

choices



Retiree Benefits

2018 - 2019
Montana University System



Summary Plan Description (SPD)

All Montana University System (MUS) Plan participants have the right to obtain a current copy of the Summary Plan Description (SPD). Despite the use of “summary” in the title, this document contains the full legal description of the Plan’s medical, vision, dental, and prescription drug benefits and should always be consulted when a specific question arises about the Plan.

Participants may request a hard copy of the SPD by contacting their campus Human Resources/ Benefits Office or the MUS Benefits Office at 1-877-501-1722 or 406-449-9157. The SPD is also available online on the MUS Choices website at www.choices.mus.edu.

Summary of Benefits and Coverage (SBC)

The SBC documents are available on the MUS **Choices** website at www.choices.mus.edu/SBC.asp. These documents, required by PPACA, will outline what each medical plan covers and what the cost share is for the member and the Plan for covered health care services.

Insurance Card Examples

Allegiance Medical

Allegiance
a Cigna company

Cigna Open Access Plus S
Cigna

COVERED PERSON:
DepFirstName DepMI DepLastName

GROUP ID NO.
GroupID

EMPLOYEE ID NO.
DERIVED_EMPLOYEE_NUMBER

EFFECTIVE DATE:
DISPLAY_EFFDT_ROLL

PCP: None Selected
No Referral Required

Blue Cross Blue Shield Medical

BlueCross BlueShield

MONTANA UNIVERSITY SYSTEM

Subscriber Name: MONTANA UNIVERSITY SYSTEM

Identification Number: MVA

Dependent Name:

Group Number: X58005

PPO

PPO

PacificSource Medical

Administered by: PacificSource HEALTH PLANS

Plan Sponsor: Montana University System

Subscriber Name: Katt E Doe

Member ID#: 188888888

Network: PSN

Card Issued: 07/01/2017

Group #: G0037085

ID	Member	Effective Date	Health	Vision
00	Katt	07/01/2017	✓	✓

313LRG 032017

Navitus Pharmacy

NAVITUS
Pharmacy Benefit Manager

RxBIN: 610602
RxCN: NVT
RxGRP: xxRXGrpxx

xxMEMBERNAMExx
ID: xxIDNUMxx

xxFIRSTNAMExx xxLASTNAMExx
xxFIRSTNAMExx xxLASTNAMExx
xxFIRSTNAMExx xxLASTNAMExx
xxFIRSTNAMExx xxLASTNAMExx
xxFIRSTNAMExx xxLASTNAMExx
xxFIRSTNAMExx xxLASTNAMExx
xxFIRSTNAMExx xxLASTNAMExx
xxFIRSTNAMExx xxLASTNAMExx

Navitus MedicareRX

NAVITUS
medicareRx

RxBIN: 610602
RxCN: EGWP
RxGrp: [Member_RXGroup]
Issuer: (80840): 9151014609

ID: [MemberID]
[Member_FirstName] [Member_MI] [Member_LastName]

S9701_801_2015_N02_001

Underwritten by
Dean Health Insurance, Inc.

MedicareRx
Prescription Drug Coverage

BCBS Vision Hardware

BlueCross BlueShield

MONTANA UNIVERSITY SYSTEM

Subscriber Name: MONTANA UNIVERSITY SYSTEM

Identification Number: MVA

Dependent Name:

Group Number: V58005

Delta Dental

Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809

Customer Service toll-free: 1-866-579-5717

Jessica

12095664901
Group Number: 07500

www.deltadentalins.com/MUS

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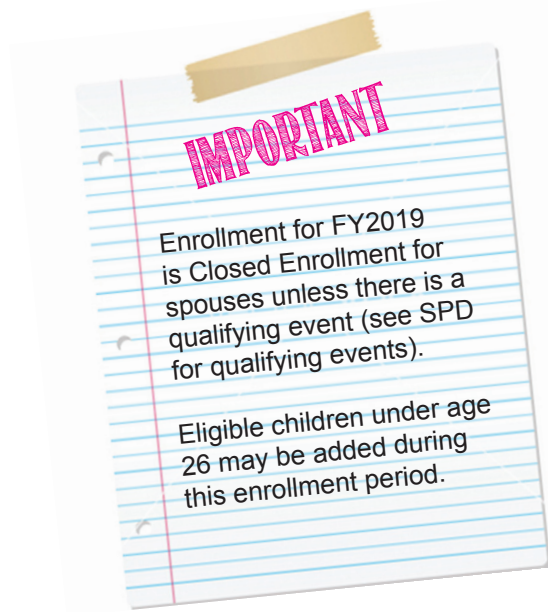


Wildflowers outside Glacier National Park, MT



Central Ag Station, Moccasin, MT

Notices for *Choices* Coverage



No Retreat Rights:

If you decline retiree medical or dental coverage, you and your eligible dependents will NOT be allowed to enroll in the future.

If you are waiving coverage for your eligible dependents (including your spouse), as those persons are defined by the Montana University System (MUS) Summary Plan Description (SPD) because they are currently covered by another health insurance plan, you may be able to enroll your eligible dependents for coverage under the MUS Plan in the future, provided that you request such coverage within 63 days after their other coverage ends.

If you acquire an eligible dependent, as defined by the MUS Plan, as a result of marriage, birth, adoption or placement for adoption of a child under the age of 18, you may enroll your newly acquired dependent child(ren) or spouse for coverage under the MUS Plan, provided that such enrollment occurs within 63 days after the marriage, birth, adoption or placement for adoption.

Choices Enrolling as a Retiree

To select **Choices** options as a Retiree you must complete and return an enrollment form:

- a. within 63 days of first becoming eligible for Retiree benefits. **If you do not enroll within the 63-day period, you will permanently forfeit your eligibility for all Retiree insurance coverage.**
- b. during annual benefit enrollment by the stated deadline. **If you do not enroll, you will default to prior coverage or to the stated default coverage if your existing plan(s) is/are changing.**
- c. when you have a mid-year qualifying event (marriage, birth or adoption of a child, loss or gain of eligibility for other health insurance coverage - *voluntarily canceling other health insurance does not constitute loss of eligibility*) and want to make an allowed mid-year change in elections. **This change must be made within 63 days of the event. Documentation to support the change will be required.**

Step-by-Step Process for Completing Your Retiree Choices Annual Benefit Enrollment.

Step 1:

Review this workbook carefully and read the back of the enrollment form.

- Discuss this information with your spouse and/or other family members.
- Determine your benefit needs for the coming benefit year if you are enrolling during annual enrollment or for the remainder of the current benefit year if a new Retiree.

Step 2:

Complete the front side of your enrollment form.

Your Retiree annual enrollment form should be included with this workbook. In the event your form is missing or you need another, please contact your Campus HR/Benefits Office. The annual enrollment form is also available on the **Choices** website at www.choices.mus.edu.

Medical Coverage.

For Medical coverage, you must make two elections: a medical plan and a coverage level. If you fail to enroll, you will default to your prior plan and coverage level.

- Review the Medical Rates page to compare monthly rates between medical plans.
- Review your provider's network participation before choosing a medical plan.
- Choose the selected medical plan and the coverage level you want.
- Once you have selected a medical plan and coverage level, fill in the corresponding monthly premium in the space provided on the right-hand side of the form, by "Medical Premium".

Medicare Retiree Drug Coverage

- Medicare Retirees will be automatically enrolled in the Navitus MedicareRx Plan (page 13).
- If you opt out or get another Medicare Part D plan you will lose your MUS Plan Benefits.

Optional Dental.

For Dental coverage, you must be qualified to enroll (see back of enrollment form). Retirees are offered enrollment in the Select Dental Plan only. If you do not make an election when you first retire, you will permanently forfeit your dental coverage. Choose the coverage level you want.

- Once you have selected a coverage level, fill in the corresponding monthly premium in the space provided on the right-hand side of the form, by "Dental Premium",
- **or** check the box that declines Dental coverage entirely.

Optional Vision Hardware.

- Choose the coverage level you want.
- Once you have selected a coverage level, fill in the corresponding monthly premium in the space provided on the right-hand side of the form, by "Vision Premium",
- **or** check the box that declines Vision Hardware coverage entirely.

If you do not make an election when you first retire, you will permanently forfeit your vision hardware coverage.

Enrolling as a Retiree Cont.



Step 3:

Demographic and Dependent Coverage Sections.

Please fill in these sections completely **every** time you fill out this enrollment form.

Total Your Costs.

Add up the premium amounts and enter the total on the Total Monthly Premium line. If you have not arranged with your campus HR/Benefits Office for automatic payment of your premiums through your pension or bank account, it is strongly recommended that you consider doing so.

Be sure that you follow all directions and forward all materials to your campus HR/Benefits Office.



Read the authorizing paragraph, then sign and date the annual enrollment form. Sign on the line that corresponds to your family situation.

Please return your completed 2018 annual enrollment form by the deadline of May 18, 2018 to your campus HR/Benefits Office.

If you choose to drop your MUS Retiree coverage you must do so no later than May 18, 2018.

Campus Human Resource Departments

MSU-Bozeman	Culbertson Hall, Rm 200, Bozeman, MT 59717	406-994-3651
MSU-Billings	1500 University Dr., Billings, MT 59101	406-657-2278
MSU-Northern	300 West 11th Street, Havre, MT 59501	406-265-4147
Great Falls College - MSU	2100 16th Ave. S., Great Falls, MT 59405	406-268-3701
UM-Missoula	32 Campus Drive, LO 252, Missoula, MT 59812	406-243-6766
Helena College - UM	1115 N. Roberts, Helena MT 59601	406-447-6925
UM-Western	710 S. Atlantic St., Dillon, MT 59725	406-683-7010
MT Tech - UM	1300 W. Park St., Butte, MT 59701	406-496-4380
OCHE, MUS Benefits Office	560 N. Park Ave, Helena, MT 59620	877-501-1722
Dawson Community College	300 College Dr., Glendive, MT 59330	406-377-9401
Flathead Valley Community College	777 Grandview Dr., Kalispell, MT 59901	406-756-3981
Miles City Community College	2715 Dickinson St., Miles City, MT 59301	406-874-6292

Medical Monthly Rates for FY2019

Non-Medicare Retirees (generally under age 65)

Monthly Premiums	Allegiance	Blue Cross Blue Shield	PacificSource
Retiree Only	\$917	\$859	\$961
Retiree + One	\$1,834	\$1,718	\$1,922
Retiree + Two or More	\$2,292	\$2,148	\$2,403
Retiree + Spouse *(mp)	\$1,266	\$1,186	\$1,327
Retiree + Spouse *(mp) + Child(ren)	\$1,724	\$1,616	\$1,808
Survivor	\$917	\$859	\$961
Survivor + Child(ren)	\$1,375	\$1,289	\$1,442

***(mp) = Medicare prime**

Medicare enrolled Retirees (generally 65 and older)

Monthly Premiums	Allegiance	Blue Cross Blue Shield	PacificSource
Retiree Only	\$349	\$327	\$366
Retiree + One	\$1,266	\$1,186	\$1,327
Retiree + Two or More	\$1,724	\$1,616	\$1,808
Retiree + Spouse *(mp)	\$698	\$654	\$732
Retiree + Spouse *(mp) + Child(ren)	\$1,156	\$1,084	\$1,213
Survivor	\$349	\$327	\$366
Survivor + Child(ren)	\$807	\$757	\$847

***(mp) = Medicare prime**

Medical Plan Costs

FY2019

<i>Medical Plan Costs</i>	Medical Plan In-Network	Medical Plan Out-of-Network *
Annual Deductible Applies to all covered services, unless otherwise noted or copayment is indicated.	\$1,250/Person \$2,500/Family	Separate \$750/Person Separate \$1,750/Family
Copayment (outpatient office visits) Primary Care Physician Visit (PCP) Specialty Provider Visit	\$30 copay \$50 copay	N/A N/A
Coinsurance Percentages (% of allowed charges member pays)	30%	35%
Annual Out-of-Pocket Maximum (Maximum paid by member in a benefit year for covered services; includes deductibles, copay and coinsurance)	\$4,350/Person \$8,700/Family	Separate \$6,000/Person Separate \$12,000/Family

* Services from an **Out-of-Network** provider have a separate deductible and a 35% coinsurance and a separate Out-of-Pocket maximum. An Out-of-Network provider can balance bill the difference between the allowed amount and the charge.



Storm Castle Trail, Gallatin River

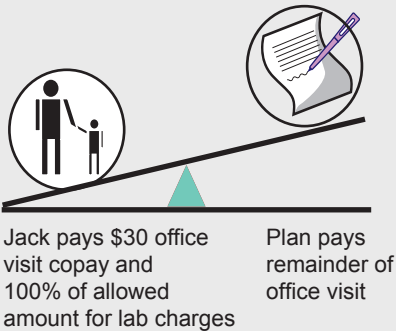


Recreation Area, Bozeman, MT

Examples of Medical costs to Plan and Member - Primary Care Physician Visit

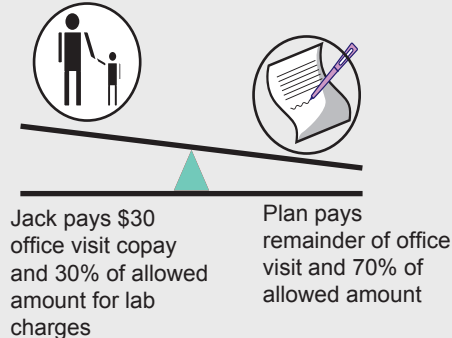
(In-Network) Jack's Plan deductible is \$1,250, his coinsurance is 30%, and his out-of-pocket max is \$4,350.

July 1
Beginning plan year



Jack hasn't reached his deductible yet and he visits the doctor and has lab work. He pays \$30 for the office visit and 100% of the allowed amount for covered lab charges. **For example**, Jack's doctor visit totals \$1,000. The office visit is \$150 and labwork is \$850. The Plan allows \$100 for the office visit and \$400 for the labwork. Jack pays \$30 for the office visit and \$400 for the labwork. The Plan pays \$70 for the office visit and \$0 for the labwork. The In-Network provider writes off \$500.

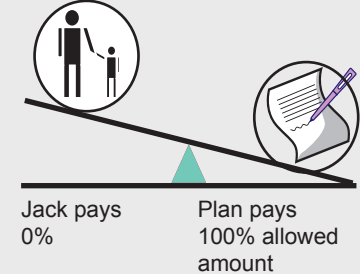
more costs



Jack has seen the doctor several times and reaches his \$1,250 In-Network deductible. His plan pays some of the costs of his next visit. He pays \$30 for the office visit and 30% of the allowed amount for labwork and the Plan pays the remainder of the office visit + 70% of the allowed amount. **For example**, Jack's doctor visit totals \$1,000. The office visit is \$150 and labwork is \$850. The Plan allows \$100 for the office visit and \$400 for the labwork. Jack pays \$30 for the office visit and \$120 for the labwork. The Plan pays \$70 for the office visit and \$280 for the labwork. The In-Network provider writes off \$500.

more costs

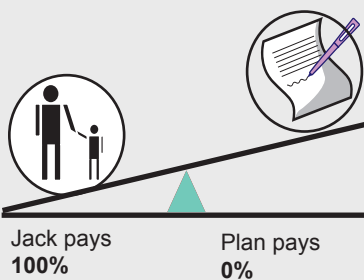
June 30
End of plan year



Jack reaches his \$4,350 out-of-pocket maximum. Jack has seen his doctor often and paid \$4,350 total (deductible + coinsurance + copays). The Plan pays 100% of the allowed amount for covered charges for the remainder of the benefit year. **For example**, Jack's doctor visit totals \$1,000. The office visit is \$150 and labwork is \$850. The Plan allows \$100 for the office visit and \$400 for the labwork. Jack pays \$0 and the Plan pays \$500. The In-Network provider writes off \$500.

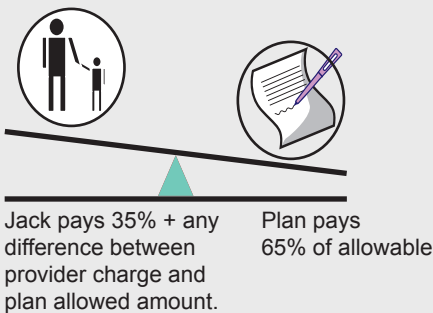
(Out-of-Network) Jack's Plan deductible is \$750, his coinsurance is 35%, and his out-of-pocket max is \$6,000.

July 1
Beginning plan year



Jack hasn't reached his deductible yet and he visits the doctor. He pays 100% of the provider charge. Only allowed amounts apply to his deductible. **For example**, the provider charges \$1,000. The Plan allowed amount is \$500. \$500 applies to Jack's Out-of-Network deductible. Jack must pay the provider the full \$1,000.

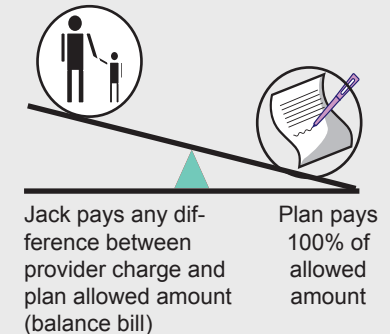
more costs



Jack has seen the doctor several times and reaches his \$750 Out-of-Network deductible. His plan pays some of the costs of his next visit. He pays 35% of the allowed amount and any difference between the provider charge and the Plan allowed amount. The Plan pays 65% of the allowed amount. **For example**, the provider charges \$1,000. The Plan allowed amount is \$500. Jack pays 35% of the allowed amount (\$175) + the difference between the provider charge and the Plan allowed amount (\$500). Jack's total responsibility is \$675. The Plan pays 65% of the allowed amount (\$325).

more costs

June 30
End of plan year



Jack reaches his \$6,000 out-of-pocket maximum. Jack has seen his doctor often and paid \$6,000 total (deductible + coinsurance). The Plan pays 100% of the allowed amount for covered charges for the remainder of the benefit year. Jack pays the difference between the provider charge and the allowed amount. **For example**, the provider charges \$1,000. The Plan allowed amount is \$500. Jack pays \$500 and the Plan pays \$500.

<i>Medical Plan Services</i>	In Network Copay/Coinsurance	Out-of-Network Coinsurance
Hospital Inpatient Services Pre-Certification of non-emergency inpatient hospitalization is strongly recommended		
Room Charges	30%	35%
Ancillary Services	30%	35%
Surgical Services (See Summary Plan Description for surgeries requiring prior authorization)	30%	35%
Hospital Outpatient Services (facility charges)		
Outpatient Services	30%	35%
Outpatient Surgi-Center	30%	35%
Physician/Professional Provider Services (not listed elsewhere)		
Primary Care Physician (PCP) Office Visit - Includes Naturopathic visits	\$30 copay/visit for office visit only - lab, x-ray & other procedures are subject to deductible/coinsurance	35% Note: Currently there is no network for Naturopathic visits, so out-of-network is the same as in-network but the member may be balance billed the difference between the allowed amount and provider charge
Specialty Provider Office Visit	\$50 copay/visit for office visit only - lab, x-ray & other procedures are subject to deductible/coinsurance	35%
Inpatient/Outpatient Physician Services	30%	35%
Lab/Ancillary/Misc. Charges	30%	35%
Eye Exam (preventive or medical)	0% one/yr	35% one/yr
Second Surgical Opinion	0%/visit for office visit only - lab, x-ray & other procedures are subject to deductible/coinsurance	35%
Emergency Services		
Ambulance Services for Medical Emergency	\$200 copay/transport	\$200 copay/transport
Emergency Room Facility Charges	\$250 copay/visit for room charges only lab, x-ray & other procedures are subject to deductible/coinsurance (waived if immediately admitted to hospital)	\$250 copay/visit for room charges only lab, x-ray & other procedures are subject to deductible/coinsurance (waived if immediately admitted to hospital)
Professional Charges	30%	25%
Urgent Care Services		
Facility/Professional Charges	\$75 copay/visit for room charges only - lab, x-ray & other procedures are subject to deductible/coinsurance	\$75 copay/visit for room charges only - lab, x-ray & other procedures are subject to deductible/coinsurance
Lab & Diagnostic Charges	30%	25%

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

Schedule of Medical Benefits

FY2019

<i>Medical Plan Services</i>	In Network Copay/Coinsurance	Out-of-Network Coinsurance
Maternity Services		
Hospital Charges	30%	35%
Physician Charges (delivery & inpatient)	30% (waived if enrolled in WellBaby Program within first trimester)	35%
Prenatal Office Visit	\$30 copay/visit (waived if enrolled in WellBaby Program within first trimester)	35%
Preventive Services		
Preventive screenings/ immunizations/flu shots (adult & Well-Child care) Refer to pages 11 & 12 for listing of Preventive Services covered at 100% of the allowed amount and for age recommendations	0% limited to services listed on pg 11 & 12. Other preventive services subject to deductible and coinsurance	35%
Mental Health/Chemical Dependency Services		
Inpatient Services (Pre-Certification is recommended)	30%	35%
Outpatient Services (this is a combined max of 4 visits at \$0 copay for mental health and chemical dependency services)	First 4 visits \$0 copay, then \$30 copay/visit Note: Psychiatrist is \$50 copay/visit	35%
Psychiatrist	\$50 copay/visit	35%
Rehabilitative Services Physical, Occupational, Cardiac, Respiratory, Pulmonary, Massage and Speech Therapy, Acupuncture and Chiropractic		
Inpatient Services (Pre-Certification is recommended)	30% Max: 30 days/yr	35% Max: 30 days/yr
Outpatient Services	\$30 copay/visit Max: 30 visits/yr (this is a combined max of 30 visits for all rehab services)	35% Max: 30 visits/yr (this is a combined max of 30 visits for all rehab services) Note: Currently there is no network for Acupuncture & Massage, so Out-of-Network is the same as In-Network but the member can be balance billed the difference between the allowed amount and provider charge.

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

<i>Medical Plan Services</i>	In Network Copay/Coinsurance	Out-of-Network Coinsurance
Extended Care Services		
Home Health Care (Prior Authorization is recommended)	\$30 copay/visit Max: 30 visits/yr	35% Max: 30 visits/yr
Hospice	30% Max: 6 months	35% Max: 6 months
Skilled Nursing Facility (Prior Authorization is recommended)	30% Max: 30 days/yr	35% Max: 30 days/yr
Miscellaneous Services		
Allergy Shots	\$50 copay/visit Office visit only. If no office visit, deductible & coinsurance waived	35%
Durable Medical Equipment, Prosthetic Appliances & Orthotics (Prior Authorization is required for amounts greater than \$2,500)	30% Max: \$200 for foot orthotics	35% Max: \$200 for foot orthotics

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

Schedule of Medical Benefits FY2019

<i>Medical Plan Services</i>	In Network Copay/Coinsurance	Out-of-Network Coinsurance
Miscellaneous Services cont.		
PKU Supplies (Includes treatment & medical foods)	0% (no deductible)	35%
Dietary/Nutritional Counseling (Prior Authorization recommended)	0% (no deductible) Max: 8 visits/yr	35%
Obesity Management (Prior Authorization recommended)	30% Must be enrolled in Take Control for non-surgical treatment	35%
TMJ (Prior Authorization recommended)	30% Surgical treatment only	35%
Organ Transplants		
Transplant Services (Prior Authorization required)	30%	35%
Travel		
Travel for patient only - If services are not available in local area (Prior Authorization required)	0% up to \$1,500/yr. -up to \$5,000/transplant	0% up to \$1,500/yr. -up to \$5,000/transplant
Wellness Program		
Preventive Health Screenings Healthy Lifestyle Ed. & Support	see pg 22	
WellBaby		
Take Control Diabetes, Weight Loss, High Cholesterol, High Blood Pressure, Tobacco User		

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

Preventive Services

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1. What Services are Preventive

All MUS health plan options provide preventive care coverage that complies with the federal health care reform law, the Patient Protection and Affordable Care Act (PPACA). Services designated as preventive care include:

- periodic wellness visits,
- certain designated screenings for symptom free or disease-free individuals, and
- designated routine immunizations.

When preventive care is provided by **In-Network providers**, services are reimbursed at 100% of the allowed amount, without application of deductible, coinsurance, or copay. Services from an Out-of-Network provider have a 35% coinsurance and a separate deductible and out-of-pocket maximum. An Out-of-Network provider can balance bill the difference between the allowed amount and the charge.

The PPACA has used specific resources to identify the preventive services that require coverage: U.S. Preventive Services Task Force (USPSTF) A and B recommendations and the Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Center for Disease Control (CDC). Guidelines for preventive care for infants, children, and adolescents, supported by the Health Resources and Services Administration (HRSA), come from two sources: Bright Futures Recommendations for Pediatric Health Care and the Uniform Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children.

U.S. Preventive Services Task Force: www.uspreventiveservicestaskforce.org
Advisory Committee on Immunization Practices (ACIP): www.cdc.gov/vaccines/acip/
CDC: www.cdc.gov
Bright Futures: www.brightfutures.org
Secretary Advisory Committee: www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/

2. Important Tips

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1. Accurate coding for preventive services by your health care provider is the key to accurate reimbursement by your health care plan. All standard correct coding practices should be observed.

2. Also of importance is the **difference** between a “screening” test and a diagnostic, monitoring or surveillance test. A “screening” test done on an asymptomatic person **is** a preventive service, and is considered preventive even if the test results are positive for disease, but future tests would be diagnostic, for monitoring the disease or the

risk factors for the disease. A test done because symptoms of disease are present **is not** a preventive screening and is considered diagnostic.

3. Ancillary services directly associated with a “screening” colonoscopy are also considered preventive services. Therefore, the procedure evaluation office visit with the doctor performing the colonoscopy, the ambulatory facility fee, anesthesiology (if necessary), and pathology will be reimbursed as preventive, provided they are submitted with accurate preventive coding.

See next page for listing of covered Preventive Services.

Covered Preventive Services

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Note: When preventive care is provided by **In-Network providers**, services are reimbursed at 100% of the allowed amount, without application of deductible, coinsurance, or copay. Services from an Out-of-Network provider have a 35% coinsurance and a separate deductible and out-of-pocket maximum. An Out-of-Network provider can balance bill the difference between the allowed amount and the charge.

Periodic Exams Appropriate screening tests per Bright Futures and other sources (previous page)	
Well-Child Care Infant through age 17	<ul style="list-style-type: none"> Age 0 months through 4 yrs (up to 14 visits) Age 5 yrs through 17 yrs (1 visit per benefit plan year)
Adult Routine Exam Exams may include screening/counseling and/or risk factor reduction interventions for depression, obesity, tobacco use/abuse, drug and/or alcohol use/abuse	<ul style="list-style-type: none"> Age 18 yrs through 65+ (1 visit per benefit plan year)
Preventive Screenings	
Anemia Screening	<ul style="list-style-type: none"> Pregnant Women
Bacteriuria Screening	<ul style="list-style-type: none"> Pregnant Women
Breast Cancer Screening (mammography)	<ul style="list-style-type: none"> Women 40+ (1 per benefit plan year)
Cervical Cancer Screening (PAP)	<ul style="list-style-type: none"> Women age 21 - 65 (1 per benefit plan year)
Cholesterol Screening	<ul style="list-style-type: none"> 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 - 75	<ul style="list-style-type: none"> Fecal occult blood testing; 1 per benefit plan year OR Sigmoidoscopy; every 5 yrs OR Colonoscopy; every 10 yrs
Prostate Cancer Screening (PSA) age 50+	<ul style="list-style-type: none"> 1 per benefit plan year (age 40+ with risk factors)
Osteoporosis Screening	<ul style="list-style-type: none"> Post-menopausal women 65+, or 60+ with risk factors (1 bone density x-ray (DXA))
Abdominal Aneurysm Screening	<ul style="list-style-type: none"> Men age 65 - 75 who have ever smoked (1 screening by ultrasound per plan year)
Diabetes Screening	<ul style="list-style-type: none"> Adults with high blood pressure
HIV Screening	<ul style="list-style-type: none"> Pregnant women and others at risk
RH Incompatibility Screening	<ul style="list-style-type: none"> Pregnant women
Routine Immunizations	
<p>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), Zoster (shingles)</p> <p>Influenza and Zoster (Shingles) vaccinations are reimbursed at 100% via the Navitus Pharmacy benefit.</p> <p>For recommended immunization schedules for all ages, visit the CDC website at https://www.cdc.gov/vaccines/index.html</p>	

Prescription Drug Plan

(Included in Medical plan)



Your prescription drug coverage is managed by Navitus Health Solutions.

Who is eligible?

The Prescription Drug Plan is a benefit for all benefits eligible Montana University System employees, retirees, COBRA enrollees and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive Navitus Health Solutions prescription drug coverage. There is no separate premium and no deductible for prescription drugs.

To determine your drug tier level and copay amount before going to the pharmacy, consult your Pharmacy Schedule of Benefits or call Navitus Customer Care (see next page for numbers).

The Navitus Drug Formulary List and Pharmacy Directory can be found online at www.navitus.com. You will need to register on the Navitus Navi-Gate for Members web portal to access the drug formulary (preferred drug list), drug tier level, and pharmacy directory. If you have questions regarding the drug formulary list or pharmacy directory, please contact Navitus Customer Care.

You can also find a list of Navitus Frequently Asked Questions (FAQs) at <https://www.navitus.com/members/members-faqs.aspx>.

How do I fill my prescriptions?

Prescription drugs may be obtained through the Plan at either a local retail pharmacy (up to a 34 or 90-day supply) or through a mail order pharmacy (90-day supply). Members who use maintenance medications can experience a significant cost-savings when filling their prescriptions for a 90-day supply.

Retail Pharmacy Network

NOTE: CVS/ Target pharmacies are not part of the Montana University System Pharmacy Plan network. If you choose to use these pharmacies, you will be responsible for all charges. This is not applicable to Navitus MedicareRx enrollees.

Mail Order Pharmacies

Ridgeway, Costco, and miRx Pharmacies will administer the mail order pharmacy program. If you are new to the mail order program, you can register online (see contact details on next page).

Specialty Pharmacy

The preferred Specialty Pharmacy is Lumicera Health Services. Lumicera helps members who are taking prescription drugs that require special handling and/or administration to treat certain chronic illnesses or complex conditions by providing services that offer convenience and support. Ordering new prescriptions with this specialty pharmacy is simple, just call a Patient Care Specialist to get started at 1-855-847-3553.

You can also find a list of Lumicera specialty pharmacy Frequently Asked Questions (FAQs) at <https://www.lumicera.com/Patients/FAQ.aspx>.



Medicare Part D Plan

The Medicare Retiree Prescription Drug Plan, Navitus MedicareRx, is a Medicare Part D prescription drug plan (PDP). Like all Medicare Part D plans, this Medicare prescription drug plan is approved by Medicare and run by a private company.

- Enrollment in another Medicare Part D drug plan is not permitted.
- MUS Medicare primary Retiree Plan members cannot be covered on another MUS Medicare primary Retiree Plan as a spouse (dual enrollment).
- Medicare eligible retiree members must be enrolled in both Medicare Part A and B to be eligible for this drug plan and to remain on the Montana University System benefit plan.

Prescription Drug Plan

Drug Schedule of Benefits Tier Level	Retail (up to 34-day supply)	Retail/Mail Order (90-day supply)
Tier \$0 (certain preventive medications (ACA, certain statins, metformin and omeprazole))	\$0 Copay	\$0 Copay
Tier 1 (low cost, high-value generics and select brands that provide high clinical value)	\$15 Copay	\$30 Copay
Tier 2 (preferred brands and select generics that are less cost effective)	\$50 Copay	\$100 Copay
Tier 3 (non-preferred brands and generics that provide the least value because of high cost or low clinical value, or both)	50% Coinsurance (Does not apply to the Out-of-Pocket maximum)	50% Coinsurance (Does not apply to the Out-of-Pocket maximum)
Tier 4 (Specialty) (specialty medications for certain chronic illnesses or complex diseases) \$200 copay if filled at preferred Specialty pharmacy 50% coinsurance, if filled at a non-preferred Specialty pharmacy (Does not apply to the Out-of-Pocket maximum)	N/A	N/A
Out-of-Pocket Maximum	Individual: \$2,150 per year Family: \$4,300 per year	

Questions?

Navitus Customer Care
call 24 Hours a Day | 7 Days a wk

Commercial (Non-Medicare Retirees)
Customer Care: 866-333-2757
Member Portal: www.navitus.com

MedicareRx (Medicare Retirees)
Customer Care: 866-270-3877
Member Portal: www.medicarerx.navitus.com

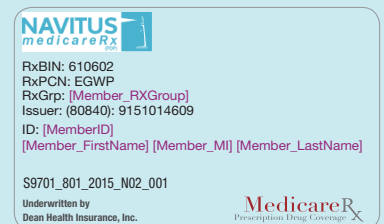
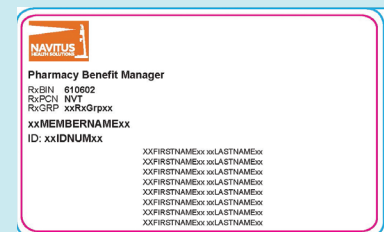
Lumicera Health Services
Customer Care: 1-855-847-3553
Monday - Friday 8 a.m. to 6 p.m.

Costco
1-800-607-6861
or go to www.pharmacy.costco.com
Monday - Friday 5 a.m. to 7 p.m. PST

Ridgeway:
1-800-630-3214
or go to www.ridgewayrx.com
Monday - Thursday 9 a.m. to 5 p.m. MST

miRx:
1-866-894-1496
or go to www.mirxpharmacy.com
Monday - Friday 8 a.m. to 6 p.m. MST

Sample Pharmacy cards



Dental Plan (voluntary)



Choices offers one Dental plan option for Retirees: **Select Plan**

Enrollment in the dental plan is a one-time opportunity for Retirees (and their dependents). Coverage is permanently forfeited if the Retiree fails to enroll in a timely manner, cancels dental coverage, or fails to pay premiums. **Note:** A spouse reaching age 65 is not a qualifying event for re-enrolling in dental.

	Select Plan - Enhanced Coverage
Who May be Enrolled & Monthly Premium	<ul style="list-style-type: none"> Retiree/Survivor Only \$52 Retiree & Spouse \$94 Retiree/Survivor & Child(ren) \$94 Retiree & Family \$156
Maximum Annual Benefit	\$1,500 per covered individual
Preventive and Diagnostic Services	<ul style="list-style-type: none"> Twice Per Benefit Year Initial and Periodic oral exam Cleaning Complete series of intraoral X-rays Topical application of fluoride <p>Note: the above services do <u>not</u> count towards the \$1,500 annual maximum. See below</p>
Basic Restorative Services	<ul style="list-style-type: none"> Amalgam filling Endodontic treatment Periodontic treatment Oral surgery
Major Dental Services	<ul style="list-style-type: none"> Crown Root canal Complete lower and upper denture Dental implant Occlusal guards
Removal of impacted teeth	<ul style="list-style-type: none"> Covered benefit
Orthodontia	<ul style="list-style-type: none"> Available to covered children and adults \$1,500 lifetime benefit/individual

Select Plan Benefit Highlight Features:

Diagnostic & Preventive Benefit

The **Choices Select Plan** allows MUS Plan members to obtain diagnostic & preventive services without those costs applying to the annual \$1,500 maximum.

Orthodontic Benefits

The **Choices Select Plan** provides a \$1,500 lifetime orthodontic benefit per covered individual. Benefits are paid at 50% of the allowable charge for authorized services. Treatment plans usually include an initial down payment and ongoing monthly fees. If an initial down payment is required, **Choices** will pay up to 50% of the initial payment, up to 1/3 of the total treatment charge. In addition, Delta Dental (the dental plan administrator) will establish a monthly reimbursement based on your provider's monthly fee and your prescribed treatment plan.

Delta Dental: 1-866-579-5717 www.deltadentalins.com/mus

Dental Fee Schedule

Dental claims are reimbursed based on a dental fee schedule. The following subsets of the **Choices Select Plan** fee schedule includes the most commonly used procedure codes. The fee schedule's dollar amount is the maximum reimbursement by the Plan for the specified procedure code. Covered individuals are responsible for the difference (if any) between the provider's charge and the fee schedule's maximum reimbursement amount.

The CDT codes and nomenclature are copyright of the American Dental Association. The procedures described and maximum allowances indicated on this table are subject to the terms of the MUS-Delta Dental contract and Delta Dental processing policies. These allowances may be further reduced due to maximums, limitations, and exclusions.

Please refer to the SPD for complete information (see inside cover for availability).

Procedure Code	Description	Fee
D0120	Periodic oral evaluation - established patient	\$40.00
D0140	Limited oral evaluation - problem focused	\$58.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$40.00
D0150	Comprehensive oral evaluation - new or established patient	\$65.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$72.00
D0210	Intraoral - complete series of radiographic images	\$110.00
D0220	Intraoral - periapical first radiographic image	\$26.00
D0230	Intraoral - periapical each additional radiographic image	\$20.00
D0240	Intraoral - occlusal radiographic image	\$25.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	\$58.00
D0270	Bitewing - single radiographic image	\$22.00
D0272	Bitewings - two radiographic images	\$37.00
D0273	Bitewings - three radiographic images	\$45.00
D0274	Bitewings - four radiographic images	\$53.00
D0277	Vertical bitewings - 7 to 8 radiographic images	\$73.00
D0320	Temporomandibular joint arthrogram, including injection	\$622.00
D0330	Panoramic radiographic image	\$91.00
D1110	Prophylaxis - adult	\$83.00
D1120	Prophylaxis - child (through age 13)	\$58.00
D1206	Topical application of fluoride varnish (Child through age 18)	\$31.00
D1208	Topical application of fluoride – excluding varnish (Child through age 18)	\$28.00
D1351	Sealant - per tooth (Child through age 15)	\$45.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth (Child through age 15)	\$54.00
D1510	Space maintainer - fixed - unilateral (Child through age 13)	\$239.00
D1515	Space maintainer - fixed - bilateral (Child through age 13)	\$388.00
D1520	Space maintainer - removable - unilateral (Child through age 13)	\$393.00
D1525	Space maintainer - removable - bilateral (Child through age 13)	\$538.00
D1550	Re-cement or re-bond space maintainer	\$63.00
D1555	Removal of fixed space maintainer	\$63.00
D1575	Distal shoe space maintainer - fixed - unilateral	\$239.00
D2140	Amalgam - one surface, primary or permanent	\$93.00
D2150	Amalgam - two surfaces, primary or permanent	\$118.00
D2160	Amalgam - three surfaces, primary or permanent	\$147.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$176.00
D2330	Resin-based composite - one surface, anterior	\$98.00

Dental Fee Schedule

Procedure Code	Description	Fee
D2331	Resin-based composite - two surfaces, anterior	\$132.00
D2332	Resin-based composite - three surfaces, anterior	\$156.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$192.00
D2391	Resin-based composite - one surface, posterior	\$116.00
D2392	Resin-based composite - two surfaces, posterior	\$148.00
D2393	Resin-based composite - three surfaces, posterior	\$187.00
D2394	Resin-based composite - four or more surfaces, posterior	\$220.00
D2543	Onlay - metallic - three surfaces (12 years and older)	\$375.00
D2544	Onlay - metallic - four or more surfaces (12 years and older)	\$544.00
D2643	Onlay - porcelain/ceramic - three surfaces (12 years and older)	\$580.00
D2644	Onlay - porcelain/ceramic - four or more surfaces (12 years and older)	\$513.00
D2740	Crown – porcelain/ceramic substrate	\$480.00
D2750	Crown - porcelain fused to high noble metal	\$459.00
D2751	Crown - porcelain fused to predominantly base metal	\$410.00
D2752	Crown - porcelain fused to noble metal	\$428.00
D2780	Crown - 3/4 cast high noble metal	\$516.00
D2783	Crown – ¾ porcelain/ceramic	\$477.00
D2790	Crown - full cast high noble metal	\$468.00
D2930	Prefabricated stainless steel crown - primary tooth	\$186.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$222.00
D2932	Prefabricated resin crown	\$221.00
D2933	Prefabricated stainless steel crown with resin window	\$222.00
D2940	Protective restoration	\$70.00
D2950	Core buildup, including any pins when required	\$151.00
D2951	Pin retention - per tooth, in addition to restoration	\$38.00
D2954	Prefabricated post and core in addition to crown	\$189.00
D3110	Pulp cap - direct (excluding final restoration)	\$44.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$110.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$183.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$489.00
D3320	Endodontic therapy, premolar bicuspid tooth (excluding final restorations)	\$596.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$789.00
D3346	Retreatment of previous root canal therapy - anterior	\$747.00
D3347	Retreatment of previous root canal therapy – bicuspid premolar	\$828.00
D3348	Retreatment of previous root canal therapy - molar	\$917.00
D3410	Apicoectomy – anterior	\$606.00
D3425	Apicoectomy – molar (first root)	\$597.00
D3430	Retrograde filling - per root	\$148.00
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$358.00

Dental Fee Schedule

Procedure Code	Description	Fee
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$113.00
D4249	Clinical crown lengthening – hard tissue	\$455.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$784.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$511.00
D4270	Pedicle soft tissue graft procedure	\$620.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$632.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$154.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$105.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$83.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on subsequent visit.	\$93.00
D4910	Periodontal maintenance	\$94.00
D5110	Complete denture - maxillary	\$608.00
D5120	Complete denture - mandibular	\$662.00
D5130	Immediate denture, maxillary	\$666.00
D5140	Immediate denture, mandibular	\$666.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$690.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$523.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$488.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$488.00
D5511	Repair broken complete denture base, mandibular	\$86.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76.00
D5611	Repair resin partial denture base, mandibular	\$89.00
D5612	Repair resin partial denture base, maxillary	\$89.00
D5640	Replace broken teeth - per tooth	\$76.00
D5650	Add tooth to existing partial denture	\$114.00
D5660	Add clasp to existing partial denture – per tooth	\$160.00
D5710	Rebase complete maxillary denture	\$320.00

..... **Dental Fee Schedule**

Procedure Code	Description	Fee
D5711	Rebase complete mandibular denture	\$320.00
D5720	Rebase maxillary partial denture	\$314.00
D5721	Rebase mandibular partial denture	\$360.00
D5821	Interim partial denture (mandibular)	\$233.00
D5850	Tissue conditioning, maxillary	\$51.00
D6210	Pontic - cast high noble metal	\$521.00
D6212	Pontic - cast noble metal	\$365.00
D6214	Pontic - titanium	\$528.00
D6240	Pontic - porcelain fused to high noble metal	\$459.00
D6241	Pontic - porcelain fused to predominantly base metal	\$391.00
D6242	Pontic - porcelain fused to noble metal	\$463.00
D6245	Pontic - porcelain/ceramic	\$458.00
D6740	Retainer crown - porcelain/ceramic	\$492.00
D6750	Retainer crown - porcelain fused to high noble metal	\$456.00
D6752	Retainer crown - porcelain fused to noble metal	\$490.00
D6790	Retainer crown - full cast high noble metal	\$498.00
D6791	Retainer crown - full cast predominantly base metal	\$402.00
D6794	Retainer crown - titanium	\$548.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$102.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$178.00
D7220	Removal of impacted tooth - soft tissue	\$211.00
D7230	Removal of impacted tooth - partially bony	\$257.00
D7240	Removal of impacted tooth - completely bony	\$316.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$371.00
D7850	Surgical discectomy, with/without implant	\$1,500.00
D7860	Arthrotoomy	\$1,500.00
D7870	Arthrocentesis	By Report
D7880	Occlusal orthotic device, by report	\$469.00
D7899	Unspecified TMD therapy, by report	By Report
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$217.00
D7971	Excision of pericoronaral gingiva	\$120.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$69.00
D9223	Deep sedation/general anesthesia- each subsequent 15 minute increment	\$122.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$111.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$67.00
D9940	Occlusal guard, by report	\$254.00
D9950	Occlusion analysis - mounted case	\$187.00
D9951	Occlusal adjustment - limited	\$51.00
D9952	Occlusal adjustment - complete	\$406.00

Delta Dental Fee examples

How to select a Delta Dental Dentist that will best suit your needs and your pocket book! Understand the difference between a PPO and Premier Dentist.

Finding a Delta Dental Dentist:

The MUS dental plan utilizes a fee schedule so you know in advance exactly how much the plan will pay for each covered service. It is important to understand that a dentist's charges may be greater than the plan benefit, resulting in balance billing to you. While you have the freedom of choice to visit any licensed dentist under the plan, you may want to consider visiting a Delta Dental dentist to reduce your out-of-pocket costs.

When a dentist contracts with Delta Dental, they agree to accept Delta Dental's allowed fee as full payment. This allowed fee may be greater than the MUS plan benefit in which case, the dentist may balance bill you up to the difference between the allowed fee and the MUS benefit amount.

Montana University System plan members will usually save when they visit a Delta Dental dentist. Delta Dental Preferred Provider Organization (PPO) dentists agree to lower levels of allowed fees and therefore offer the most savings. Delta Dental Premier dentists also agree to a set level of allowed fees, but not as low as with a PPO dentist. Therefore, when visiting a Premier dentist, MUS members usually see some savings, just not as much as with a PPO dentist. The best way to understand the difference in fees is to view the examples below. Then go to: www.deltadentalins.com/MUS and use the *Find a Dentist* search to help you select a dentist that is best for you!

The following claim examples for an adult cleaning demonstrate how lower out-of-pocket patient costs can be achieved when you visit a Delta Dental dentist. The examples compare the patient's share of costs at each network level below:

Adult Cleaning	PPO Dentist	Premier Dentist	Out-of-Network Dentist
What the dentist bills	\$87	\$87	\$87
Dentists allowed fee with Delta Dental	\$57	\$71	No fee agreement with Delta Dental
MUS Plan benefit allowed amount	\$83	\$83	\$83
What you pay	\$0	\$0	\$4

The following claim examples for a crown demonstrate how lower out-of-pocket patient costs can be achieved when you visit a Delta Dental dentist. The examples compare the patient's share of costs at each network level below:

Crown	PPO Dentist	Premier Dentist	Out-of-Network Dentist
What the dentist bills	\$1,000	\$1,000	\$1,000
Dentists allowed fee with Delta Dental	\$694	\$822	No fee agreement with Delta Dental
MUS Plan benefit allowed amount	\$423	\$423	\$423
What you pay	\$271	\$399	\$577

Vision Hardware Plan



(voluntary)

Administered by Blue Cross Blue Shield of Montana
 1-800-820-1674 or 447-8747, www.bcbsmt.com
 Claim submission form at: www.choices.mus.edu/forms.

Who is Eligible?

Employees, spouses, retirees, and children are eligible if you elect to have this coverage.

Using Your Vision Hardware Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your Vision Hardware benefit is easy. Simply select your provider, purchase your hardware and submit your claim form to Blue Cross Blue Shield of Montana for processing. **The voluntary vision coverage is a hardware benefit only. Eye Exams, whether preventive or medical, are covered under the medical benefit plan. See pg. 7 Eye Exam (preventive & medical).** Please refer to the Summary Plan Description (SPD) for complete vision hardware benefits and plan exclusions (see inside cover for availability).



Monthly Vision Hardware Rates	
• Retiree/Survivor Only	\$9.71
• Retiree & Spouse	\$18.34
• Retiree/Survivor & Child(ren)	\$19.30
• Retiree & Family	\$28.31

Sample Vision Hardware card

Service/Material	Coverage
Eyeglass Frames and Lenses: Frame: One frame per benefit period, in lieu of contact lenses Lenses: One pair of lenses per benefit period, in lieu of contact lenses	Up to \$300 allowance toward the purchase of eyeglass frame and prescription lenses, including single vision, bifocal, trifocal, progressive lenses; ultraviolet treatment; tinting; scratch-resistant coating; polycarbonate; anti-reflective coating. The Plan participant may be responsible for the charges at the time of service.
Contact Lenses: Once purchase per benefit period, in lieu of eyeglass frame and lenses	Up to \$150 allowance toward contact lens fitting and the purchase of Conventional, Disposable or Medically Necessary* contact lenses. The Plan participant may be responsible for the charges at the time of service.

*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e., cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

Filing a claim:

When a Plan participant purchases vision hardware, a walk-out statement should be provided by the Provider. This walk-out statement should be submitted to Blue Cross and Blue Shield of Montana for reimbursement.

Go to: www.choices.mus.edu/forms.asp and select the Vision Hardware Claim Form.



The Montana University System (MUS) Benefit Plan offers Wellness services to covered adult plan members (employee, retirees, spouses, dependents over the age of 18) regardless of which medical plan you choose. For more detailed information about your Wellness Program please refer to the Wellness website: www.wellness.mus.edu.

Preventive Health Screenings

WellCheck

Every campus offers health screenings for plan members called WellChecks. A free basic blood panel and biometric screening are provided at WellCheck, with optional additional tests available at discounted prices. Representatives from MUS Wellness are also present at most WellChecks to answer wellness related questions. Adult plan members over the age of 18 are eligible for two free WellChecks per plan year (July 1 - June 30). Go to www.wellness.mus.edu/WellCheck.asp for more information regarding WellCheck dates and times on your campus.

Online Registration

Online registration is required on all campuses for WellCheck appointments. To register go to: my.itstartswithme.com.

Lab Tests -

Log on to your It Starts With Me account for a complete listing of tests available at WellCheck: my.itstartswithme.com

Flu Shots

Are offered FREE in the fall, subject to national vaccine availability. Go to www.wellness.mus.edu/WellCheck.asp for more information.

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[@montanameals](https://twitter.com/montanameals)



Like us on facebook:
www.facebook.com/MUSwellness

Healthy Lifestyle Education & Support

Quick Help Program

If you have a quick question regarding health, fitness, or nutrition related topics, send us an email at: wellness@montana.edu. We'll do our best to provide the information you need, or point you in the right direction if we don't have an answer ourselves!

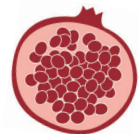
The information given through the Quick Help Program does not provide medical advice, is intended for general educational purposes only, and does not always address individual circumstances.

WellBaby

WellBaby is a pregnancy benefit designed to help you achieve a healthier pregnancy. Enroll during your first trimester to take advantage of all the program benefits. For more information call 406-660-0082 or visit the Wellness website www.wellness.mus.edu

Take Control Program

Eat Well. Stay Active. Reduce Your Risks.



Take Control is a healthcare company that believes living well is within everyone's reach. Take Control offers comprehensive and confidential education and support for the following medical conditions: Diabetes, Overweight, Tobacco User, High Blood Pressure, High Cholesterol, WellBaby member.

Services provided include health coaching, fitness center or fitness class reimbursement, copay waivers for diabetic supplies and many more.

For details, call 1-800-746-2970, or visit www.takecontrolmt.com

Available to Non-Medicare retirees only

Visit the MUS Wellness website for more information: www.wellness.mus.edu

Long Term Care Insurance (*voluntary*)

Provided by UNUM Life Insurance Co.

1-800-227-4165 www.unuminfo.com/mus

Options	Choices
Care Type	
Plan 1	Facility (nursing home or assisted living)
Plan 2	Facility + Professional Home Care (Provided by a licensed home health organization)
Plan 3	Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)
Monthly Benefit	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
Duration	
3 years	3 years Nursing Home
6 years	6 years Nursing Home
Unlimited	Unlimited Nursing Home
Inflation Protection	
Yes	5% compounded annually
No	No protections will be provided

Unexpected events, such as accidents or illness, can catch us off guard at any age, any time. This can often lead to financial and emotional hardship. Many believe that our health plan covers long term care situations when, in most cases, it does not. We may be left thinking we should have planned better. **The Long Term Care (LTC) plan is designed to pick up where our health plan leaves off.** You may never need long term care. However, this year about nine million men and women will need long term care. By 2020, 12 million Americans will need long term care. Most will be cared for at home. A study by the US Department of Health and Human Services indicates that people who reach age 65 have a 40 percent chance of entering a nursing home.

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

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



Who is Eligible

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

Enrollment

If you would like to sign up for the Long Term Care Plan, contact your campus Human Resources/Benefits Office.

Additional Benefits

Dependent Hardship Waiver

The MUS Benefit Plan offers a Dependent Premium Hardship Waiver to allow health care coverage for children. The family must first apply for Healthy Montana Kids (HMK) coverage for all children under the age of 19. If HMK denies coverage and the family has a financial hardship, an application may be submitted to MUS Benefits requesting the Dependent Premium Hardship Waiver. If the total household income is not more than 115% of the HMK guidelines, the dependent children will be eligible for the waiver for the Plan year. The family must re-apply for HMK and the Dependent Premium Hardship Waiver each Plan year in order to be eligible for the waiver. For more information, please contact your campus Human Resources/Benefits office or call MUS Benefits at 1-877-501-1722 or 406-449-9162.

★ Self Audit Award Program

Be sure to check all bills and EOBs from your medical providers to make sure that charges have not been duplicated or billed for services you did not receive. **When you detect billing errors that result in a claims adjustment, the MUS Plan will share the savings with you!** You may receive an award of 50 percent of the savings, up to a maximum of \$1,000.

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

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

To receive the Self Audit Award, the member must:

- Notify the medical plan claims administrator of the error before it is detected by the administrator or the health care provider,
- Contact the provider to verify the error and work out the correct billing, and
- Have copies of the correct billing sent to the medical plan claims administrator for verification, claims adjustment and calculation of the Self Audit Award.



Wildflowers Bridger Mountain Range, MT

Privacy Rights & Plan Documents

Eligibility and enrollment for coverage in the Montana University System Employee Group Benefits Plan for persons (and their dependents) who are NOT active employees within MUS:

Detailed rules are published in the MUS Summary Plan Description in these sections:

- Eligibility
- Enrollment, Changes in Enrollment, Effective Dates of Coverage
- Leave, Layoff, Coverage Termination, Re-Enrollment, Surviving Spouse, and Retirement Options
- Continuation of Coverage Rights under COBRA

Each employee and former employee is responsible for understanding rights and responsibilities for themselves and their eligible dependents for maintaining enrollment in the Montana University System Employee Group Benefits Plan.

Coordination of Benefits: Persons covered by a health care plan through the Montana University System AND also by another non-liability health care coverage plan, whether private, employer-based, governmental (including Medicare and Medicaid), are subject to coordination of benefits rules as specified in the Summary Plan Description, Coordination of Benefits section. Rules vary from case to case by the circumstances surrounding the claim and by the active or retiree status of the member. In no case will more than 100% of a claim's allowed amount be paid by the sum of all payments from all applicable coordinated insurance coverages.

Note to Retirees eligible for Medicare coverage: All claims are subject to coordination of benefits with Medicare whether or not the covered person is actually receiving Medicare benefits. Retirees eligible for Medicare and paying Medicare Retiree premium rates as published in the **Choices** Retiree Workbook are expected to be continuously enrolled in BOTH Medicare Part A and Medicare Part B.

Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) Notice

The Montana University System Employee Group Benefits Plan has a duty to safeguard and protect the privacy of all plan members' personally identifiable health information that is created, maintained, sent or received by the Plan. The Plan is required by law to provide a Notice of Privacy Practices to further describe its legal obligations. The Notice can be accessed on the MUS website.

The Montana University System Employee Group Benefits Plan contracts with individuals or entities known as Business Associates, who perform various functions on the Plan's behalf such as claims processing and other health-related services associated with the plan, including counseling, psychological services and pharmaceutical services, etc. These Business Associates and health care providers must also, under HIPAA, take measures to protect a plan member's personally identifiable health information from inadvertent, improper or illegal disclosure.

The Montana University System's self-insured employee group health benefit plan, in administering plan benefits, shares and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment, wellness program (including WellChecks), lifestyle management programs (e.g., Take Control) healthcare operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection, and compliance. Information concerning these categories may be shared, without a participant's written consent, between MUS authorized benefit employees, supervisors and MUS Business Associates, participant's providers or legally authorized governmental entities.

Full HIPAA policy is available on the Choices website or by contacting your campus Human Resources/Benefits Office.

Court Notice Re: Class Action Rights; Potential Monetary Recovery MT 18th Judicial District Court, Gallatin County, Cause No. DV-09-953B – Gendron vs. Allegiance Benefit Plan Management, Inc., Does and Montana University System

This case concerns members of the MUS Health Benefit Plan for the period of October 5, 2001 through December 31, 2016. For any covered claim under the Plan arising from an injury between October 5, 2001 through December 31, 2016 where MUS did not pay the medical expense(s) because the medical expense(s) were paid or able to be paid by another source, the settlement provides that MUS will pay the Plan member for this expense. Please review the Notice for more information. You will have the chance to fill out an Acknowledgment and Claims Form and send it to MUS. Those forms will be available on-line and through the mail.

**MONTANA EIGHTEENTH JUDICIAL DISTRICT COURT, GALLATIN COUNTY
NOTICE OF MONTANA UNIVERSITY SYSTEM CLASS ACTION**

**You Or A Family Member May Be Entitled To Money Payments.
Read This Legal Notice Carefully. Your Rights May Be Affected.**

Why am I receiving this Notice?	You are receiving this Notice because you are or have been a member of the Montana University System's Employee Group Benefit Plan ("Plan") between October 5, 2001 and December 31, 2016. As a potential Class Member, you are entitled to this Notice.
What is the Class about?	The Class Action claims the Montana University System failed to pay certain medical expenses that were due under the Plan. The Montana University System has agreed to pay such medical expenses.
What determines if I am entitled to payment of money?	You or a family member are likely due money if the following two conditions exist: 1. You or a family member incurred medical expenses for injuries between October 5, 2001 and December 31, 2016; and 2. Your medical expenses were not paid in full by the Plan because the medical expenses were paid or able to be paid by another source, including another source of insurance.
How do I apply for additional payments?	Please fill out the enclosed Acknowledgment and Claims Form and return it in the self-addressed envelope. If eligible, monetary payments will be paid directly to you. If you need help, please call the class attorney—Hillary P. Carls at 406-586-1926—or visit the class website at http://choices.mus.edu/notice.asp . The claims form must be completed and returned prior to April 13, 2018 or you may forfeit your right to payment.

FOR MORE INFORMATION OR HELP CALL 1-844-632-5699 OR VISIT

<http://choices.mus.edu/notice.asp>

YOU CAN ALSO CONTACT THE ATTORNEY FOR THE CLASS AT:

Hillary P. Carls
Angel, Coil & Bartlett
125W. Mendenhall, Suite 201
Bozeman, MT 59715
Telephone: 406-586-1926
hillary@angelcoilbartlett.com
www.angelcoilbartlett.com

If you are injured, your health insurance plan is legally required to pay your medical expenses. Even if you or the person who caused your injuries has other insurance to pay the medical expenses (such as automobile or homeowner's insurance) your health insurance must also pay your medical expenses. Only if you have been fully compensated for all damages, including payment of your attorneys' fees and costs, will the Montana University System have the right to be reimbursed for any payments it has made. Under Montana law, this is called your right to be "made whole."

It is your right to hire your own attorney to represent your interests in this class action.

It is your right to request that the Court exclude you from being a member of this class action, and upon receipt of a written request to exclude, the Court will exclude you from the class. To be excluded from the class you must have made a written request to the Court by July 12, 2017. The written request to be excluded from the class must reference *Gendron v. Montana University System*, Cause No. DV-09-953B and be submitted to:

Clerk of the District Court
Montana Eighteenth Judicial District Court, Gallatin County
W. W. Lessley Law & Justice Center
615 South 16th Ave., Rm. 302
Bozeman, MT 59715

If you did not request to exclude yourself from the class action, the Court's judgment for class members will be binding on you pursuant to Montana Rule of Civil Procedure 23(c)(3).

It is also your right to object to the award of attorneys' fees and costs. The Montana University System agrees that class attorneys are entitled to an award of reasonable attorneys' fees and costs, over and above the amount paid to Class Members. The parties have not yet reached agreement on the amount of the attorneys' fees and costs. The parties submitted their written positions on the attorneys' fees and costs award to the Court by September 15, 2017. The Court will have a hearing on the attorneys' fees and costs award on June 20, 2018 beginning at 9:00 n.m. at the W.W. Lessley Law & Justice Center, 615 South 16th Ave., Room 201, Bozeman, Montana. This hearing was previously scheduled to take place on December 5, 2017, but it has been rescheduled. Pursuant to the Court's Order, the hearing on the attorneys' fees and costs award will now be held on June 20, 2018, starting at 9:00 n.m. It is your right to attend the hearing on the attorneys' fees and costs award in this matter.

To object to the award of attorneys' fees and costs you must have made a written request to the Court by October 15, 2017. You have the right to inspect the parties' requests and positions regarding the attorneys' fees and costs award at the Clerk of the District Court office indicated below. The written request to object to the award of attorneys' fees and costs must reference *Gendron v. Montana University System*, Cause No. DV-09-953B and be submitted to:

Clerk of the District Court
Montana Eighteenth Judicial District Court, Gallatin County
W. W. Lessley Law & Justice Center
615 South 16th Ave., Rn. 302
Bozeman, MT 59715

It was your right to attend the final Fairness Hearing in this matter. The final Fairness Hearing in this matter was scheduled for December 5, 2017 at 1:30 p.m. at the W.W. Lessley Law & Justice Center, 615 South 16th Ave., Room 201, Bozeman, Montana.

Glossary

Allowed Amount

A set dollar allowance for procedures/services that are covered by the Plan.

Balance Billing

When a provider bills the member for the balance remaining on the bill that your Plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount (services provided by an Out-of-Network provider) or the billed amount for a non-covered service.

Benefit Plan Year

The period starting July 1 and ending June 30.

Certification/Pre-Certification

A determination by the appropriate medical plan claims administrator that a specific service - such as an inpatient hospital stay - is medically necessary. Pre-Certification is done in advance of a non-emergency admission by contacting the medical plan claims administrator.

Coinsurance

A percentage of the allowed amount for covered health care services that a member is responsible for paying, after paying any applicable deductible. For example, if Jack has met his deductible for In-Network medical costs (\$1,250), he pays 30% of the allowed amount up to the Out-of-Pocket Maximum and the Plan pays 70%.

Copayment

A fixed dollar amount the member pays for a covered health care service, usually at the time the member receives the service. The medical plan pays the remaining allowed amount.

Covered Charges

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

Deductible

A set dollar amount that a member must pay for covered health care services before the medical plan pays. The deductible applies to the plan year (July 1 through June 30). For example, Jack's deductible is \$1,250. Jack pays 100% of the allowed amount until his deductible has been met.

Emergency Services

Evaluation and treatment of an emergency medical condition (illness, injury, or serious condition). Emergency Services are covered everywhere; however, Out-of-Network providers may balance bill the difference between the allowed amount and the charge.

Fee Schedule

A fee schedule is a complete listing of fees used by the Plan to reimburse providers and suppliers for providing selected health care services. The comprehensive listing of fee maximums is used to reimburse a provider on a fee-for-service or flat-fee basis.

In-Network Provider

A provider who has a participating contract with the medical plan claims administrators to provide health care services for Plan members and to accept the allowed amount as payment in full. Also called “preferred provider” or “participating provider”. Members will pay less out of pocket expenses if they see an In-Network provider.

Out-of-Network Provider

Any provider who provides services to a member but does not have a participating contract with the medical plan claims administrators. Also called “non-preferred provider” or non-participating provider”. Members will pay more out of pocket expenses if they see an Out-of-Network provider.

Out-of-Pocket Maximum

The maximum amount of money a member pays toward the cost of covered health care services. Out-of-pocket expenses include deductibles, copayments, and coinsurance. For example, Jack reaches his \$4,350 Out-of-Pocket Maximum. Jack has seen his doctor often and paid \$4,350 total (deductible + coinsurance + copays). The Plan pays 100% of the allowed amount for covered charges for the remainder of the plan year. Balance billing amounts (the difference between Out-of-Network provider charges and the allowed amount) do not apply to the Out-of-Pocket Maximum.

Plan

Healthcare benefits coverage offered to members through the employer to assist with the cost of covered health care services.

Preventive Services

Routine health care, including screenings and exams, to prevent or discover illnesses, disease, or other health problems.

Prior Authorization

A process that determines whether a proposed service, medication, supply, or ongoing treatment is considered medically necessary as a covered service.

PPACA

The Patient Protection and Affordable Care Act (PPACA) – also known as the Affordable Care Act or ACA – is the landmark health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010. The legislation includes a long list of health-related provisions that began taking effect in 2010 and will continue to be rolled out through 2018.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine, nurse practitioner, clinical nurse specialist or physician assistant) who directly provides or coordinates a range of health care services for or helps access health care services for a patient.

Screening

A type of preventive service that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Specialist

A physician specialist who focuses on a specific area of medicine to diagnose, manage, prevent or treat certain types of symptoms and conditions.

RESOURCES

Montana University System Employee Benefits
Office of the Commissioner of Higher Education
(406) 449-9157 * Fax (406) 449-9170 * Toll Free 1-877-501-1722
www.choices.mus.edu

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MEDICAL PLANS

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.
Customer Service 1-877-778-8600
Precertification 1-800-342-6510
www.abpmtpa.com/mus

BLUE CROSS AND BLUE SHIELD OF MONTANA
Customer Service 1-800-820-1674 or 406-447-8747
www.bcbsmt.com

PACIFICSOURCE HEALTH PLAN
Customer Service 406-442-6589 or 1-877-590-1596
Pre-Authorization: 406-442-6595 or 1-877-570-1563
www.PacificSource.com/MUS

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DELTA DENTAL INSURANCE COMPANY
Customer Service 1-866-579-5717
www.deltadentalins.com/MUS

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BLUE CROSS AND BLUE SHIELD OF MONTANA - Vision Hardware Plan
Customer Service 1-800-820-1674 or 406-447-8747
www.bcbsmt.com

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Navitus – PRESCRIPTION DRUG PLAN

COMMERCIAL (NON-MEDICARE RETIREES)
Customer Care 866-333-2757
Member Portal: www.navitus.com

MedicareRx (MEDICARE RETIREES)
Customer Care 866-270-3877
Member Portal: www.medicarerx.navitus.com

RIDGEWAY MAIL ORDER PHARMACY – www.ridgewayrx.com
Customer Service 1-800-630-3214
Fax: 406-642-6050

COSTCO MAIL ORDER PHARMACY - www.pharmacy.costco.com
Customer Service 1-800-607-6861
Fax: 1-888-545-4615

miRx MAIL ORDER PHARMACY - www.mirxpharmacy.com
Customer Service 1-866-894-1496
Fax: (406) 869-6552

LUMICERA HEALTH SERVICES -www.lumicera.com
Customer Service: 1-855-847-3553

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UNUM LIFE INSURANCE – Long Term Care
Customer Service 1-800-822-9103
www.unuminfo.com/mus