

Montana University System's Flexible Benefits Program

choices

2006 – 2007

Enrollment Workbook

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 Human Resources Office. **If you do not sign or turn in an enrollment form you will default to the \$575 plan – employee only (new employees) or your previously selected coverage (continuing employees). However Reimbursement Accounts do not continue without a new election.**

If you waive coverage:

- You waive all Choices options including medical, life, dental AD & D and LTD,
- You cannot enroll until open enrollment for the next plan year or until you have a qualifying event and
- A waiting period for full coverage of pre-existing conditions will apply if you do not have evidence of previous coverage.
See Notices page 35.

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

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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 to 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

***Unless you waive all coverage**

Voluntary:

- Optional Accidental Death and Dismemberment Insurance.
- Optional Dependent Life Insurance
- Optional Reimbursement Accounts
- Optional Supplemental Life
- Optional Vision
- Long Term Care – See Page 23

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

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 meets the above requirements and 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, or one other unrelated adult dependent as defined in the Group Benefits Plan. To enroll an adult dependent other than a spouse, you will need to obtain criteria from your campus Human Resources Office and complete a *Declaration of Adult Dependent* form, also available there.
- Unmarried dependent children under age 25. 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 25 for an unmarried dependent child who is mentally or physically disabled and incapable of self-support.

How *Choices* Works

1 Each eligible faculty and staff member receives a monthly employer contribution. 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 14 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 employer contribution provided to you by Montana University System.

If the benefits you choose cost . . .

- The same as your employer contribution, you won't see any change in your paycheck.
- More than your employer contribution, you'll pay the difference through automatic payroll deductions.
- Less than your employer contribution, you'll either forfeit the remaining employer contribution or you may apply it 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.

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 status. See Mid Year Change Information on page 26.

Choices Benefit Plan Options

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

Medical	Dental (2-Year Option)	Long Term Disability*
<input type="checkbox"/> \$400 Deductible Plan – Prem. <input type="checkbox"/> \$575 Deductible Plan – Basic <input type="checkbox"/> Blue Choice Managed Care Plan <input type="checkbox"/> New West Managed Care Plan <input type="checkbox"/> PEAK Managed Care Plan <input type="checkbox"/> CHO Managed Care Plan	<input type="checkbox"/> Premium Plan <input type="checkbox"/> Basic Plan (preventive only) Children are covered for preventive only	<input type="checkbox"/> 60% of pay/ <i>6 month wait</i> <input type="checkbox"/> 66-2/3% of pay/ <i>6 month wait</i> <input type="checkbox"/> 66-2/3% of pay/ <i>4 month wait</i>
Life Insurance/Accidental Death & Dismemberment*		Optional AD&D (May not exceed 10 x's salary)
<u>Basic Life/AD&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
Optional Dependent Life* (After-Tax)	Optional Reimbursement Accounts	Vision
<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"/> \$3.43 Single or Entire Family Long Term Care Medical Insurance does not cover Long Term Care. This year, there is an open enrollment period for our LTC Insurance. Contact your Human Resources Dept. for enrollment information.

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

Your *Choices* Medical

Choices gives you the opportunity to choose from two traditional plans and up to four managed care plans (depending on availability in your area):

- Basic – \$575 Deductible – Plan** (available everywhere)
- Premium – \$400 Deductible – Plan** (available everywhere)
- Blue Cross & Blue Shield Managed Care Plan** (available in the towns and zip codes listed on page 27)*
- New West Managed Care Plan** (available in the towns and zip codes listed on page 28 & 29)*
- PEAK Managed Care Plan** (available in the towns and zip codes listed on page 29)*
- CHO Managed Care Plan** administered by Allegiance (available in the towns and zip codes listed on page 32)*

*Emergency services are covered everywhere.

*See the Schedule of Benefits (next page)
for Premium Costs and Benefits*

Note – The Traditional Plans cover the same services and have:

- An annual deductible** – the amount you pay each benefit year before the plan begins to pay (\$400 or \$575 depending on which plan you choose)
- Coinsurance** – a percentage of allowable fees you pay until you reach the benefit year’s coinsurance maximum (the maximum is higher for the Basic Plan)
- Preferred hospitals** – You pay 20% coinsurance for services at a preferred hospital; and 25% for other hospitals, *See page 30 for a listing.*

Note – The Managed Care Plans cover the same services and have:

- Network Providers** – Providers who have contracted with the managed care plan to manage and deliver care at agreed upon prices. Members may self-refer to In-Network specialists.**

While it is no longer necessary to select a Primary Care Provider (PCP) to enroll in a managed care medical plan, it is important that you utilize member providers, and usually better medical care is realized in the long run, if you coordinate your medical care through a Primary Care Provider.

- Better Benefits for services received In-Network than for services Out-of-Network** – You pay a \$15 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services. You pay 35% of allowable fees (after a separate deductible) for most services received Out-of-Network.

Note – All Plans have the same Prescription Drug Plan – administered by Pharma Care (formerly EHS).

	At a Network Pharmacy, after a \$100/person; \$200/family deductible, you pay: ***	Thru Mail Order: (Pharma Care or Ridgeway) you pay:
Generic	The greater of \$10 or 20% – 30 day supply	\$20 for – 90 day supply
Formulary	The greater of \$20 or 30% – 30 day supply	\$40 for – 90 day supply
Brand-Non-Form.	The greater of \$30 or 40% – 30 day supply	\$60 for – 90 day supply

*** The benefit year out-of-pocket max on pharmacy charges only (excluding deductible) is \$800/person \$1,600/family. There is no deductible or out-of-pocket maximum on mail order charges.

SCHEDULE OF BENEFITS

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MEDICAL PLAN

Traditional Plans-Allegiance • 1-877-778-8600 • Pre-certification 1-800-342-6510
www.abpmtpa.com • See Plan Description for prior authorization requirements.

Blue Cross/Blue Shield of MT Managed Care Plan • 1-800-820-1674 or 447-8747
www.bluecrossmontana.com • See Plan Description for prior authorization requirements.

New West Managed Care Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com • See Plan Description for prior authorization requirements.

Peak Managed Care Plan • 1-866-368-7325 • Pre-certification/prior auth. 1-866-275-7646
www.healthinfonetmt.com • See Plan Description for prior authorization requirements.

CHO Managed Care Plan • Admin. by Allegiance • 1-877-778-8600 • Pre-certification 1-800-342-6510
www.abpmtpa.com • See Plan Description for prior authorization requirements.

TRADITIONAL
Administered by

Life time maximum benefit- \$2,000,000 individual, \$4,000,000 family.

MEDICAL PLAN COSTS YOU PAY:	Premium Plan
Annual Deductible* <i>(Applies to all services, unless otherwise noted or a copayment is indicated)</i>	\$400/Member \$800/Family
Coinsurance Percentages*	
General (Including facilities that are neither preferred or nonpreferred)	25%
Preferred Facility Services <i>(See page 33 for a list of preferred facilities)</i>	20%
Annual Coinsurance Maximums <i>(Maximum coinsurance paid in the benefit year; excludes deductibles and copayments)</i>	Average of \$1,250/Member (20%-25% of \$5,000 in allowable fees) Average of \$2,500/Family (20%-25% of \$10,000 in allowable fees)
Copayment* (on outpatient visits) <i>*You pay deductible, coinsurance, and copayment on allowable fees only (See Glossary page 45.)</i>	NA
MEDICAL PLAN SERVICE	Coinsurance is same as Basic Plan
Hospital Services <i>(Inpatient facility charges)</i> <i>(Pre-certification of hospitalization is strongly recommended.)</i>	
Room Charges	
Ancillary Services	
Surgical Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
Hospital and Surgi-Center	
Outpatient Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
Physician/Professional Provider Services (not listed elsewhere)	
Office Visit	
Inpatient Physician Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
Lab/Ancillary/Miscellaneous Charges	
Second Surgical Opinion	

BENEFIT YEAR 2006-2007

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MEDICAL RATES						
Monthly Premiums	Premium (\$400 deductible)	Basic (\$575 deductible)	BCBSMT Managed Care	Peak Managed Care	New West Managed Care	Managed Care Admin. by Allegiance
Employee	\$520	\$509	\$473	\$473	\$465	\$473
Employee & spouse \A.D.	\$652	\$629	\$586	\$586	\$571	\$586
Employee & children	\$636	\$617	\$572	\$572	\$557	\$572
Employee & family	\$725	\$678	\$645	\$645	\$630	\$645
PLANS	MANAGED CARE BENEFIT PLANS					
Allegiance	:	BCBSMT – Administered by Blue Cross/Blue Shield of MT NEW WEST – Administered by New West Health Plan PEAK – Administered by Peak Health Plan/Allegiance CHO – Managed Care Plan- Administered by Allegiance				
Basic Plan	:	In-Network Benefits	Out-of-Network Benefits			
\$575 / Member \$1,150 / Family	:	\$300 / Member \$600 / Family <small>(deductible does not apply to out patient services / visits with dollar copays)</small>	Separate \$500 / Member Separate \$1,000 / Family			
25%	:	25%	35%			
20%	:	NA	NA			
Average of \$2,500 / Member <small>(20%-25% of \$10,000 in allowable fees)</small> Average of \$5,000 / Family <small>(20%-25% of \$20,000 in allowable fees)</small>	:	\$2,000 / Member \$4,000 / Family	Separate \$2,000 / Member Separate \$4,000 / Family			
NA <small>(See exceptions below)</small>	:	\$15 / visit <small>(See exceptions below)</small>	NA <small>(See exceptions below)</small>			
Coinsurance	:	Coinsurance	Coinsurance			
20% – 25% <small>(depending on whether a preferred, or other facility see above)</small>	:	25%	35%			
20% – 25%	:	25%	35%			
20% – 25%	:	25%	35%			
20% – 25%	:	25%	35%			
25%	:	\$15 / visit	35%			
25%	:	25%	35%			
25%	:	25%	35%			
0% <small>(Plan pays 100% of allowable fee, no deductible)</small>	:	\$15 / visit	35%			

SCHEDULE OF BENEFITS

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MEDICAL PLAN COSTS YOU PAY:
Emergency Services
Ambulance Services for Medical Emergency
Emergency Room Facility Charges
Professional Charges
Urgent Care Services
Facility/professional Charges
Lab & Diagnostic Charges
Maternity Services
Hospital Charges
Physician Charges (delivery and inpatient)
Prenatal Office Visits
Routine Newborn Care
Inpatient Hospital Charges
Preventive Services
Adult Exams and Tests (age 19+)
Mammogram, gyn exam and pap, proctoscopic, sigmoidoscopic and colonoscopic exams, limited routine lab work, such as PSA tests, and basic blood panel. For managed care plans only, bone density tests.
Immunizations and Pneumonia and Flu shots
Child Checkups through age 2
Mental Illness Services
Inpatient Services <i>(Pre-certification is strongly recommended)</i>
Max: One inpatient day may be exchanged for two partial hospitalization days.
Outpatient Services
Chemical Dependency
Inpatient Services <i>(Pre-certification is strongly recommended.)</i>
Outpatient Services
* Dollar benefit max for inpatient services of \$7,000/year, \$14,000/lifetime ** Dollar benefit max for combined inpatient/outpatient services of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

BENEFIT YEAR 2006-2007

TRADITIONAL PLANS	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25%	\$100 copay	\$100 copay
\$25 / visit (waived if immediately admitted to hospital) deductible and coinsurance apply	\$75 / visit (waived if inpatient hospital or patient surgery coinsurance applies)	\$75 / visit (same waiver as In-Network)
25%	25%	25%
25%	\$25 / visit	\$25 / visit
25%	25%	35%
20% – 25%	25%	35%
25%	25%	35%
25%	\$50 global copay for: non facility professional services	35%
25%	25%	35%
0% (no deductible) up to max allowable on: gyno exam & PAP mammogram and prostrate exam 25% (deductible applies) on: routine lab (PSA, blood panel), proctoscopy, sigmoidoscopy, and colonoscopy Max: one / year starting at age 50	\$15 / visit for periodic physicals (including PSA gyn exam & PAP, basic blood panel and other routine limited lab work) \$0 copay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy	35% \$75 out of network allowance for mamogram. Expenses above allowance subject to deductible and coinsurance.
0% (no deductible) up to max Max: \$250 / yr. up to age 19 \$75 / yr. age 19 + \$50 / yr. on pneumonia and flu shots	\$15 / visit 25% (no deductible) without office visit	\$35%
0% (no deductible) up to max Max: \$500 first 2 years of life	\$15 / visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% – 25% Max: 30 days / yr. (No max for severe conditions)	25% Max: 21 days / yr. (No max for severe conditions)	35% Max: 21 days / yr. (No max for severe conditions)
20% – 25% Max: 40 visits / yr. (No max for severe conditions)	\$15/visit Max: 30 days / yr. (No max for severe conditions)	35% Max: 30 days / yr. (No max for severe conditions)
25% – 25% Max: Dollar limit*	25%	35%
25% Max: \$2,000 / year	\$15 / visit Max: Dollar Limit**	35% Max: Dollar Limit**

SCHEDULE OF BENEFITS

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MEDICAL PLAN COSTS YOU PAY:

Rehabilitative Services

Physical, Occupational, Cardiac, Respiratory, Pulmonary and Speech Therapy

Inpatient Services

(Pre-certification is strongly recommended.)

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

(Prior authorization required for managed care plans)

Extended Care Services

Home Health Care

[Physician ordered / prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions]

Hospice

Skilled Nursing

[Prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions]

Miscellaneous Services

Allergy Shots

Dietary / Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Prosthetic Appliances and Orthotics

(Prior authorization required for most managed care plans for amounts > \$500)

(Prior authorization required for traditional plans for amounts > \$1,000)

PKU Supplies

(Includes treatment and medical foods)

Education Programs on Disease Processes (when ordered by a physician)

(Prior authorization required for managed care plans and strongly recommended for traditional plans)

Obesity Management

(Prior authorization required by all plans)

Infertility Treatment (biological infertility only)

(Prior authorization required for all plans with coverage)

Organ Transplants

(Prior authorization required for managed care plans and strongly recommended for traditional plans)

Transplant Services

Travel

Out of State Travel for members only.

BENEFIT YEAR 2006-2007

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TRADITIONAL PLANS	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% – 25% Max: 30 days / yr. Max: \$2,000/yr	25% Max: 60 days / yr	35% Max: 60 days / yr
Respiratory & Pulmonary rehab. not subject to max		
25% (or if prior Auth through case management up to \$10,000/yr.)	\$15 / visit Max: 30 visits / yr	35% Max: 30 visits / yr
Member pays charges over \$25 / visit	Not covered	Not Covered
Member pays charges over \$25 / visit	Not covered	Not Covered
Member pays charges over \$25 / visit Max: 15 visits / yr. in any combination for alternative health care	\$15 / visit Max: 20 visits / yr	35% after deductible/20 visit limit
25% Max: 90 day / yr.; 180 / lifetime	\$15 / visit Max: 30 visits / yr	35% Max: 30 visits / yr
25% (20% – 25% if hospital-based) Max: 180 days	25% Max: 6 months	35% Max: 6 months
25% (20% – 25% if hospital-based) Max: 70 days/yr	25% Max: 30 days / confinement	35% Max: 30 days / confinement
25% (no deductible)	\$15 / visit 25% (no deductible) without office visit	35%
Not covered (except through campus wellness program)	\$15 / visit	35%
25% Max: \$100 for foot orthotics (per foot) / yr. Rent allowed up to purchase Price	25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot) / yr.	35% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot) / yr.
25%	0% (no deductible) Plan pays 100% of allowable fees for services required under State mandate	35%
0% (no deductible) up to max (Plan pays 100% of allowable fees) Max: \$250 / yr.	0% (no deductible) up to max (Plan pays 100% of allowable fees) Max: \$250 / yr.	Not Covered
Not covered (Except bariatric surgery and through campus) Wellness Program) Max: \$25,000 on surgery / lifetime	25% Non-surgical treatment plan only	Not Covered
Not covered	25% Max: 3 artificial inseminations / lifetime	Not Covered
25% See Summary Plan Description Max: \$500,000 lifetime, Liver \$200,000; Heart \$125,000; Lung \$160,000; pancreas \$68,000; cornea/kidney- no max	25% Max: \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility	Not Covered
Up to \$1,500/yr with prior auth see Summary Plan Description	Up to \$5,000 in conjunction with Transplants	

Dental

Choices offers two 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 mid-year change information on page 26 of this workbook.

The two **Choices** Dental plans have different monthly premiums and different benefits.

Dental Plans At-A-Glance

(* Children have preventive coverage only.)

The following chart provides highlights of your Dental plan options.

Two Year Plan	Premium Plan	Basic Plan — Preventive Coverage
Who May Be Enrolled & Monthly Premium	<input type="checkbox"/> Employee Only \$36 <input type="checkbox"/> Employee & Spouse / Adult Dep. \$65 <input type="checkbox"/> Employee & Child(ren)* \$56 <input type="checkbox"/> Employee & Family* \$83	<input type="checkbox"/> Employee Only \$17 <input type="checkbox"/> Employee & Spouse / Adult Dep \$28 <input type="checkbox"/> Employee & Child(ren) \$35 <input type="checkbox"/> Employee & Family \$43
Preventive Services	Twice Per Benefit Year <input type="checkbox"/> Initial oral exam <input type="checkbox"/> Periodic oral exam <input type="checkbox"/> Cleaning <input type="checkbox"/> Complete series of intraoral X-rays <input type="checkbox"/> Topical application of fluoride	Twice Per Benefit Year <input type="checkbox"/> Initial oral exam <input type="checkbox"/> Periodic oral exam <input type="checkbox"/> Cleaning <input type="checkbox"/> Complete series of intraoral X-rays <input type="checkbox"/> Topical application of fluoride
Restorative Services	Covered for <u>you & your enrolled spouse only</u> : <input type="checkbox"/> Amalgam filling <input type="checkbox"/> Porcelain crown <input type="checkbox"/> Complete lower and upper denture <input type="checkbox"/> Root canal <input type="checkbox"/> Crown	Not covered
Oral Surgery (Prior authorize to determine if a medical or dental benefit)	<input type="checkbox"/> Removal of impacted tooth For Traditional Plan Members a medical benefit; for Managed Care Members a dental benefit – also extended to children.	Same as Premium Plan

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 offers options in the mix of family members you can enroll. See page 22 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 most causes while coverage is in effect. Accidental Death & Dismemberment (AD&D) coverage adds low-cost accidental death 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.

	Basic Life/AD&D	Optional Supplemental Life (After-Tax)
Who May Be Enrolled	Employee Only (May increase one level of coverage during annual enrollment, if you ARE ELIGIBLE and are in an active work status)	Employee Only (May increase one level of coverage during annual enrollment, if you ARE ELIGIBLE and are in an active work status)
Amount of Coverage & Monthly Premium (see chart page 14 for Supplemental Life premiums)	Basic Life Insurance and AD&D (each): <input type="checkbox"/> \$10,000 \$1.55 for both <input type="checkbox"/> \$20,000 \$3.10 for both	<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
When Benefits Become Payable	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.
If You Remain Employed At Age 70	Coverage continues while you continue to pay required premiums.	Coverage continues while you continue to pay required premiums.
Portability/Conversion	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. Exception: You will be ineligible to port coverage if you have a medical condition which has a material effect on life expectancy.	Your coverage may be continued if you leave employment equal to the amount you last chose under this plan. Exception: You will be ineligible to port coverage if you have a medical condition which has a material effect on life expectancy.
Exclusions/Limitations	Delayed Effective Date: 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.	Delayed Effective Date: 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.* Employees may NOT cover other MUS employed family members.

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
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.

You 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.

Who May Be Enrolled	Your spouse and unmarried children from 14 days to age 25. Employees may NOT cover other MUS employed family members.	
Amount of Coverage and Monthly Premium *	<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)	\$0.77 \$1.54 \$3.08 \$7.71
When Benefits Become Payable	Following an enrolled dependent's death from most causes.	
Exclusions/Limitations	Delayed Effective Date: 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, when benefits become payable, and premium costs

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.

May increase one level of coverage during annual enrollment.	60% of pay/ 6 month wait	Monthly premium: \$6.35	66-2/3% of pay/ 6 month wait	Monthly premium: \$11.75	66-2/3% of pay/ 4 month wait	Monthly premium: \$14.66
Who May Be Enrolled	Employee Only		Employee Only		Employee Only	
Amount of Benefit	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.	
When Benefits Become Payable	Following six months of continuous disability.		Following six months of continuous disability.		Following four months of continuous disability.	
How Long Benefits May Continue	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.	
Exclusions/Limitations	<i>Delayed Effective Date:</i> 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.		<i>Delayed Effective Date:</i> 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.		<i>Delayed Effective Date:</i> 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, accumulated sick leave, income 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

	Employee Only	Employee & Family
Who May Be Enrolled	Employee Only	Employee, Spouse and Child(ren) to age 25
Amount of Coverage	<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	<input type="checkbox"/> Decline coverage Employee: <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
<i>May Not Exceed Ten Times Annual Salary</i>	Monthly Premiums: \$.63 \$1.25 \$1.88 \$2.50 \$3.75 \$5.00 \$6.25 \$7.50	Monthly Premiums: \$1.18 \$2.35 \$3.53 \$4.70 \$7.05 \$9.40 \$11.75 \$14.10 Family: If, at the time a claim is made, your family consists of: <input type="checkbox"/> Your spouse only, he or she is covered for 60% of the amount you have chosen. <input type="checkbox"/> Child(ren) only, each child is covered for 20% of the amount you have chosen. <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.

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

	Employee Only	Employee & Family
When Benefits Become Payable	<ul style="list-style-type: none"> <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"/> 3/4 of your full benefit is payable for paraplegia (total paralysis of both lower limbs). <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. <input type="checkbox"/> 1/4 of your full benefit is payable if you lose the thumb and index finger on the same hand. 	<ul style="list-style-type: none"> <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. <input type="checkbox"/> 3/4 of your full benefit is payable for paraplegia (total paralysis of both lower limbs). <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. <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.

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 Administered by VSP 1-800-877-7195 www.vsp.com

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 \$3.43 per month for you or your entire family.

Optional Reimbursement Accounts

Administered by Employee Benefit Resources 1-800-765-9429 www.erbworld.com

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 for yourself/dependents, and. . .
- Dependent Care Reimbursement Account to help you pay for dependent day 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). **These are available at most public libraries, from the Internal Revenue Service, or can be accessed from the Employee Benefit Resources, 1-800-765-9429, LLP web site, www.ebrworld.com/cafeteriaplans.**

	Health Care Reimbursement Account	Dependent Care Reimbursement Acct.
Amount You May Allocate	<ul style="list-style-type: none"> <input type="checkbox"/> Decline to Participate <input type="checkbox"/> Minimum: \$10/month <input type="checkbox"/> Maximum: \$500.00/month 	<ul style="list-style-type: none"> <input type="checkbox"/> Decline to Participate <input type="checkbox"/> Minimum: \$10/month <input type="checkbox"/> Maximum: \$416.66/month
Eligible Expenses	<ul style="list-style-type: none"> <input type="checkbox"/> Deductible amounts. <input type="checkbox"/> Your share of medical, and dental expenses for you and your family which are covered under Choices but not fully reimbursed. <input type="checkbox"/> Vision expenses not covered under vision plan (<i>such as lazer surgery</i>) <input type="checkbox"/> Copayments for prescription drugs. <input type="checkbox"/> Amounts above what the plan considers an allowable fee. <input type="checkbox"/> Expenses not covered under the Medical or Dental plans, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Hearing aids <input type="checkbox"/> Orthodontics <input type="checkbox"/> Restorative dental work for your children or for you if you are enrolled in the Basic Dental plan <input type="checkbox"/> Acquisition, training and maintenance of a dog for the deaf or blind. 	<ul style="list-style-type: none"> <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"> <input type="checkbox"/> Preschool <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 <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. The participant must provide the third party administrator the name, address and if applicable, the Taxpayer ID number of the service provider.
Expenses Which Are Not Eligible	<ul style="list-style-type: none"> <input type="checkbox"/> Monthly costs of coverage. <input type="checkbox"/> Expenses reimbursed under any other plan. <input type="checkbox"/> Expenses you plan to claim as tax deductions. <input type="checkbox"/> Long Term Care expenses. <input type="checkbox"/> Cosmetic surgery expenses, unless necessary due to injury, disease or birth defect. <input type="checkbox"/> Expenses incurred outside the benefit year (or the portion of the year you are enrolled, if part of the year). 	<ul style="list-style-type: none"> <input type="checkbox"/> Services which are not necessary for you or you and your spouse, if married, to work or look for work. <input type="checkbox"/> Services provided by your child under age 19. <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. <input type="checkbox"/> Expenses you plan to claim as a tax credit. <input type="checkbox"/> Any amount exceeding your taxable compensation and if you are married, your spouse's actual or deemed earned income.

Optional Reimbursement Accounts (*Continued*)

Submitting Claims For Reimbursement

Claims may be submitted whenever you have incurred an eligible expense of at least \$10.00. However, your Dependent Care Reimbursement account may reimburse you only up to your account balance at the time your claim is submitted. 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 Account(s) 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 Account(s) 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).

Tax Savings Example*	Not Using Account	Using Account
Taxable Income	\$24,000	\$24,000
Before-Tax Reimbursement Account Contribution	- 0 -	-\$ 1,200
Net Taxable Income	\$24,000	\$22,800
Taxes		
<input type="checkbox"/> Federal (15%)	-\$ 3,600	-\$ 3,420
<input type="checkbox"/> Social Security (7.65%)	-\$ 1,836	-\$ 1,744
<input type="checkbox"/> State (8%)	-\$ 1,920	-\$ 1,824
After-Tax Health Expenses	-\$ 1,200	- 0 -
Take Home Pay	\$15,444	\$15,812
Net Savings		+\$ 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 benefit year that won't be covered by the medical, dental, RX or vision plans? If you anticipate significant health care expenses next year, participation in the Health Care Reimbursement Account may result in considerable tax savings.
- ❑ 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 benefit year. The benefit 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.**

New Reimbursement Account Features for the 2006-2007 Plan Year

A Debit Card is now Available. Participants in the Medical Optional Reimbursement Account may now choose to use a debit card to pay for services at the “point of sale”. Employee Benefit Resources, LLP (EBR) provides the Benny TM Card to use with the medical flex account.

When you use the debit card the funds are automatically deducted from your employee benefit account for payment. You will continue to be required to keep all itemized bills for your records. If you purchase an item at a store that sells merchandise that might not be eligible for flex, you may be required to submit documentation for the expense to support the transaction.

There is a \$10 set up fee for the card and a \$1 per month processing fee. In year one, the charge for use of the card will be \$22. In subsequent years, the fee would be \$12. You may elect to use the card beginning July 1, 2006. Indicate your interest at the time of benefit enrollment or you may elect to get a card at any time during the year. The total annual charge for the card will be deducted from your flex account at the beginning of the plan year or at any other time you choose to get a card.

New Reimbursement Account Features for the 2006-2007 Plan Year continued.

Online Access:

Flex account participants may access their flex account information by going to the EBR website at ebrworld.com. This feature allows a review of processed claims, payments made on claims submitted, and account balances for the current or prior plan year during the run-out period. Because this access is available 24/7, employees will be receiving paper statements in the future as of December 31 and June 30 rather than quarterly.

How to Check Your Account Online:

Log on to ebrworld.com

Click on Flex Connect

Your user Id is your social security number, your pass word is the last four digets of your social security number.

Direct Deposit

Instead of waiting for the check reimbursing a dependent care or medical care claim to arrive in the mail, employees can have the reimbursement deposited directly to their checking or savings account. Log on to ebrworld.com for more information, or see your campus HR department.

Long Term Care Insurance

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 insurance covers long term care situations when, in most cases, it does not. We may be left thinking we should have planned better. Long term Care Insurance is designed to pick up where our health insurance leaves off. The Montana University System offers the opportunity to purchase Long Term Care Insurance from Unum Life Insurance Company of America- a subsidiary of UnumProvident. New employees can enroll in LTD within 30 days of employment without demonstrating evidence of insurability. Continuing employees, spouses, retirees, and grandparents can enroll in our group LTD insurance with medical underwriting at any time. And during this enrollment period, employees who missed the opportunity when they were hired, may purchase for the first time or change their coverage.

Long Term Care Insurance At-A-Glance

The following chart provides highlights of your Long Term Care Insurance.

Who May Be Enrolled	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.
Options	Choices
Care Type <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	Facility (Nursing Home or Assisted Living) Facility + Professional Home Care (Provided by a licensed home health organization) Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)
Monthly Benefits <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Care	\$1,000 - \$6,000 60% of the selected nursing home amount 50% of the Selected nursing home amount
Duration <input type="checkbox"/> 3 year <input type="checkbox"/> 6 year <input type="checkbox"/> Unlimited	3 years Nursing Home or 5 years Assisted Living or 6 years Home Care 6 years Nursing Home or 10 years Assisted Living or 12 years home Care Unlimited Nursing Home or Unlimited Assisted Living or Unlimited Home Care
Inflation Protection <input type="checkbox"/> Yes <input type="checkbox"/> No	5% compounded annually No Protection

Why Enroll in Long Term care Insurance Now

There are two very good reasons why *now* is a good time for you to buy. During the open enrollment period of 04/17/2006 to 05/19/2006 you will be able to purchase UnumProvident's Long Term Care insurance for yourself without providing any medical information. This guarantee issue coverage for active employees is offered for a short time only, so it's important to act quickly. Secondly, buying now at your current age helps keep your costs lower. The younger you are when you buy this insurance, the lower the cost.

How to Enroll in Choices

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

- a. within 31 days of first becoming eligible for benefits,
If you do not waive coverage or enroll within the 31 days, you will default to the \$575 medical plan – employee only; the premium dental plan – employee only; Basic employee life/AD&D of \$20,000; & long term disability of 60% after six months disability.
- b. during annual open enrollment,
If you do not enroll, you will default to prior coverage and will have no reimbursement accounts (unless you enroll for reimbursement acct.(s) using a separate form).
- c. when you have a mid-year qualifying event and want to make an allowed mid-year change in elections. *This change must be made within 63 days of event.*

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 benefit year if you are enrolling during open enrollment or for the remainder of the current benefit year if a new enrollee. You may want to review the Issues to Consider section under Your choices Benefit Options.

Step 2— Complete the Front Side of Your Enrollment Form

Your enrollment form should be included with this workbook. In the event your enrollment form is missing or you need another, please contact the Human Resources Department at your campus. If your campus provides On-line open enrollment, you may enroll on-line.

Medical

For Medical Coverage, you must make two elections: A plan and a coverage category. Note that there are coverage categories as shown to the right. If you fail to enroll, you will default as described above.

- 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 (A).
- See pages 27 through 29 for the service areas of managed care plans. See pages 6 – 11 for a comparison of benefits.

Choices Coverage Categories

Employee Only
Employee and Spouse/Adult Dependent
Employee & Child(ren)
Employee, Spouse/Adult Dependent & 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 and a coverage category. The coverage categories are the same as shown on prior page for 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 (B).

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.

- During annual enrollment 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 (C) and (D).

Optional Vision

- Check box on enrollment form if you want the Vision coverage and enter \$3.43 in the space provided next to the (E).

Optional Accidental Death & Dismemberment

To receive 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 .
- Next, check the box corresponding to the coverage category you want (Employee Only or Employee & Family).
- 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 (F).

Costs & Dependent Child(ren) Premium Waiver

- Total your monthly costs [add up the amounts along the right-hand side of the form – (A) through (F)], and enter the sum next to the (G).
- Check the box to “Accept Dependent Child(ren) Premium Waiver,” if you are eligible and wish to accept the waiver. Enter the waiver amount (from below) next to the (H).

Eligibility requirements: This waiver is designed to make dependent child(ren) coverage affordable for employees with an annualized income of \$25,000 or less. This means that you are eligible if a full time employee earning \$25,000 or less or a half time employee (.5 FTE) earning \$12,500 or less. You must work at least half time & qualify for benefits to receive the waiver.

Waiver amount: Coverage Level: Plan:	Employee & Child(ren)	Employee & Spouse/Adult Dependent & Child(ren)
\$400 Deductible Plan	\$116.00	\$73.00
\$575 Deductible Plan	\$108.00	\$49.00
BCBSMT Mngd. Care Plan	\$ 99.00	\$59.00
New West Mngd. Care Plan	\$ 92.00	\$59.00
PEAK Mngd. Care Plan	\$ 99.00	\$59.00

- If claiming the Premium Waiver, subtract the waiver amount (H) from the Total Costs (G) to get Costs after Premium Waiver. Enter this amount next to the (I).
- Note the amount of monthly Employer Contribution – shown next to the (J).
- If claiming the waiver, subtract Employer Contribution (J) from Costs after Premium Waiver (I); if not claiming the Waiver, subtract Employer Contribution (J) from Total Costs (G). Enter the difference next to the (K)
- If your costs are:
 - greater than Employer Contribution (the number in K is a positive number), your salary will be reduced by this amount in equal portions each pay period to pay the costs not covered by Employer Contribution..
 - less than Employer Contribution (the number in K is a negative number), you will either forfeit this amount or you may allocate it to a Health Care Reimbursement Account.

Optional Reimbursement Accounts

You may enroll in one or both of the following reimbursement accounts: a Health Care Reimbursement Account and/or a Dependent Care Reimbursement Account. You must enroll each benefit year for reimbursement accounts you want for the year, using either the Choices Enrollment Form or an alternative paper form or on-line form provided by your campus. Any unused Employer Contribution amount [a negative number from line (K) on the front of the Choices Election Form] may be applied to a Health Care Reimbursement Account.

- Fill in the yearly amount(s) you want to allocate to each account in the space(s) provided. Note the minimum and maximum monthly amounts. The minimum and maximum yearly amounts are monthly amounts times twelve. Payroll personnel will convert your yearly amount to pay period deduction amounts, but you may divide your selected yearly amount by twelve to approximate your average monthly cost(s) – (L) & (M).

- If you are a new enrollee, fill in the amount(s) you want to allocate for the remainder of the benefit year in the yearly amount slot. Expenses incurred before the effective date of enrollment are not eligible for reimbursement.
- If enrolling in one or both accounts, enter your before-tax monthly administration fee of \$2.76 next to the (N).

Optional After-Tax Benefits

Optional Supplemental Life insurance and Optional Dependent Life insurance premiums are paid with after-tax dollars. *You must enroll for Optional Supplemental Life to enroll for Optional Dependent Life.* If you are a new **Choices** enrollee (within 31 days of first becoming eligible for benefits) you may select any amount of Optional Supplemental life and Optional Dependent life without submitting evidence of insurability. If you are newly married (within the past 63 days), you may select any amount of Optional Dependent Life (assuming you enroll/are already enrolled in Optional Supplemental Life) without submitting evidence of insurability. During routine open enrollment you may only select the lowest coverage amount, or increase one level of coverage without submitting evidence of insurability. You may also drop/decrease 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 (O) & (P). *NOTE: Costs for Optional Life insurance are shown in the table on page 14 of this workbook.*

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.

Employee Information

The first section of the form asks for information about you and your enrollment status – whether you are single, married or claiming an Adult Dependent. To claim and cover an Adult Dependent you must submit a Declaration of Adult Dependent form which is available at your campus Human Resources Office or at www.montana.edu/choices. Be sure to complete all items.

Family Members – Enrolled For Medical, Vision, Optional Dependent, Life or AD&D

In this section, enter the requested information about any dependents you have elected to enroll for any or all of the above coverages. 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.

PCPs for Managed Care Plan Members

While it is no longer necessary to select a Primary Care Provider (PCP) to enroll in a managed care medical plan, it is important that you utilize member providers, and usually better medical care is realized in the long run, if you coordinate your medical care through a Primary Care Provider.

Mid-Year Change Information

Generally, you may not change the elections you have made after your initial 31-day enrollment period or during your annual open enrollment period until the next open enrollment. However, there are certain limited situations that allow changes in elections. You are permitted to add or delete dependent coverage and make some plan changes if you have a qualifying change in status. In fact, it is your responsibility to remove dependents from coverage when they cease to be eligible. The election change must be requested within 63 days of the change in status and, for benefits paid pre-tax, must be consistent with the change in status. There are detailed IRS regulations and guidelines governing this.

- The most common Qualifying Events are listed in this section. Check the one that applies or write in an event that you believe should allow an election change for review by your campus Human Resources Office.
- Enter the date of the Qualifying Event in the space provided. The date of an event causing a dependent to lose other coverage is the date coverage actually ends.

For information on whether a change in status permits a change in Reimbursement Account election(s), contact the administrator, EBR, at www.ebrworld.com or at 449-5500 or 1-800-765-9429. Mid-year increases in health care costs do not permit enrollment in or a change in the amount allocated to a Health Care Reimbursement Account.

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.

Signature

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 submitting the form.

BCBSMT MANAGED CARE PLAN SERVICE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Columbia Falls	59912		59620	Ovando	59854
Acton	59002	Condon	59826		59623	Pablo	59855
Alberton	59820	Connor	59827		59624	Paradise	59856
Alder	59710	Conrad	59425		59625	Park City	59063
Anaconda	59711	Coram	59913		59626	Pendroy	59467
Arlee	59821	Corvallis	59828	Helmville	59843	Philipsburg	59858
Augusta	59410	Craig	59648	Heron	59844	Pinesdale	59841
Avon	59713	Creston	59902	Highwood	59450	Plains	59859
Ballantine	59006	Crow Agency	59022	Hingham	59528	Polaris	59746
Basin	59631	Custer	59024	Hot Springs	59845	Pole Bridge	59928
Bearcreek	59007	Darby	59829	Hungry Horse	59919	Polson	59860
Belfry	59008	Dayton	59914	Huntley	59037	Pompeys Pillar	59064
Belgrade	59714	DeBorgia	59830	Huson	59846	Pony	59747
Belt	59412	Deer Lodge	59722	Inverness	59530	Potomac	59823
Big Arm	59910	Dell	59724	Jackson	59736	Power	59468
Bigfork	59911	Dillon	59725	Jefferson City	59638	Pray	59065
Big Sky	59716	Divide	59727	Joliet	59041	Proctor	59929
Billings	59101	Dixon	59831	Joplin	59531	Pryor	59066
	59102	Drummond	59832	Judith Gap	59453	Ramsay	59748
	59103	Dupuyer	59432	Kalispell	59901	Ravalli	59863
	59104	Dutton	59433		59902	Raynesford	59469
	59105	East Helena	59635		59903	Red Lodge	59068
	59106	Edgar	59026		59904	Rexford	59930
	59107	Elliston	59728	Kila	59920	Ringling	59642
	59108	Elmo	59915	Kremlin	59532	Roberts	59070
	59111	Emigrant	59027	Lake McDonald	59921	Rollins	59931
	59112	Ennis	59729	Lakeside	59922	Ronan	59864
	59113	Eureka	59917	Laurel	59044	Roscoe	59071
	59114	Fairfield	59436	Lavina	59046	Roundup	59072
	59115	Fishtail	59028	Lima	59739	Rudyard	59540
	59116	Florence	59833	Lincoln	59639	Ryegate	59074
	59117	Floweree	59440	Lloyd	59535	Saltese	59867
Black Eagle	59414	Fort Benton	59442	Lodge Grass	59050	Sand Coulee	59472
Bonner	59823	Fort Harrison	59636	Lolo	59847	Seeley Lake	59868
Boulder	59632	Fort Shaw	59443	Loma	59460	Shawmut	59078
Box Elder	59521	Fortine	59918	Lonepine	59848	Shepherd	59079
Boyd	59013	Frenchtown	59834	Lothair	59461	Sheridan	59749
Bozeman	59715	Fromberg	59029	Luther	59068	Shonkin	59450
	59717	Galata	59444	Manhattan	59741	Silesia	59041
	59718	Gallatin Gateway	59730	Marion	59925	Silver Star	59751
	59719	Garneill	59445	Martin City	59926	Simms	59477
	59771	Garrison	59731	Martinsdale	59053	Somers	59932
	59772	Garryowen	59031	Marysville	59640	St. Ignatius	59865
	59773	Geraldine	59446	McAllister	59740	St. Regis	59866
Brady	59416	Geyser	59447	Melrose	59743	St. Xavier	59075
Bridger	59014	Gildford	59525	Melville	59055	Stevensville	59870
Broadview	59015	Glen	59732	Milltown	59851	Stockett	59480
Buffalo	59418	Gold Creek	59733	Missoula	59801	Styker	59933
Butte	59701	Grantsdale	59835		59802	Sula	59871
	59702	Great Falls	59401		59803	Sun River	59483
	59703		59402		59804	Superior	59872
	59707		59403		59806	Swan Lake	59911
	59750		59404		59807	Thompson Falls	59873
Bynum	59419		59405		59808	Three Forks	59752
Canyon Creek	59633		59406		59812	Tracy	59472
Cardwell	59721	Greenough	59836	Moiese	59824	Trego	59934
Carter	59420	Hamilton	59840	Molt	59057	Trout Creek	59874
Cascade	59421	Hardin	59034	Monarch	59463	Twin Bridges	59754
Charlo	59824	Harlowton	59036	Montana City	59634	Two Dot	59085
Chester	59522	Harrison	59735	Musselshell	59059	Ulm	59485
Chinook	59523	Haugen	59842	Neihart	59465	Vaughn	59487
Choteau	59422	Havre	59501	Niarada	59845	Victor	59875
Clancy	59634	Helena	59601	Norris	59745	Virginia City	59755
Clinton	59825		59602	Noxon	59853		
Clyde Park	59018		59604	Olney	59927		

NEW WEST MANAGED CARE PLAN AR-

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Walkerville	59701	Absarokee	59001	Clinton	59825	Haugan	59842
Warm Springs	59756	Acton	59002	Clyde Park	59018	Havre	59501
West Glacier	59936	Alberton	59820	Cohagen	59322	Hays	59527
White Splhr Sprgs	59645	Amsterdam	59741	Colstrip	59323	Helena	59601
Whitefish	59937	Angela	59312	Columbia Falls	59912		59602
Whitehall	59759	Arlee	59821	Columbus	59019		59604
Whitelash	59545	Ashland	59003	Condon	59826		59620
Wilsall	59086		59004	Conner	59827		59623
Winston	59647	Augusta	59410	Cooke City	59020		59624
Wisdom	59761	Avon	59713	Coram	59913		59625
Wise River	59762	Ballantine	59006	Corvallis	59828		59626
Wolf Creek	59648	Basin	59631	Crow Agency	59022	Helmville	59843
Worden	59088	Bearcreek	59007	Cushman	59046	Heron	59844
Zurich	59547	Belfry	59008	Custer	59024	Highwood	59450
		Belgrade	59714	Darby	59829	Hingham	59528
		Belt	59412	Dayton	59914	Hogeland	59529
		Big Arm	59910	De Borgia	59830	Hot Springs	59845
		Big Sandy	59520	Decker	59025	Hungry Horse	59919
		Big Sky	59716	Deer Lodge	59722	Huntley	59037
		Big Timber	59011	Dell	59724	Huson	59846
		Bigfork	59911	Dillon	59725	Hysham	59038
		Bighorn	59010	Dixon	59831	Ingomar	59039
		Billings	59101	Dodson	59524	Iverness	59530
			59102	Drummond	59832	Ismay	59336
			59103	East Helena	59635	Jackson	59736
			59104	Edgar	59026	Jefferson City	59638
			59105	Elliston	59728	Joliet	59041
			59106	Elmo	59915	Jordan	59337
			59107	Emigrant	59027	Judith Gap	59453
			59108	Essex	59916	Kalispell	59901
			59111	Fishtail	59028		59902
			59112	Florence	59833		59903
			59114	Floweree	59440		59904
			59115	Forsyth	59327	Kila	59920
			59116	Fort Benton	59442	Kinsey	59338
			59117	Fort Harrison	59636	Kremlin	59532
		Birney	59012	Fort Shaw	59443	Lame Deer	59043
		Black Eagle	59414	Frenchtown	59834	Laurel	59044
		Bonner	59823	Fromberg	59029	Lavina	59046
		Boulder	59632	Gallatin Gateway	59730	Lima	59739
		Box Elder	59521	Gardiner	59030	Lincoln	59639
		Boyd	59013	Garrison	59731	Livingston	59047
		Bozeman	59715	Garryowen	59031	Lloyd	59535
			59717	Geraldine	59446	Lodge Grass	59050
			59718	Gildford	59525	Lolo	59847
			59719	Glen	59732	Loma	59460
			59771	Gold Creek	59733	Lonepine	59848
			59772	Grantsdale	59835	Loring	59537
			59773	Great Falls	59401	Malmstrom AFB	59402
		Bridger	59014		59403	Malta	59538
		Broadview	59015		59404	Manhattan	59741
		Brusett	59318		59405	Martin Ctiy	59926
		Busby	59016		59406	Martinsdale	59053
		Canyon Creek	59633	Greenough	59836	Marysville	59640
		Cardwell	59721	Greycliff	59033	McLeod	59052
		Carter	59420	Hall	59837	Melstone	59054
		Cascade	59421	Hamilton	59840	Melville	59055
		Charlo	59824	Hardin	59034	Miles City	59301
		Chinook	59523	Harlem	59526	Milltown	59851
		Churchill	59741	Harlowton	59036		
		Clancy	59634	Hathaway	59333		

**NEW WEST MANAGED CARE PLAN
SERVICE AREA CONT.**

**PEAK MANAGED CARE
PLAN SERVICE AREAS***

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Missoula	59801	• Three Forks	59752	• Acton	59002	• Red Lodge	59068
	59802	• Toston	59643	• Anaconda	59711	• Roberts	59070
	59803	• Townsend	59644	• Angela	59312	• Roscoe	59071
	59804	• Trout Creek	59874	• Ashland	59003	• Rosebud	59347
	59806	• Troy	59935	• Ballantine	59006	• Ryegate	59074
	59807	• Turner	59542	• Bearcreek	59007	• Saint Xavier	59075
	59808	• Two Dot	59085	• Belfry	59008	• Sanders	59076
	59812	• Ulm	59485	• Bighorn	59010	• Sawmut	59078
Molt	59057	• Vaughn	59487	• Billings	59101	• Shepherd	59079
Mosby	59058	• Victor	59875		59102	• Sumatra	59083
Musselshell	59059	• Volberg	59351		59103	• Volborg	59351
Noxon	59853	• West Glacier	59936		59104	• Warm Springs	59756
Nye	59061	• Whitefish	59937		59105	• Whitehall	59759
Ovando	59854	• White Splhr Sprngs	59645		59106	• Worden	59088
Pablo	59855	• Whitehall	59759		59107	• Wyola	59089
Paradise	59856	• Whitewater	59544		59108	• Yellowtail	59035
Park City	59063	• Willow Creek	59760		59111		
Philipsburg	59858	• Wilsall	59086		59112		
Pinesdale	59841	• Winston	59647		59114		
Plains	59859	• Wisdom	59761		59115		
Polaris	59746	• Wise River	59762		59116		
Polson	59860	• Wolf Creek	59648		59117		
Pompeys Pillar	59064	• Worden	59088	• Birney	59012		
Pray	59065	• Wyola	59089	• Boyd	59013		
Proctor	59929	• Yellowtail	59035	• Bridger	59014		
Pryor	59066	• Zortman	59546	• Broadview	59015		
Radersburg	59641	• Zurich	59547	• Busby	59016		
Rapelje	59067			• Butte	59701		
Ravalli	59863				59702		
Red Lodge	59068				59703		
Reed Point	59069				59707		
Ringling	59642				59750		
Roberts	59070			• Cardwell	59721		
Rollins	59931			• Colstrip	59323		
Ronan	59864			• Crow Agency	59022		
Roscoe	59071			• Custer	59024		
Rosebud	59347			• Decker	59025		
Roundup	59072			• Deer Lodge	59722		
	59073			• Divide	59727		
Rudyard	59540			• Edgar	59026		
Ryegate	59074			• Forsyth	59327		
Saco	59261			• Fromberg	59029		
Saint Ignatius	59865			• Garrison	59731		
Saint Regis	59866			• Garryowen	59031		
Saint Xavier	59075			• Gold Creek	59733		
Saltese	59867			• Hardin	59034		
Sand Coulee	59472			• Hathaway	59333		
Sand Springs	59077			• Huntley	59037		
Sanders	59076			• Hysham	59038		
Seeley Lake	59868			• Ingomar	59039		
Shawmut	59078			• Ismay	59336		
Shepherd	59079			• Joliet	59041		
Somers	59932			• Kinsey	59338		
Springdale	59082			• Lane Deer	59043		
Stevensville	59870			• Laurel	59044		
Stockett	59480			• Lavina	59046		
Sula	59871			• Lodge Grass	59050		
Sumatra	59083			• Melrose	59743		
Sun River	59483			• Miles City	59301		
Superior	59872			• Pompeys Pillar	59064		
Thompson Falls	59873			• Pryor	59066		
				• Ramsay	59748		

*Areas in which Plan Members need to receive their routine medical care.

CHO MANAGED CARE Admin. By Allegiance AREAS

City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Glendive	59330	St. Regis	59866
Anaconda	59711	Great Falls	59401	Stanford	59479
	59771		59402	Sunburst	59482
Arlee	59821		59403	Superior	59872
Agusta	59410		59404	Thompson Falls	59873
Ashland	59003		59405	Townsend	59644
Avon	59713		59406	Troy	59935
Basin	59631	Hamilton	59840	Valier	59486
Belgrade	59714	Hardin	59039	Vaughn	59487
Belt	59412	Harlowtown	59036	West Glacier	59936
Big Arm	59910	Harrison	59735	Whitefish	59937
Big Sky	59716	Havre	59501		59938
Bigfork	59911	Helena	59601	Worden	59088
Black Eagle	59414		59602		
Boulder	59632		59604		
Bozeman	59715		59620		
	59717		59623		
	59718		59624		
	59719		59625		
Canyon Creek	59633		59626		
Cardwell	59721	Helmville	59843		
Cascade	59421	Highwood	59450		
Charlo	59824	Hungry Horse	59919		
Chester	59522	Hot Springs	59845		
Chinook	59523	Jackson	59736		
Choteau	59422	Jefferson City	59638		
Clancy	59634	Judith Gap	59453		
Colstrip	59323	Kalispell	59901		
Columbia Falls	59912		59902		
Conrad	59425		59903		
Corvallis	59828	Kremlin	59532		
Craig	57648	Lake McDonald	59921		
DeBorgia	59830	Lakeside	59922		
Deer Lodge	59722	Lame Deer	59043		
Denton	59430	Laurel	59044		
Dillon	59275	Lewistown	59457		
Divide	59727	Libby	59923		
East Helena	59635	Lima	59739		
Elliston	59728	Lincoln	59639		
Ennis	59729	Livingston	59047		
Eureka	59917	Malta	59538		
Fairfield	59436	Manhattan	59714		
Florance	59833	Martin City	59926		
Fort Harrison	59636	Marysville	59640		
Fort Shaw	59443	McAllister	59740		
Gardiner	59030	Miles City	59301		
Garrison	59731	Monarch	59463		
Geraldine	59446	Montana City	59634		
		Neilhart	59465		
		Norris	59745		
		Ovando	59854		
		Pablo	59855		
		Paradise	59856		
		Philipsburg	59858		
		Plains	59859		
		Polson	59860		
		Power	59468		
		Red Lodge	59068		
		Ronan	59864		
		Roundup	59072		
		Shelby	59474		
		Sidney	59270		
		St. Ignatius	59865		

PREFERRED HOSPITALS/FACILITIES – TRADITIONAL PLAN

This is subject to change. See www.abpmtpa.com for updates.

The Montana Association of Health Care Purchasers (MAHCP), a consortium of large employers, the largest being the Montana University System (MUS), State of Montana, and North Western Energy, has used the collective purchasing power of its members to negotiate favorable rates with Montana hospitals and surgery centers. In addition, Allegiance Benefit Plan Management and its contracting networks have also negotiated favorable rates with hospitals. Using these hospitals and surgery centers guarantees the lowest charges to our health plan and lower coinsurance for you.

This is a feature of the MUS indemnity plans (the Basic and Premium Plans) and not the Managed Care Plans. (Our Managed Care Plans, in some cases, have a discount arrangement 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 hospital, a non-preferred hospital, or other hospital or facility which is neither preferred or non-preferred.

Preferred	20% Coinsurance	:	
Anaconda	Community Hospital of Anaconda	:	Central Montana Surgery Center
Big Timber	Pioneer Medical Center	:	St. John's Lutheran Hospital
Billings	Health South Surgery Center	:	Livingston Memorial Hospital
	Deaconess Billings Clinic	:	Phillips County Hospital
	St. Vincent's Healthcare Center	:	Holy Rosary Healthcare
	Yellowstone Surgery Center	:	Missoula Bone & Joint Surgery Center
Bozeman	Bozeman Deaconess Hospital	:	Community Medical Center
	Rocky Mountain Surgical Center	:	Providence Surgery Center
	St. James Community Hospital	:	St. Patrick's Hospital and Health Sciences
Butte	Summit Surgery Center	:	Philipsburg
	Teton Medical Center	:	Plains
Columbus	Stillwater Community Hospital	:	Polson
Conrad	Pondera Medical Center	:	Red Lodge
Deer Lodge	Powell County Memorial Hospital	:	Ronan
Dillon	Barrett Hospital and Health Care	:	Roundup
Glasgow	Frances Mahon Deaconess Hospital	:	Sheridan
Great Falls	Benefis Health Care	:	Superior
	Great Falls Clinic Surgery Center	:	Whitefish
Hamilton	Marcus Daly Memorial Hospital	:	All other 25% Coinsurance (General)
Hardin	Big Horn County Memorial Hospital	:	
Harlowton	Bair Memorial Clinic	:	
	Wheatland Memorial Hospital	:	
Havre	Northern Montana Hospital	:	
Helena	Helena Surgi Center	:	
	St. Peter's Community hospital	:	
	Montana Childrens Hospital & Home	:	
Kalispell	Heathcenter Northwest	:	
	Kalispell Regional Medical Center	:	

IN-NETWORK HOSPITALS – MANAGED CARE PLANS

This is subject to change. See plan websites for updates.

BCBSMT (BLUE CHOICE) NETWORK HOSPITALS		CHO ALLEGIANCE NETWORK HOSPITALS	
City	Hospital	City	Hospital
Anaconda	Community Hospital of Anaconda	Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare	Big Sandy	Big Sandy Medical Center
Butte	St. James Healthcare	Big Timber	Pioneer Medical Center
Chester	Liberty County Hospital	Billings	Deaconess Billings Clinic
Choteau	Teton Medical Center	Bozeman	Bozeman Deaconess Hospital
Dillon	Barrett Hospital & Healthcare	Chinook	Sweet Medical Center
Ennis	Madison Valley Hospital	Choteau	Teton Medical Center
Fort Benton	Missouri River Medical Center	Colstrip	Colstrip Medical Center
Great Falls	Benefis Healthcare	Columbus	Stillwater Community Hospital
Hamilton	Marcus Daly Memorial Hospital	Deer Lodge	Powell County Memorial Hospital
Hardin	Big Horn County Memorial Hospital	Dillon	Barrett Hospital & Healthcare
Harlowton	Wheatland Memorial Hospital	Forsyth	Rosebud Health Care Center
Havre	Northern Montana Hospital	Great Falls	Benefis Health Care
Helena	St. Peter's Hospital	Hamilton	Marcus Daly Memorial Hospital
Kalispell	Kalispell Regional Medical Center	Hardin	Big Horn County Memorial Hospital
Kalispell	Health Center Northwest	Harlowton	Wheatland Memorial Hospital
Miles City	Holy Rosary Healthcare	Havre	Northern Montana Hospital
Missoula	St. Patrick Hospital and Health Sciences	Helena	St. Peter's Hospital
Missoula	Community Medical Center	Helena	Shodair Childrens Hospital
Plains	Clark Fork Valley Hospital	Jordan	Garfield County Health Center
Polson	St. Joseph Hospital	Kalispell	Kalispell Regional Medical Center
Red Lodge	Beartooth Hospital & Health Center	Kalispell	Northwest Horizons Inc.
Ronan	St. Luke Community Hospital	Libby	St. John's Hospital
Roundup	Roundup Memorial Hospital	Livingston	Livingston Memorial Hospital
Sheridan	Ruby Valley Hospital	Malta	Phillips County Hospital
Superior	Mineral Community Hospital	Missoula	Community Medical Center
White Sulphur	Mountainview Medical Center Springs	Missoula	St. Patrick Hospital*
Whitefish	North Valley Hospital	Phillipsburg	Granite County MAF
CHO ALLEGIANCE NETWORK HOSPITALS		Plains	Clark Fork Valley Hospital
City	Hospital	Polson	St. Joseph Hospital
Anaconda	Community Hospital of Anaconda	Red Lodge	Beartooth Hospital Health
Big Sandy	Big Sandy Medical Center	Ronan	St. Luke Community Hospital
Bozeman	Bozeman Deaconess Hospital	Roundup	Roundup Memorial Hospital
Chester	Liberty County Hospital & Nursing Home	Superior	Mineral Community Hospital
Choteau	Teton Medical Center	Townsend	Broadwater Health Center
Columbus	Stillwater Community Hospital	Whitefish	North Valley Hospital
Conrad	Pondera Medical Center	PEAK NETWORK HOSPITALS	
Cut Bank	Notthern Rockies Medical Center	City	Hospital
Dillon	Barrett Memorial Hospital	Anaconda	Community Hospital of Anaconda
Ennis	Madison Valley Hospital	Billings	St. Vincent Healthcare
Forsyth	Rosebud Health Care Center	Butte	St. James Community Hospital
Fort Benton	Missouri River Medical Center	Deer Lodge	Powell County Memorial Hospital
Glasgow	Francis Mahon Deaconess Hospital	Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care	Hardin	Big Horn County Memorial Hospital
Hardin	Big Horn County Memorial Hospital	Harlowton	Wheatland Memorial Hospital
Harlowton	Wheatland Memorial Hospital	Red Lodge	Beartooth Hospital and Health Center
Helena	St. Peter's Hospital		
Kalispell	Kalispell Regional Medical Center		
Kalispell	Health Center Northwest		
Lewistown	Central Montana Medical Center		
Libby	St. John's Lutheran Hospital		
Livingston	Livingston Health Care		
Miles City	Holy rosary Health Center		
Phillipsburg	Granite County Medical Center		
Plains	Clark Fork Valley Hospital & Family Practice Clinic		
Polson	St. Joseph Hospital		
Red Lodge	Beartooth Hospital & Health Center		
Ronan	St. Luke Community Hospital		
Roundup	Roundup Memorial Hospital		
* For selected services only (cardio surgery, emergency services and mental health services) Contact New West Customer Service for information			

NOTICES

Pre-existing Condition Exclusion. Your University System Choices Group Benefit Plan (Plan) may exclude certain medical conditions (either physical or mental) from coverage, if you or an eligible dependent received medical advice, diagnosis, treatment or care for that condition, including prescription medication, within a six (6) month period immediately preceding your enrollment. The enrollment date means the date you or your dependent becomes eligible for University System Group Benefits coverage.

Such pre-existing conditions may be excluded from coverage or be subject to a pre-existing condition limitation for a period of twelve (12) consecutive months beginning on your enrollment date.

Special Enrollment Periods. If you are waiving coverage for yourself or your eligible dependents as defined by your Choices Group Plan and this Enrollment Booklet (including your spouse) because you or they are currently covered under other health insurance or another health care plan, you may be able to enroll yourself or your dependents for coverage under the Plan in the future, provided that you request such coverage within sixty-three (63) days after such other coverage ends. Also, if you acquire an eligible dependent, as defined by your Plan, as a result of marriage, birth, adoption or placement for adoption of a child under the age of 18, you may enroll yourself and your newly acquired dependent children or spouse for coverage under the Plan, provided that such enrollment occurs within sixty-three (63) days after marriage, birth, adoption or placement for adoption.

Creditable Coverage. You or your eligible dependent, as defined by the Plan, may submit to the Plan Administrator, certification of Creditable Coverage from any prior health insurance or health care plan under which you or your eligible dependent had coverage, for the purpose of reducing, on a day-for-day basis, the pre-existing condition exclusion or limitation imposed by the Plan for any pre-existing condition for which you or your eligible dependent had applicable Creditable Coverage.

You or your eligible dependent have a right to request and receive a Certificate of Creditable Coverage from any insurance carrier or health care plan under which you or your eligible dependent had coverage.

If you are unable to obtain a Certificate of Creditable Coverage from your prior insurance carrier or health plan, the Plan Administrator will provide assistance to obtain the same from your prior carrier or health plan. The Plan also has written procedures to determine Creditable Coverage if you are unable to obtain a Certificate of Creditable Coverage. Please consult the Plan Administrator for more information regarding this procedure.

“Creditable Coverage” means health or medical coverage under which you or your eligible dependent was covered, prior to your enrollment date under the Plan, which prior coverage was under any of the following:

1. A group health plan
2. Health insurance coverage
3. Medicare Part A or Part B
4. Medicaid
5. TRICARE
6. A medical care program of the Indian Health Service or a tribal organization
7. A state health benefits risk pool
8. Federal Employees Health Benefits Program
9. A public health plan
10. A health benefit plan under the Peace Corps Act
11. State Children’s Health Insurance Program

A “Certificate of Creditable Coverage” must include the following information in order for us to determine the exact number of days to be reduced from the **pre-existing condition exclusionary or limitation period**.

1. The name or names of the individuals who were previously covered.
2. The date the previous health coverage began.
3. The date the previous health coverage ended.

INSURANCE ID CARDS AND OTHER LIKE DOCUMENTS CANNOT BE ACCEPTED IN LIEU OF CERTIFICATES OF CREDIBLE COVERAGE BUT MAY BE USED AS EVIDENCE OF ANY PRIOR COVERAGE.

All questions about the Pre-existing Condition Exclusion or Limitation and Credible Coverage should be directed to your Campus Human Resources Office.

Glossary

Allowable fees

A set dollar allowance for procedures/services that are covered by a medical or dental plan.

Benefit year/year

The period starting July 1 and ending June 30 of each year.

Certification/pre-certification

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

Coinsurance

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

Copayment

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

Covered medical expenses or fees

Fees for medical services that are determined to be medically necessary, covered by the plan and within allowable fees.

Deductible

A set dollar amount of allowable and covered fees that a member and family must pay each benefit year before the medical plan begins to share the costs. Deductible does not apply to services for which there is a copayment nor to a few other specified services.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

In-network providers

Providers (including facilities) who (which) contract with a managed care plan to manage and/or delivery care according to the fees and other terms of the contract. Managed Care Plan benefits for services of an in-network provider are higher than for those of an out-of-network provider.

Managed care medical plan

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Out-of-network provider

Any provider who renders services to a managed care member, but is not an in-network provider.

Coinsurance maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the coinsurance maximum has been paid, the member or family is not responsible for paying any further coinsurance for the remainder of the benefit year.

Participating provider (called extended network provider in the PEAK plan)

A provider who has a contract with a health plan administrator to accept allowable fees as payment in full and not bill members for amounts above allowable fees. A participating provider of a managed care plan can be either an in-network provider (whose allowable fees are paid at the higher in-network level) or an out-of network provider (whose allowable fees are paid at the lower out-of network level).

Preferred hospital or facility

A hospital or other licensed medical facility that has contractually agreed to lower fees for traditional plan members. Traditional plan members pay a lower coinsurance for these services, 20%, compared to 35% for services of a non-preferred hospital and 25% for services of a hospital/facility that is neither preferred or non-preferred.

Primary Care Provider

A provider that coordinates medical care for a member of a managed care plan.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.







RESOURCES

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

(406) 444-6570 Phone (406) 444-0222 Fax
www.montana.edu/choices/

General benefits information and contacts.

ALLEGIANCE

Customer service, prior authorization and claims processing 1-877-778-8600
Precertification 1-800-342-6510
www.abpmtpa.com

Traditional Plans & CHO Managed Care Plan Contacts

BLUE CROSS AND BLUE SHIELD OF MONTANA

1-800-820-1674 or 447-8747
www.bcbsmt.com

NEW WEST HEALTH PLAN

1-800-290-3657 or 457-2200
www.newwesthealth.com

PEAK HEALTH PLAN

Customer service and claims processing questions 1-866-368-7325
Precertification/prior authorization 1-866-275-7646
www.healthinonet.com

Managed Care Plans Contacts

PHARMACARE (FORMALY ECKERD) MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-888-645-9303
www.ehs.com

RIDGEWAY MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-800-630-3214

Prescription drug refills, customer service, prior authorizations, and quantity overrides

VISION SERVICE PLAN (VSP)

Customer Service 1-800-228-1018
www.vsp.com

APS HEALTH CARE

EMPLOYEE ASSISTANCE PROGRAM

Appointment 1-800-999-1077 24 Hour Crisis Counseling 1-800-833-3031 Ask a Nurse 1-800-821-6222

STAR POINT HEALTH CARE GROUP STAR BABY PROGRAM

1-877-792-7827
www.starpointmedical.com

Maternity Case Management (call during first trimester)

STANDARD LIFE INSURANCE

1-800-759-8702

Life and Disability

UNUM LIFE INSURANCE

1-800-822-9103
www.unum.com

Long Term Care claims and information.

EMPLOYEE BENEFIT RESOURCES

1-800-765-9429 or 449-5500
www.ebrworld.com

Reimbursement Accounts claims, eligible expenses, account status, and IRS rules.