

*Montana University System's Flexible Benefits Program*

2004 - 2005

# **Enrollment** ***Workbook***

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**STOP!!!!**

**WAIVER OF HEALTH COVERAGE**

You have the option to waive coverage with the Montana University System plan. You must sign the enrollment form stating you are waiving coverage and turn form into your campus benefits office. ***If you do not sign or turn in an enrollment form you will default to the \$575 plan (new employees) or your previously selected coverage.***

If you waive coverage:

- You waive all Choices options, life, dental ADD and LTD
- You cannot enroll until open enrollment for the next plan year or you have qualifying event
- Pre-existing conditions will apply if you do not have evidence of previous coverage.

***\*WAVIER OF COVERAGE DOES NOT ENTITLE THE EMPLOYEE TO THE EMPLOYER CONTRIBUTION.***

# Introduction to *Choices*

This workbook is your guide to **Choices**— Montana University System’s benefits program that lets you match our benefits to your individual and family situation. To get the most out of this opportunity to design your own benefits package, you need to consider your benefit needs, compare them against the options available under **Choices** and enroll for the benefits you’ve chosen. This workbook contains information you’ll need to do so. It includes:

- An overview describing how **Choices** works,
- Descriptions of your benefit options, including issues to consider as you make your benefit elections, and
- Instructions on how to enroll.

**Choices** is a comprehensive benefits program provided by Montana University System for you and your family. It includes many options. Coverage available to you includes:

Must Choose:

- Medical
- Dental
- Long Term Disability
- Basic Life Insurance

Voluntary:

- Optional Accidental Death and Dismemberment Insurance.
- Optional Dependent Life Insurance, and
- Optional Reimbursement Accounts
- Optional Supplemental Life
- Optional Vision
- Long Term Care\* See Page 6

Please read the information in this workbook carefully. If you have any questions, please contact your campus representative or the Inter Unit Benefits Committee or the Human Resources Department. This enrollment book is not a guarantee of benefits, please consult your regular plan booklets.

# A Flexible Approach to Benefits

Flexible benefits programs – also commonly called “flex plans” or “cafeteria plans” – have been around for a number of years. Since the 1980s, following favorable tax law revisions and a growing awareness of changes in the workplace, these programs have become increasingly common.

After careful consideration, the Montana University System has decided that providing a flexible benefits program would help keep a comprehensive benefits package available and affordable for both you and the University System. This approach to benefits – called **Choices** – offers a number of advantages, including:

- ❑ A variety of options designed to meet the diverse and changing benefit needs of our faculty and staff. Instead of offering the same “one-size-fits-all” benefits package to everyone, **Choices** allows for individual and family differences by providing you with benefit options.
- ❑ Tax savings on certain benefit options – including Medical, Dental, Life Insurance/AD&D and Long Term Disability – because their cost is paid on a before-tax basis. In addition, you can save on taxes when you participate in one or both of the Reimbursement Accounts.
- ❑ Shared responsibility for your benefits coverage. Since you choose the benefits that are right for your needs, and you may share in some of their costs, you essentially become a partner with the Montana University System for benefit coverage.

At the Montana University System, our goal is to provide you with a comprehensive benefits program that meets your needs – and remains affordable now and in the future. **Choices** helps ensure that we can meet this important goal.

# Who's Eligible

You're eligible to enroll in **Choices** if you're a:

- ❑ Permanent full-time faculty or staff member scheduled to work more than six months in a 12-month period,
- ❑ Permanent part-time faculty or staff member regularly scheduled to work at least 20 hours a week for more than six months in a 12-month period,
- ❑ Temporary full-time faculty or staff member scheduled to work a continuous period of six months or more a year,
- ❑ Temporary part-time faculty or staff member working a regular defined schedule of at least 20 hours a week for six months or more a year,
- ❑ Covered by a collective bargaining agreement which provides for eligibility, or
- ❑ An academic or professional employee with an individual contract under the authority of the Board of Regents which provides for eligibility.

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

- ❑ Legal spouse, as defined under Montana law. To enroll your common law spouse, you will need to complete a **Declaration of Common-Law Spouse** form, available from the Campus Payroll/Personnel Office,
- ❑ Unmarried dependent children under age 19; or under age 25 and a **FULL-TIME STUDENT**. Children include your natural children, stepchildren, children placed in your home for adoption before age 18 or for whom you have court-ordered custody or you are the legal guardian.

Coverage may continue past age 19 for an unmarried child who is mentally or physically disabled and incapable of self-support.

# Hospital Discounts

- Blue Cross Blue Shield of Montana has established a preferred provider organization called HealthLink, which involves contracts with local hospitals and surgery centers for discounted services. Using these hospitals and surgery centers guarantees the lowest charges to our health plan and lower co-payments for you.
- This is a feature of the MUS indemnity plans (the Basic and Premium Plans) and not the HMO plans. (Our HMOs, in some cases, have discount arrangements with other hospitals.) It establishes a Preferred Provider Organization (PPO) with different coinsurance and out-of-pocket maximums depending on whether you use a preferred in-network hospital, a non-network hospital or a non-preferred hospital.
- After the deductible, the Plan will pay 80% for hospital services at St. Patrick's, Missoula Bone and Joint Surgery Center, and Providence Surgery Center (Missoula) and St. Vincent's and Yellowstone Surgery Center (Billings) and 65% at the other non-preferred hospitals in those towns. OB services in Missoula will be paid at 75% at Community Hospital.
- After the deductible, the Plan will pay 80% for hospital services at preferred hospitals or surgery centers in Bozeman, Butte, Dillon, Great Falls, Hamilton, Helena, Kalispell, Lewistown, Miles City and many other Montana Cities. See the Blue Cross Blue Shield of Montana insert listings of HealthLink Hospital and Surgery Center Networks included in your open enrollment packet. The Plan will pay 65% for the same services at other non-preferred hospital and surgery centers in towns where there is a HealthLink hospital or surgery center.
- In all other Montana communities and out-of-state, after the deductible, the Plan will pay 75% for non-network hospital services. The Plan also will continue to pay physician services at 75%.
- After deductible, stop-loss or maximum out-of-pocket expenses before the plan pays 100% will depend on which hospital you use. For preferred hospitals, the stop-loss will be \$1,000 in the Premium Plan (\$400 Deductible) and \$2,000 in the Basic (\$575 Deductible) plan. At non-preferred facilities in cities with preferred hospitals, the stop-loss will be \$1,750 in the Premium and \$3,500 in the Basic. In all other Montana communities and out-of-state the stop loss will be \$1,250 in the Premium and \$2,500 in the Basic. The stop-loss for physician services will also be \$1,250 Premium and \$2,500 Basic. Only one stop-loss needs to be met, i.e. there is not a separate stop-loss for hospital and physician charges. These stop-loss amounts are based on the member's coinsurance percentage times \$5,000 in charges for the Premium plan and the coinsurance percentage times \$10,000 in charges for the Basic Plan. For example, in the basic plan, at a preferred hospital, 20% of \$5,000 equals \$1,000 and at a non-preferred hospital, 35% of \$5,000 equals \$1,750.
- Of course, plan members should always be informed medical consumers. Shop for medical care as you would other high cost items; compare costs and ask about outcomes. When comparing costs, inform providers that you are with the Montana University System Indemnity Plan so that actual discounted or non-discounted costs will be quoted.

# How

# Choices Works

**1** Each eligible faculty and staff member receives a monthly allocation towards the cost of benefits—called Flex Credits. This amount is based on the Montana State legislature’s allocation toward the cost of benefits for state employees.

**2** Each benefit option in *Choices* has a monthly cost associated with it. These costs are shown on your enrollment form. The exception is the cost for Optional Supplemental Life insurance which is shown on page 11 of this workbook.

**3** During annual enrollment each year, you select from among the benefit plan options shown on your enrollment form.

**4** To determine the before-tax cost of your benefits, add up the total cost of the benefits you’ve selected and compare it to the Flex Credits provided to you by Montana University System.

If the benefits you choose cost . . .

- The same as your Flex Credits, you won’t see any change in your paycheck.
- More than your Flex Credits, you’ll pay the difference through automatic payroll deductions.
- Less than your Flex Credits, you’ll either forfeit the remaining Flex Credits or you may apply them to a Health Care Reimbursement Account in your name.

**5** You may also enroll for Optional Supplemental Life insurance and Optional Dependent Life insurance, and Vision, which are paid for with after-tax dollars.

**6** Your annual *Choices* elections remain in effect for 12 months following enrollment—***except for dental coverage, which may not be changed except during annual enrollment of odd years.*** Your benefit options cannot be changed between annual enrollments unless you have a change in family status, or for health and group term life benefits a change in status, as described under Flex Rules on page 23 of this workbook.

# Choices Benefit Plan Options

The following table provides highlights of your **Choices** enrollment options.

<b>Medical</b>	<b>Dental (2-Year Option)</b>	<b>Long Term Disability*</b>
<input type="checkbox"/> \$400 Deductible Plan \$1,000 to \$1,750 Stop Loss** <input type="checkbox"/> \$575 Deductible Plan \$2,000 to \$3,500 Stop Loss** <input type="checkbox"/> HMO – <b>See Individual Plan - page 8</b>	<input type="checkbox"/> Premium Plan <input type="checkbox"/> Basic Plan <b>(preventive only)</b>  Children are covered for preventive only	<input type="checkbox"/> 60% of pay/ <b>6 month wait</b> <input type="checkbox"/> 66-2/3% of pay/ <b>6 month wait</b> <input type="checkbox"/> 66-2/3% of pay/ <b>4 month wait</b>
<b>Life Insurance/Accidental Death &amp; Dismemberment*</b>		<b>Optional AD&amp;D (May not exceed 10 x's salary)</b>
<u>Basic Life/AD&amp;D</u> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<u>Optional Supplemental Life (After-Tax)</u> <input type="checkbox"/> Decline Coverage <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$200,000	<input type="checkbox"/> Decline Coverage <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000
<b>Optional Dependent Life* (After-Tax)</b>	<b>Optional Reimbursement Accounts</b>	<b>Vision</b>
<input type="checkbox"/> Decline Coverage <input type="checkbox"/> \$2,500 Spouse/ \$1,250 Child(ren) <input type="checkbox"/> \$5,000 Spouse/ \$2,500 Child(ren) <input type="checkbox"/> \$10,000 Spouse/ \$5,000 Child(ren) <input type="checkbox"/> \$25,000 Spouse/ \$5,000 Child(ren)	<u>Health Care Reimbursement Account</u> <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Min: \$10/month <input type="checkbox"/> Max: \$500.00/mo.  <u>Dependent Care Reimbursement Account</u> <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Min: \$10/month <input type="checkbox"/> Max: \$416.66/mo.	<input type="checkbox"/> \$3.05 Single or Entire Family  <input type="checkbox"/> <u>Long Term Care Medical Insurance</u> does <u>not</u> cover Long Term Care. Contact your Human Resource Department for more information and an enrollment form.

**\*You may increase one level of coverage during annual enrollment.**

**\*\*Stop Loss can vary depending on services at preferred or non-preferred hospitals.**

# Your *Choices*

## Benefit Options

**Choices** gives you the opportunity to choose the mix of benefits that best meets your individual and family needs. You choose from a variety of benefits options. This section of your enrollment workbook highlights your **Choices** benefit options.

### Medical

**Choices** gives you the opportunity to choose between three Medical options:

- \$400 Deductible Plan – \$800 Family Deductible – \$1000 to \$1,750 Stop Loss – Per Person

\*Prescription drug benefit is subject to \$100 deductible and a \$800 per person stop loss. Prescriptions are based on a formulary co pay system: Mail order is \$20 generic, \$40 brand, \$60 Non formulary for 90 day supply, Local Network Pharmacy 20% or \$10 (whichever is greater) for generic; 30% or \$20 for drugs on the formulary; and 40% or \$30 for non-formulary drugs - 30 day supply.

- \$575 Deductible Plan – \$1150 Family Deductible – \$2000 to \$3,500 Stop Loss –Per Person

\*Prescription drug benefit is the same as the \$400 plan.

- HMO – See Individual Plan - page 8 – Not Available in all areas.

\*Prescription drug benefit is the same as the \$400 and \$575 plan.

The three **Choices** Medical plans cover the same services, but differ in the following ways:

- Monthly costs of coverage,
- Deductibles, the amount you pay each **benefit year** before the plan begins to pay for covered expenses, and
- Out-of-pocket limits, the maximum amount you pay each benefit year (excluding the deductible) before the plan begins to pay 100% of the allowable fee for most covered expenses.

The **plan year** and the **benefit year** is July 1 through the following June 30.

# Community Health Option Programs

***THIS IS A BRIEF OVERVIEW OF ALL THE CHO PLANS COMBINED. PLEASE SEE YOUR INDIVIDUAL PLAN FOR A DETAILED DESCRIPTION OF YOUR BENEFITS.***

***You must choose a participating primary physician in the network and include your choice on your enrollment form.***

For the most updated provider information, please refer to the New West Web site at [www.newwesthealth.com/provsearch.asp](http://www.newwesthealth.com/provsearch.asp).

For the most updated provider information for PEAK providers call 888-256-6556 - available in Butte and Billings only! Or go to [healthinfonetmt.com](http://healthinfonetmt.com)

Please refer to the Blue Cross Web site at [www.bcbsmt.com](http://www.bcbsmt.com) go to provider directory and then to choose plan BlueCHOICE.

INCLUDED IN ALL PLANS:

- \$15 co-pay per office visit
- \$15 co-pay per specialist visit
- \$75 co-pay per hospital ER
- \$25 co-pay per urgent care visit
- \$15 co-pay per visit outpatient physical, occupational, speech and cardiac therapy, limited to 30 visits per year
- \$15 co-pay per visit chiropractic service, limited to 20 visits
- Out-of-network coverage to any physician without referral—65% coverage after \$500 deductible
- Hospital services 25% coinsurance after \$300 deductible

\*PRESCRIPTION DRUG BENEFIT: \*(see page 7)

The Prescription drug benefit for all Montana University System employees will be administered by the same Pharmacy Benefit Manager, (ECKERD) effective 7-1-02.

Deductibles, \$300 individual/\$600 family applies to lab, x-ray, diagnostic services and hospital services for medical, mental health care, and chemical dependency. A 25% coinsurance is charged after deductible is met up to the out-of-pocket maximums of \$2000/\$4000. Please see individual plan chosen for a more detailed description.

Deductibles apply only to those services that are covered by a coinsurance percentage. Co-payments for office visits and other services including pharmacy do not apply to the deductible or out-of-pocket maximum. Deductible does not apply to out-of-pocket maximum.

***REMEMBER. . . This option is NOT available in all areas.***

# Dental

**Choices** allows for individual differences in dental care needs by offering two distinct Dental plan options:

- Premium Plan
- Basic Plan

Children are covered for preventive only

As you decide between these dental plans, keep in mind the Dental plan is a two-year program and your election will remain in effect until the next odd year annual enrollment, unless you have a change in status, as described under Flex Rules on page 23 of this workbook.

The two **Choices** Dental plans differ in terms of their monthly cost of coverage and covered restorative services.

## Dental Plans At-A-Glance

(\* Children have preventive coverage only.)

The following chart provides highlights of your Dental plan options.

<b>Two Year Plan</b>	<b>Premium Plan</b>	<b>Basic Plan – Preventive Coverage</b>
<b>Who May Be Enrolled</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Employee Only</li> <li><input type="checkbox"/> Employee &amp; Spouse</li> <li><input type="checkbox"/> Employee &amp; Child(ren)*</li> <li><input type="checkbox"/> Employee, Spouse &amp; Child(ren)*</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Employee Only</li> <li><input type="checkbox"/> Employee &amp; Spouse</li> <li><input type="checkbox"/> Employee &amp; Child(ren)</li> <li><input type="checkbox"/> Employee, Spouse &amp; Child(ren)</li> </ul>
<b>Preventive Services</b>	<p><b>Once Per Six Month Period</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial oral exam: \$31</li> <li><input type="checkbox"/> Periodic oral exam: \$26</li> <li><input type="checkbox"/> Cleaning: \$46</li> <li><input type="checkbox"/> Complete series of intraoral X-rays: \$69</li> <li><input type="checkbox"/> Topical application of fluoride: \$19</li> </ul>	<p><b>Once Per Six Month Period</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial oral exam: \$31</li> <li><input type="checkbox"/> Periodic oral exam: \$26</li> <li><input type="checkbox"/> Cleaning: \$46</li> <li><input type="checkbox"/> Complete series of intraoral X-rays: \$69</li> <li><input type="checkbox"/> Topical application of fluoride: \$19</li> </ul>
<b>Restorative Services</b>	<p>Covered for you &amp; your enrolled spouse only:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amalgam filling: \$57</li> <li><input type="checkbox"/> Porcelain crown: \$527</li> <li><input type="checkbox"/> Complete lower denture: \$665</li> <li><input type="checkbox"/> Occlusal guards: \$304</li> <li><input type="checkbox"/> Root canal (molar, excluding final restoration): \$476</li> <li><input type="checkbox"/> Crown (full cast high noble metal): \$430</li> <li><input type="checkbox"/> Removal of impacted tooth (soft tissue): \$120</li> </ul>	Not covered

## Things to Consider — Medical and Dental Plans

As you decide which Medical and Dental plans may be right for your individual and family situation, you may want to consider the following:

- Do you have other group health care coverage available to you or your family members—for example, through your spouse’s employer? If so, under what plan do you want to cover yourself, your spouse and your dependents?
- How much Medical care do you and your family typically need? Are you anticipating any changes in the next 12 months, such as increased pediatric expenses?
- Remember, unlike your other **Choices** benefit options, your dental enrollment election is a two-year commitment.
- Do you plan to participate in the Health Care Reimbursement Account? Keep in mind, you can use the Health Care Reimbursement Account to reduce your out-of-pocket cost for deductibles and your share of the cost of many other medical, or dental care services that may not be covered by the plan or for which coverage is limited.
- Who do you want to enroll for coverage? **Choices** also offers options in the mix of family members you can enroll. See page 19 for more information.

# Life Insurance/Accidental Death & Dismemberment (AD&D)

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

Your Life Insurance/AD&D options under **Choices** include:

- Basic Employee Life Insurance/AD&D—two options
- Optional Supplemental Life Insurance—eight coverage options plus the option of declining coverage.

**(Note: Optional Supplemental Life insurance is paid for with after-tax dollars.)**

## Life Insurance/AD&D At-A-Glance

The following chart provides highlights of your Basic Life/AD&D and Optional Supplemental Life Insurance.

	<b>Basic Life/AD&amp;D</b>	<b>Optional Supplement Life (After-Tax)</b>
<b>Who May Be Enrolled</b>	<b>Employee Only</b> (May increase one level of coverage during annual enrollment, if you ARE ELIGIBLE and are in an active work status)	<b>Employee Only</b> (May increase one level of coverage during annual enrollment, if you ARE ELIGIBLE and are in an active work status)
<b>Amount of Coverage</b>	Basic Life Insurance and AD&D (each): <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<input type="checkbox"/> Decline coverage <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000
<b>When Benefits Become Payable</b>	Basic Life insurance: <input type="checkbox"/> Full benefits are payable following your death from any cause. <input type="checkbox"/> Half your full benefit amount is payable to you in the event you become terminally ill with the balance payable to your beneficiary(ies) upon death.  Basic AD&D <input type="checkbox"/> Full benefits are payable if as a result of an accident you die; lose both hands, feet or eyes; or lose one hand and one foot, one hand and one eye or one foot and one eye. <input type="checkbox"/> Half of your full benefit amount is payable if you lose one hand, one foot or one eye. <input type="checkbox"/> 1/4 of your full benefit is payable if you lose the thumb and index finger on the same hand.	Full benefits are payable following your death from any cause.
<b>If You Remain Employed At Age 70</b>	Coverage continues while you continue to pay required premiums.	Coverage continues while you continue to pay required premiums.
<b>Portability/Conversion</b>	Basic Life insurance may be continued if you leave employment equal to the amount you last chose under this plan— \$10,000 or \$20,000. <b>Exception: You will be ineligible to port coverage if you have a medical condition which has a material effect on life expectancy.</b>	Your coverage may be continued if you leave employment equal to the amount you last chose under this plan. <b>Exception: You will be ineligible to port coverage if you have a medical condition which has a material effect on life expectancy.</b>
<b>Exclusions/Limitations</b>	<b>Delayed Effective Date:</b> Insurance will be delayed for employees not in active employment until the first of the month coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.	<b>Delayed Effective Date:</b> Insurance will be delayed for employees not in active employment until the first of the month coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

## **Cost of Optional Supplemental Life Insurance (After-Tax)**

If you enroll for Optional Supplemental Life insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in the following table. **Remember, this cost is paid on an after-tax basis.** All other benefit costs are shown on your enrollment form. Employees may NOT cover other MUS employed family members.

<b>Age</b>	<b>\$25,000</b>	<b>\$50,000</b>	<b>\$75,000</b>	<b>\$100,000</b>	<b>\$125,000</b>	<b>\$150,000</b>	<b>\$175,000</b>	<b>\$200,000</b>
under 30	\$1.43	\$2.85	\$4.28	\$5.70	\$7.13	\$8.55	\$9.98	\$11.40
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00
35-39	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50	\$15.75	\$18.00
40-44	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80
45-49	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40
50-54	\$8.03	\$16.05	\$24.08	\$32.10	\$40.13	\$48.15	\$56.18	\$62.20
55-59	\$13.43	\$26.85	\$40.28	\$53.70	\$67.13	\$80.55	\$93.98	\$107.40
60-64	\$16.50	\$33.00	\$49.50	\$66.00	\$82.50	\$99.00	\$115.50	\$132.00
65-69	\$32.50	\$65.00	\$97.50	\$130.00	\$162.50	\$195.00	\$227.50	\$260.00
over 70	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00	\$450.00	\$525.00	\$600.00

### **Things to Consider — Life Insurance/AD&D**

As you make your Life Insurance/AD&D enrollment decisions, you may want to consider the following:

- Do you have other life insurance coverage, for example through a personal policy? If so, you may want to use the coverage available through **Choices** to supplement the coverage you have elsewhere.
- How much life insurance coverage do you have now from Montana University System? Under **Choices**, you may keep the same amount of coverage you have now. You may increase one level of coverage during annual enrollment without proof of insurability, if you are in an active work status. Of course, you may also choose a lower amount of coverage.
- New employees may elect any option.
- Do you want to enroll for Optional Dependent Life insurance coverage? To do so, you must enroll for Optional Supplemental Life insurance for yourself.

# Optional Dependent Life Insurance (After-Tax)

Optional Dependent Life insurance is designed to protect you against certain financial burdens (such as funeral expenses) in the event a covered dependent dies. You are automatically the beneficiary of any benefits that become payable. ***This benefit is paid for with after-tax dollars.*** Employees may NOT cover other MUS employed family members.

***You must enroll for Optional Supplemental Life insurance to enroll for Optional Dependent Life insurance.***

***May increase one level of coverage during annual enrollment if you are in an active work status.***

## Optional Dependent Life At-A-Glance

The following chart provides highlights of your Optional Dependent Life insurance.

<b><i>Who May Be Enrolled</i></b>	<b><i>Your spouse and unmarried children from 14 days to age 19 (or 25 if a full-time student). Employees may NOT cover other MUS employed family members.</i></b>
<b><i>Amount of Coverage*</i></b>	<input type="checkbox"/> \$2,500 Spouse / \$1,250 Child (ren) <input type="checkbox"/> \$5,000 Spouse / \$2,500 Child (ren) <input type="checkbox"/> \$10,000 Spouse / \$5,000 Child (ren) <input type="checkbox"/> \$25,000 Spouse / \$5,000 Child (ren)
<b><i>When Benefits Become Payable</i></b>	Following an enrolled dependent's death from any cause.
<b><i>Exclusions/Limitations</i></b>	<b><i>Delayed Effective Date:</i></b> Coverage for totally disabled dependents will be delayed until the first of the month coincident with or next, following the date the individual is no longer totally disabled. This delay does not apply to newborn children while dependent insurance is in effect.

***\*The cost of coverage is the same regardless of the number of children enrolled.***

## Things to Consider — Optional Dependent Life

As you make your Optional Dependent Life enrollment decisions, you may want to consider the following:

- Do your dependents have other life insurance coverage, for example through a personal policy? If so, you may want to use the coverage available through ***Choices*** to supplement the coverage provided elsewhere.
- You may increase one level of coverage during annual enrollment without proof of insurability if you are in an active work status. Of course, you may also choose a lower amount of coverage.
- New Employees may elect any option.
- If any of your dependents were to die, what new expenses would you face?
- If your salary alone was your only regular income, would it be enough to cover your financial obligations?

# Long Term Disability

**Employees on a leave status may not be eligible for long term disability coverage. Please consult with your human resources department.**

Long Term Disability (LTD) coverage can help protect your income in the event you become disabled and unable to work. **Choices** includes three LTD options designed to supplement other sources of disability income that may be available to you:

- 60% of pay, following six months of disability
- 66-2/3% of pay, following six months of disability
- 66-2/3% of pay, following four months of disability

As you can see, the three LTD options differ in terms of the amount of your pay they replace and when benefits become payable.

***LTD At-A-Glance*** – The following chart highlights some of the similarities and differences between your LTD options. For more information about covered services, exclusions and limitations, please refer to your Group Benefits booklet.

<b><i>May increase one level of coverage during annual enrollment.</i></b>	<b><i>60% of pay/ 6 month wait</i></b>	<b><i>66-2/3% of pay/ 6 month wait</i></b>	<b><i>66-2/3% of pay/ 4 month wait</i></b>
<b><i>Who May Be Enrolled</i></b>	Employee Only	Employee Only	Employee Only
<b><i>Amount of Benefit</i></b>	60% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100.	66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100.	66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100.
<b><i>When Benefits Become Payable</i></b>	Following six months of continuous disability.	Following six months of continuous disability.	Following four months of continuous disability.
<b><i>How Long Benefits May Continue</i></b>	Until you recover, die, or reach age 65, whichever is earliest.	Until you recover, die, or reach age 65, whichever is earliest.	Until you recover, die, or reach age 65, whichever is earliest.
<b><i>Exclusions/Limitations</i></b>	<b><i>Delayed Effective Date:</i></b> The effective date of your coverage will be delayed if you are not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would become effective.	<b><i>Delayed Effective Date:</i></b> The effective date of your coverage will be delayed if you are not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would become effective.	<b><i>Delayed Effective Date:</i></b> The effective date of your coverage will be delayed if you are not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would become effective.

## ***If You Have Other Disability Income***

The level of LTD coverage you select ensures that you will continue to receive a percentage of your base pay each month if you become totally disabled.

Some of the money you receive may come from other sources, such as Social Security, Workers' Compensation, or other group disability benefits. Your **Choices** LTD benefit will be offset by any amounts you receive from these sources. The total combined income will equal the benefit level you selected.

## **Things to Consider — Long Term Disability (LTD)**

As you decide among your LTD options, you may want to consider the following:

- If you were to become disabled, what sources of income would you have? Consider any income that might be available, for example, from your spouse's job, your personal savings, Social Security or other government disability benefit programs and any other group or individual disability coverage you may have.
- Have your financial obligations changed recently? Does this mean you should reconsider the amount of your LTD benefits?
- You may increase one level of coverage during annual enrollment without proof of insurability if you are in an active work status. Of course, you may also choose a lower amount of coverage.
- New employees may elect any option.
- Have there been any changes in your family's financial situation that may affect your need for LTD protection? For example, has your spouse started or ended employment? Do you now have additional dependents for whom you are financially responsible?

Keep in mind, since your costs for LTD coverage are before-tax, any benefits you receive from the plan are subject to applicable federal and state taxes.

# Optional Accidental Death & Dismemberment (AD&D) Coverage

Optional Accidental Death & Dismemberment (AD&D) coverage can be a relatively inexpensive way to provide additional protection for you or you and your family in the event of certain serious injuries or death in an accident. Optional AD&D benefits that become payable are in addition to any other life insurance or AD&D benefits which may be paid.

If you decide to enroll for Optional AD&D coverage, you may choose from the following coverage categories:

- Employee Only
- Employee & Family Coverage

Your before-tax cost for Optional AD&D coverage will depend on the coverage category you select and the amount of coverage you choose. Employees may NOT cover other MUS employed family members.

## Optional AD&D At-A-Glance

The following chart provides highlights of your Optional AD&D coverage options

	<i>Employee Only</i>	<i>Employee &amp; Family</i>
<b>Who May Be Enrolled</b>	Employee Only	Employee, Spouse and Child(ren) to age 19 or 25 if a full-time student.
<b>Amount of Coverage</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decline coverage</li> <li><input type="checkbox"/> \$ 25,000</li> <li><input type="checkbox"/> \$ 50,000</li> <li><input type="checkbox"/> \$ 75,000</li> <li><input type="checkbox"/> \$100,000</li> <li><input type="checkbox"/> \$150,000</li> <li><input type="checkbox"/> \$200,000</li> <li><input type="checkbox"/> \$250,000</li> <li><input type="checkbox"/> \$300,000</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decline coverage</li> </ul> <p>Employee:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$ 25,000</li> <li><input type="checkbox"/> \$ 50,000</li> <li><input type="checkbox"/> \$ 75,000</li> <li><input type="checkbox"/> \$100,000</li> <li><input type="checkbox"/> \$150,000</li> <li><input type="checkbox"/> \$200,000</li> <li><input type="checkbox"/> \$250,000</li> <li><input type="checkbox"/> \$300,000</li> </ul> <p>Family:</p> <p>If, at the time a claim is made, your family consists of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Your spouse only, he or she is covered for 60% of the amount you have chosen.</li> <li><input type="checkbox"/> Child(ren) only, each child is covered for 20% of the amount you have chosen.</li> <li><input type="checkbox"/> Spouse and children, your spouse is covered for 50% and each child is covered for 15% of the amount you have chosen.</li> </ul>
<b>May Not Exceed Ten Times Annual Salary</b>		

*Optional AD&D At-A-Glance Continued on Following Page*

## ***Optional AD&D At-A-Glance. . . CONTINUED***

The following chart provides highlights of your Optional AD&D coverage options

	<b><i>Employee Only</i></b>	<b><i>Employee &amp; Family</i></b>
<b><i>When Benefits Become Payable</i></b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full benefits are payable, if as a result of an accident you die; lose both hands, feet or eyes; or lose one hand and one foot, one hand and one eye or one foot and one eye.</li> <li><input type="checkbox"/> 3/4 of your full benefit is payable for paraplegia (total paralysis of both lower limbs).</li> <li><input type="checkbox"/> Half of your full benefit is payable if you lose one hand, one foot or one eye, or loss of speech or hearing in both ears.</li> <li><input type="checkbox"/> 1/4 of your full benefit is payable if you lose the thumb and index finger on the same hand.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full benefits are payable, if as a result of an accident you or a dependent die; lose both hands, feet or eyes; or lose one hand and one foot, one hand and one eye or one foot and one eye.</li> <li><input type="checkbox"/> 3/4 of your full benefit is payable for paraplegia (total paralysis of both lower limbs).</li> <li><input type="checkbox"/> Half of your full benefit is payable if you or a dependent lose one hand, one foot or one eye, or loss of speech or hearing in both ears.</li> <li><input type="checkbox"/> 1/4 of your full benefit is payable if you or a dependent lose the thumb and index finger on the same hand.</li> </ul>

### **Things to Consider — Optional AD&D**

As you make your Optional AD&D enrollment decisions, you may want to consider the following:

- Does your life and AD&D insurance provide enough financial protection in the event of your death or the death of a family member? AD&D coverage can be a cost-effective supplement to life insurance.
- Is it important to have financial protection against certain serious injuries that don't result in death? Remember, AD&D pays full or partial benefits in the event of certain serious losses of bodily function, such as the loss of a limb or paralysis.

### **Optional Vision Plan**

The optional vision plan offers over 50 providers throughout the state. There is a \$10 co-pay for an eye exam and a 20% discount on frames and lenses when purchased from a participating provider in conjunction with the eye exam. The plan offers a 15% discount on professional fees only, for contact lenses. There is a schedule for out of network exams, see your plan description for details.

The things to consider are:

- Are you or any of your family members going to need corrective lenses in the next year.
- Are you or a family member in need of updating your present prescription for corrective lenses.

If so consider this low cost supplemental coverage.

- The cost is \$3.05 per month for you or your entire family.

# Optional Reimbursement Accounts

**Choices** includes two Reimbursement Accounts which can save you money on many health care or dependent care expenses. These Reimbursement Accounts take advantage of federal tax laws which allow you to allocate money each year on a **before-tax** basis to pay for eligible health care and dependent care expenses.

You may enroll in either one or both of the following Reimbursement Accounts:

- Health Care Reimbursement Account to help you pay for many medical, and dental expenses, and. . .
- Dependent Care Reimbursement Account to help you pay for dependent care expenses necessary for you—or you and your spouse, if married—to work or look for work. Eligible dependents are your children under age 13 or a dependent spouse, parent or child of any age who is incapable of self-support.

## Optional Reimbursement Accounts At-A-Glance

The following chart highlights some of your Optional Reimbursement Accounts. For more information about eligible expenses, please refer to IRS Publications 502 (Medical and Dental Expenses) and 503 (Child and Dependent Care Expenses). For more information about eligible expenses, please refer to IRS Publication 502 (Medical and Dental Expenses) and 503 (Child and Dependent Care Expenses). **These are available at most public libraries, from the Internal Revenue Service, or can be accessed from the Employee Benefit Resources, LLP web site, [www.ebrworld.com/](http://www.ebrworld.com/)**

	<b>Health Care Reimbursement Account</b>	<b>Dependent Care Reimbursement Acct.</b>
<b>Amount You May Allocate</b>	<ul style="list-style-type: none"> <li>Decline to Participate</li> <li>Minimum: \$10/month</li> <li>Maximum: \$500.00/month</li> </ul>	<ul style="list-style-type: none"> <li>Decline to Participate</li> <li>Minimum: \$10/month</li> <li>Maximum: \$416.66/month</li> </ul>
<b>Eligible Expenses</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deductible amounts.</li> <li><input type="checkbox"/> Your share of medical, and dental expenses for you and your family which are covered under <b>Choices</b> but not fully reimbursed.</li> <li><input type="checkbox"/> Vision expenses. <b>(Not covered under vision plan)</b></li> <li><input type="checkbox"/> Copayments for prescription drugs.</li> <li><input type="checkbox"/> Amounts above what the plan considers an allowable expense.</li> <li><input type="checkbox"/> Expenses not covered under the Medical or Dental plans, such as:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Hearing aids</li> <li><input type="checkbox"/> Orthodontics</li> <li><input type="checkbox"/> Restorative dental work for your children or for you if you are enrolled in the Basic Dental plan</li> <li><input type="checkbox"/> Acquisition, training and maintenance of a dog for the deaf or blind.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dependent care expenses for eligible dependents to allow you or you and your spouse, if married, to work or look for work. These include:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Preschool</li> <li><input type="checkbox"/> Baby-sitting in your home provided by a person who is not a relative or is a relative but is at least 19 years old</li> <li><input type="checkbox"/> Services provided outside your home, for your child under age 13 or a dependent of any age who is incapable of self-care and spends at least 8 hours a day in your home.</li> <li><input type="checkbox"/> The participant must provide the third party administrator the name, address and if applicable, the Taxpayer ID number of the service provider.</li> </ul> </li> </ul>
<b>Expenses Which Are Not Eligible</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monthly costs of coverage.</li> <li><input type="checkbox"/> Expenses reimbursed under any other plan.</li> <li><input type="checkbox"/> Expenses you plan to claim as tax deductions.</li> <li><input type="checkbox"/> Long Term Care expenses.</li> <li><input type="checkbox"/> Cosmetic surgery expenses, unless necessary due to injury, disease or birth defect.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Services which are not necessary for you or you and your spouse, if married, to work or look for work.</li> <li><input type="checkbox"/> Services provided by your child under age 19.</li> <li><input type="checkbox"/> Services provided for a dependent over age 13 who does not normally spend at least 8 hours a day in your home.</li> <li><input type="checkbox"/> Expenses you plan to claim as a tax credit.</li> <li><input type="checkbox"/> Any amount exceeding your taxable compensation and if you are married, your spouse's actual or deemed earned income.</li> </ul>

# Optional Reimbursement Accounts *(Continued)*

## **Submitting Claims For Reimbursement**

Claims may be submitted whenever you have incurred an eligible expense. Claims for your Health Care Reimbursement Account will be paid when they total at least \$10. Reimbursements are tax-free, which means you never pay taxes on the amount you contribute to your Account(s).

## **If Money Remains In Your Account At Year-End**

In exchange for the before-tax advantages available to you under the Reimbursement Accounts, the Internal Revenue Service requires that any money remaining in your Accounts at year-end will be forfeited.

This means you should carefully estimate your anticipated expenses before you decide how much to allocate to your Reimbursement Accounts for the next 12 months.

You have 90 days following the end of the plan year to submit claims for your Reimbursement Account.

## **The Reimbursement Account Advantage: Tax Savings**

Amounts you allocate to the Reimbursement Account(s) are deducted from your pay before federal or state income taxes or Social Security taxes are taken out. As a result, you save because your taxable income is lowered and you never pay taxes on the amounts you allocate to your Account(s).

<b><i>Tax Savings Example*</i></b>	<b><i>Not Using Account</i></b>	<b><i>Using Account</i></b>
<b><i>Taxable Income</i></b>	\$24,000	\$24,000
<b><i>Before-Tax Reimbursement Account Contribution</i></b>	-0-	-\$ 1,200
<b><i>Net Taxable Income</i></b>	\$24,000	\$22,800
<b><i>Taxes</i></b>		
<input type="checkbox"/> <b><i>Federal (15%)</i></b>	-\$ 3,600	-\$ 3,420
<input type="checkbox"/> <b><i>Social Security (7.65%)</i></b>	-\$ 1,836	-\$ 1,744
<input type="checkbox"/> <b><i>State (8%)</i></b>	-\$ 1,920	-\$ 1,824
<b><i>After-Tax Health Expenses</i></b>	-\$ 1,200	-0-
<b><i>Take Home Pay</i></b>	\$15,444	\$15,812
<b><i>Net Savings</i></b>		+\$ 368

***\*This example is for illustrative purposes only. Your actual tax savings will vary based on your personal situation.***

## Things to Consider — Reimbursement Accounts

As you make your Optional Reimbursement Account enrollment decisions, you may want to consider the following:

- ❑ Do you anticipate any specific expenses in the next 12 months that won't be covered by the Medical or Dental plans? If you anticipate significant health care expenses next year, participation in the Health Care Reimbursement Account may result in considerable tax savings.
- ❑ Can you estimate your qualifying out-of-pocket expenses? It's important to estimate the expenses you expect to incur during the next 12 months so that you elect to allocate the appropriate amounts to your Account.
- ❑ Do you prefer to take an income tax deduction or credit at the end of the year? Your tax advisor may be able to help you determine if it is more advantageous for you to use the Reimbursement Account or take the tax credit when you file income taxes. (It is virtually impossible to save as much in taxes with a medical deduction as with a Medical Reimbursement Account.)
- ❑ If you cease employment with the university system, your participation in the plan will continue through the plan year. Salary redirections will continue with after-tax contributions for the remainder of the year for medical reimbursement accounts. Employees will be responsible for the administrative fee for the full plan year if they terminate mid-year.
- ❑ ***Remember if you are a mid-year enrollee you must figure your flex amounts on the months remaining in the plan year. The plan year is July 1-June 30.***
- ❑ ***Remember if you flex money for dependent care be sure to send in an IRS form 2441 with your individual income tax return.***

# How to Enroll in *Choices*

To participate in **Choices**, you must complete and return an enrollment form during the annual enrollment period. This section of your enrollment workbook provides a step-by-step summary of the **Choices** enrollment process.

## **Step 1 – Review This Workbook Carefully**

- Read through the information provided in this workbook.
- Share and discuss this information with your spouse or other family members.
- Determine your benefit needs for the coming 12 months (24 months for dental). You may want to review the **Issues to Consider** sections under Your **Choices** Benefit Options.

## **Step 2 – Complete the Front Side of Your Enrollment Form**

Your enrollment form is included with this workbook. In the event your enrollment form is missing or you need another, please contact the Human Resources Department.

You may want to follow along with your enrollment form as you review the information on the following page.

### **Medical**

***For Medical coverage, you must make two elections: A plan option and a coverage category. Note that there are coverage categories as shown to the right.***

- Check the boxes corresponding to the plan you have selected and the coverage category you want.
- When you have selected a plan and coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, next to the arrow.

<b>Choices Coverage Categories</b>
Employee Only
Employee and Spouse
Employee & Child(ren)
Employee, Spouse & Child(ren)

## **Dental (Two-Year Plan)**

***Dental plan options are offered during odd year annual enrollments. During an even year your current level of dental coverage will remain in effect. For Dental coverage, you must make two elections: A plan option and a coverage category. The coverage categories are the same as shown above for Choices/Medical coverage.***

- Check the boxes corresponding to the plan you have selected and coverage category you want.
- When you have selected a plan and coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, next to the arrow.

## **Life Insurance/Accidental Death and Dismemberment and Long Term Disability**

***You must make one election for Basic Life Insurance/AD&D, and one election for Long Term Disability.***

- You may increase one level, decrease, or keep the current level of coverage.
- Check the box that corresponds to the amount of Basic Life Insurance/AD&D coverage you want.
- Next, check the box that corresponds to the LTD plan option you would like.
- When you have selected your coverage options, fill in the two corresponding monthly costs in the spaces provided on the right-hand side of the form, next to the arrow.

## **Optional Vision**

- Check box on enrollment form if you want the Vision coverage.

## **Optional Accidental Death & Dismemberment**

***For Optional AD&D, you must make two elections: a coverage amount and a coverage category. NOTE: Amount elected may not exceed 10 times annual salary.***

- First, check the box corresponding to the coverage amount you want. Remember, if you choose Employee & Family coverage, your family members are covered for a percentage of the amount you have chosen for yourself (Employee Only or Employee & Family).
- Next, check the box corresponding to the coverage category you want.
- When you have selected a coverage category and amount of coverage, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, next to the arrow.

### **Costs**

- Note the amount of monthly Flex Credits—shown near the bottom right-hand side of the form.
- On the line below the Flex Credits, write in your total monthly costs [add up the amounts along the right-hand side of the form: (A) through (F)].
- Enter the difference between your Flex Credits and the total cost you have written in on line (G). Enter \$0 if there is no difference.
- If your total costs are:
  - Greater than your Flex Credits, your salary will be reduced by this amount, in equal amounts each pay period. Enter this amount on the line indicated.
  - Less than your Flex Credits, you will either forfeit this amount or choose to allocate the amount as a before-tax contribution to your Health Care Reimbursement Account.

## **Optional Reimbursement Accounts**

***For Optional Reimbursement Accounts, you must make two elections: one for the Health Care Reimbursement Account and one for the Dependent Care Reimbursement Account.***

- Fill in the amount(s) you want to allocate to each Account in the spaces provided on the right-hand side of the form, next to the arrow. Note the minimum and maximum amounts. If you don't want to participate in one or both Accounts for the coming 12 months, enter \$0 in the appropriate space(s). Please write in the yearly amount to confirm your total election.

## **Optional After-Tax Benefits**

***Optional Supplemental Life insurance and Optional Dependent Life insurance are paid for with after-tax dollars. You must make one election for each plan option. (You must enroll for Optional Supplemental Life insurance to enroll for Optional Dependent Life insurance.)***

- You may increase one level, decrease, or keep the current level of coverage.***
- Check one box under Optional Supplemental Life insurance.
- Check the box which corresponds to the amount of Optional Dependent Life insurance coverage you want for your spouse and child(ren).
- When you have made your selections, fill in the two corresponding after-tax monthly costs in the spaces provided on the right-hand side of the form, next to the arrow. ***NOTE: Costs for Optional Life insurance are shown in the table on page 11 of this workbook***
- Be sure to read the authorization paragraph at the bottom of this page and sign and date the form. Then, turn the form over to complete the reverse side.

## ***Step 3 – Complete the Reverse Side of Your Enrollment Form***

To complete the enrollment process, you also need to complete and sign the reverse side of your enrollment form. The information on this side is necessary to accurately administer the plan and ensure that benefits are paid correctly.

First, check the reason why you are completing this form. Then proceed to the sections below.

### **Personal**

***The first section of the form asks for information about you and your spouse, if you are married. Be sure to complete all items.***

### **List All Eligible Family Members Enrolled For Medical, Dental and Life Insurance Coverage**

***In this section, enter the requested information about any dependents you have elected to enroll for any or all of the following coverages: Medical, Dental and Optional Dependent Life insurance. Remember, the dependents you list here should correspond to the coverage categories you selected on the front side of this form. For example, if you selected Employee & Child(ren) for Medical coverage, you should list each child you want to cover here.***

## **Information About Other Group Coverage**

*This section asks for information about any other group medical or dental coverage you or any enrolled dependents may have. If this doesn't apply to you, check the box next to "no" and continue to the next section. If you check "yes", you will need to provide the requested information.*

## **List Your Beneficiaries For Life Insurance and AD&D Insurance**

*In this section you need to provide information about your beneficiaries for life insurance and AD&D coverage. If you are married, but choose someone other than your spouse as beneficiary, your spouse needs to sign and date where indicated in this section to acknowledge the other beneficiary.*

*Finally, read the authorization paragraph and sign and date this side of the form where indicated.*

*You may also want to review your completed form for accuracy before returning the form.*

## **Flex Rules**

In exchange for the program's before-tax advantages, **Choices** must follow certain Internal Revenue Service (IRS) rules that apply to flexible benefits programs. These include the following:

- To participate in **Choices**, you must complete your enrollment form and return it during the enrollment period. During the annual enrollment period held each Spring, you may re-enroll for your **Choices** benefits, or you may default to the current coverage. The exception is dental coverage, for which you will enroll at every other open enrollment.
- If you don't enroll by the end of an annual open enrollment period, you will be assigned "default coverage," as described below.
- Your coverage choices are in effect for 12 months. Dental coverage is the only exception: you enroll for this coverage at every second enrollment.
- Any changes in **Choices** elections made due to a change in status must be consistent with the change in status.

## **Mid Year Election Changes**

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections. ***You are permitted to change elections if you have a "change in status" and you make an election change that is consistent with the "change in status." Incurring a qualifying "change in status" event may allow you to make an election change for some, but not necessarily all benefits. Consistency of an election change is determined based on IRS regulations and guidelines.***

***Currently, Federal law considers the following events to be “changes in status”:***

- 1) Marriage, divorce, death of a spouse, legal separation or annulment;***
- 2) Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent;***
- 3) Any of the following events for you, your spouse or dependent: termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, a change in worksite, or any other change in employment status that affects eligibility for benefits;***
- 4) One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, student status, or any similar circumstance;***
- 5) A change in the place of residence of you, your spouse, or dependent; and***
- 6) In addition, if you are participating in the Dependent Care Spending Account, there is a “change in status” if your dependent no longer meets the qualifications to be eligible for dependent care.***

There may be other events that are considered to be a change in family status. Also, any election change must be consistent with the reason that such a change was permitted. If you have a change in status, you should contact your payroll office, which will provide you with the required forms for changing your benefit elections.

***There are detailed rules on when a change in election is deemed to be consistent with a “change in status.” In addition, there are laws that give you rights to change accident and health coverage for you, your spouse, or your dependents. If you change coverage due to rights you have under the law, then you can make a corresponding change in your elections under the Plan. If any of these conditions apply to you, you should contact your payroll office which will provide you with the required forms for changing your benefit elections.***

***If the cost of a benefit provided under the Plan increases or decreases during a Plan Year, then we will automatically increase or decrease, as the case may be your salary redirection election. If the cost increases significantly, you will be permitted to either make corresponding changes in your payments or revoke your election and obtain coverage under another benefit package option with similar coverage.***

***If the coverage under a benefit is significantly curtailed or ceases during a Plan Year, then you may revoke your elections and elect to receive on a prospective basis coverage under another plan with similar coverage. In addition, if we add a new coverage option or eliminate an existing option, you may elect the newly-added option (or elect another option if an option has been eliminated) and make corresponding election changes to other options providing similar coverage. There are also certain situations when you may be able to change your elections on account of a change under the plan of your spouse’s, former spouse’s or dependent’s employer.***

***These rules on change due to cost or coverage do not apply to the Health Care Reimbursement Plan, and you may not change your election to the Health***

***Care Reimbursement Plan if you make a change due to cost or coverage for insurance.***

***You may not change your election under the Dependent Care Assistance Program if the cost change is imposed by a dependent care provider who is your relative.***

***Changes in election amounts must be made within 30 days of the change in status. If you have a change in status, you should contact your payroll office, which will review the conditions of your request and provide you with the required forms for changing your benefit elections.***

***Note: If eligible expenses for the year are less than the amount contributed to the spending account for the year, the remaining amount will be forfeited. The Choices Plan allows a grace period of 90 days for submitting claims after the plan year terminates.***

Election, Claim, and change of Status forms are available from your payroll benefits office.

Submit claims to: Employee Benefit Resources, LLP  
P.O. Box 1193  
Helena, MT 59624

### ***If You Don't Enroll: Default Coverage***

“Default Coverage” for a new employee consists of Employee Only Coverage for:

- Medical: The \$575 Deductible Plan
- Dental: The Premium Plan
- Basic Employee Life Insurance/AD&D: \$20,000 each
- Long Term Disability: 60% of your pay, following six consecutive months of disability.

If you don't return a completed enrollment form during the annual enrollment period, you'll automatically be assigned default coverage for the 12-month period beginning July 1. With default coverage, you will not have the opportunity to enroll dependents for coverage, nor will you be able to enroll in Optional AD&D, Optional Supplemental Life insurance, Dependent Life insurance or the Reimbursement Accounts for the next 12 months.

- Default coverage for a current employee consists of the current coverage for Medical, Dental, Life, LTD, Optional AD&D, Optional Life and Dependent Life. ***NOTE: You must make an election for the Optional Reimbursement Account each plan year. Default for the Optional Reimbursement Account will be zero (\$0).***

# Other *Important* *Information*

Open enrollment for your **Choices** benefits will be in late spring each year. Each subsequent year, you will have the opportunity to review your benefit elections and make any changes during annual enrollment.

It's important that you consider your benefit elections carefully, since the decisions you make cannot be changed until the next annual enrollment period unless you have a change in status, as explained in this workbook. For dental coverage, your election is in effect for up to two annual enrollments.

Within a few weeks of your enrollment in **Choices**, you will receive a confirmation statement showing the benefit elections you have made. If there are any errors on this statement, please contact the Human Resources Department as soon as possible.

Finally, if you have any questions about the **Choices** enrollment process or any of the benefits included under **Choices**, please contact your campus representative for the Inter Unit Benefits committee or the Human Resources Department.