yr)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit* *Max: 15 visits/yr. in any combination for alternative health care	\$15/visit Max: 20 visits/yr	35% 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 (up to a max of \$10)	35%
Not covered (Except through campus wellness program)	\$15/ visit	35%
25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/yr	25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/yr	35% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/yr
25%	0% (no deductible) Plan pays 100% of allowable fees	35%
0% (no deductible) Max: \$250/yr.	0% (no deductible) Max: \$250/yr.	Not covered
25% Max: \$25,000 on surgery/lifetime	25% Non-surgical treatment only	Not covered
25% Surgical treatment only	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

Administered by MedImpact
1-888-648-6764 ■ www.urx.mus.edu

There is no deductible for Prescription Drugs in 2010



OUT-OF-POCKET MAXIMUMS FOR 2010
Individual: \$ 1,650/year Family: \$3,300/year

AT-A-GLANCE

WHAT IS URx?

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

HOW DOES URx WORK?

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

With URx there will be no deductible and Class A, B, and C prescriptions will accumulate toward an out-of-pocket maximum.

WHO IS ELIGIBLE?

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

PRESCRIPTION OPTIONS

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

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

MedImpact will be the pharmacy benefit administrator. MedImpact will serve as the claims processor. They will have a dedicated customer service telephone line for the Montana University System to answer any questions that you may have regarding your benefits or claims processing.

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

SPECIALTY PHARMACY

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

URx Disease Management Programs

Enrolling in one of the URx disease management programs will allow eligible Plan members to receive information, support, assistance with medications, and case management services.

Diabetes - Take Control	1-800-746-2970
Tobacco Cessation	1-877-501-1722
Weight Management (Managed Care Plan members)	1-877-501-1722
Infertility Program (Managed Care Plan members)	1-877-501-1722

QUESTIONS
Call MedImpact 1-888-648-6764



URx Specialty Drug Program

SPECIALTY DRUGS:

Specialty drugs are defined as high cost prescription drugs that may require special handling and/or administration to treat chronic, complex conditions. These drugs may be taken orally but often are injectables with complex manufacturing process or may be limited distribution status.

The URx Specialty Drug program offers a variety of medications at \$0 copay. Other Specialty Drugs are available through the URx specialty program with a \$150 copay.

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

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

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

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



Specialty Drug Classes Key

S-\$0 Specialty Copay at Diplomat

S-\$150 Specialty Copay at Diplomat

Note: Specialty drugs are allowed at retail pharmacies with a 50% copay.

Agents to Treat Multiple Sclerosis	
S-\$0	Copaxone, Rebif
S-\$150	Avonex, Betaseron, Extavia, Ampyra
Anti-Hemophilic Factors	
S-\$0	All Factors including: Alphanate, Alphanine SD, Bebulin VH, Feiba/-VH, Helixate FS, Hemofil-M, Humate-P, Hyate:C, Kogenate FS, Monarc-M, Monoclate P, Mononine, Novoseven, Proplex T, Recombinate, Refacto
Anti-Inflammatory (Rheumatoid Arthritis/Psoriasis)	
S-\$0	Humira (PA), Simponi (PA)
S-\$150	Amevive, Cimzia (PA), Enbrel (PA), gold sodium thiomalate, Myochrysin, Orencia, Raptiva, Remicade, Stelara
Anti-Inflammatory (Anti-Arthritics)	
S-\$0	Hyalgan, Supartz
S-\$150	Euflexxa, Orthovisc, Synvisc
Antineoplastics	
S-\$0	Arimidex, Revlimid, Nexavar, Tarceva
S-\$150	All antineoplastics including: Afinitor, Alkeran, Aromasin, Avastin, Bicnu, Busulfex, carboplatin, Ceenu, cisplatin, Campath, cyclophosphamide, Depocyt, Eligard, Erbitux, etoposide, Gemar, Gleevac, Herceptin, Iressa, Lupron/- Depot, mercaptopurine, Sprycel, Sutent, Trelstar Depot/- LA, Tykerb, Vectibix, Vumon, Xeloda, Zolanza
Growth Hormones/Insulin-Like Growth Factor Hormones	
S-\$0	Increlex, Norditropin (PA), Tev-Tropin (PA)
S-\$150	Genotropin, Humatrope, Nutropin/-AQ, (PA), Omnitrope, Saizen, Serostim, Zorbtive
Hepatitis Agents	
S-\$0	Epivir HBV, Copegus (PA), Infergen (PA), Peg-Intron, Pegasys (PA), Rebetol (PA), Rebetron, Roferon-A
S-\$150	Intron-A
Immunosuppressive Agents	
S-\$0	Cellcept, cyclosporine (oral and inj), Gengraf, Myfortic, Prograf (oral and inj), Rapamune, Sandimmune
S-\$150	Simulect, Zenapax
Osteoporosis	
S-\$0	Reclast
S-\$150	Aredia, Boniva, Forteo (PA), Miacalcin, (inj), pamidronate, Zometa
Pulmonary Arterial Hypertension	
S-\$0	Tracleer, Revatio
S-\$150	Flolan, Letairis, Remodulin, Tyvaso, Ventavis



Call 1-888-5-ASK-URx (527-5879) and discuss question(s) with pharmacy experts from the University of Montana Pharmacy School. You can ask questions about your prescriptions or alternative

URx Drug Classification (Based on medical evidence of impact to health and overall net cost)	Drug Class	Deductible	Retail Rx (30-day supply)	Mail Rx (90-day supply)
<u>Excellent level of value</u> based on best medical evidence, best opportunity for improved health outcomes via disease management, and best overall net cost.	Tier A	\$0	\$0 Copayment †	\$0 Copayment †
<u>High level of value</u> based on medical evidence of outcomes and lower overall net cost savings. Includes generic and brand drugs compared to higher cost brand name counterparts.	Tier B	\$0	\$15 Copayment †	\$30 Copayment †
<u>Good level of value</u> based on fair medical evidence grading, but displaying higher overall net cost relative to generic counterparts and less expensive brand name drug or clinical alternatives.	Tier C	\$0	\$40 Copayment †	\$80 Copayment †
<u>Lower level of value</u> based on evidence of outcomes relative to other clinical alternatives. Generally have much higher overall net costs. <i>[Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.]</i>	Tier D	\$0	50% Coinsurance †* (You will pay half of the discounted price)	50% Coinsurance †* (You will pay half of the discounted price)
These drugs have <u>the lowest level of value</u> (based on clinical evidence) or the highest overall net cost in relation to generic or other brand alternatives. Tier F drugs may also include drugs that were not previously covered, allowing members to purchase them at a substantial discount. <i>[Coinsurance is calculated on the discounted</i>	Tier F	\$0	100% Coinsurance †* (You will pay 100% of the discounted price)	100% Coinsurance †* (You will pay 100% of the discounted price)
If you take a specialty drug, you are encouraged to use the URx Specialty Pharmacy program to qualify for a \$150 copayment. If you fill your prescription at a retail pharmacy, you will have to pay 50% coinsurance. Specialty drugs are not covered through the mail-order program. Certain <u>preferred</u> specialty drugs will be available at no cost to the member through the URx Specialty Pharmacy program.	Tier S	\$0	50% Coinsurance †* if purchased through standard retail pharmacy	Not Covered
*The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.				
† A copayment is a flat dollar amount you pay for Rx services. Coinsurance is a percentage of the total discounted cost you pay for Rx services.				

A copayment is a flat dollar amount you pay for Rx services. Coinsurance is a percentage of the total discounted prices you pay for Rx services. Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx. * The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.

WHAT CLASS ARE YOU IN?

What grade would you get when it comes to ordering your prescription drugs? Would you get an A, B, or F? Most people don't realize that just because a drug costs more...doesn't mean it's better. Drug manufacturers spend billions of dollars each year on advertising - so if you see six commercials for a particular drug, that drug may cost you a lot! Currently the Montana University System plan spends more on prescription drugs than on doctor visits!

HOW DO I DETERMINE WHAT CLASS MY DRUG IS?

You can look up which class your drug is at www.urx.mus.edu or by calling Montana University System Benefits. If you are unsatisfied with the class or the 'grade' your drug(s) makes, other therapeutically equivalent drugs that are more cost effective will be displayed that you can discuss with your physician. We encourage you to take this information to your physician to determine if you are able to use the therapeutically equivalent drug.

WHAT DOES IT MEAN THAT MOST DRUGS ARE COVERED?

The Montana University System's Pharmacy Benefit Administrator negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. All drugs, including those that were formerly not covered, will have a discount. This savings will be passed on to you as a member of the Montana University System benefit plan.

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 \$44 ■ Employee & Spouse/Adult Dep. \$84 ■ Employee & Child(ren) \$84 ■ Employee & Family \$119 	<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 	<ul style="list-style-type: none"> ■ Twice Per Benefit Year ■ Initial and Periodic oral exam ■ Cleaning ■ Complete series of intraoral X-rays
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 ■ Occlusal guards 	<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

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 up to 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 Schedule of Benefits

Shaded Codes are for the Basic Plan Only. All Codes (shaded and non-shaded) are for the Premium Plan

(See SPD for complete listing)

Procedure Code	Description	Maximum Benefits
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
D0290	Posterior – anterior or lateral skull and facial bone survey film	\$92
D0320	TMJ arthrogram including injection	\$622
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 18)	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant – per tooth (through age 15)	\$40
D1510	Space maintainer - fixed - unilateral	\$213
D1515	Space maintainer - fixed - bilateral	\$346
D1520	Space maintainer -removable -unilateral	\$350
D1525	Space maintainer -removable -bilateral	\$479
D1550	Re-cementation of space maintainer	\$56
D1555	Removal of fixed 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

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D2330	Resin-based composite - one surface, anterior	\$98
D2331	Resin-based composite - two surfaces, anterior	\$125
D2332	Resin-based composite - three surfaces, anterior	\$156
D2335	Resin- based composite - four or more surfaces involving incisal angle (anterior)	\$190
D2391	Resin- based composite -one surface, posterior	\$93
D2392	Resin- based composite -two surfaces, posterior	\$118
D2393	Resin- based composite -three surfaces, posterior	\$147
D2394	Resin- based composite - four or more surfaces, posterior	\$176
D2543	Onlay - metallic - three surfaces	\$375
D2544	Onlay - metallic - four or more surfaces	\$440
D2643	Onlay - porcelain/ceramic - three surfaces	\$375
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$440
D2740	Crown - porcelain/ceramic substrate	\$453
D2750	Crown - porcelain fused to high noble metal	\$423
D2751	Crown - porcelain fused to 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	Prefabricatated stainless steel crown - primary tooth	\$148
D2931	Prefabricatated stainless steel crown - permanent tooth	\$222
D2932	Prefabricated resin crown	\$221
D2933	Prefabricated stainless steel crown with resin window	\$222
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$222
D2940	Sedative filling	\$70
D2950	Core buildup, including any pins	\$95
D2951	Pin retention - per tooth, in addition to restoration	\$38
D2952	Post and core in addition to crown, indirectly fabricated	\$159
D2954	Prefabricated post and core in addition to crown	\$127
D2960	Labinal veneer (resin laminate) - chairside	\$622
D2962	Labinal 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

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
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
D4273	Subepithelial connective tissue graft procedure per tooth	\$632
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 Schedule of Benefits

Procedure Code	Description	Maximum Benefits
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	Recent fixed partial denture	\$54
D6973	Core build up for retainer, including any pins	\$92
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$160
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7241	Removal of impacted tooth - completely bony , with unusual surgical complications	\$305
D7280	Surgical access of an unerupted tooth	\$291
D7510	Incision and drainage of abscess - intraoral soft tissue	\$146
D7840	Condylectomy	\$1,500
D7850	Surgical discectomy, with/without implant	\$1,500
D7860	Arthrotomy	\$1,500
D7880	Occlusal orthotic device, by report	\$469
D7910	Suture of recent small wounds up to 5cm <i>(when performed in conjunction with extractions, this service is considered to be included as part of the extraction)</i>	\$192
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$69
D9220	Deep sedation/general anesthesia - first 30 minutes	\$219
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9241	Intravenous conscious sedation/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
D9940	Occlusal guards, by report	\$245

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. **Please refer to the SPD for complete information.**

Vision Plan

Administered by EyeMed Vision Care
 1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)
www.enrollwithyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

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 Reimbursement	Rural OON Reimbursement**
Exam with dilation as necessary: Once every benefit year	\$10 copay	Up to \$45	Up to \$85
Frames: Once every two years	\$125 allowance, 20% off balance over \$125	Up to \$52	Up to \$100
Standard Plastic Lenses: Single Vision Bifocal Trifocal Standard Progressives Once every benefit year in lieu of contacts	\$20 copay \$20 copay \$20 copay \$20 copay \$85 copay	Up to \$45 Up to \$55 Up to \$65 Up to \$55	Up to \$45 Up to \$55 Up to \$65 Up to \$55
Contact Lens Materials: Conventional Disposable *Medically Necessary Once every benefit year in lieu of eyeglass lenses	\$125 allowance, 15% off balance over \$125 \$125 allowance Paid in full	Up to \$80 Up to \$80 Up to \$200	Up to \$100 Up to \$100 Up to \$200
Contact Lens Exam Fees: Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every benefit year	\$20 copay, paid in full fit and two follow up visits \$20 copay, 10% off retail price, then apply \$35 allowance	Up to \$40 Up to \$40	Up to \$40 Up to \$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.eyemedvisioncare.com.

eyemedvisioncare.com, choose the ACCESS network for a provider near your zip code.

Once enrolled, visit: www.eyemedvisioncare.com, register by entering your email address and choosing a password 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.

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, limitations, reductions and terminating events. This information can be found on the **Choices** website: www.mus.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.



Dawson Community College

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
If you are enrolling in Choices, you must select a Basic Life Insurance.		
Optional Supplemental Life	\$25,000-\$300,000 (increments of \$25,000) (rates on next page)	
Optional Dependent Life	\$2,500 Spouse/\$1,250 Child(ren)	\$ 0.77
	\$5,000 Spouse/\$2,500 Child(ren)	\$ 1.54
	\$10,000 Spouse/\$5,000 Child(ren)	\$ 3.08
	\$25,000 Spouse/\$5,000 Child(ren)	\$ 7.71

AT-A-GLANCE

Basic Life Insurance:

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

Who is Eligible for Basic Life/AD&D:

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

Who is Eligible for optional Supplemental Life Insurance:

This is an employee only benefit. If you enroll for Optional Supplemental Life Insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in

the following table. Remember, this cost is paid on an after-tax basis.

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

Who is Eligible for Optional Dependent Life Insurance

Your spouse and unmarried child(ren) from live birth to age 25. Optional Dependent Life Insurance is designed to protect you against certain financial burdens (such as funeral expenses) in the event a covered dependent dies. You are automatically the beneficiary of any benefits that become payable. This benefit is paid with after-tax dollars. Employees may NOT cover other

MUS employed family members. In addition, dependent children may not be insured by more than one member.

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.



Flathead Valley Community College

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 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	\$225,000	\$250,000	\$275,000	\$300,000
under 30	\$1.43	\$2.85	\$4.28	\$5.70	\$7.13	\$8.55	\$9.98	\$11.40	\$12.83	\$14.25	\$15.68	\$17.10
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	\$22.00	\$24.00
35-39	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50	\$15.75	\$18.00	\$20.25	\$22.50	\$24.75	\$27.00
40-44	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00	\$34.10	\$37.20
45-49	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00	\$58.30	\$63.60
50-54	\$8.03	\$16.05	\$24.08	\$32.10	\$40.13	\$48.15	\$56.18	\$62.20	\$70.23	\$78.25	\$86.28	\$94.30
55-59	\$13.43	\$26.85	\$40.28	\$53.70	\$67.13	\$80.55	\$93.98	\$107.40	\$120.83	\$134.25	\$147.68	\$161.10
60-64	\$16.50	\$33.00	\$49.50	\$66.00	\$82.50	\$99.00	\$115.50	\$132.00	\$148.50	\$165.00	\$181.50	\$198.00
65-69	\$32.50	\$65.00	\$97.50	\$130.00	\$162.50	\$195.00	\$227.50	\$260.00	\$292.50	\$325.00	\$357.50	\$390.00
over 70	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00	\$450.00	\$525.00	\$600.00	\$675.00	\$750.00	\$825.00	\$900.00

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



MSU Billings

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.

Flexible Spending Accounts

Administered by FlexConnect - Insurance Coordinators of Montana
 Phone: 1-866-640-FLEX (3539) www.insurancecoordinators.com
 Email: flex@icmont.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: \$5,000	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

Important!
 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 deducted from your paychecks in equal installments, first from any unused employer 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 FlexConnect, who will then reimburse you for the claimed amount. FlexConnect processes claims daily. 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.

! Left over employer contributions can be deposited in a medical flex account.

Getting Reimbursed

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

Sign up for claims rollover with Delta Dental - any amount remaining after Delta Dental processes your dental claim, can automatically be transferred to ICMI to process through your medical FSA!

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. Any amounts reimbursed through the plan cannot be claimed through Child Care Credit.

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 at any time during the plan year, 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, co-insurance, 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 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, aspirin, and antacids.

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

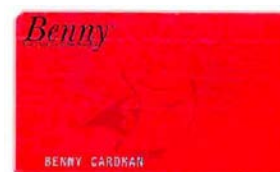
Participants in the Medical FSA may now choose to use a debit card to pay for services at the “point of sale”. FlexConnect provides the Benny™ Card to use with the medical flex account.

Keep your card!! It is reloaded at the beginning of the year with your new Medical FSA election amount.

When you use the debit card, the funds are automatically deducted from your Medical Optional Reimbursement Account. You are required to keep all itemized bills and/ or receipts. If the item cannot be automatically substantiated, FlexConnect may contact you for a copy of the receipt.

There is a \$10 set up fee for the card and **NO** monthly processing fee. In year one, the charge for use of the card will be \$10. 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.

Log onto and view your account balance, claims, and deposit activity 24/7 on our website at: www.insurancecoordinators.com for more information!
Fax, email or mail your claim forms to:
FlexConnect
Fax: 406-495-3669
P.O. Box 2019, Helena, MT 59624



Long Term Care Insurance

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

Options	Choices
Care Type	
Plan 1	Facility (nursing home or assisted living)
Plan 2	Facility + Professional Home Care (Provided by a licensed home health organization)
Plan 3	Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)
Monthly Benefit	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
Duration	
3 years	3 years Nursing Home 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. 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.



MSU Northern



UM Helena COT



Our mission is to help our plan members stay healthy by providing and incentivizing 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 2010/2011 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.

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

Lab Tests:

- Chemistry Screen: \$20 at WellCheck (\$25 at Year-round Blood Draws - see above)
- PSA (Prostate Specific Antigen): FREE every plan year to men over 50 or \$25
- CBC (Complete Blood Count): \$16
- Cardio C-Reactive Protein: \$34
- Hemoglobin A1c: \$30
- NEW** • Vitamin D: \$39

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 Coordinator for dates and locations (most offer at WellCheck and on-campus).

Wise Consumer Tip:

Getting 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 and can earn WellAwards credit. 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. New and improved colon cancer kits are available at WellCheck only. Colon Kits: \$10.

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

WellCheck Site	2010/2011	Phone (406)
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 18, 2010	657-2221
Billings COT	April 5, 2011	657-2221
Bozeman (MSU) MSU Extension	November 9 & 10, 2010; March 30 & 31, 2011 October 19, 2010	994-6348
Butte (MT Tech)	September 30, 2010	496-4217
Butte (COT)	October 1, 2010	496-4217
Dillon (UM Western)	October 12, 2010; April 12, 2011	683-7441
Glendive (DCC)	October 7, 2010	377-9447
Great Falls (COT)	October 20, 2010	771-5123
Havre (MSU Northern)	October 21, 2010	265-3599
Helena (COT & OCHE)	October 19, 2010	465-6367
Kalispell (FVCC)	September 28, 2010	756-3804
Miles City (MCC)	October 6, 2010	874-6211
Missoula (UM)	October 26 & 27, 2010; April 19 & 20, 2011	243-2027
Missoula (COT)	October 28, 2010	243-2027



Healthy Lifestyle Education & Support

The Life Connection (TLC) Program

FREE and confidential EAP counseling and online services.
View services at: www.montana.edu/wellness select "TLC"
(company code: MUS), or call 1-866-248-4532 (toll-free).

Ask an Expert

This program provides FREE telephone consultations 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 application: visit our website, select Lifestyle Education/Support.

Classes

Classes are taught over the phone and/or via the internet. See newsletter and website below for current listing.

Wellness/Benefits Newsletter

Mailed to home addresses three to four times each plan year. Archived editions can be accessed via the website below.

Fitness Products

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

Online DesktopSpa

This is an interactive, web-based "holistic health jukebox" of complimentary health interventions for stress, eye strain, neck and shoulder pain etc. With 24/7 accessibility from any computer or handheld device, Desktop Spa streams three to five minute audio and video wellness exercises including yoga and ergonomics.

Go to website: www.montana.edu/wellness

Select: DesktopSpa, Enter DesktopSpa, Register as New User, follow all prompts, Corporate Code: MUS (disregard User ID)



Disease Prevention/ Management Programs

Metabolic Syndrome

Available to adult plan members with related risk factors.

For details, see website below for application or contact: lisa.hofman@umontana.edu or call 866-644-2025 (toll-free).

Take Control "Diabetes Support Program"

Available to plan members with diabetes. For details call 1-800-746-2970 (toll-free)

Recovering from Depression

Confidential program available to adult plan members with depression. View services at: www.montana.edu/wellness select "TLC" (company code: MUS), or call 1-866-248-4532

Wellness Website: www.montana.edu/wellness



Other Wellness Programs

WellAwards

It pays to be healthy



What is WellAwards?

WellAwards is an incentive program offering a \$100 cash incentive for engaging in healthy behaviors and is open to employees and spouses enrolled in the MUS Medical Benefits Plan.

How do I earn the \$100 award?

- Sign up May 1 - June 30th, 2010
- Earn 15 or more credits by participating in health related activities. **It's easy.**
- Submit your credits online at completion of program (May 1 - June 30th, 2011)

How do I sign up?

Current employees: Sign up online at: www.montana.edu/wellness; click on WellAwards button.

New employee: Must sign up within 30 days of hire by calling your campus Wellness Coordinator (see previous page for numbers)

WellBaby

1-866-644-2025

Healthy Moms, Healthy Babies... A World of Difference



WellBaby Eligibility Requirements:

Montana University System medical plan members (employees and spouses) are eligible for this program and must enroll within the First Trimester of their pregnancy. Sign up by calling 1-866-644-2025 or 243-2025 (from Missoula or Bozeman campus).

WellBaby Program Benefits:

- All out of pocket costs (co-payments, deductible and coinsurance) are waived for services provided by an in-network doctor for routine prenatal office visits, delivery, pregnancy related lab work and one ultrasound. **Note:** This benefit is for **Managed Care plan members only** and does not include any hospital, lab work, and non-routine charges.
- Telephonic support from your WellBaby Coordinator throughout your pregnancy
- **Featuring:** Question and Answer support provided by the WellBaby physician, Elaine Brown, OBGYN
- Prenatal vitamins via Ridgeway mail order
- One book of your choice from the following selections: What to Expect When You're Expecting, Great Expectations: Your All-In-One Resource for Pregnancy and Childbirth, and Your Over-35 Week-by-Week Pregnancy Guide
- A final gift (book about baby's first year) will be delivered to you after completion of the program evaluation.



NEW
July 1, 2010

Tobacco Cessation Program

What: The Tobacco Cessation program is offered to tobacco users who want to quit, and are insured with the MUS health care plan. It is a once-in-a-lifetime, one year benefit. Participants have one year from the date they start the program to use this benefit. This program is a partnership with the Montana Tobacco Quit Line (QL). Participants must initiate QL services **BEFORE** the MUS benefit can be utilized. Montana Quit Tobacco Line: 1-800-Quit-Now

How: To learn more about the Tobacco Cessation Program and the Reimbursable products and services, **go to the Choices Website:** www.mus.edu/choices or call 1-877-501-1722

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 \$30,000.00. 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 wages which results in the 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	\$ 140.00	\$ 156.00
Plan B	\$ 156.00	\$ 111.00
Blue Choice	\$ 128.00	\$ 143.00
New West	\$ 128.00	\$ 143.00
Peak	\$ 131.00	\$ 146.00
Allegiance Managed Care	\$ 131.00	\$ 146.00

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	Huntley	59037	Proctor	59929
Acton	59002	Custer	59024	Huson	59846	Pryor	59066
Alberton	59820	Cut Bank	59427	Inverness	59530	Ramsay	59748
Alder	59710	Darby	59829	Jackson	59736	Ravalli	59863
Anaconda	59711	Dayton	59914	Jefferson City	59638	Raynesford	59469
Arlee	59821	DeBorgia	59830	Joliet	59041	Red Lodge	59068
Augusta	59410	Deer Lodge	59722	Joplin	59531	Rexford	59930
Avon	59713	Dell	59724	Judith Gap	59453	Ringling	59642
Ballantine	59006	Dillon	59725	Kalispell	59901	Roberts	59070
Basin	59631	Divide	59727		59902	Rollins	59931
Bearcreek	59007	Dixon	59831		59903	Ronan	59864
Belfry	59008	Drummond	59832		59904	Roscoe	59071
Belgrade	59714	Dupuyer	59432	Kevin	59454	Roundup	59072
Belt	59412	Dutton	59433	Kila	59920	Rudyard	59540
Big Arm	59910	East Helena	59635	Kremlin	59532	Ryegate	59074
Bigfork	59911	East Missoula	59801	Lake McDonald	59921	Saltese	59867
Big Sky	59716	Edgar	59026	Lakeside	59922	Sand Coulee	59472
Big Timber	59011	Elliston	59728	Laurel	59044	Sand Springs	59077
Billings	59101	Elmo	59915	Lavina	59046	Santa Rita	59473
	59102	Emigrant	59027	Ledger	59456	Shawmut	59078
	59103	Ennis	59729	Lima	59739	Seeley Lake	59868
	59104	Ethridge	59435	Lincoln	59639	Shelby	59474
	59105	Eureka	59917	Livingston	59047	Shepherd	59079
	59106	Fairfield	59436	Lloyd	59535	Sheridan	59749
	59107	Fishtail	59028	Lodge Grass	59050	Silver Star	59751
	59108	Florence	59833	Lolo	59847	Simms	59477
	59111	Floweree	59440	Loma	59460	Silverbow-Butte	59750
	59112	Fort Benton	59442	Lonepine	59848	Somers	59932
	59114	Fort Harrison	59636	Lothair	59461	Springdale	59082
	59115	Fort Shaw	59443	Malmstrom AFB	59402	St. Ignatius	59865
	59116	Fortine	59918	Manhattan	59741	St. Regis	59866
	59117	Frenchtown	59834	Marion	59925	St. Xavier	59075
Black Eagle	59414	Fromberg	59029	Martin City	59926	Stevensville	59870
Bonner	59823	Galata	59444	Martinsdale	59053	Stockett	59480
Boulder	59632	Gallatin Gateway	59730	Marysville	59640	Styker	59933
Box Elder	59521	Garneill	59445	McAllister	59740	Sula	59871
Boyd	59013	Garrison	59731	McLeon	59052	Sunburst	59482
Bozeman	59715	Garryowen	59031	Melrose	59743	Sun River	59483
	59717	Geraldine	59446	Melville	59055	Superior	59872
	59718	Geyser	59447	Milltown	59851	Swan Lake	59911
	59719	Gildford	59525	Missoula	59801	Thompson Falls	59873
	59771	Glen	59732		59802	Three Forks	59752
	59772	Gold Creek	59733		59803	Trego	59934
	59773	Grantsdale	59835		59804	Trout Creek	59874
Brady	59416	Great Falls	59401		59806	Twin Bridges	59754
Bridger	59014		59402		59807	Two Dot	59085
Broadview	59015		59403		59808	Ulm	59485
Buffalo	59418		59404		59812	Valier	59486
Butte	59701		59405	Molt	59057	Vaughn	59487
	59702		59406	Monarch	59463	Victor	59875
	59703	Greenough	59836	Musselshell	59059	Virginia City	59755
	59707	Hamilton	59840	Neihart	59465	Warm Springs	59756
Bynum	59419	Hardin	59034	Norris	59745	West Glacier	59936
Canyon Creek	59633	Harlowton	59036	Noxon	59853	White Sulphur Springs	59645
Cardwell	59721	Harrison	59735	Oilmont	59466	Whitefish	59937
Carter	59420	Haugen	59842	Olney	59927	Whitehall	59759
Cascade	59421	Havre	59501	Ovando	59854	Whitelash	59545
Charlo	59824	Helena	59601	Pablo	59855	Wilsall	59086
Chester	59522		59602	Paradise	59856	Winston	59647
Chinook	59523		59604	Park City	59063	Wisdom	59761
Choteau	59422		59620	Pendroy	59467	Wise River	59762
Clancy	59634		59623	Philipsburg	59858	Wolf Creek	59648
Clinton	59825		59624	Pinesdale	59841	Worden	59088
Clyde Park	59018		59625	Plains	59859	Zurich	59547
Columbia Falls	59912		59626	Polaris	59746		
Condon	59826	Helmville	59843	Pole Bridge	59928		
Connor	59827	Heron	59844	Polson	59860		
Conrad	59425	Highwood	59450	Pompeys Pillar	59064		
Coram	59913	Hingham	59528	Pony	59747		
Corvallis	59828	Hot Springs	59845	Power	59468		
Creston	59902	Hungry Horse	59919	Pray	59065		

New West Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Columbus	59019	Heron	59844	Pinesdale	59841
Acton	59002	Colstrip	59323	Highwood	59450	Plains	59859
Alberton	59820	Condon	59826	Hilger	59451	Plentywood	59254
Alder	59710	Conrad	59425	Hingham	59528	Polaris	59746
Anaconda	59711	Coram	59913	Hobson	59452	Polebridge	59928
Angela	59312	Corvalis	59828	Hotsprings	59845	Polson	59860
Antelope	59211	Crane	59217	Hungry Horse	59919	Pompeys Pillar	59064
Arlee	59821	Crow Agency	59022	Huntley	59037	Power	59468
Augusta	59410	Custer	59024	Huson	59846	Pray	59065
Avon	59713	Dagmar	59219	Hysham	59038	Proctor	59929
Bainville	59212	Darby	59829	Jefferson City	59638	Pryor	59066
Ballantine	59006	Dayton	59914	Joliet	59041	Radersburg	59641
Basin	59631	Deer Lodge	59722	Jordan	59337	Ramsey	59748
Bearcreek	59007	Denton	59430	Judith Gap	59453	Rapelje	59067
Belfry	59008	Dillon	59725	Iverness	59530	Ravalli	59863
Belgrade	59714	Divide	59727	Joplin	59531	Raymond	59256
Belt	59412	Dixon	59831	Kalispell	59901	Raynesford	59469
Big Arm	59910	Dodson	59524	Kalispell	59902	Red Lodge	59068
Bigfork	59911	Drummond	59832	Kalispell	59903	Redstone	59257
Big Sandy	59420	Dupuyer	59432	Kalispell	59904	Reed Point	59069
Big Sky	59716	Dutton	59433	Kevin	59454	Ringling	59642
Big Timber	59011	East Helena	59635	Kila	59920	Roberts	59070
Billings	59101	Edgar	59026	Kinsey	59338	Rollins	59931
Billings	59102	Ellston	59728	Kremlin	59532	Ronan	59864
Billings	59103	Elmo	59915	Lake McDonald	59921	Roscoe	59071
Billings	59104	Emigrant	59027	Lakeside	59922	Rosebud	59347
Billings	59105	Ethridge	59435	Lambert	59243	Roundup	59072
Billings	59106	Fairfield	59436	Laurel	59044	Roundup	59073
Billings	59107	Fairview	59221	Lavina	59046	Roy	59471
Billings	59108	Fallon	59326	Ledger	59456	Rudyard	59540
Billings	59111	Fishtail	59028	Lewistown	59457	Ryegate	59074
Billings	59112	Flaxville	59222	Libby	59923	Saco	59261
Billings	59114	Florence	59833	Livingston	59047	Saint Ignatius	59865
Billings	59115	Floweree	59440	Lloyd	59535	Saint Regi	59866
Billings	59116	Forest Grove	59441	Lodge Grass	59050	Saint Xavier	59075
Billings	59117	Forsyth	59327	Lolo	59847	Sand Coulee	59472
Black Eagle	59414	Fort Benton	59442	Loma	59460	Sanders	59076
Bonner	59823	Fort Harrison	59636	Lonepine	59848	Shawmut	59078
Boulder	59632	Fort Shaw	59443	Loring	59537	Shelby	59474
Boyd	59013	Frenchtown	59834	Manhattan	59741	Shepherd	59079
Bozeman	59715	Fromberg	59029	Marion	59925	Sidney	59270
Bozeman	59717	Galata	59444	Martin City	59926	Silver Star	59751
Bozeman	59718	Gallatin Gateway	59730	Marysville	59640	Simms	59477
Bozeman	59719	Garneil	59445	McLeod	59052	Simms	59932
Bozeman	59771	Garrison	59731	Malstrom AFB	59402	Somers	59932
Bozeman	59772	Garryowen	59031	Malta	59538	Springsdale	59082
Bozeman	59773	Geraldine	59446	Martinsdale	59053	Stevensville	59870
Box Elder	59521	Gilford	59525	Melville	59055	Stockett	59480
Brady	59416	Glen	59732	Melville	59055	Stryker	59933
Bridger	59014	Gold Creek	59733	Mildred	59341	Sula	59871
Broadview	59015	Grantsdale	59835	Miles City	59301	Sunburst	59482
Brusett	59318	Grass Range	59032	Milltown	59851	Sun River	59483
Buffalo	59418	Great Falls	59401	Missoula	59801	Superior	59872
Butte	59701	Great Falls	59403	Missoula	59802	Terry	59349
Butte	59702	Great Falls	59404	Missoula	59803	Thompson Falls	59873
Butte	59703	Great Falls	59405	Missoula	59804	Three Forks	59752
Butte	59707	Great Falls	59406	Missoula	59806	Toston	59643
Butte	59750	Greenough	59836	Missoula	59807	Townsend	59644
Bynum	59419	Hall	59837	Missoula	59808	Troy	59935
Canyon Creek	59633	Hall	59837	Missoula	59812	Twin Bridges	59754
Cardwell	59721	Hamilton	59840	Moccasin	59462	Two Dot	59085
Carter	59420	Hardin	59034	Molt	59057	Ulm	59485
Cascade	59421	Harlowton	59036	Moore	59464	Vaughn	59487
Charlo	59824	Hathaway	59333	Musselshell	59059	Victor	59875
Chester	59522	Havre	59501	Neihart	59465	Warm Springs	59756
Chinook	59523	Helena	59601	Noxon	59853	Westby	59275
Choteau	59422	Helena	59602	Oilmont	59466	West Glacier	59936
Clancy	59634	Helena	59604	Outlook	59252	Whitefish	59937
Clinton	59825	Helena	59620	Pablo	59855	Whitehall	59759
Clyde Park	59018	Helena	59623	Paradise	59856	White Sulphur Springs	59645
Cohagen	59322	Helena	59624	Park City	59063	Whitetail	59276
Columbia Falls	59912	Helena	59625	Pendroy	59467	Whitewater	59544
		Helena	59626	Phillipsburg	59858	Wilsall	59086

Peak Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
(New West continued)			59703				
Winston	59647		59707	Garneill	59445	Lindsay	59339
Wolf Creek	59648		59750	Garrison	59731	Lloyd	59535
Worden	59088			Garryowen	59031	Lodge Grass	59050
Wyola	59089	Bynum	59419	Geraldine	59446	Loma	59460
Yellowtail	59035	Cameron	59720	Geyser	59447	Loring	59537
Zortman	59546	Capitol	59319	Gildford	59525	Lothair	59461
Zurich	59547	Cardwell	59721	Glasgow	59230	Luther	59051
		Carter	59420	Glen	59732	Malta	59538
		Cascade	59421	Glendive	59330	Marion	59925
		Cat Creek	59017	Glentana	59240	Martin City	59926
		Charlo	59824	Gold Creek	59733	Martinsdale	59053
		Chester	59522	Grantsdale	59835	McAllister	59740
		Chinook	59523	Grass Range	59032	McCabe	59245
		Choteau	59422	Great Falls	59401	McLeod	59052
		Circle	59215	Great Falls	59402	Medicine Lake	59247
		Clancy	59634	Great Falls	59403	Melrose	59743
		Coffee Creek	59424	Great Falls	59404	Melstone	59054
		Cohagen	59322	Great Falls	59405	Melville	59055
		Colstrip	59323	Great Falls	59406	Mildred	59341
		Columbia Falls	59912	Greycliff	59033	Miles City	59301
		Columbus	59019	Hall	59837	Mill Iron	59342
		Conner	59827	Hamilton	59840	Moccasin	59462
		Conrad	59425	Hammond	59332	Molt	59057
		Coram	59913	Hardin	59034	Monarch	59463
		Corvallis	59828	Harlem	59526	Moore	59464
		Crane	59217	Harlowton	59036	Mosby	59058
		Crow Agency	59022	Harrison	59735	Musselshell	59059
		Culbertson	59218	Hathaway	59333	Nashua	59248
		Custer	59024	Havre	59501	Neihart	59465
		Cutbank	59427	Hayes	59527	Norris	59745
		Dagmar	59219	Heart Butte	59448	Nye	59061
		Darby	59829	Helmville	59843	Oilmont	59466
		Dayton	59914	Highwood	59450	Olive	59343
		Decker	59025	Hilger	59451	Olney	59927
		Deer Lodge	59722	Hingham	59528	Opheim	59250
		Dell	59724	Hinsdale	59241	Otter	59062
		Denton	59430	Hobson	59452	Outlock	59252
		Dillon	59725	Hogeland	59529	Ovando	59854
		Divide	59727	Homestead	59242	Pablo	59855
		Dodson	59524	Hungry Horse	59919	Park City	59063
		Drummond	59832	Huntley	59037	Peerless	59253
		Dupuyer	59432	Hysham	59038	Pendroy	59467
		Dutton	59433	Ingomar	59039	Philipsburg	59858
		East Glacier	59434	Iverness	59530	Pinesdale	59841
		Edgar	59026	Ismay	59336	Plentywood	59254
		Ekalaka	59324	Jackson	59736	Plevna	59344
		Elliston	59728	Jefferson City	59638	Polaris	59746
		Elmo	59915	Joliet	59041	Polebridge	59928
		Ennis	59729	Joplin	59531	Polson	59860
		Essex	59916	Jordan	59337	Pompeys Pillar	59064
		Ethridge	59435	Judith Gap	59453	Pony	59747
		Eureka	59917	Kalispell	59901	Poplar	59255
		Fairfield	59436	Kalispell	59902	Powderville	59345
		Fairview	59221	Kalispell	59903	Power	59468
		Fallon	59326	Kalispell	59904	Proctor	59929
		Fishtail	59028	Kevin	59733	Pryor	59066
		Flaxville	59222	Kila	59733	Ramsay	59748
		Florence	59833	Kinsey	59338	Rapelje	59067
		Floweree	59440	Kremlin	59532	Ravalli	59863
		Forestgrove	59441	Lake McDonald	59921	Raymond	59256
		Forsyth	59327	Lakeside	59922	Raynesford	59469
		Fort Benton	59442	Lambert	59243	Red Lodge	59068
		Fort Peck	59223	Lame Deer	59043	Redstone	59257
		Fort Shaw	59443	Larslan	59244	Reedpoint	59069
		Fortine	59918	Laurel	59044	Reserve	59258
		Fortune	59918	Lavina	59046	Rexford	59930
		Frazier	59225	Ledger	59456	Richey	59259
		Froid	59226	Lewistown	59457	Richland	59260
		Fromberg	59029	Libby	59923	Ringling	59642
		Emigrant	59027	Lima	59739		
		Galata	59444				

Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Peak Managed Care Plan Service Areas							
Roberts.....	59070	Winnifred.....	59489		59703	Geraldine.....	59446
Rollins.....	59931	Winnett.....	59087		59707	Geysers.....	59447
Ronan.....	59864	Wisdom.....	59761	Bynum.....	59419	Gildford.....	59525
Roscoe.....	59071	Wise River.....	59762	Canyon Creek.....	59633	Glasgow.....	59230
Rosebud.....	59347	Wolf Point.....	59201	Cardwell.....	59721		59231
Roundup.....	59072	Worden.....	59088	Carter.....	59420	Glen.....	59732
Roundup.....	59073	Wyola.....	59089	Cascade.....	59421	Glendive.....	59330
Roy.....	59471	Yellowtail.....	59035	Charlo.....	59824	Gold Creek.....	59733
Rudyard.....	59540	Zortman.....	59546	Chester.....	59522	Grantsdale.....	59835
Ryegate.....	59074	Zurich.....	59547	Chinook.....	59523	Great Falls.....	59401
Saco.....	59261	Allegiance Managed Care Plan		Choteau.....	59422		59402
Saint Ignatius.....	59865	Absarokee.....	59001	Clancy.....	59634		59403
Saint Marie.....	59231	Acton.....	59002	Clinton.....	59825		59404
Saint Xavier.....	59075	Alberton.....	59820	Clyde Park.....	59018		59405
Sand Coulee.....	59472	Alder.....	59710	Colstrip.....	59323		59406
Sand Springs.....	59077	Amsterdam.....	59741	Columbia Falls.....	59912	Greenough.....	59836
Sanders.....	59076	Anaconda.....	59711	Columbus.....	59019	Hall.....	59837
Santa Rita.....	59473		59771	Condon.....	59826	Hamilton.....	59840
Savage.....	59262	Arlee.....	59821	Conner.....	59827		59849
Scobey.....	59263	Ashland.....	59003	Conrad.....	59425	Hardin.....	59034
Sawmut.....	59078	Augusta.....	59410	Coram.....	59913	Harrison.....	59735
Shelby.....	59474	Avon.....	59713	Corvallis.....	59828	Haugan.....	59842
Shepherd.....	59079	Ballantine.....	59006	Creston.....	59902	Havre.....	59501
Sheridan.....	59749	Basin.....	59631	Cushman.....	59046	Hays.....	59527
Sidney.....	59270	Bearcreek.....	59007	Custer.....	59024	Helena.....	59601
Silver Star.....	59751	Belfry.....	59008	Cutbank.....	59427		59602
Simms.....	59477	Belgrade.....	59714	Darby.....	59829		59604
Somers.....	59932	Belt.....	59412	Dayton.....	59914		59620
Sonnette.....	59348	Big Arm.....	59910	DeBorgia.....	59830		59623
Stanford.....	59479	Big Sandy.....	59520	Deer Lodge.....	59722		59624
Stevensville.....	59870	Big Sky.....	59716	Dell.....	59724		59625
Stockett.....	59480	Big Timber.....	59011	Denton.....	59430		59626
Stryker.....	59933	Bigfork.....	59911	Dillon.....	59275		59843
Sula.....	59871	Billings.....	59101		59721	Helmville.....	59843
Sumatra.....	59083		59102	Divide.....	59727	Heron.....	59844
Sun River.....	59483		59103	Dixon.....	59831	Highwood.....	59450
Sunburst.....	59482		59104	Drummond.....	59732	Hilger.....	59451
Sweetgrass.....	59484		59105	Dupuyer.....	59432	Hingham.....	59528
Teigen.....	59084		59106	Dutton.....	59433	Hobson.....	59452
Terry.....	59349		59107	East Helena.....	59635	Hot Springs.....	59845
Trego.....	59934		59108	East Missoula.....	59801	Hungry Horse.....	59919
Troy.....	59935		59111	Edgar.....	59026	Huntley.....	59037
Tuner.....	59542		59112	Elliston.....	59728	Huson.....	59846
Twin Bridges.....	59754		59114	Elmo.....	59915	Inverness.....	59530
Twodot.....	59085		59115	Emigrant.....	59027	Ismay.....	59336
Ulm.....	59485		59116	Ennis.....	59729	Jackson.....	59736
Valier.....	59486		59117	Ethridge.....	59435	Jefferson City.....	59638
Vandalia.....	59273	Black Eagle.....	59414	Eureka.....	59917	Joliet.....	59041
Vaughn.....	59487	Bonner.....	59823	Fairfield.....	59436	Joplin.....	59531
Victor.....	59875	Boulder.....	59632	Fairview.....	59221	Judith Gap.....	59453
Vida.....	59274	Boyd.....	59013	Fallon.....	59326	Kalipsell.....	59901
Virginia City.....	59755	Bozeman.....	59715	Fishtail.....	59028		59902
Volborg.....	59351		59717	Florence.....	59833		59903
Warm Springs.....	59756		59718	Flowerree.....	59440	Kevin.....	59454
West Glacier.....	59936		59719	Forsyth.....	59327	Kila.....	59920
Westby.....	59275		59771	Fortine.....	59918	Kinsey.....	59338
White Sulphur Springs.....	59645		59772	Fort Benton.....	59442	Kremlin.....	59532
Whitefish.....	59937		59773	Fort Harrison.....	59636	Lake McDonald.....	59921
Whitehall.....	59759	Brady.....	59416	Fort Shaw.....	59443	Lakeside.....	59922
Whitetail.....	59759	Bridger.....	59014	Frenchtown.....	59834	Lame Deer.....	59043
Whitewater.....	59544	Broadus.....	59317	Fromberg.....	59029	Laurel.....	59044
Whitlash.....	59545	Broadview.....	59015	Galata.....	59444	Lavina.....	59046
Wibaux.....	59353	Buffalo.....	59418	Gallatin Gateway.....	59730	Ledger.....	59456
Willard.....	59354	Butte.....	59701	Gardiner.....	59030	Lewistown.....	59457
			59702	Garnelli.....	59445	Libby.....	59923
				Garrison.....	59731	Lima.....	59739
				Garryowen.....	59031	Lincoln.....	59639
						Livingston.....	59047

Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code
Lloyd	59535	Saltese	59535
Lodge Grass	59050	Sand Coulee	59050
Lolo	59847	Sand Springs	59847
Loma	59460	Santa Rita	59473
Lonepine	59848	Seeley Lake	59864
Lothair	59461	Scobey	59263
Malmstrom AFB	59402	Shawmut	59078
Malta	59538	Shelby	59474
Marion	59925	Shepherd	59079
Martin City	59926	Sheridan	59749
Martinsdale	59053	Sidney	59270
Marysville	59640	Silver Star	59751
McAllister	59740	Silverbow-Butte	59750
McLeod	59052	Simms	59477
Melrose	59743	Somers	59932
Melville	59055	Springdale	59082
Miles City	59301	St. Ignatius	59865
Milltown	59851	St. Regis	59866
Missoula	59801	St. Xavier	59075
	59802	Stanford	59479
	59803	Stevensville	59870
	59804	Stockett	59480
	59806	Styker	59933
	59807	Sula	59871
	59808	Sun River	59483
	59812	Sunburst	59482
	59825	Superior	59872
	59834	Terry	59349
Moccasin	59462	Thompson Falls	59873
Molt	59057	Three Forks	59752
Monarch	59463	Toston	59643
Mussellshell	59059	Townsend	59644
Neilhart	59465	Trego	59934
Norris	59745	Trout Creek	59874
Noxon	59853	Troy	59935
Nye	59061	Twin Bridges	59754
Oilmont	59466	Two Dot	59085
Olney	59927	Ulm	59485
Ovando	59854	Valier	59486
Pablo	59855	Vaughn	59487
Paradise	59856	Victor	59875
Park City	59063	West Glacier	59936
Pendroy	59467	Whitefish	59937
Philipsburg	59858	White Sulphur Springs	59645
Pinesdale	59841	Whitehall	59759
Plains	59859	Whitelash	59545
		Wibaux	59353
Polaris	59746	Willow Creek	59760
Pole Bridge	59928	Wilsall	59086
Pompeys Pillar	59064	Winston	58647
Polson	59860	Wisdom	59761
Pony	59747	Wise River	59762
Power	59468	Wolf Creek	59648
Pray	59065	Worden	59088
Proctor	59929	Zurich	59547
Roberts	59070		
Rollins	59931		
Ronan	59824		
	59864		
Roscoe	59071		
Ramsay	58748		
Ravalli	59863		
Raynesford	59469		
Red Lodge	59068		
Rexford	59930		
Ringling	59642		
Roundup	59072		
Rudyard	59540		
Ryegate	59074		



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.

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.

HOSPITALS/FACILITIES

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

TRADITIONAL PLAN A

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 Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health 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

TRADITIONAL PLAN B

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess
Butte	St. James Healthcare
Chester	Liberty County Hospital & Nursing Home
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cutbank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & 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 Healthcare 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 Healthcare
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital
Missoula	Community Medical Center
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 Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountainview Medical Center

In-Network Hospitals – Managed Care Plans

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

Allegiance Network Hospitals

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
 Malta Phillips County Hospital
 Miles City Holy Rosary Health Care
 Missoula Community Medical Center
 Missoula St. Patrick Hospital Phillipsburg
 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 Hospital
 Shelby Marias Medical Center
 Sheridan Ruby Valley Hospital
 Sidney Sidney Health Center
 Superior Mineral Community Hospital
 Terry Prairie Community Health Care
 Townsend Broadwater Health Center
 Whitefish North Valley Hospital
 White Sulphur Springs Mountain View Medical Center

BCBSMT (Blue Choice)

Anaconda Community Hospital of Anaconda
 Big Timber Pioneer Medical Center
 Billings Advanced Care Hospital
 Billings Billings Clinic Hospital
 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 Springs Mountain View Medical Center
 Whitefish North Valley Hospital

New West Network Hospitals

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
 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
 Scobey Daniels Memorial Hospital
 Shelby Marias Medical Center
 Sidney Sidney Health 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

Peak Network Hospitals

Anaconda Community Hospital of Anaconda
 Baker Fallon Medical Complex
 Big Sandy Big Sandy Medical Center
 Big Timber Pioneer Medical Center
 Billings St. Vincent Healthcare
 Billings Advanced Care Hospital of Montana
 Browning Blackfeet Community Hospital
 Butte St. James Healthcare
 Chester Liberty Medical Center
 Choteau Teton Medical Center
 Columbus Stillwater Community Hospital
 Conrad Pondera Medical Center
 Crow Agency Crow Hospital
 Cut Bank Northern Rockies Medical Center
 Deer Lodge Powell County Memorial Hospital
 Dillon Barrett Memorial Hospital
 Forsyth Rosebud Healthcare Center
 Fort Benton Missouri River Medical Center
 Glasgow Francis Mahon Deaconess Hospital
 Great Falls Great Falls Clinic Medical Center
 Great Falls Benefis Hospital - West Campus
 Great Falls Benefis Hospital - East Campus
 Hamilton Marcus Daly Memorial Hospital
 Hardin Big Horn County Memorial Hospital
 Harlem Harlem IHS Hospital
 Harlowton Wheatland Memorial Hospital
 Havre Northern Montana Hospital
 Kalispell Kalispell Regional Medical Center
 Lewistown Central Montana Medical Center
 Libby St. Johns Lutheran Hospital
 Malta Phillips County Hospital
 Miles City Holy Rosary Health Center
 Phillipsburg Granite County Medical Center
 Plentywood Sheridan Memorial Hospital
 Polson St. Joseph Medical Center
 Poplar Poplar Community Hospital
 Red Lodge Beartooth Hospital and Health Center
 Ronan St. Luke Community Hospital
 Roundup Roundup Memorial Healthcare
 Scobey Daniels Memorial Healthcare Center
 Shelby Marias Medical Center
 Sheridan Ruby Valley Hospital
 Sidney Sidney Health Center
 Terry Prairie Community Health Center
 White Sulphur Springs Mountainview Medical Center
 Whitefish North Valley Hospital
 Wolf Point Trinity Hospital

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.



Zero Dollar (Ø) Network

All Plan members are eligible to utilize the Quality Care Choices programs, regardless of which medical plan choice the member made (Allegiance, Blue Cross, New West, Peak). Quality Care Choices programs are designed around the specific needs of our Plan members. For more information regarding specific Quality Care Choices programs and enrollment processes, please access our Choices website at www.mus.edu/choices or call the Montana University Systems Benefit office at 1-877-501-1722.

Availability of the MUS Summary Plan Description

All Montana University System (MUS) plan participants have the right to obtain a current copy of the Summary Plan Description (SPD). Despite the use of “summary” in the title, this document 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 203203, Helena, MT 59620-3203, or by calling the MUS Benefits Office at 406-444-2574, toll free 877-501-1722. 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 enrollment book or the SPD, either the campus benefit office or the MUS Benefits Office should be able to help. Also, many problems can be resolved by contacting the customer service department of the appropriate program administrator.

RESOURCES

MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION
(406) 444-2574 * Fax (406) 444-0222 * Toll Free (877) 501-1722
www.mus.edu/choices

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/mus

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
MAPP: 1-888-873-8049

PEAK HEALTH PLAN

Customer service and claims processing questions 1-866-368-7325
Precertification/prior authorization 1-866-275-7646
www.healthinonetmt.com

Dental Contact

DELTA DENTAL INSURANCE COMPANY

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

URx

MedImpact Customer Service 1-888-648-6764
ASK-A-Pharmacist 1-888-527-5879
www.URx.mus.edu

MEDVANTX MAIL ORDER PHARMACY SERVICES

Customer Service 1-877-870-6668

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

www.montana.edu/wellness

WELLBABY

1-866-644-2025

www.montana.edu/wellness

Maternity Case Management (call during first trimester)

STANDARD LIFE INSURANCE

1-800-759-8702

www.standard.com

Life and Disability

UNUM LIFE INSURANCE

1-800-822-9103

www.unum.com

Long Term Care claims and information.

FLEXCONNECT

Flex Plan Administrator

1-866-640-3539

www.insurancecoordinators.com