Montana University System Employee Annual Benefits Enrollment – FY2026

(July 1, 2025 – June 30, 2026)





choices



Active Benefits

2025 - 2026 Montana University System

Agenda

- 1. Annual Enrollment & Dependent Eligibility Information
- 2. MUS Self-Insured Plan Information
- **3.** Medical Plan Benefits/Rates
- **4.** Prescription Drug Plan Benefits
- **5.** Dental Plan Benefits/Rates/Fee Schedule
- 6. Vision Hardware Plan Benefits
- 7. Provider Network Reminders
- 8. Basic Life/AD&D Plan Options
- 9. Dependent Premium Hardship Waiver
- **10** Flexible Spending Accounts (FSAs)
- **11.** Wellness Programs
- 12. Benefitsolver Enrollment



April 24 – May 15, 2025



Employee Annual Enrollment Information

- If you do not complete your Annual Enrollment benefit elections, you will be <u>automatically</u> re-enrolled in your current Plan Year benefit elections, with the exception of Basic Life/AD&D, and Flexible Spending Accounts (which must be elected each Plan Year to continue participation).
- Flexible Spending Account (FSA) enrollment
 - ✓ You <u>must</u> enroll in an FSA <u>each</u> Plan Year and specify the dollars you wish to go into your account(s).
 - ✓ You <u>must</u> re-enroll in a HCFSA or LPFSA for any unused FSA funds to rollover in the FY2026 Plan Year.
- Verify your Beneficiaries for your Life and AD&D coverages.
- Employee benefits workbooks will be available on the Choices website on April 22nd.
- Employee MUS Plan Benefits Presentation:
 - ✓ Live, interactive presentation on April 22nd @ 10:00am (MDT) (access on the *Choices* website at choices.mus.edu).
 - ✓ The recorded benefits presentation/slides will be available on April 24th on the *Choices* website.





Dependent Eligibility Information

✓ Dependent children, up to age 26, may be enrolled in Medical, Dental, and/or Vision Hardware Plan coverage during Annual Enrollment.

MUS has a closed enrollment for Medical and Dental coverage for a Legal Spouse ~

- ✓ Proof of dependent eligibility is <u>required</u> for all new dependents being added to the MUS Plan during Annual Enrollment.
- ✓ Mid-year enrollment or disenrollment may <u>only</u> occur with a "Qualifying Event".
 - Such as, marriage, birth, death, divorce, loss or gain of eligibility for other health insurance coverage.

MUS is a Self-Insured Plan -



What does this mean?

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

~ Historical *Choices* Employee Premium Rates & Benefit Changes ~

- ✓ Employer Contribution (State share) –
 no change since the 2016-2017 Plan Year (\$1,054/month)
- ✓ Medical Plan no rate change since the 2016-2017 Plan Year
- ✓ *Dental Plans* no rate change since the 2017-2018 Plan Year
- ✓ Vision Hardware Plan no rate change since the 2019-2020 Plan Year

BENEFITS

✓ Benefits – no adverse changes since the 2015-2016 Plan Year, only enhancements The Inter-Unit Benefits Committee (IUBC) and the Commissioner of Higher Education have worked hard on behalf of MUS Plan members by choosing to have the MUS Plan take on more of the burden of rising health care costs and claims utilization so that benefits and premium rates could remain the same for Plan members for the last 8 years.



During 2024, the MUS Plan saw a significant increase in health care costs and claims utilization. These increases are driving necessary benefit changes and premium rate increases to keep the MUS Plan sustainable.

Beginning July 1, 2025, the MUS Plan will implement Employee Medical Plan benefit adjustments and Select Dental Plan premium increases.

- There will be an increase of \$26/month to the Employer Contribution (State Share) from \$1,054 to \$1,080 for FY2026.
- There will be no changes to:
 - Employee Vision Hardware Plan, Rx Plan, Long-Term Disability Plan, or Supplemental Life/AD&D Plan benefits or premium rates for FY2026.

Choices Employee Medical Plan Benefits



(BCBSMT administers the Medical Plan)

MEDICAL BENEFIT DESCRIPTION	IN-NETWORK BENEFITS
PCP Office Visit	\$25 copay
Specialist Office Visit	\$40 copay
Coinsurance	25%
Eye Exam (routine or medical)	\$0 copay/1 per Plan Year
~ NEW ~ Federally Qualified Health Center	\$10 copay/visit
(FQHC) Visit	(no deductible/coinsurance)
~ NEW ~ MDLIVE Virtual Visit (telehealth)	\$10 copay/visit
	(no deductible/coinsurance)

Federally Qualified Health Centers (FQHC)

Primary Care Alternatives

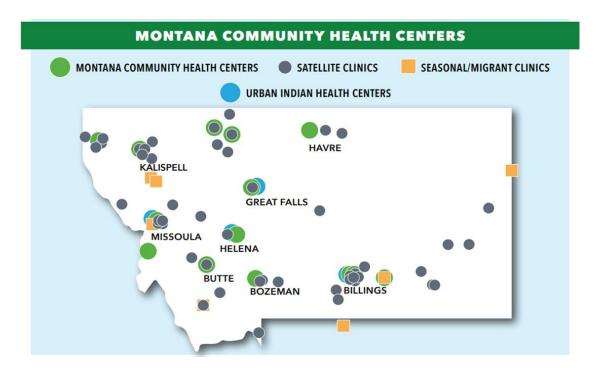
Montana Health Plus

Purpose

Ensure Access. Lower Costs. Improve Outcomes.

Key Operating Principles

- Providing integrated, high-quality, patient-centered care in a network of community-based health centers.
- Deliver integrated medical, dental and behavioral health services while increasing access to comprehensive primary care services.
- Value-based care to remove the limits of the standard for primary care teams to meet patient needs.



- Medical Providers
- Dental Providers
- Integrated Behavioral Health
- Efficient Referrals
- On-line scheduling

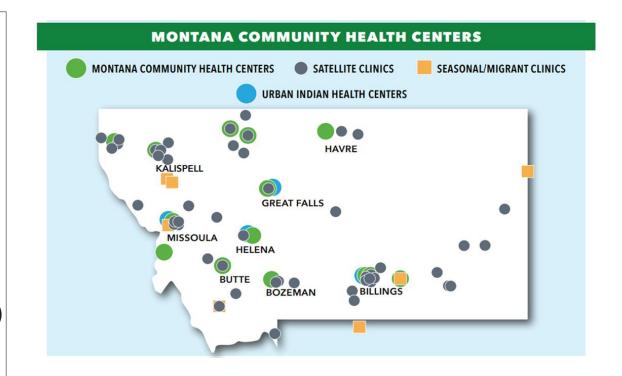
Primary and
Preventive visits
less expensive
(25%)

Federally Qualified Health Centers (FQHC)

Primary Care Alternatives

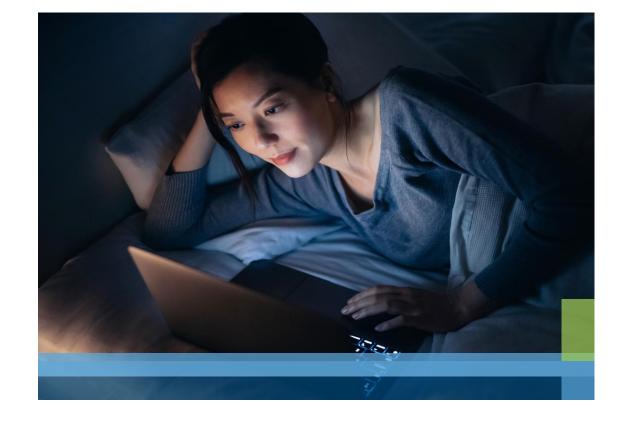
Locations:

- Alluvion Health (Great Falls, Choteau)
- Billings Urban Indian Health (Billings)
- Bull Hook Community Health Center (Havre)
- Butte Silver Bow Primary Health (Anaconda, Butte, Dillon)
- Central MT Community Health (Lewistown)
- Glacier Community Health Center (Cut Bank)
- Greater Valley Health Center (Kalispell)
- Helena Indian Alliance (Helena)
- Lincoln County Community Health Center (Troy, Libby)
- Marias Healthcare Clinic (Conrad, Sunburst, Shelby
- Montana Migrant Council (Dillon, Billings, Polson, Fairview, Lolo)
- One Health (Wyola, Hardin, Ashland, Livingston, Hardin, Belgrade, Glendive, Bozeman, Miles City, Lewistown, Chinook, West Yellowstone, Harlem,
- Partnership Health Center (Missoula, Seeley Lake, Superior)
- Pure View Health Center (Helena, Lincoln, East Helena)
- Riverstone Health Clinic (Billings, Joliet, Worden, Bridger, Billings)
- Sapphire Community Health (Hamilton)





Primary and
Preventive visits
less expensive
(25%)



Virtual Visits:

Get Cost-Effective, 24/7 Care



With Virtual Visits from MDLIVE®, the doctor is always in. This BlueCross BlueShield of Montana (BCBSMT) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.



Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist.
- Access via phone, online video or mobile app from almost anywhere.
- Average wait time of less than 20 minutes.
- Doctors can send e-prescriptions to your local pharmacy.

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

Allergies

Headaches

Cold/Flu

Nausea

Fever

Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

Depression

Substance use disorders

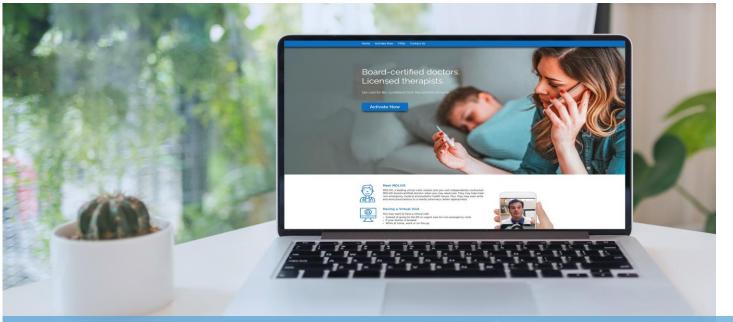
Eating disorders

Trauma and PTSD

ADHD

Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this BCBSMT benefit, please call the number on the back of your ID card.



Activate your Virtual Visits account today:

- Call 888-684-4233
- Go to MDLIVE.com/bcbsmt
- Text BCBSMT to 635-483
- Download the app

MDLIVE offers reliable 24/7 health care by phone or online video for your medical and mental health needs.

HOW TO CREATE AN ACCOUNT VIA THE MDLIVE WEBSITE

Board-certified doctors Licensed therapiets

Visit **mdlive.com**/bcbsmt and click "Activate Now."



date of birth. If you're a dependent, enter the primary policy holder's ID information and your date of birth. Click "Continue."

Enter your BCBSMT member ID number and



Create your username and password and then complete your profile.
Please enter your name exactly asshownon your member IDcard. Click "Submit."



Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.

HOW TO CREATE AN ACCOUNT VIA THE MDLIVE APP

Get the MDLIVE app in the App Store or Google Play Store.











Click "Create Account." Enter your email address and create a password. Then complete your profile information on the next page. Click "Submit."



as shown on your BCBSMT member ID card and verify your coverage. If you're a dependent, enter the **primary policy**

holder's information.

Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.

FY2026 *Choices* Employee Medical Plan Benefit Changes

Benefit Description	FY2025	FY2026
Medical In-Network	\$750 (individual) / \$1,500 (family)	\$1,000 (individual) / \$2,500 (family)
Deductible		
Medical In-Network OOP	\$4,000 (individual) / \$8,000 (family)	\$4,500 (individual) / \$11,250 (family)
Medical Out-of-Network	\$750 (individual) / \$1,750 (family)	\$1,000 (individual) / \$2,750 (family)
Deductible (separate)		
Medical Out-of-Network OOP	\$6,000 (individual) / \$12,000 (family)	\$6,750 (individual) / \$16,875 (family)
(separate)		

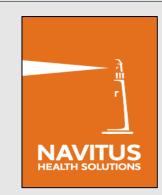
FY2026 Choices Employee Medical Plan Premium Changes

Tier	FY2025	FY2026	\$ Change
Employee/Survivor	\$748	\$756	\$8
Employee + Spouse	\$1,075	\$1,302	\$227
Employee/Survivor + Child(ren)	\$994	\$1,101	\$107
Employee + Family	\$1,327	\$1,547	\$220

10% Aggregate Increase

Choices Employee Prescription Drug Plan Benefits

(Navitus Health Solutions administers the Prescription Drug Plan)



RX BENEFIT DESCRIPTION

Tier \$0 (34-day supply/90-day supply) - \$0 / \$0 copay

Tier 1 (34-day supply/90-day supply) - \$15 / \$30 copay

Tier 2 (34-day supply/90-day supply) - \$50 / \$100 copay

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

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

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



Choices Employee Prescription Drug Plan

> Lumicera Health Services administers the Specialty Pharmacy.





- Western Drug (*Bozeman only*), CVS, & Target pharmacies are not participating in the pharmacy network. If you choose to use these pharmacies, you will be responsible for all charges.
- ➤ Prescriptions can be filled at a participating retail pharmacy for either a 34-day or 90-day supply.
- ➤ Mail Order prescriptions for a 90-day supply can be filled at Ridgeway or Costco.





Choices Employee Dental Plan Benefits

△ DELTA DENTAL®

(Delta Dental administers the Basic & Select Dental Plans)

- Basic Plan Diagnostic/Preventive services only.
 - ✓ \$750 ANNUAL MAXIMUM, per covered Plan member



- Select Plan Diagnostic/Preventive, Basic, & Major Restorative,
 - Orthodontia services (\$1,500 lifetime maximum/covered Plan member)
 - **✓** \$2,000 ANNUAL BENEFIT MAXIMUM, per covered Plan member

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

FY2026 Choices Employee Dental Plan Premium Changes

Basic Plan	FY2025	FY2026	\$ Change
Employee/Survivor	\$18	\$20	\$2
Employee + Spouse	\$34	\$39	\$5
Employee/Survivor + Child(ren)	\$34	\$39	\$5
Employee + Family	\$49	\$55	\$6

Select Plan	FY2025	FY2026	\$ Change
Employee/Survivor	\$43	\$48	\$5
Employee + Spouse	\$82	\$93	\$11
Employee/Survivor + Child(ren)	\$82	\$93	\$11
Employee + Family	\$116	\$132	\$16

13% Aggregate Increase

As of July 1, 2025, there will be an increase to 60 Diagnostic & Preventive services fee schedule amounts.

Dental Network/Fee Schedule



- MUS dental claims are reimbursed based on a fixed dental fee schedule.
- The fee schedule's fixed dollar amount is the maximum reimbursement for the specified procedure code, regardless of provider network.
- Covered Dental Plan enrollees are responsible for the difference (if any) between the provider's billed charge and the fee schedule's fixed reimbursement amount.
- MUS Dental Plan enrollees have the freedom of choice to visit <u>any</u> licensed dentist, however, out-of-pocket costs **may** be reduced if utilizing a Delta Dental PPO or Premier network dentist.

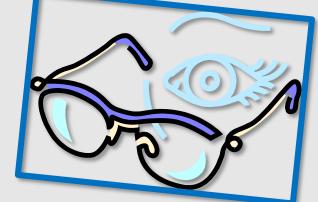


Choices Employee Vision Hardware Plan Benefits

(BCBSMT administers the Vision Hardware Plan)

* No changes to Vision Hardware benefits or premium rates for FY2026!

- ✓ Eyeglass Frames and Prescription Lenses, in lieu of Contacts (1 pair)
 UP TO \$300 ANNUAL ALLOWANCE, per covered Plan member
- ✓ Prescription Contacts, in lieu of Frames and Lenses (1 purchase)
 UP TO \$200 ANNUAL ALLOWANCE, per covered Plan member
- **Eye Exam (routine or medical) is provided as part of the Medical** Plan (1/Plan Year); \$0 copay when using an In-Network provider.
- Vision Hardware Plan covers hardware ONLY (frames/lenses or contacts)







Provider Network Reminders.....

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

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

Contact the Plan Claims Administrator or the MUS Benefits office if you need assistance finding In-Network providers.



To check to see if your provider is an In-Network provider, visit the Plan Claims Administrator's online provider finder.

- To find a BCBSMT Blue Preferred PPO In-Network provider, visit <u>bcbsmt.com/find-a-doctor-or-hospital</u>.
- To find a Delta Dental PPO or Premier Network provider, visit <u>deltadentalins.com/mus/</u>.

Basic Life/AD&D Coverage Options

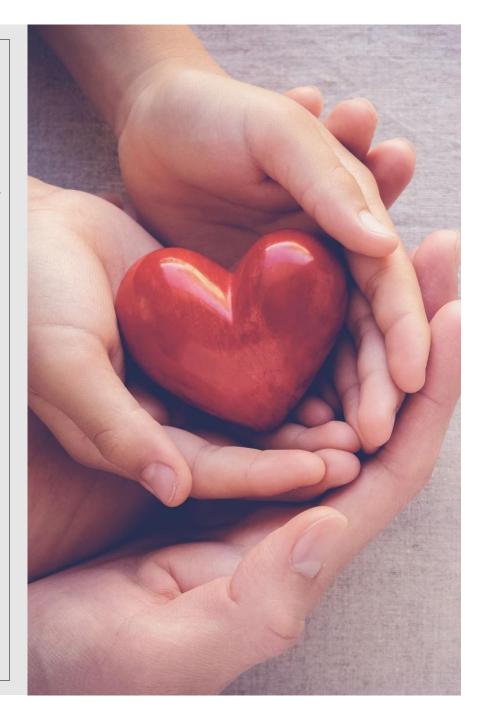
Basic Life/AD&D	FY2025		FY2026
Option 1	\$15,000 (\$1.28/month)		\$25,000 (\$2.10/month)
Option 2	\$30,000 (\$2.56/month		
Option 3	\$48,000 (\$4.08/month)		\$50,000 (\$4.20/month)

- \$15,000 will be automatically mapped to \$25,000
- \$30,000 will be automatically mapped to \$25,000
- \$48,000 will be automatically mapped to \$50,000

Employees will have the option to make changes to the mapped Basic Life/AD&D election during Annual Enrollment.

Choices Dependent Premium Hardship Waiver

- MUS offers a Dependent Premium Hardship Waiver to assist employee families who have a financial hardship with the cost of medical coverage for dependent children (ages 0-26) who are covered on the MUS *Choices* Medical Plan.
- The child's family <u>must</u> first apply for Healthy Montana Kids (HMK) for all children under age 19. If HMK denies coverage due to not meeting the HMK income guidelines, a Hardship Waiver Application may be submitted to the MUS Benefits office to request the premium waiver. If the total household income is not more than 125% of the HMK income guidelines, covered dependent children will be eligible for the premium waiver for the Plan Year.
- The family <u>must</u> re-apply for HMK <u>and</u> submit a waiver application <u>each</u> Plan Year prior to Annual Enrollment to be eligible for the premium waiver.
- Visit choices.mus.edu/forms.html to apply or contact the MUS Benefits Office at 1-877-501-1722 for more information.



Flexible Spending Accounts (FSA)

* FSA administrative fees are paid by MUS

The MUS *Choices* Plan offers three optional Flexible Spending Accounts (FSA) through HealthEquity/WageWorks –

- Health Care FSA Medical, Rx, Dental, and Vision expenses.
- Limited Purpose FSA Dental and Vision expenses <u>only</u>.
- Dependent Care (Day Care) FSA Day Care expenses only.





These optional reimbursement accounts (FSAs) allow you to set aside a portion of your earnings (pre-tax) in equal installments throughout the Plan Year (July 1 - June 30) to pay for qualified out-of-pocket expenses for health care and dependent care (day care) services. FSA funds may **only** be used for expenses incurred on or after your FSA effective date (includes debit card transactions).

~ No Automatic Enrollment ~

Employees <u>must</u> re-enroll during each Annual Enrollment to participate in a Flexible Spending Account and to continue contributions.

(no exceptions can be made on late enrollment)

Irrevocable Elections:

- After Annual Enrollment, FSA participants have until their first paycheck after July 1st to identify any issues with their FSA election(s) *(this does not include not enrolling in a FSA during Annual Enrollment)*.
- No changes to FSA Annual Enrollment elections will be allowed after the first paycheck after July 1st.

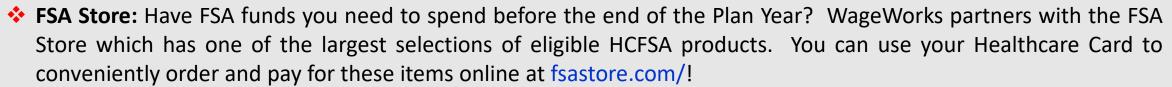
Health Care Flexible Spending Accounts (FSA)



- ❖ Health Care FSA (HCFSA) (general purpose) You may elect amounts to be withheld from your earnings to assist you with paying for your out-of-pocket Medical, Rx, Dental, and/or Vision expenses (including, but not limited to: deductibles, copays, coinsurance).
 - For a comprehensive list of HCFSA eligible expenses, including a list of expenses that may require a letter of Medical Necessity or a prescription from your doctor, visit healthequity.com/fsa-qme.
 - ** If you and/or your legal spouse are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) through another insurance plan, you are <u>not</u> eligible to elect the MUS general purpose Health Care FSA.
- ❖ HSA-Compatible Limited Purpose FSA (LPFSA) If you and/or your legal spouse have a HSA, you may choose to elect a HSA-Compatible LPFSA, which you can use to pay for eligible Dental and Vision expenses only (including, but not limited to: dental exams, dentures, contacts, eyeglass frames and prescription lenses).
 - The LPFSA guidelines are the same as the HCFSA, with the exception of eligible expenses.
 - For a comprehensive list of LPFSA eligible expenses, visit healthequity.com/lpfsa-qme.

Health Care Flexible Spending Accounts (FSA) cont.

- The minimum amount an employee can contribute to a HCFSA or LPFSA for FY2026 is \$120 and the maximum amount an employee can contribute is \$3,300.
- * Health Care FSA balance: If an employee doesn't enroll in an FSA for FY2026 and has unused FSA funds that are not expended by June 30, 2025, the FSA will be closed and the remaining unused funds will be forfeited.
- * New HCFSA/LPFSA participants will <u>automatically</u> receive a VISA Healthcare Card (debit card) at no additional cost.
- **Reimbursement Options:**
 - Direct Deposit
 - VISA Healthcare Card (debit card)
 - Pay Me Back or Pay My Provider





HCFSA Rollover Funds

The IRS permits health care FSAs to rollover a limited amount of unused FSA contributions from one Plan Year to the next. This means that HCFSA/LPFSA balances from the current Plan Year, can be rolled over to the next Plan Year that begins July 1st. Be sure not to elect more than you will need to cover expenses incurred by you and/or your eligible dependents during the Plan Year.

MUS no longer allows unused FSA contribution amounts to rollover if an FSA participant <u>does not</u> reenroll in a HCFSA <u>or</u> LPFSA during Annual Enrollment. Under the "<u>use it – or – lose it</u>" rule, any FSA contribution amount not used by the end of the Plan Year will be forfeited.

FSA participants <u>must</u> re-enroll in a HCFSA/LPFSA for any unused FSA contribution amounts to rollover into the next Plan Year.

- **♦ \$640** of unused FSA contributions from FY2025 (July 1, 2024 − June 30, 2025) will rollover into FY2026 (July 1, 2025 − June 30, 2026) if an FSA is elected for FY2026.
- **♦ \$660** of unused FSA contributions from FY2026 (July 1, 2025 − June 30, 2026) will rollover into FY2027 (July 1, 2026 − June 30, 2027) if an FSA is elected for FY2027.

Dependent Care (Day Care) Flexible Spending Account (DCFSA)

~ Dependent Care (Day Care) FSA is <u>not</u> used for reimbursement of health care expenses. ~ ~ DCFSA is used for <u>day care</u> expenses only. ~

- ❖ You may elect amounts to be withheld from your earnings to assist you with paying for your out-of-pocket Dependent Care (Day Care) expenses.
- The minimum amount an employee can contribute to a DCFSA for FY2026 is \$120 and the maximum amount an employee can contribute is \$5,000.
- DCFSA (Day Care) eligible expenses include: live-in care, babysitters, licensed day care/preschool centers, and after school care for children under age 14 or for individuals unable to care for themselves. Schooling expenses at the kindergarten level and above, overnight camps, and nursing home care are not reimbursable. For a comprehensive list of eligible DCFSA expenses, visit healthequity.com/dcfsa-qme.
- **Reimbursement Options:**
 - Direct Deposit
 - Pay Me Back or Pay My Provider

* Unused DCFSA (Day Care) contribution balances cannot be rolled over to the next benefit Plan Year.

Health Care FSA Claims Submission

Health**Equity**



- ❖ FSA funds may <u>only</u> be used for expenses incurred on or after the FSA AE effective date (7/1/25) and can be used at any time during the benefit Plan Year (includes debit card transactions).
- ❖ All FSA claims incurred during FY2025 (July 1, 2024 June 30, 2025) <u>must be</u> received by September 30, 2025 by HealthEquity/WageWorks to be eligible for reimbursement.
- ❖ All FSA claims incurred during FY2026 (July 1, 2025 June 30, 2026) <u>must be</u> received by September 30, 2026 by HealthEquity/WageWorks to be eligible for reimbursement.

No exceptions can be made on late claims submissions!

MUS Wellness Program Highlights

- ✓ Employee Assistance Program (EAP) via AllOne Health
- ✓ MUS WellChecks (2/Plan Year)
- ✓ Wellness Incentive Program via personify
- ✓ Live Fitness & Nutrition Workshops and Webinars
- ✓ MUS Wellness Lab (online fitness, nutrition, and healthy habits video learning tool)
- ✓ WellBaby Program
- √ Take Control Lifestyle Management Program
- ✓ Wondr Health, Hinge Health, Well onTarget, and Blue365 Discount Programs via BCBSMT
- ✓ Amplifon and Qualsight via Delta Dental









Deer Oaks EAP Services is now AllOne Health NO change to services



YOUR EMPLOYEE ASSISTANCE & WORK-LIFE PROGRAM

Confidential Assistance for Montana University System Employees

Montana University System Employee Assistance Program provided by AllOne Health



Montana University System and AllOne Health recognize that life can be hectic and demanding. We also understand that issues such as anxiety, depression, legal/financial difficulties and marital/family stressors can add further stress to your already busy life. Thankfully, your Employee Assistance Program (EAP) is here to help.

Your EAP is available day and night to offer 100% confidential assistance.



For Internal Support:

Montana University System- Office of the Commissioner of Higher Education understands the needs of each campus are unique and ever changing. That is why we have created a dedicated position to assist with support.

Contact:

Karen Wood
Associate Director of Employee Wellbeing
Office of the Commissioner of Higher Education
(406) 449-9156
kwood@montana.edu

Supporting the unique needs of each campus through:

- Employee Assistance Program (EAP) oversight and management.
- Warm handoffs to resources and services for professional and personal support.
- Crisis support during challenging situations.
- Executive guidance for leadership wellbeing and effectiveness.
- Prioritizing wellbeing to help faculty, staff, and leadership maintain energy, focus, and resilience.

Counseling Services:

AllOne Health has created specialized modalities of support that accommodate the ever-changing schedule of a MUS employee and their household members.

Short Term Counseling:

- 7 visits (per person, per issue, per year)
- Visits can be utilized in 3 ways:
 - face to face counseling
 - telephonic counseling
 - video counseling

<u>Alternate Modes of Support:</u>

- Life Coaching
- iCBT Internet Based Cognitive Behavioral Therapy (Found strictly on the website)

alternate modes of support options DO NOT count against the 7-visit model



Work/Life Services:

"Resource Referrals: Let AllOne handle your **To Do** list"

Daily Living/Convenience:

- Apartment locators
- Chore services/house cleaners
- Home repair (handymen, plumbers, electricians, contractors, etc.)
- Entertainment services
- Veterinarian
- Pet obedience training
- Pet Sitters/Kennels
- Transportation & travel services
- Fitness and Wellness Centers/Programs
- Moving and relocation services

Childcare Resources:

- Daycare
- Preschool & nursery schools
- Adoption
- Summer programs
- Sports camps/leagues
- Play groups

Eldercare Resources:

- Assisted Living facilities
- Nursing home
- Hospice
- Retirement communities
- "Meals on Wheels" programs
- Adult daycare facilities



Personal Assistant

Save time in your day and ask your personal assistant to help with referrals for:

- Travel and Entertainment
- Seeking Professional Services
- Cleaning Services
- Food Delivery
- Everyday Tasks

Legal/Financial Services:

Legal Services:

- Referrals for either telephonic or in-person consultations with an attorney
- 25% discount off the attorney's hourly fee
- Access to over 100 legal forms online at allonehealth.com/deeroaks

Financial Services:

- Free telephonic financial counseling and education with an Accredited Financial Counselor on issues related to consumer debt and budgeting
- Counselors address issues via the help line, and follow up by emailing supporting educational materials
- Counselors are available by appointment Monday through Friday, or through pre-scheduled Saturday sessions



Online Will Preparation

- Free legally binding state-specific simple will and living trust software
- Step-by-step process composed online under the Legal/Financial portion of our website at allonehealth.com/deeroaks
- Is designed for typical assets such as a house, car, savings and investments
- Some situations may require more than a simple will. You should get expert advice, or at the least, investigate your options



"Take the High Road" Ride Reimbursement Program

- Call a cab, Uber, Lyft, Fasten, or other ride-sharing program
- Keep your receipt
- Call the helpline for instructions on receiving reimbursement for your ride
- Reimbursement up to \$45.00 excludes tip
- Available once per calendar year per person
- May submit receipt up to 60 days from date of service



Management Assistance Program

- Crisis Assistance Services
- Telephonic Management Consultations
- Webinar Supervisor Trainings
- Mandatory Referral Assistance
- Electronic Newsletters
- HR and Department Support

Dedicated support via 1-888-993-7650 or clinical-do@allonehealth.com for Management Consults and to begin all formal mandatory referrals Cisd-do@allonehealth.com for all CISD requests



How to Access Your Employee Assistance Program:

Helpline: 1-888-993-7650

Email: eap-do@allonehealth.com

Website: allonehealth.com/deeroaks

Company Code: MUS



Choices Wellness Incentive Program for 2025!!



- MUS is continuing its partnership with Personify Health (formerly Virgin Pulse) to offer the MUS Wellness Incentive Program.
- MUS Employees and their legal spouses who are enrolled in the *Choices* Medical Plan are eligible for enrollment in the program.
- Program participants can redeem Rewards Cash earned from collecting points by participating in wellness challenges for items in the Personify Health Store.
- Earn additional Rewards Cash by attending a MUS WellCheck (1/Plan Year).



For more information, visit wellness.mus.edu/Incentive_Program.html Visit join.personifyhealth.com/muswell to enroll today!

WellBaby — Healthy Moms, Healthy Babies.... a world of difference

Eligibility Requirements:

MUS covered Choices Medical Plan members are eligible for ALL of the benefits, if enrolled within the 1st trimester of pregnancy. If enrolled during the 2nd or 3rd trimester, enrollee is eligible for all of the benefits <u>EXCEPT</u> the copay waiver benefit.



- **Benefits begin the day the participant enrolls (enrollment cannot be backdated).**
- **Program benefits include:**
 - **Copay waivers** (pre-natal/post-partum office visits, ultrasounds, routine maternity lab work, physician delivery charges)
 - Generic prescription pre-natal vitamins (\$0 copay)
 - Pregnancy books or exercise video
 - Enrollment in the Take Control Lifestyle Management Program
 - Breast Pump (purchase or rental of one standard breast pump, to a maximum of \$300)
- ***** Enrollment in the WellBaby program is confidential and voluntary.

Enroll by calling 406-660-0082 or email: wellbaby@umwestern.edu

Lifestyle Management Program

SIGN UP ONLINE: takecontrolmt.com

Contact Take Control @ 1-800-746-2970 or email info@takecontrolmt.com



TAKE CONTROL

Eat Well, Stay Active, Reduce Your Risks.

** Take Control offers comprehensive, confidential education and support using a telephonic delivery method, which allows the participant to engage from anywhere and receive the individual attention specific to their needs. The program includes one-on-one monthly health coaching telephonic sessions with licensed Dietitians, Exercise and Sports Science Trainers, and certified Diabetes Educators.

The Take Control Lifestyle Management Program offers the following health coaching programs:

- High Blood Pressure
- > High Cholesterol
- Weight Loss
- > Diabetes/Pre-Diabetes
- > Maternal
- > Perimenopause/Menopause

* Enrollment in Take Control is confidential and voluntary.



Wondr Health is a digital behavioral counseling program for metabolic syndrome reversal, weight management, and diabetes prevention.

Program features include:

- 10 weeks of counseling, personalized for skill building;
 10 weeks customized for skill reinforcement;
 32 weeks customized for skill maintenance.
- Weekly, self-paced, informative online video sessions (including mobile app, skill reinforcement, and habit formation).
- Interactions with health coaches and online community for social support.
- The program is available at no cost to <u>all</u> MUS Medical Plan enrollees over age 18.

Expect skills, not rules.

Learn weight loss skills based on behavioral science.



Metabolic Syndrome Reversal Program

Visit wondrhealth.com/mus for more information!



Conquer pain, recover from an injury, and regain an active lifestyle with Hinge Health!



Musculoskeletal Management Solution

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

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

Visit hingehealth.com/mus for more information!

Neck & Upper Back

Shoulders

Elbows, Forearms, Wrists & Hands

Lower Back & Hips

Thighs & Knees

Shins & Calves

Ankles & Feet





Care for everybody and every body part

A one-stop-shop Digital MSK Clinic™

Well on Target[®] Member Portal

Portal Highlights

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



ACCESS WELL ONTARGET

Log into your Blue
Access for Members
account at
bcbsmt.com/members
or use the AlwaysOn
Mobile App

Offerings that earn Blue Points:

- Health Assessment completion.
- Digital self-management program engagement.
- Fitness Program visits: Earn Blue Points for joining.
 Earn additional points for weekly visits.
- Use of Online Trackers.
- Connecting and syncing a fitness or nutrition device or app.

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

Fitness Program

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

Fitness Program perks include:

- Convenient payment methods.
- Redeem Blue Points for gift cards from over 75 merchants.
- The AlwaysOn Mobile App and Well on Target portal track fitness activity in real-time.



Blue365[®] Member Discount Program

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

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

Discounts available in these categories:



Apparel and Footwear



Fitness



Hearing and Vision



Home and Family



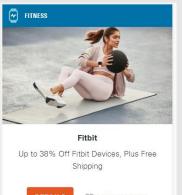
Nutrition



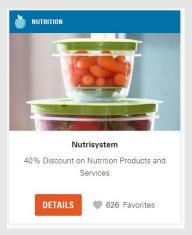
Personal Care



Save on fitness gear, gym memberships, healthy eating, dental, vision, hearing aids and more, from top national and local retailers.







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

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







Savings You Can See and Hear

Get exclusive discounts on LASIK eye surgery and Amplifon hearing aids



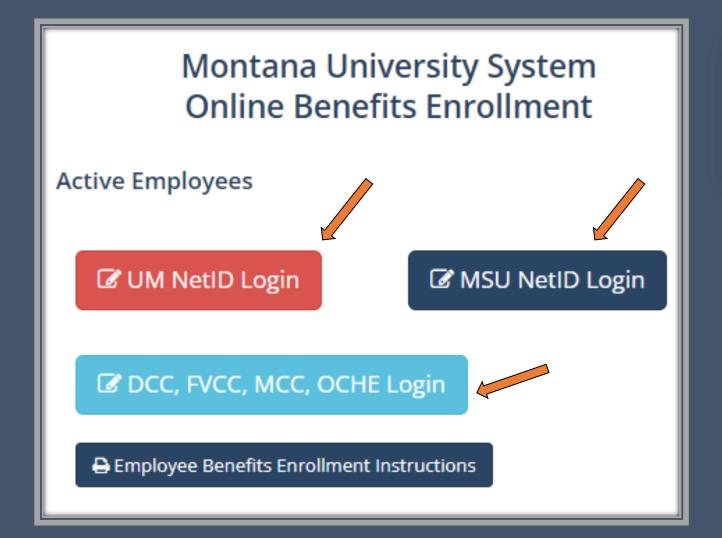
Your wellness is more than oral health

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

How do I get the discounts?

It's easy. Just give Amplifon or QualSight a call. A dedicated representative will walk you through the program and help you pick a provider, make an appointment and receive your discount. 52

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

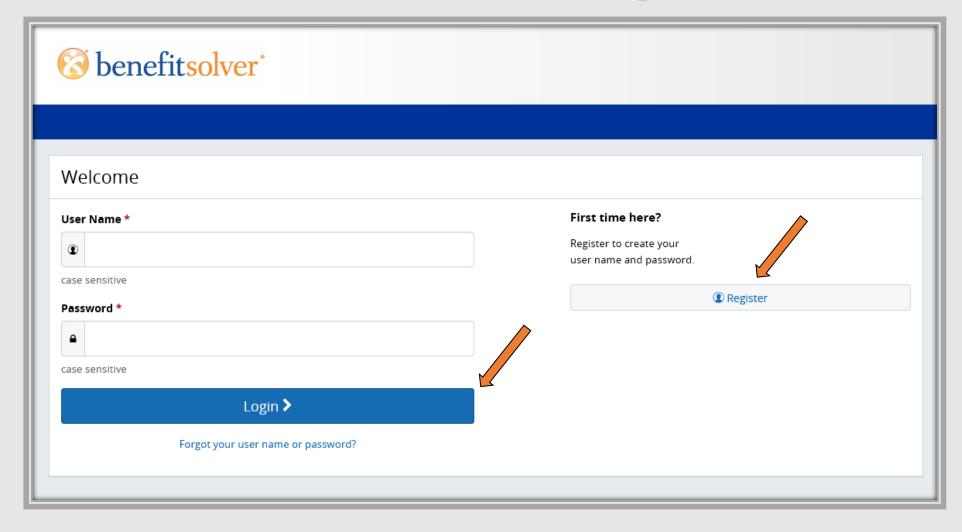




To enroll in MUS *Choices*benefits, visit
choices.mus.edu and click
on the applicable campus
login button.

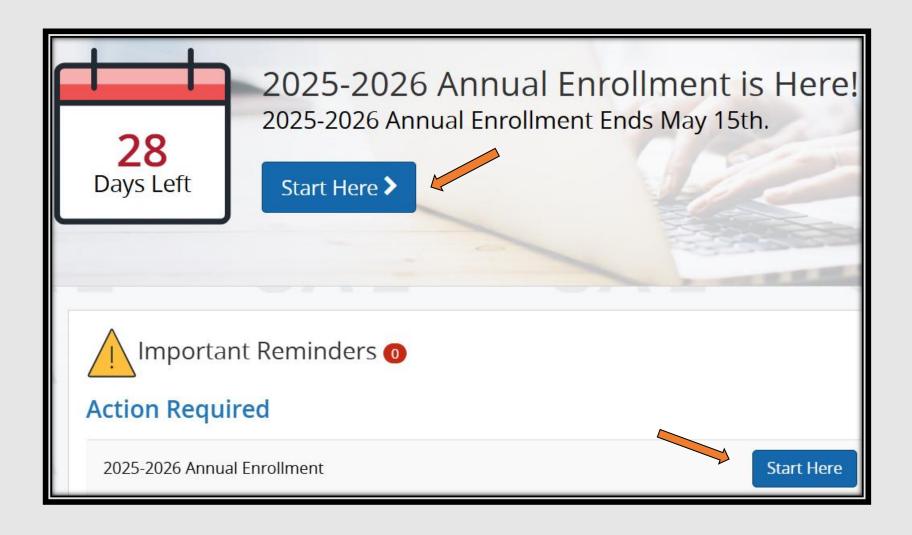
** UM/MSU campuses use NetID Single Sign-On

Benefitsolver – Welcome/Login Screen



First time DCC, FVCC, MCC, and OCHE users must register by creating a User Name and Password.

Benefitsolver – Member Home Screen



NEW HIRE/ ANNUAL ENROLLMENT SCREEN –

New hires or employee making a mid-year change during the Annual Enrollment period <u>must</u> complete <u>two</u> benefit elections:

- ✓ New Hire enrollment/MYC enrollment.
- ✓ Future Annual Enrollment (7/1/25).



Benefits Enrollment



Important! You have two enrollments to complete

Because you have started your enrollment during your Annual Enrollment window, you have two enrollments to complete.

- 1. New Hire Enrollment
- 2. 2025-2026 Annual Enrollment

Step 1: New Hire Enrollment

As a newly hired employee, you first need to enroll in your benefits that will cover you for the rest of this plan year.

Coverage will be effective based on

04/07/2025

Begin Enrollment

Continue

Step 2: 2025-2026 Annual Enrollment

Once you complete your enrollment for this plan year, you will need to enroll in your benefits for the following plan year.

Any add or change in coverage will be effective on

07/01/2025

Begin Enrollment

Must Complete New Hire Enrollment First



Use the Benefitsolver MyChoice Mobile App for easy access on the go.

Access your benefits information on the MyChoice® benefits app!

Below are some of the valuable features the MyChoice benefits app offers you:



Plan Details – View your medical, dental, and vision hardware plans, and supplemental benefits.



Beneficiaries – View and change primary & contingent beneficiaries.





QUESTIONS?

choices.mus.edu 1-877-501-1722



