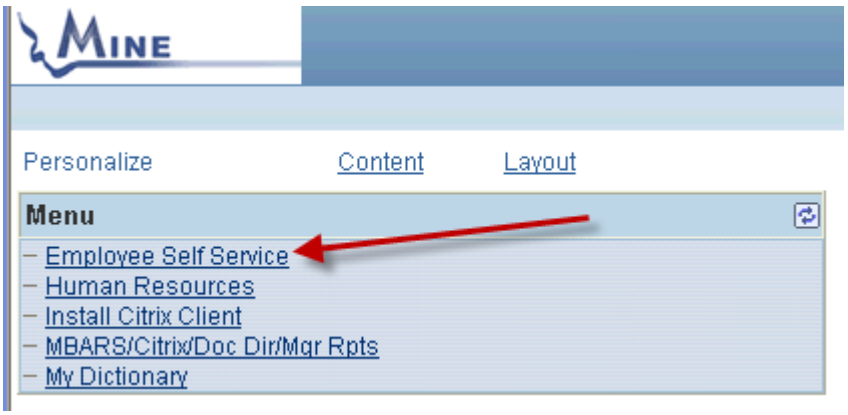
2014 State of Montana Retiree Annual Change

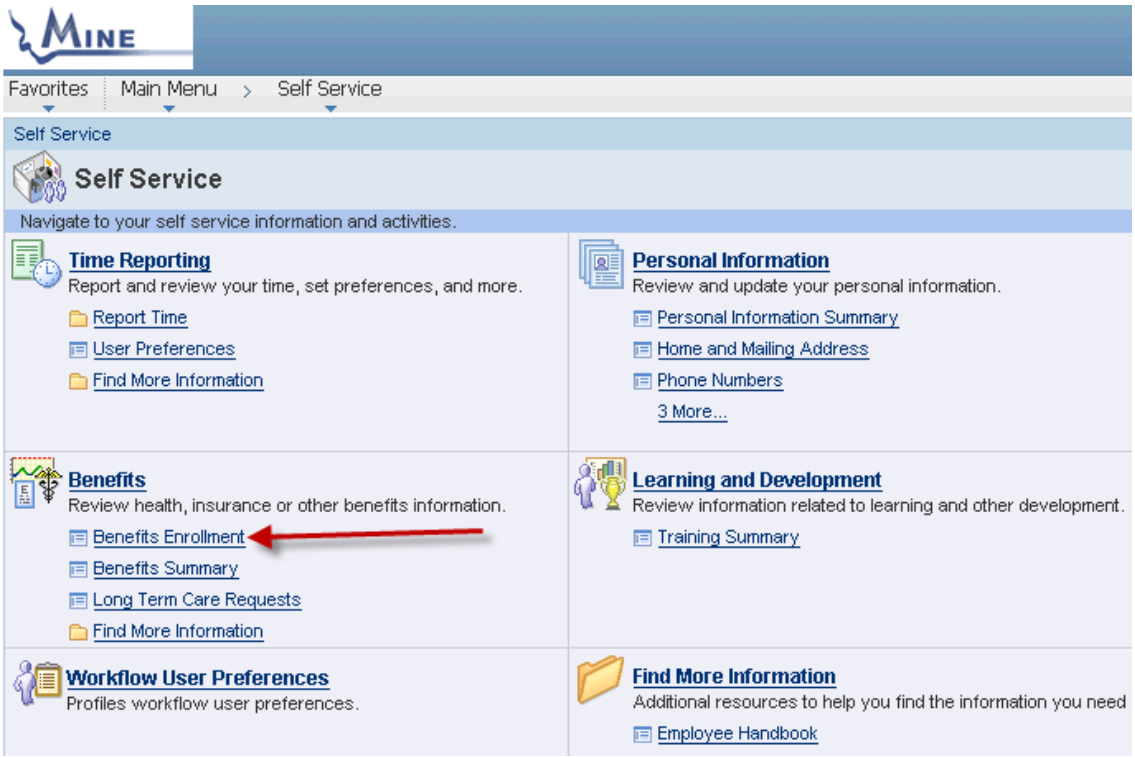
Deadline October 25, 2013

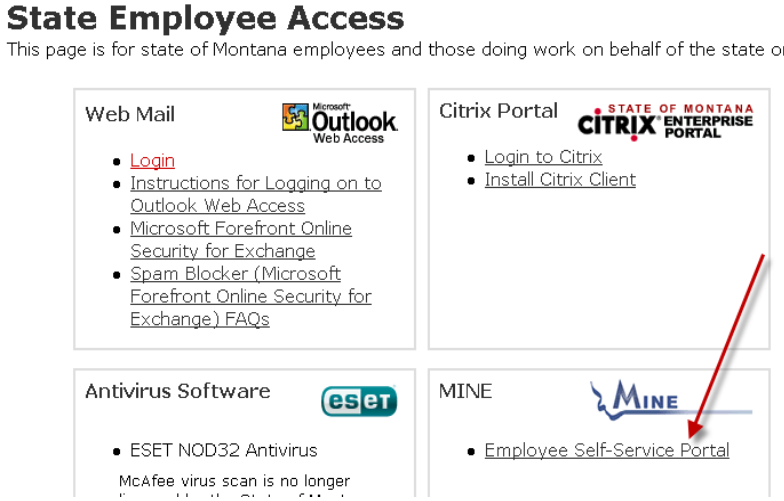
How To Do Elections Online



For access from MINE:

1. Log into MINE: http://mine.mt.gov
2. Click **Employee Self Service**
3. Click **Benefits Enrollment**
4. Follow the online directions.





For access from home:

1. Go to the State Employee Access page at www.mt.gov/employee
2. Click on the **MINE Employee Self Service Portal**
3. Follow the directions above for access from MINE

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Dear Members of the State Employee Benefits Plan,

An ounce of prevention really is worth a pound of cure! The numbers are in on our new wellness programs. Those of us who participate in the wellness programs have lower health care costs than those who don't. On our plan **people who don't participate in the health screenings have 78% higher costs** than those who do participate.

Because of this we increased the discount for having your health screening + completing an online assessment and for not using tobacco. See page 19 for details about the **BIGGER DISCOUNT** for completing both steps.

The use of the wellness programs is helping our medical costs start to level out. We pass those savings on to you, so we can limit the rate increases to between 0% to 5% depending on the type of coverage you have.

What are some of the changes we've had in 2013 and have coming in 2014?

Montana Health Center

Last year we opened our first health center in Helena—a rousing success. We opened our 2nd location in Billings in June 2013 and will open our 3rd location in Miles City in September 2013 (see page 18). Active employees, non-Medicare retirees, and eligible dependents covered on the health plan can receive all the same services available in a primary care providers' office—preventive care, treating chronic conditions like high cholesterol and high blood pressure, acute services for conditions like sinusitis and bronchitis, and much more. Medicare retirees may have their flu shots and health screenings done at the health centers. More centers will be opening throughout Montana as quickly as possible.

Vision Benefits

In 2014 all members of both medical plans will be eligible for a routine vision exam as part of the core benefits. You must go to an in-network provider. If you want to purchase an optional hardware benefit for glasses or contacts, you may do that at a lower cost than 2013. How are we able to do this? We are including Cigna Vision with our medical plans. Our new network will be Cigna Vision Network with more in-network providers than we currently have. See page 17 for details.

Medical Benefits

For 2014 the changes include:

- ⇒ The Capitol (formerly Choice) plan now offers a benefit of 70 days per year for skilled nursing like the Classic plan;
- ⇒ We no longer offer a travel benefit for any services other than transplants;
- ⇒ Contact Cigna to see if any radiology or surgical services your provider has ordered need prior authorization;
- ⇒ Review the benefits carefully—both plans use the same provider network and benefits are similar; however, out-of-pocket costs are higher with the Classic plan
- ⇒ This book is only a snapshot of the benefits offered on the State of Montana health plan—for more detailed information, see the Summary Plan Document* at www.benefits.mt.gov under Forms/Publications;
- ⇒ The language for developmental delays has changed; see the Summary Plan Document* for details or contact HCBD.

Take the time to review all of your benefits and make sure you get the most bang for your buck. Don't just enroll in the same benefits you have always had. ***Your life changes and so should your health care coverage.*** Take time to attend one of the annual change presentations (over a hundred!) that are being held around the state (or view the online version on www.benefits.mt.gov).

Working together, we can improve your quality of life and lower the amount we spend on healthcare. We at Health Care and Benefits Division (HCBD) are ready to help you make your choices this year. Attend an annual change meeting (schedule on page 6), or contact us at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov with your questions. Don't wait until the last minute to make your choices! **Make your benefits elections online *now*. October 25, 2013 is the deadline**.

In good health,

HCBD Staff

*The updated Summary Plan Document (SPD) will be published on www.benefits.mt.gov by the end of 2013. If you have specific questions about the SPD, contact HCBD at (800) 287-8266; TTY (406) 444-1421; or benefitsquestions@mt.gov.

Be sure to check our website www.benefits.mt.gov to see the updated HIPAA Notice or Privacy Practices or watch your mail in October for a copy.

TWO STEPS To Get Your Discount in 2014

Understand your health today
for smaller payments tomorrow.

To get your health screening discount in 2014, you have TWO STEPS to complete. If you have a spouse or dependent age 18 or older on your plan, their participation **doubles** your discount!

Being tobacco-free[1] gives you even more of a discount.

Here's how it works:

Step 1: In 2013 complete a health screening with CareHere, the company that runs the Montana Health Centers.

To schedule go to www.carehere.com *or call CareHere (877) 423-1330*

Then...

Step 2: Fill out Cigna's online* Health Assessment (HA) ***using the numbers from your health screening***[2] by going to www.myCigna.com. When you fill out your assessment, you and your dependent age 18 or older covered on your plan will have to register as new users. Tell us here if you do or do not use tobacco.

Your dependent age 18 or older on your plan does the same. Being tobacco-free[1] increases your discount. *Cigna (855) 692-0131*

**If you do not have computer access, contact HCBD and request a paper copy of Cigna's health assessment.*

You must complete BOTH steps to qualify for *any* discount!

Once you have completed both steps in 2013—with CareHere and with Cigna—then in 2014 you get a $10/month discount for your health screening, $10/month more if you are tobacco-free. If your eligible dependent completes both steps, you get another $10/month discount and $10/month if they are tobacco-free.

So you can save up to $240/year for you or $480/year for you and your eligible dependent!

For details, go to www.benefits.mt.gov or contact Health Care and Benefits Division (HCBD) at (800) 287-8266, TTY (406) 444-1421, or benefitsquestions@mt.gov.

[1]Do you use tobacco? Ready to stop? You have options. Both Cigna (855) 692.0131 and CareHere (877) 423.1330 offer comprehensive tobacco cessation programs for members on the State plan. Both programs are no cost to you the member. Copays apply to any medications deemed appropriate by the clinic provider.

[2]Need help getting your health screening results? Go to www.benefits.mt.gov and click on Health Screenings for directions OR call CareHere at (877) 423-1330

See page 19 for full details.

Cigna

CareHere!

HCBD HEALTH CARE & BENEFITS DIVISION

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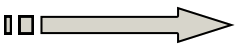


Capitol and Classic Plans

Who is Eligible?

Employees, legislators, retirees, COBRA members, and dependents (spouse, domestic partner, children) are eligible for the medical plan. For dependent eligibility, see page 27.

Decide Which Plan Is Right for You

1. Read about both plans below.
2. Carefully compare each plan's costs, deductibles, and services in the Plan Details starting on page 10 or visit our website www.benefits.mt.gov under EMPLOYEES and MEDICAL.
3. Compare your typical health care needs with how the plans work
4. Select the plan that works best for you and your family

Your options are the **Capitol Plan** or the **Classic Plan**.

Cigna administers both medical plans for the State and has a large nationwide network of providers. Starting 1/1/2014, all members covered on the medical plan may have **one vision and eye health evaluation** each year. *Check the Cigna website* https://cigna.vsp.com *to see if a provider is in-network.*

Capitol Plan

The Capitol plan starts cost sharing on office visits, urgent care visits, and emergency department visits immediately on January 1, 2014 when the new plan year starts. You have an annual deductible that you pay toward services such as lab work and imaging. Once you have met your deductible, you pay coinsurance toward the services that do not have a copay.

To see how this works, let's look at this example and assume this is your fourth visit this plan year to your in-network doctor's office for sinusitis. Let's assume **you have paid $600 this year and therefore met your deductible.**

Classic Plan

The Classic plan works like an indemnity plan. That means you pay all costs *(with a few exceptions)* until you meet your deductible. The deductible on the Classic plan is $1,000 for an individual and $2,250 for a family.

The Classic plan costs the State health plan more money, so the deductible and other associated costs are higher for the members who choose this plan. Let's compare your costs for the same office visit we looked at for the Capitol plan. And again in this example we're assuming **you have paid $600 this year but have not met your deductible** (higher deductible on the Classic plan).

Whether you choose the Capitol or Classic plan, age and gender appropriate preventive services with an in-network provider are always covered at 100% of the allowable amount so you have no out-of-pocket costs.

Capitol Plan	Provider's Charge	Allowed Fee	The Plan Pays	Your Out-of-Pocket Cost
Office Visit	$100	$80	$65	$15 copay
Blood work	$120	$90	$67.50	$22.50 coinsurance
			Your total cost:	**$37.50**

Classic Plan	Provider's Charge	Allowed Fee	The Plan Pays	Your Out-of-Pocket Cost
Office Visit (4th for plan year)	$100	$80	$0	$80 toward your deductible
Blood work	$120	$90	$0	$90 toward your deductible
			Your total cost:	**$170**

There is a *third* option. All eligible members on the medical plan may use any of the health centers. See page 18 for details. If you receive these same services at a Montana Health Center, your out-of-pocket costs would be:

Montana Health Center	Your Out-of-Pocket Cost
Office Visit	$0
Blood work	$0
Your total cost:	**$0**

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Monthly Out-of-Pocket Benefit Costs Worksheet

for Retirees

Primary Benefits

At age 65:

- Dental becomes optional and
- The Retiree is no longer eligible for Basic Life insurance

Medical Plan (See rates on page 9)	Choose Capitol or Classic	Cigna	$_____ (a)
Dental Plan (See rates on page 15)		Delta Dental	$_____(b)
Basic Life Insurance of $14,000 Available to retirees under age 65 and not Medicare eligible (See page 25)	Medicare retirees cross out the $1.90 for Basic Life		$_____1.90 (c)
Total Core Benefits Contribution		**Add lines a, b, and c =**	$_____(d)

Optional Benefits

Vision hardware (See rates on page 17)		$_____(e)
Optional Benefits Contribution Total	**Line e =**	$_____(f)

Totals

Primary Benefits	Enter amount from line d	$_____(g)
Optional Benefits	Enter amount from line f	$_____(h)
Total Benefits	Add lines g and h	$_____(i)
Health screening discount—**TWO STEPS REQUIRED** to get the discount; see page 19		
Tobacco-free discount[3]		$_____(k)

[3] *If you attended a 2013 health screening AND filled out Cigna's online health assessment, enter $10; if you and your dependent over age 18 attended a screening and filled out the online health assessments, enter $20. Enter an additional $10 for being tobacco-free. Max monthly discount: $40 See page 19 for details.*

Total Monthly Out-of-Pocket Costs for 2014 Benefits	Subtract lines k from line i	$_____

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Retiree Rates—Monthly Benefits Payment

Non-Medicare	Capitol Plan	Classic Plan
Retiree only	$734	$772
Retiree & spouse	$1,037	$1,083
Retiree & children	$880	$923
Retiree & family	$1,061	$1,109
Retiree & Medicare spouse	$881	$923
Retiree, Medicare spouse, & children	$933	$976

Medicare	Capitol Plan	Classic Plan
Medicare only	$299	$314
Medicare & spouse	$594	$624
Medicare & children	$489	$513
Medicare & family	$622	$652
Medicare & Medicare spouse	$521	$546
Medicare, Medicare spouse, & children	$532	$559

Costs to the Member

Capitol Plan

	My Cost—**Select In-Network**	My Cost—**Select Out-of-Network**
Annual Deductible Applies 1/1/14 — 12/31/14	$500/member $1,000/family	A separate $750/ member A separate $1,750/ family
Coinsurance Percentages for provider charges	25%	35% + balance billing
Coinsurance Percentages for facility charges	25%	35% + balance billing
Annual Out-of-Pocket Max	$2,500/member $5,000/family	A separate $4,250/ member A separate $9,500/ family + balance billing

Classic Plan

	My Cost—**Classic In-Network**	My Cost—**Classic Out-of-Network**
Annual Deductible Applies 1/1/14 — 12/31/14	$1,000/member $2,250/family	$1,000/member $2,250/family (combined with in-network) + balance billing
Coinsurance Percentages for provider charges	25%	35% + balance billing
Coinsurance Percentages for facility charges	25%	35% + balance billing
Annual Out-of-Pocket Max	$5,000/member $11,250/family	$5,000/member $11,250/family (combined with in-network) + balance billing

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Plan Details (Schedule of Benefits)

	Capitol Plan		Classic Plan	
Office/Routine Care				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Office visits	$15/visit (covers office visit charge only)	35% + balance billing D	25%[1] D	35% [1] + balance billing D
Professional outpatient physical, occupational, cardiac, pulmonary, & speech therapy (max 30 combined days/yr)	$15/visit[3] (copay applies to each visit)	35% + balance billing[3] (coinsurance applies to each visit) D	25% [3] (coinsurance applies to each visit) D	35% + balance billing[3] (coinsurance applies to each visit) D
Professional Lab/Diagnostic/ Injectables	25% (no deductible on injectables without an office visit) D	35% + balance billing D	25% D	35% + balance billing D
Durable medical equipment and prosthetics May require prior authorization	25% (not applied to out-of-pocket max) D	35% + balance billing (not applied to out-of-pocket max) D	25% (not applied to out-of-pocket max) D	35% + balance billing (not applied to out-of-pocket max) D
Allergy shots	$15 for office visit + 25% coinsurance; (no deductible; 25% coinsurance if no office visit) D	35% + balance billing D	25%	35% + balance billing D
Hospital Care				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Inpatient services	25% D	35% + balance billing D	25% D	35% + balance billing D
Outpatient services and Surgical Center Services	25% D	35% + balance billing D	25% D	35%+ balance billing D
Organ transplant—Prior authorization, pre-certification, case management are required.	25% D	Not covered	25% D	35% + balance billing D
Mental Health and Substance Abuse				
	In-Network	**Out-of-Network**		
Outpatient professional services[2] EAP benefits apply for the first 4 visits in-network; see page 37	Visits 1 - 4 no charge; then $15/visit (covers office visit charge only)	35% + balance billing D	Visits 1 - 4 no charge; then 25% D	35% + balance billing D
Inpatient services[2]	25% D	35% + balance billing D	25% D	35% + balance billing D

[1] *No deductible for first two non-routine visits*
[2] *Residential programs for mental health and/or chemical dependency are not covered by this plan*
[3] *Developmental delays are not covered*

D **= Deductible applies**

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Plan Details (Schedule of Benefits)

	Capitol Plan		Classic Plan	
Emergency and Urgent Care Services				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Ambulance services for medical emergency	25% D	25% + balance billing D	25% D	25% + balance billing D
Emergency department and hospital charges—Capitol plan copay includes all services (no deductible or coinsurance); copay waived if admitted, then all inpatient benefits apply[1]	$250/visit for facility charges[1] + $100 for physician services	$250/visit for facility charges[1] + $100 for physician services + balance billing	25% D	25% + balance billing D
Emergency department Professional and ancillary charges	N/A	N/A	25% D	25% + balance billing D
Urgent care facility and professional charges	$35 (covers visit charge only)	$35 (covers visit charge only) + balance billing	25% D	25% + balance billing D
Urgent care ancillary—lab/ diagnostic/surgical charges	25% D	25% + balance billing D	25% D	25% + balance billing D
Extended Care Services (prior authorization recommended)				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Home health care	$15/day (max 30 days/year)	35% (max 30 days/year) + balance billing D	25% (max 70 days/year) D	35% (max 70 days/ year) + balance billing D
Hospice	25% D	35% + balance billing D	25% D	35% + balance billing D
Skilled nursing	25% (max 70 days/ year) D	35% + balance billing (max 70 days/year) D	25% (max 70 days/year) D	35% + balance billing (max 70 days/year) D
Inpatient rehabilitation (max 60 days per year total) See the SPD for details[2]	25% D	35% + balance billing D	25% D	35% + balance billing D
Maternity Services				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Hospital charges	25% D	35% + balance billing D	25% D	35% + balance billing D
Physician charges	25% D	35% + balance billing D	25% D	35% + balance billing D
Ultrasounds	25% D	35% + balance billing D	25% D	35% + balance billing D

[1] *If there is an admission from the emergency department, be sure to authorize follow up care*
[2] *Residential services are not covered*

D **= Deductible applies**

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Plan Details (Schedule of Benefits)

	Capitol Plan		Classic Plan	
Routine Newborn Care				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Inpatient hospital and physician charges for routine newborn care	25%	35% + balance billing D	25%	35% + balance billing
Preventive Services				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Adult preventive services See SPD for covered benefits; includes contraception	$0	35% + balance billing No deductible for mammograms D	$0	35% + balance billing No deductible for mammograms D
Adult Immunizations (such as flu and pneumonia)	$0	35% + balance billing D	$0	35% + balance billing (no deductible)
Well child checkups and immunizations See the schedule listed in the SPD	$0	35% + balance billing	$0	35% + balance billing (no deductible)
Alternative Care				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Chiropractic	$15/day (max 20 days/year)	35% + balance billing (max 20 days/year) D	25%[1] D	35% + balance billing[1] D
Acupuncture	Not covered	Not covered	25%[2] D	35% + balance billing[2] D
Naturopathic	Not covered	Not covered	25%[3] D	35% + balance billing[3] D
Miscellaneous Services				
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Dietary/Nutritional counseling	$0 (no deductible, no coinsurance) Max 3 days/year	35% + balance billing Max 3 days/year D	25% Max 3 days/year D	35% + balance billing Max 3 days/year D
PKU supplies	25%	35% + balance billing D	25% D	35% + balance billing D
TMJ treatment—Requires prior authorization	25% Surgical only D	Not covered	25% Surgical only D	Surgical only 35% + balance billing D

[1] 20 days maximum for chiropractic care on the Classic plan
[2] 10 days maximum for acupuncture care on the Classic plan
[3] 10 days maximum for naturopathic care on the Classic plan

D = **Deductible applies**

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Covered Preventive Services

When members on the Capitol and Classic plans receive age and gender appropriate preventive care from an **in-network** provider, the care is covered at 100% of the allowed amount without any deductible, coinsurance, or copay.

This change in our medical plans complies with the Patient Protection and Affordable Care Act (PPACA).

Periodic exams—Appropriate screening tests (see the SPD for a full list of tests)	
Well child care Infant through age 17	Age 0 months through 4 year—up to 14 visits Age 5 years through 17 years—one visit per plan year
Adult routine exam Exams may include screening/counseling and/or risk factor reduction interventions for depression, obesity, tobacco use, drug and/or alcohol abuse	Age 18 through 65+—one visit per plan year
Preventive screenings	
Anemia screening (CBC)	Pregnant women
Bacteruria screening (UA)	Pregnant women
Breast cancer screening (mammography)	Women age 40+—one per plan year
Cervical cancer screening (PAP)	Women age 21 through 65—one per plan year
Cholesterol screening (lipid profile)	Men age 35+ (age 20-35 if risk factors for coronary heart disease are present) Women age 45+ (age 20-45 if risk factors for coronary heart disease are present)
Colorectal cancer screening age 50+	Fecal occult blood testing once per plan year; OR Sigmoidoscopy every 5 years; OR Colonoscopy every 10 years
Prostate cancer screening (PSA) age 50+	One per plan year (age 40+ with risk factors)
Osteoporosis screening	Post menopausal women—65+ (60+ with risk factors)—one bone density x-ray (DXA) every two years
Abdominal aneurysm screening	Men age 65-75 who have ever smoked—one screening by ultrasound per plan year
Diabetes screening (fasting A1C)	Adults with high blood pressure
HIV screening **STD screening**	Pregnant women and others at risk Persons at risk
RH incompatibility screening	Pregnant women
Routine immunizations	
Diphtheria, tetanus, pertussis (DTaP; Tdap; TD), haemophilus influenza (HIB), hepatitis A & B, human papillomavirus (HPV), influenza, measles, mumps, rubella (MMR), meningococcal, pneumococcal (pneumonia), poliovirus, rotavirus, varicella (smallpox); for age 50 and older: zoster (shingles)	

Prescription Drug Plan

Administered by MedImpact (888) 648-6764
https://mp.medimpact.com/mtn

Prescription Medication Highlights

URx Drug Classification	Drug Tier	Deductible	Retail Rx 30 day supply What you pay	Mail Rx 90 day supply What you pay
Excellent value based on medical evidence	A	$0	$0 copay	$0 copay
High value based on medical evidence	B	$0	$15 copay	$30 copay
Good value based on medical evidence	C	$0	$40 copay	$80 copay
Lower value based on medical evidence	D	$0	50% coinsurance[1]	50% coinsurance[1]
Lowest value based on medical evidence	F	$0	100% coinsurance[1]	100% coinsurance[1]
You may purchase **specialty drugs** through Diplomat Pharmacy for a copay. If you buy through a retail pharmacy, you pay 50%.	S	$0 deductible then $150 or $250 copay though Diplomat	50% coinsurance[1]	Not covered

[1]*Does not count toward your out-of-pocket maximum.*

What is URx?

URx focuses on producing better clinical outcomes by making sure members get the ***best*** drug for the best price to treat their condition. ***You get URx with either medical plan.***

How Does URx Work?

URx has the Pharmacy & Therapeutics Committee (PTAC) that evaluates drugs based on the proven clinical results. PTAC places drugs in tiers within the URx formulary. The tiers are based on a combination of clinical and financial value to the plan and the member.

MedImpact is the pharmacy benefit administrator. MedVantx and Ridgeway are our mail order pharmacies. Diplomat Specialty Pharmacy handles the specialty medications (drugs that require special administration).

What Tier Are You In?

What grade do your prescription drugs get in the **URx** program? Does your medication get an A, B, C, D, or F? Most people don't realize that just because a drug costs more, does **NOT** mean the drug is *better*.

Drug companies spend billions of dollars each year on advertising—so if you see six commercials for a particular drug, that drug may cost a lot more than a comparable drug. *Our health plan spends more on drugs than on doctor visits for our members.*

How Do I Determine What Tier My Drug Is?

You can look up the class of your drug at: https://mp.medimpact.com/mtn and then talk to your doctor about the options for your medication.

We encourage you to take this information to your health care provider to see if you are able to use the therapeutically equivalent drug.

What Does 'Most Drugs Are Covered' Really Mean?

MedImpact negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. The vast majority of drugs, including those that were not formerly covered, have a substantial discount.

Out-of-Pocket Maximum for 2014

- ⇒ **Individual: $1,650/year**
- ⇒ **Family: $3,300**

Once you meet your out-of-pocket max, your drugs in tiers A, B, C, and specialty drugs through Diplomat Pharmacy are covered at **100%**. Drugs in tiers D, F, and specialty through retail pharmacies never apply to the out-of-pocket maximum.

You might be able to save using a mail order pharmacy. Here's an example:

Advair Diskus 100 — 50mcg

Your charge for a one month supply from a retail pharmacy: $40 = **$1.33 per day**

Your charge for a three month supply from a mail order pharmacy: $80 = **$0.88 per day**

The plan pays less for many medications through the mail order pharmacies, and we pass those savings on to you. Call MedVantx or Ridgeway today to see if you can save money buying your prescriptions by mail.

Diplomat Specialty Pharmacy (877) 319-6337
MedVantx (877) 870-MONT (6668)
Ridgeway (800) 630-3214

Infusion Program (only available in some areas)
Walgreen's Option Care (800) 449-1256
St. Peter's (406) 457-4180

Having trouble with your specialty medication copayments? HCBD wants to help!

Contact (800) 287-8266, (406) 444-7462; TTY (406) 444-1421, or benefitsquestions@mt.gov. A Benefits Specialists can tell you about options that may be available.

Administered by Delta Dental (866) 496-2370
www.deltadentalins.com/stateofmontana

Dental

DELTA DENTAL

	Monthly Cost Basic Plan	Monthly Cost Premium Plan
Member only	**$17.50**	**$35.00**
Member and spouse	**$27.00**	**$53.50**
Member and children	**$26.00**	**$52.00**
Member and family	**$30.00**	**$60.00**
Joint Core	**$20.50**	**$41.00**

Basic or Premium—Which plan is best for you?

The Basic plan covers Type A services (Diagnostic and Preventive or D&P such as exams, cleanings, and x-rays; amalgam fillings are now also Type A). The Basic plan costs about half what the Premium plan costs.

The Premium plan covers Types A, B, and C services. See the table on page 16 for a list of Types A, B, and C services.

We have **two networks** with Delta Dental—PPO℠ and Premier®. The difference between seeing a dentist in the **PPO** and **Premier** networks is the level of the discount.

- **PPO** dentists accept reduced fees so you will usually pay the least when you visit a PPO dentist .
- **Premier** dentists agree to a discount, just not as low as PPO fees. So you pay a percentage of a slightly higher fee.

You have access to dentists in both networks at any time. You do not have to pre-select a dentist or a network. The difference in selecting a dentist is your out-of-pocket cost. The allowed fees and your out-of-pocket costs will depend on whether you choose a dentist from the PPO or Premier network.

If you see a non-Delta Dental dentist, you will be balance billed the difference between the allowed amount and that dentist's charged fee.

Eligibility	Employees, Legislators, Retirees[1], spouses, & eligible dependent children up to age 26	
Deductibles	Basic Plan	Deductible does not apply
	Premium Plan	$50 per person / $150 per family each calendar year- waived for Type A services; applies towards Type B and Type C services
Maximums	Basic Plan	$600 per person each calendar year- Type A services
	Premium Plan	$1,800 per person each calendar year
Do Diagnostic & Preventive services count toward maximum?	No, your plan includes D&P Maximum Waiver benefit, allowing you to obtain diagnostic and preventive dental services without those benefits reducing the plan year maximum.	

[1]Retirees under age 65 are required to have dental unless they waive the entire benefits package; once Medicare eligible, dental coverage is optional.

Website Directions: To see if your dentist is in the PPO or Premier network,

- Go to www.deltadentalins.com/stateofmontana.
- Go to the **Find a Dentist** box on the right of the page.
- Select the distance from your zip code to search
- Select the network—to see all dentists, select **Any Plan**
- Click search

If you selected **Any Plan**, two tabs open on the new page. One tab is for PPO dentists and one is for Premier dentists. Be sure to check both tabs for your dentist.

What the Dental Plans Pay

	Basic Plan		
Benefits and Covered Services	**PPO dentist**	**Premier dentist**	**Non-participating dentist**
Type A Services[1] Diagnostic & Preventive (D&P), Exams, cleanings, sealants, x-rays, amalgam fillings, and composite fillings up to the amalgam allowable	100% of maximum contract allowance	100% of maximum contract allowance	100% of maximum contract allowance + balance billing
Type B Services	Not a covered benefit	Not a covered benefit	Not a covered benefit
Type C Services	Not a covered benefit	Not a covered benefit	Not a covered benefit

	Premium Plan		
Benefits and Covered Services	**PPO dentist**	**Premier dentist**	**Non-participating dentist**
Type A Services[1] Diagnostic & Preventive (D&P), Exams, cleanings, sealants, x-rays, amalgam fillings	100% of maximum contract allowance	100% of maximum contract allowance	100% of maximum contract allowance + balance billing
Type B Services[1,2] Endodontics, periodontics, extractions, oral surgery, composite fillings	80% of maximum contract allowance	80% of maximum contract allowance	80% of maximum contract allowance + balance billing
Type C Services[1,2] Crowns, bridges, initial dentures	50% of maximum contract allowance	50% of maximum contract allowance	50% of maximum contract allowance + balance billing

[1] See the SPD on www.benefits.mt.gov for a full list of types A, B, and C services
[2] Deductible applies

Find a dentist, view claims, check benefits, and manage your profile online and on your mobile phone
www.deltadentalins.com/stateofmontana

Benefits and Covered Services	Limitations / Maximums
Type A Services	One full mouth x-ray and series in any 60 month period
	Two sets of supplementary bitewing x-rays in a benefit period
	Two exams &/or cleanings in any benefit year (fluoride application through age 19)
	No deductible; $600 yearly maximum for Basic and Premium plans
	Sealants limited to covered dependents through age 15; may be applied to molars once per tooth per lifetime
Type B Services	See the HCBD website or the SPD for a full list of covered services and limitations
Type C Services	See the HCBD website or the SPD for a full list of covered services and limitations

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

Vision Hardware Plan *(Optional)*

Check out the **NEW** vision benefit! Starting 1/1/2014, all members covered on the medical plan may have **one vision and eye health evaluation** each year.

In the past this benefit was only available to those who purchased vision coverage.

Now all you have to decide is if you want to purchase vision hardware coverage—your eye exam is included with your medical!

What this means for members is that **whether or not you choose the vision hardware plan, you may have one in-network eye exam each year.**

Another change is you must be on the medical plan to select the vision hardware plan.

Cigna's Vision Network offers one of the largest national routine vision networks, with 54,800+ optometrists and ophthalmologists at over 28,000 locations nationwide.

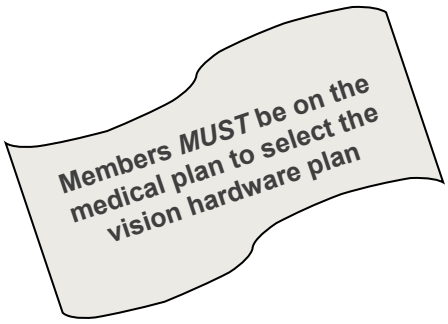
Our new network is Cigna Vision Network. Check their website https://cigna.vsp.com to see all the in-network providers.

You must elect this plan. If you have vision now, you do not automatically get the Vision Hardware plan. You must select it during annual change.

Who is Eligible?

Employees, retirees, legislators, COBRA members, and dependents covered on the medical plan.

All Members who are on the Capitol or Classic Medical Plan Receive:		
Coverage	**In-Network Benefit**	**Out-of-Network Benefit**
Eye Exam Copay	$10	N/A
Exam Allowance (one per plan year)	Covered 100% after Copay	Up to $45
In-Network Coverage Includes: One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses		



Vision Hardware	2014 Monthly Cost
Member only	$5.76
Member and spouse	$10.86
Member and children	$11.42
Member and family	$16.76

Members who choose the Vision Hardware plan in addition to the medical plan receive:		
Coverage	**In-Network Benefit**	**Out-of-Network Benefit**
Materials Copay	$20	N/A
Eyeglass Lenses Allowances: (one pair per plan year) Single Vision Bifocal Trifocal Lenticular	 Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	 Up to $45 Up to $55 Up to $65 Up to $80
Contact Lenses Allowances: (one pair–*one time benefit per plan year*—instead of lenses) Elective Therapeutic (must meet medically necessary criteria)	 $130 Covered 100%	 Up to $95 Up to $210
Frame Retail Allowance (one per frequency period)	Up to $130	Up to $52

For complete details about the health care plan, refer to the Summary Plan Document (SPD) available on the website www.benefits.mt.gov under Forms/Publications

The Montana Health Center

Now open in Helena, Billings, and Miles City!

All eligible members may use the health centers, but they are responsible for their travel expenses.

Montana Health Center

At the Montana Health Center eligible members can receive primary care, health screenings, health coaching, and more!

Non-Medicare retirees may receive all services at health centers. **Medicare retirees** may receive health screenings and flu shots at health centers.

The CareHere wellness team provides support as you set goals to improve and maintain a healthier lifestyle, at no additional cost to you.

Coaching is available in person, by phone, or online so all members have access to these programs.

Our health care team includes experienced physicians, physician assistants, nurse practitioners, RNs, LPNs, medical assistants, phlebotomists, registered dieticians, exercise physiologists and behavioral health experts, to meet all your health care needs.

Who is ELIGIBLE to use the health centers?

- Active employees covered by the State plan and their dependents age two and older covered on the plan;
- Employees injured at work; and
- **Non-Medicare retirees**
  - ⇒ ***Medicare retirees may use the health center for health screenings and flu shots***

To schedule or change an appointment *ONLINE*:

www.carehere.com

The first time you go to www.carehere.com, you will need to register. The system will ask you for your code. The code is **MANA9**.

1. Go to member login and log in
2. Click APPOINTMENTS (on the left under GENERAL)
3. Click a day on the calendar
4. Scroll down and select the **provider** and **time** of your choice
5. Type in your reasons for the appointment *(Note: Make 2 back-to-back appointments when you have 3+ medicines needed or if you are getting a full physical)*
6. Click CONFIRM YOUR APPOINTMENT

You may edit or delete your appointment at *any time* prior to the appointment time. And you can always call (877) 423-1330 to make your appointment at the health center.

This information is confidential and may not be viewed by anyone else other than the health center team.

Operated by CareHere
In Helena: 405 Saddle Dr; (406) 444-9930
In Billings: 1501 14th St West, Suite 230; (406) 969-5115
In Miles City: 515 Main St; (406) 234-0123
For live support 24/7 for all health centers call (877) 423-1330

Health Screening Discount

You must complete TWO STEPS to get your health screening discount.

1. Go to a health screening at a Montana Health Center or at one of the events held throughout the state by CareHere
2. Fill out Cigna's online* health assessment at www.myCigna.com using the results of your health screening (this is where you tell us if you are tobacco-free)

To schedule a health screening at a health center, go to www.carehere.com, log in (you have to register the 1st time you use the site), click on appointments, and select your date/time. Remember to fast!

To schedule a health screening at one of the events around the state, see the schedule at www.benefits.mt.gov under HEALTH SCREENINGS (you can find this in the menu bar at the top of the page). Then register for the screening at www.carehere.com.

No internet access? Not a problem! Call CareHere (877) 423-1330.
Questions? Contact HCBD (800) 287-8266;
TTY (406) 444-7462; benefitsquestions@mt.gov

Once you have completed both steps in 2013—with CareHere and with Cigna—then in 2014 you get a **$10/month discount** for your health screening and **$10/month more** if you are tobacco-free. If your eligible dependent age 18 or older covered on your plan completes both steps, you get another **$10/month discount** for your dependent, and **$10/month** if they are tobacco-free.

So you can save up to **$240/year** for yourself OR **$480/year** for you and your eligible dependent!

NOTE: If you have more than on eligible dependent age 18 or older covered on your plan OR if you have a spouse and an eligible dependent, the **maximum discount** you can earn is **$40/month** even if all of you complete both steps and are tobacco-free. The discount applies if your eligible spouse and eligible dependent complete both steps or two eligible dependents complete both steps—even if you do not.

Wellness incentives will only GET BIGGER for 2015. And these incentives will build throughout 2014. Your actions from January through December 2014 can increase your discounts in 2015. So pay attention to newsletters, emails, and any communications from HCBD to learn how you can **save even more money in 2015.** You can't participate if you don't know, and *you won't know if you don't read your updates from HCBD*.

**If you do not have computer access, contact HCBD and request a paper copy of Cigna's health assessment.*

To see a complete list of the blood tests included in a health screening and more, go to www.benefits.mt.gov. Look on the HEALTH SCREENINGS page for the FAQs.

Questions? Need help?
Health Care and Benefits Division
www.benefits.mt.gov
(800) 287-8266; (406) 444-7462; TTY (406) 444-1421
benefitsquestions@mt.gov

Weight Management

These weight management programs are easy to use, available where and when you need it, and are always no cost to you.

WEIGHT MANAGEMENT with CIGNA

Cigna 's weight management program is great for members throughout the state of Montana. Get support to help build your confidence, become more active, eat healthier and change your habits using a non-diet approach. Use the program online, over the phone – or both.

Log into **www.myCigna.com** or call **855.246.1873** to get signed up today!

On the phone

- Personal healthy-living plan
- Individual telephone coaching
- Dedicated wellness coach
- Convenient evening and weekend coaching hours
- Program workbook and toolkit
- Healthy Rewards® discounts*
- Join 24/7/365
- Optional telephone group support

Online

- Personal health assessment and healthy-living plan
- 12-step self-paced program
- Weekly educational emails
- Interactive tools and resources
- Healthy Rewards®* discounts
- Secure, convenient support

WEIGHT MANAGEMENT through CareHere

The Montana Health Centers operated by CareHere offer individualized and personal wellness services at established health centers and with long-distance support.

Schedule your first appointment at:
www.carehere.com or call **877.423.1330**

Benefits include:

- Behavioral health support for stress management and lifestyle changes.
- Nutrition and mindful eating support with experienced Registerd Dieticians
- Cholesterol and weight management to reduce risk for heart and vascular disease.
- Increasing nourishment in diet
- Exercise and fitness support with experienced Exercise Physiologists.
- Ongoing, confidential support for challenges with stress management, tobacco or alcohol cessation, family support services, and maintaining lifestyle changes.

To log into CareHere Connect, go to www.carehere.com and sign in, then click on CareHere Connect in the lower left corner of your screen. CareHere Connect is a great option for progressing at your own pace. CareHere Connect helps you track your eating, build a healthy eating plan, and meet your goals.

If you do not live near a health center, you still have access to services with all wellness team members via Skype, telephone, and other forms of communication on an individual and group basis.

* Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. "Cigna", "Cigna Healthy Rewards," "myCigna.com" are registered service marks, and the "Tree of Life" logo and "GO YOU" are service marks, of Cigna Intellectual Property, Inc, licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Cigna Behavioral Health, Inc., vielife Limited, and HMO or service company subsidiaries of Cigna Health Corporation. All models are used for illustrative purposes only. 848442 a 06/12 © 2012 Cigna. Some content provided under license.

Tobacco Cessation

Is now your time to quit? You have options!

CIGNA'S TOBACCO CESSATION

Our tobacco cessation program helps you get and stay tobacco free. Develop a personal quit plan that's right for you. Use the program online, over the phone – or both. You may qualify for Chantix under the pharmacy benefit with participation.

Contact Cigna at (855) 246-1873 or log on to www.myCigna.com for details.

On the phone

- Personal quit plan
- Individual telephone coaching
- Dedicated wellness coach
- Convenient evening and weekend coaching hours
- Program workbook and toolkit
- Healthy Rewards® discounts*
- Optional telephone group support
- No cost over-the-counter nicotine replacement therapy (patch or gum)
- Join 24/7/365

Online

- Personal quit plan
- Six-step self-paced program
- Weekly educational emails
- Healthy Rewards® discounts*
- Secure, convenient support
- Interactive tools and resources
- No cost over-the-counter nicotine replacement therapy (patch or gum)

TOBACCO CESSATION AT THE MONTANA HEALTH CENTERS

The Montana Health Centers operated by CareHere offer great tobacco cessation program for members able to visit a health center.

To schedule your first appointment with a coach, log on to www.carehere.com, or call 406.444.9930 or 877.423.1330.

You can have your own personal Tobacco Cessation Coach work with you over the phone or online through the Montana Health Center in Helena or at the new health center in Billings.

The "Beat the Pack/Kick the Can" tobacco cessation program includes an initial consult in person, or via telephone or Skype, depending on where you live. It also includes:

- 8 week online, self-paced cessation program with coaching
- Build an individualized Quit Plan
- Set your own Quit Date
- Access to tobacco cessation medications if deemed appropriate by a health care provider
- One full year of coaching support
- Access to dietitian and exercise physiologist
- Nutritional support
- Manage weight gain

Eight week group workshops also take place depending on demand. Medications will be available if deemed appropriate. Please contact CareHere for more information.

The **tobacco-free discount**—Being tobacco-free or participating and completing a tobacco cessation program in 2013 will make you eligible for the tobacco-free discount ***in 2014***. See page 19 for details.

* Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. "Cigna", "Cigna Healthy Rewards," "myCigna.com" are registered service marks, and the "Tree of Life" logo and "GO YOU" are service marks, of Cigna Intellectual Property, Inc, licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Cigna Behavioral Health, Inc., vielife Limited, and HMO or service company subsidiaries of Cigna Health Corporation. All models are used for illustrative purposes only. 848442 a 06/12 © 2012 Cigna. Some content provided under license.

Stress Management

Stress is a real part of our lives. Managing stress well can have a huge impact on our overall health. Cigna and CareHere give us great choices to find the program that works best to manage stress in our lives.

CIGNA'S STRESS MANAGEMENT

Our stress management program helps you understand the sources of your stress and learn coping techniques to manage stress both on and off the job. Use the program online, over the phone – or both.

Call or go online for easy enrollment:

1.855.246.1873

myCigna.com

On the phone

- Personal stress management plan
- Individual telephone coaching
- Dedicated wellness coach
- Convenient evening and weekend coaching hours
- Program workbook and toolkit
- Healthy Rewards® discounts*
- Join 24/7/365
- Optional telephone group support

Online

- 8-week program
- Weekly educational emails
- Healthy Rewards® discounts*
- Secure, convenient support

Cigna®

* Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. "Cigna", "Cigna Healthy Rewards," "myCigna.com" are registered service marks, and the "Tree of Life" logo and "GO YOU" are service marks, of Cigna Intellectual Property, Inc, licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Health Management, Inc., Cigna Behavioral Health, Inc., vielife Limited, and HMO or service company subsidiaries of Cigna Health Corporation. All models are used for illustrative purposes only. 848442 a 06/12 © 2012 Cigna. Some content provided under license.

STRESS MANAGEMENT with CareHere

Schedule your first appointment at:

www.carehere.com or call **877.423.1330 (24/7);**

(406) 444.9930 Helena; (406) 969-5115 Billings

CareHere offers a Behavioral Health Coach to work with members able to visit a health center.

Your Behavioral Health Coach offers consults in person, via Skype, or by phone and can assist with the following:

- Development of Problem solving skills
- Communication skills
- Life balance
- Parental support
- Goals identification
- Life Transitions
- Marriage
- Divorce
- Birth of child
- Caring for Aging Parents
- Education
- Addictions
- Personal advocacy
- Identifying local resources
- Mental Health Issues
- Depression
- Anxiety

If you are not near a Montana Health Center, you may use the CareHere Connect option for online stress management support.

To log into CareHere Connect, go to www.carehere.com and sign in, then click on CareHere Connect in the lower left corner of your screen. CareHere Connect is a great option for progressing at your own pace. CareHere Connect helps you recognize stressors and teaches you tips to manage stress.

CareHere!

Disease Management

Do you have a chronic health condition? Have you recently been diagnosed with a new condition? We can help!

YOUR HEALTH FIRST

Cigna's disease management is great for members throughout the state.

Call **855.246.1873** for live support from your health advocate or log on to **www.myCIGNA.com** for self-service resources.

A health advocate may be calling you to get things started, or you can call someone at any time to:

- Manage a chronic health condition;
- Create a personal care plan;
- Understand medications or your doctor's orders;
- Identify triggers that affect your condition;
- Make educated decisions on your treatment options; and
- Know what to expect for a hospital stay.

Take charge of your health using online tools.

When you're doing well on your own, you can use a variety of self-service resources to help you better understand your condition and overcome barriers to better health.

Get support TODAY for:

- Asthma
- Heart Disease
- Coronary Artery Disease
- Metabolic Syndrome
- Peripheral Arterial Disease
- Congestive Heart Failure
- Acute Myocardial Infarction
- COPD
- Diabetes
- Angina
- Low Back Pain
- Osteoarthritis
- Depression
- Anxiety
- Bipolar Disorder

Cigna.

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CareHere's DISEASE MANAGEMENT

For members able to visit a Montana Health Center, advanced disease management focuses on preventive health care.

To learn more about CareHere's program, visit **www.carehere.com** or call **(877) 423-1330**.

Incentive plans benefit you. For example, full participation in the CareHere diabetes management program rewards you with diabetes supplies at no cost to you and cash rewards. Talk with a CareHere provider for a full list of incentives for conditions such as:

- Cancer
- Peripheral artery disease
- High blood pressure
- Cardiovascular disease (including heart disease, arteriosclerosis, atherosclerosis, and stroke)
- Diabetes
- Chronic respiratory diseases (asthma, COPD, emphysema)
- Rheumatoid arthritis, osteoarthritis, gout
- Joint and back pain

Your CareHere health care team will work with you to:

- Reduce risk for chronic and infectious diseases
- Achieve and maintain good mental and emotional health through stress management;
- Improve health by setting specific goals;
- Provide ongoing support to maintain healthy lifestyles; and
- Customize educational materials based on clinical values, learning styles, and the member's personal desire for change.

The CareHere Wellness team includes healthcare professionals such as physicians, mental health care providers, physician assistants, nurse practitioners, nurses, dietitians, fitness experts and other wellness personnel to give you the best overall care. These services can help reduce future high-cost health care expenditures.

CareHere!

Healthy Pregnancies, Healthy Babies®

Call 1.800.615.2906 to enroll as soon as you know you are pregnant.

Get rewarded for a good decision
When you participate and complete the program, you'll be eligible to receive:

- $250 if you enroll during your 1st trimester; or
- $125 if you enroll during your 2nd trimester.

When you're pregnant your body undergoes major changes. The Cigna Healthy Pregnancies, Healthy Babies® program supports you in managing your pregnancy and keeping you and your baby healthy.

You're expecting. That means you're going to be choosing a name. Looking for a pediatrician. And seeing big changes – to your body and your lifestyle.

- Find support early and often -- get preconception information, tell us about your pregnancy, or get infertility coaching so we can meet your needs.
- Learn as much as you want -- talk to a nurse who can help you with everything from morning sickness to you maternity benefits, 24/7.
- Sign up for text messages -- text 511411 to get started: BABY for English, BEBE for Spanish.

You can get prenatal vitamins at no cost through the URx pharmacy plan!

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LIVE LIFE WELL

Health Care and Benefits Division (HCBD) coordinates all the wellness programs available to members of the State of Montana health plan. Members can pick and choose as many wellness programs to participate in as they like.

Not sure where to start? If you don't know if you want to go with an HCBD program, one offered by Cigna, or one through CareHere, call HCBD (contact information below) for details and directions. We can help you figure out which way will help you get the best results for your needs and lifestyle.

Think the health screening discounts for 2014 are good? See page 19 for the discounts if you haven't already heard.

Wellness incentives are only GETTING BIGGER. Your actions from January through December 2014 can increase your discounts in 2015 and *improve your health!*

So PAY ATTENTION to newsletters, emails, and any communications from HCBD to learn how you can **save even more money in 2015.** You can't participate if you don't know, and *you won't know if you don't read your newsletters and emails from HCBD*.

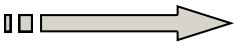
Do you love **Weight Watchers**? Members and dependents 18 and over on the plan can still get reimbursed up to $75 every two years if they meet all the requirements found on the HCBD website www.benefits.mt.gov under Live Life Well.

Onsite Presentations

The health coach comes to you! Great for conferences, staff meetings, or sessions to address work life wellness issues. Popular presentations include stress management, nutrition, safety, and much more.

Counseling services for the **Retiree Assistance Program** are automatically processed through Cigna. Members can get **four counseling sessions** with no copay when using an in-network provider.

HCBD is looking at ways to reward members who participate in healthy programs. *Read your newsletters* for more details!



TheStandard® Positively different.

Life Insurance

Who Is Eligible? The *Basic Life Insurance* plan is a core benefit for all active employees, legislators, and **non-Medicare retirees**.

	Plans	Monthly Contributions
Plan A:	Basic Life	$1.90 per month

BASIC LIFE INSURANCE

Life insurance gives a set amount of money to a designated beneficiary if the person insured dies while the policy is in effect.

At retirement, Plan A—Basic Life— can be continued **until age 65 or the retiree is Medicare eligible**.

Plan A – Basic Life

Provides $14,000 of term-life coverage, a core benefit for any member of the State's health insurance. It is available to retirees under age 65 who keep their state benefits into retirement.

The life insurance plans are term life, meaning they provide inexpensive protection but do not earn any cash value.

At retirement, only Plan A—Basic Life— can be continued until age 65 or the retiree is Medicare eligible.

Often choosing other life insurance is best if you want post-employment protection.

However, without answering medical questions, both **conversion** (changing your group life to individual life) or **portability** (taking your group life insurance with you after separation) may be available if requested when the coverage ends.

MEDEX Travel Assist—*also from The Standard*

MEDEX Travel Assist provides pre-trip, medical, travel, and legal assistance—and more! They can even fly you home if you have a medical emergency! *All Plan members with life insurance have this benefit!* Call (800) 527-0218 for more information.

Administered by The Standard Insurance Co
(800) 759-8702 • www.standard.com

Long Term Care

Important notice regarding Long Term Care:

Unum Life Insurance Company announced a 20% increase in its rates due to the climbing costs of long term care.

Given this rate increase and that the State of Montana health plan has only about 300 enrollees in long term care, we are not continuing to offer long-term care as part of the benefits package.

If you currently have long term care coverage through Unum, you have three options during Annual Change:

1. You may continue your policy and continue paying into long term care at your current rate + 20%.
2. The second option is to accept Unum's offer of a non-forfeiture benefit. This benefit allows enrollees to keep their current benefit level but payments are limited to the amount of premium paid to date. For example if you had paid $1,000 in premiums over the years, you would receive $1,000 in benefits toward long term care. *Go to www.benefits.mt.gov under FORMS for the **Long Term Care Continuation form** to select this option. Contact Unum for details.*
3. Do nothing and lose your existing long-term care benefit.

If you have questions or concerns, please contact Unum Life Insurance Company at (800) 227-4165 or visit their website at www.unum.com.

STATE OF MONTANA
HIPAA NOTICE OF PRIVACY PRACTICES

An updated HIPAA notice is now available on our website www.benefits.mt.gov and is being mailed to all members of the State of Montana plan in October 2013. Watch for this notice that explains your rights and protections under HIPAA.

To view the full HIPAA Notice of Privacy Practices or if you have any questions about your privacy rights, please contact the Health Plan at the following address:

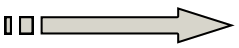
Contact Office or Person: Amber Godbout, Privacy Official

Health Plan Name:	State of Montana Employee Benefit Plan
Telephone:	(406) 444-7462 (in Helena) or (800) 287-8266; TTY (406) 444-1421
email:	agodbout@mt.gov
Address:	Health Care and Benefits Division PO Box 200130 Helena, MT 59620-0130

Copies of the Notice are available at 100 North Park Avenue, Suite 320, Helena, MT 59601 and on our web site www.benefits.mt.gov. You may request the Notice by calling the Health Plan or sending a request by email to the above address.

DISCLAIMER

DISCLAIMER: The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010. The United States Departments of Health and Human Services, Labor, and Treasury have issued regulations to help entities comply with PPACA. However, additional clarifications to address issues that may arise under these regulations could also be published by the Departments on an on-going manner through administrative guidance possibly in another form than a regulation. Where the statutes or regulations were not clear regarding benefits, the State of Montana made a reasonable interpretation of the Act and made a good faith effort to comply with the statutes and regulations. The State of Montana reserves the right to alter provisions of this document and its plan in order to comply with applicable law.



Eligibility (Allowed Dependent Changes, Information, Qualifying Events)

2014 Limited Open Enrollment Guidelines

We have the option of a limited open enrollment for 2014. During the 2013 Annual Change members may add dependent children under age 26 to their medical plan. Spouses and domestic partners—even if under age 26—cannot be added to the medical plan without a qualifying event.

Allowed Dependent Changes During Annual Change

During Annual Change, members can add dependents to the dental plan using the online benefits enrollment available through the MINE site. Members may also purchase Optional Accidental Death & Dismemberment (AD&D) during Annual Change. *Members cannot add spouses or domestic partners to medical unless there is a qualifying event.*

On the paper form, write in your dependent's name and check the box next to dental and/or vision.

The deadline to make allowed dependent changes as well as other plan changes during Annual Change for 2014 is October 25, 2013.

Deleting Dependents

You may delete dependent coverage during annual change, but once a dependent is removed from the medical plan, they *may not be re-enrolled* without a qualifying event (described on this page).

Mid-year additions, deletions, or any changes are not allowed without a qualifying event.

Enrolling Dependents After Annual Change

After Annual Change, dependent coverage enrollment is only allowed during **qualifying events**:

- within 60 days of becoming a dependent (through marriage or court-ordered support/custody/legal guardianship);
- within 60 days of losing eligibility (not voluntary cancellation) for other group coverage;
- within 60 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits;
- within 60 days after the 31-day automatic coverage period (91 days from birth) after birth or adoption.

Notify Health Care and Benefits Division when one of the above circumstances occurs (*within the specified time frames*) to enroll dependents.

If you have questions regarding your specific situation, call HCBD or see the plan rules described in the Summary Plan Document available on the Forms and Publications page at www.benefits.mt.gov.

Eligible Dependents Defined

Eligible dependents include:

1. The eligible retiree's lawful spouse or declared domestic partner (you can find the form at www.benefits.mt.gov under FORMS);
2. The eligible retiree's dependent children who are under age 26 and not in full-time active military service (the dependent may be married and still be eligible).

The member is responsible for removing any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents. Additionally the member will not be refunded benefits payments paid for ineligible dependents.

Glossary

Allowable Charges—A set dollar amount for procedures/services that are covered by the plan

Annual Deductible—Applies to all services unless noted or a copayment is indicated

Balance Billing—The amount over the plan's allowable fee that may be billed to the member by an out-of-network provider

Benefit Plan—Employer sponsored health care coverage

Benefit Year/Plan Year—The period starting January 1 and ending December 31 of each year

Benefits Payment—Formerly called *Contribution*: The amount an employee, retiree, or legislator pays to participate or for their dependent(s) to participate in a benefit plan

Capitol Medical Plan—Plan that offers first-dollar coverage for services such as office visits that are exempt from deductible. This plan also provides differing levels of benefits for in-network and out-of-network providers.

Certification/Pre-certification—A determination by the medical plan administrator that a specific service—such as an inpatient hospital stay—is medically necessary. Pre-certification is done in advance of non-emergency admissions by contacting your plan administrator.

Classic Medical Plan—Indemnity plan that applies deductible and coinsurance prior to paying benefits. Some services have a higher coinsurance.

Coinsurance—A percentage of allowable and covered charges that a member is responsible for paying, *after* paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment—A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered Charges—Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical benefit plan

Deductible—A set dollar amount that a member and family must pay before the medical plan begins to share the costs. The deductible applies to the plan year January 1 to December 31, regardless of hire date.

Evidence of Insurability—Proof of good health provided to an insurer to qualify for insurance

First-Dollar Coverage—Claim payments start immediately without first applying towards the deductible.

In-Network Providers—Providers who contract with the plan administrator to accept a set allowable fee on charges and who agree not to balance bill the member; participating provider

Joint Core—An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum, and they may have a slightly lower benefits payment than enrolling separately.

Open Access Plus—Cigna's network of providers that State members may use

Out-of-Network Provider—Any provider who renders services to a managed care member but is not a participant in the plan's network

Out-of-Pocket Maximum—The maximum dollar amount of any coinsurance that a member or family might pay in a plan year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments. The out-of-pocket maximum applies to the plan year January 1 to December 31, regardless of hire date.

Participating Provider—Providers who contract with the plan administrator to accept a set allowable fee on charges and who agree not to balance bill the member; in-network provider

Prior Authorization—A process that determines whether a proposed service, medication, supply, or ongoing treatment is covered

Qualifying Events—Circumstances in which dependent coverage changes are allowed after the initial hiring period

Specialty drugs—Specialty drugs usually require special handling, administration, unique inventory management, a high level of patient monitoring and more intense support than conventional therapies. They could include all routes of administration (self-injectable, oral, or infused).

URx—A prescription drug management program developed by the State of Montana for all plan members

Health Care & Benefits Division (800) 287-8266, (406) 444-7462, or TTY (406) 444-1421 email: benefitsquestions@mt.gov www.benefits.mt.gov	**Montana Health Centers Operated by CareHere** **Helena**: 405 Saddle Dr; (406) 444-9930; Fax (406) 206-0304 **Billings**: 1501 14th St West, Suite 230; (406) 969-5115; Fax (406) 969-5118 **Miles City**: 515 Main St; (406) 234-0123; Fax (406) 234-0278 For live support 24/7 for *all* health centers call (877) 423-1330 www.carehere.com
Medical Plans Customer Service and Claims Processing Questions **Cigna** (855) 692-0131 www.mycigna.com www.cigna.com	**Cigna's Vision Hardware Plan** (877) 478-7557 https://cigna.vsp.com Note: The Cigna Vision Hardware phone number will be effective for State of Montana plan members 1/1/14
URx Prescription Drug Program Information http://benefits.mt.gov/pages/urx.html Email: ASKURx@mt.gov **Mail Order Prescription Drugs** **MedVantx** (877) 870-MONT (6668) or **Ridgeway Pharmacy** (800) 630-3214	**General Questions, Prescription Drug Refills, Customer Service** **MedImpact** (888) 648-6764 https://mp.medimpact.com/mtn **Specialty Meds** **Diplomat Specialty Pharmacy** (877) 319-6337
Dental Benefits Customer Service and Claims Processing Questions **Delta Dental** (866) 496-2370 www.deltadentalins.com/stateofmontana	**Flexible Spending Accounts, Claims, Eligible Expenses, Account Status, and IRS Rules** **Allegiance Flex Advantage** (866) 339-4310 FAX: (406) 523-3149 or (877) 424-3539 www.allegianceflexadvantage.com
Life Insurance **The Standard Insurance Company** For questions about benefits, claims, status of applications call: (800) 759-8702 www.standard.com For all other questions call HCBD: (800) 287-8266	**Long Term Disability** **The Standard Insurance Company** For questions about benefits, claims, status of applications call: (800) 759-8702 www.standard.com For all other questions call HCBD: (800) 287-8266

The State's health plan no longer offers optional Long Term Care coverage (see page 30).
For more information contact Unum Life Insurance Company at (800) 227-4165; www.unum.com