



**MONTANA UNIVERSITY SYSTEM**  
**OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION**  
**Benefits Department**

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April 7, 2025

Montana University System Benefit Plan COBRA Members  
**IMPORTANT:** 2025 Annual Enrollment Benefit Plan and Premium Changes

The Montana University System **Choices** Benefit Plan (MUS Plan) is your self-insured employer sponsored plan covering over 16,000 MUS employees, retirees, COBRA enrollees and family members. The MUS Plan, funded by a combination of contributions as determined by the Montana Legislature and Plan member premiums, is responsible for providing health care coverage for you and your family members in accordance with state and federal laws.

During 2024, the MUS Plan saw a significant increase in health care costs and utilization. These increases are driving necessary benefit changes and premium increases. Beginning July 1, 2025, the MUS Plan will implement medical benefit adjustments and premium increases. Additionally, there will be increases to the diagnostic and preventive dental fee schedule amounts.

COBRA medical premium changes are as follows:

	Premium through June 30, 2025	Premium as of July 1, 2025
Employee/Survivor/Dependent Only	\$762.96/month	\$771.12/month
Employee & Spouse	\$1,096.50/month	\$1,328.04/month
Employee/Survivor/Spouse & Child(ren)	\$1,013.88/month	\$1,123.02/month
Employee & Family	\$1,353.54/month	\$1,577.94/month

COBRA **Basic** and **Select Plan** dental premium changes are as follows:

	Premium through June 30, 2025	Premium as of July 1, 2025
<b>Basic Plan</b>		
Employee/Survivor Only	\$18.36/month	\$20.40/month
Employee & Spouse	\$34.68/month	\$39.78/month
Employee/Survivor & Child(ren)	\$34.68/month	\$39.78/month
Employee & Family	\$49.98/month	\$56.10/month
<b>Select Plan</b>		
Employee/Survivor Only	\$43.86/month	\$48.96/month
Employee & Spouse	\$83.64/month	\$94.86/month
Employee/Survivor & Child(ren)	\$83.64/month	\$94.86/month
Employee & Family	\$118.32/month	\$134.64/month

2025 Annual Enrollment Benefit Plan and Premium Changes (cont.)  
Page 2

COBRA medical benefit changes are as follows:

Benefit Description	Benefit through June 30, 2025	Benefit as of July 1, 2025
<b>Deductible</b>		
Increase In-Network Deductible	\$750 (individual) / \$1,500 (family)	\$1,000 (individual) / \$2,500 (family)
Increase Out-of-Network Deductible	\$750 (individual) / \$1,750 (family)	\$1,000 (individual) / \$2,750 (family)
<b>Out-of-Pocket (OOP) Maximums</b>		
Increase In-Network OOP	\$4,000 (individual) / \$8,000 (family)	\$4,500 (individual) / \$11,250 (family)
Increase Out-of-Network OOP	\$6,000 (individual) / \$12,000 (family)	\$6,750 (individual) / \$16,875 (family)
<b>Additional Benefit Enhancements</b>		
Federally Qualified Health Center (FQHC) Visit	N/A	\$10 copay/visit (no deductible/coinsurance)
MDLIVE Virtual Visit (telemedicine)	N/A	\$10 copay/visit (no deductible/coinsurance)

The 2025-2026 MUS **Choices** Annual Enrollment period will be from **April 24 – May 15, 2025**.

The MUS Benefits office will be providing a live, interactive MUS **Choices** Employee Benefit Plan presentation on Tuesday, April 22<sup>nd</sup> at 10:00 a.m. (MST), which can be accessed online from the MUS **Choices** website at [choices.mus.edu](https://choices.mus.edu). The recorded MUS **Choices** Employee Benefit Plan presentation and the benefits slide presentation will be available on the MUS **Choices** website by April 26<sup>th</sup> for your convenience.

**What do you need to do?**

- (1) If you want to make benefit changes to your MUS Plan coverages for the 2025-2026 Plan Year, please contact the MUS COBRA Administrator, Businessolver, at 1-833-520-9689 or the MUS Benefits office at 1-877-501-1722 by 5:00 p.m. (MST) on **Thursday, May 15, 2025** to make your changes.
- (2) If you do not want to make any changes to your current MUS Plan coverages, you will **automatically** be re-enrolled in your current benefits.

If you have questions or need additional information, we encourage you to contact the MUS Benefits office at 1-877-501-1722.