

2007 – 2008

# Retiree Workbook

# Notices for *Choices* Coverage

## **Pre-existing Condition Exclusion**

Your University System Choices Group Benefit Plan (Plan) may exclude certain medical conditions 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 by 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 child(ren) 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.

**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 similar documents cannot be accepted in lieu of Certificates of Credible Coverage but may be used as evidence of prior coverage.**

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



## **Important Terminology**

### **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.

### **Prior authorization**

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

### **In-network providers**

Providers (including facilities) who contract with a plan administrator to deliver care according to the fees and other terms of the contract.

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# DIRECTOR'S NOTE:

## IMPORTANT CHANGES FOR 2007-2008

We are pleased to present the CHOICES Retiree Workbook for the 2007-2008 Plan Year. This booklet contains information about Retiree options for continuing with the Montana University System (MUS) Group Benefits Plan upon retirement, or if already retired, the available options for Retirees for the next fiscal year. Plan descriptions and related explanations are provided in detail in this booklet and on the Retiree enrollment form.

**ALL RETIREES HAVE NEW HEALTH PLAN OPTIONS AVAILABLE FOR 2007-2008. WE URGE EVERY RETIREE TO REVIEW THIS BOOKLET CAREFULLY AND RESPOND WITH THE ENCLOSED FORM.** Please consider the new options closely and choose your health coverage wisely, as some choices cannot be changed at a later date. Your active participation is very necessary this year; please do not force us to enroll you in the “default option” or lose your one-time opportunity for dental coverage because you didn’t take time to examine this copy of CHOICES.

**Eligibility:** A person retiring from a unit of the MUS or any agency or organization affiliated with the MUS or the Board of Regents of Higher Education may continue certain group insurance benefits as described below. To be eligible as a Retiree, the individual must be eligible to receive a State Retirement Benefit from Teachers Retirement System (TRS) or the Public Employee Retirement System (PERS) at the time s/he leaves his/her employment with the MUS. Retirees who are in the Optional Retirement Plan (ORP) (through TIAA-CREF) or any other defined contribution plan must have worked five or more years and be age 50 or have worked 25 years with the MUS to be eligible for Retiree insurance benefits. It does not matter whether the Retiree decides to actually draw a monthly benefit; elects to take the defined benefit lump sum distribution; or postpones withdrawal of retirement benefits until a later date.

**Continuation of Coverage:** An eligible Retiree must make arrangements with his/her campus Human Resources (HR)/Benefits Office to continue coverage as a Retiree on a self-pay basis within 63 days of retirement. **THERE IS NO EMPLOYER CONTRIBUTION TOWARD RETIREE BENEFITS.** The right to continue coverage under the Plan is a one-time opportunity. Retirees who fail to continue coverage within 63 days of retirement or who allow coverage to lapse due to nonpayment of premiums may not later rejoin the plan, with one **EXCEPTION:** a Retiree with the right to continue coverage under the MUS Plan who chooses to continue coverage under spousal coverage in either the MUS Plan or the State of Montana Employee Benefit Health Plan may be reinstated to the MUS Plan with Retiree coverage upon the retirement, death, divorce, or any other event which causes ineligibility for spousal coverage. This exception applies only to a Retiree who has maintained continuous coverage under either the MUS Plan or the State of Montana Plan.

**Premium Payments:** An eligible Retiree may be able to apply payout of final pay toward Retiree premiums through the end of the calendar year or the benefit year, whichever comes first, on a pre-tax basis. Discuss this option with the campus HR/Benefits Office. Other payment options are:

1. Automatic Deductions – when possible, the Retiree should arrange automatic deductions from his/her monthly retirement benefit received from TRS, PERS, or ORP, or any other retirement benefit, or directly from a checking or saving account.
2. When automatic deductions are not possible, Retirees must arrange a schedule of timely premium payments with their campus HR/Benefits Office.

Premium rates vary depending upon number of persons covered, the plans selected, and whether the Retiree and/or spouse are Medicare-enrolled. Retiree coverage may be canceled by the MUS for nonpayment of premiums on the first day of the month following the month for which the premium was due. **CANCELLED OR LAPSED COVERAGE CANNOT BE RESTORED.**

**Medicare Enrollment Status:** Retirees and/or spouses who are or become Medicare-eligible and who expect to pay Medicare Primary (mp) premiums are required to be enrolled in BOTH MEDICARE PART A AND MEDICARE PART B. All Medicare status changes must be reported to the campus HR/Benefits Office to facilitate premium and enrollment adjustments. Any person not correctly enrolled with Medicare will be given 63 days to obtain the missing coverage. After 63 days, the nonenrolled person's status will be changed to non-Medicare-enrolled and premiums will revert to non-Medicare premiums until Medicare enrollment is completed and the MUS Benefits Office is notified.

**ENROLLMENT IN MEDICARE PART D (drug plan) IS NOT PERMITTED.**

**Medical Coverage Options:**

**Plan A \$400 Deductible for Medicare-primary Retirees (usually 65 and older)**

**Plan A \$600 Deductible for Pre-65 Retirees (not on Medicare)**

This traditional indemnity plan is administered by Allegiance Benefit Plan Management. An extensive nationwide network of providers is available. Within Montana, some hospital providers/facilities have negotiated preferred provider contracts for this plan and will be the provider/facility of choice for care in certain cities. Preferred hospitals are listed in the back of this workbook. After the deductible is satisfied, copayment amounts are generally 25% until the annual out-of-pocket maximum of \$1250/person is met. However, nonpreferred facility copayments will not count toward annual out-of-pocket maximums.

**NOTE: This is the default for Retirees who do not complete a CHOICES form for FY2008.**

**Plan B \$1500 Deductible** – This traditional indemnity plan has no restrictions on facility access within Montana and has the same national network of providers as Plan A. Because there are no restrictions or limitations placed on provider/facility access for this plan, the costs to participants — deductibles and out-of-pocket maximums — are higher. Beginning this year (2007-2008), Retirees are no longer required to stay on the \$1500 Deductible Plan (if currently enrolled in that plan) and may move to Plan A or a Managed Care Plan in subsequent annual enrollment periods if desired.

**Managed Care Plans** – MUS offers Managed Care Plans through:

- Allegiance Managed Care (Allegiance Benefit Plan Management)
- Blue Choice Managed Care (Blue Cross Blue Shield of Montana)
- New West Managed Care (New West Health Plan)
- Peak Managed Care (Peak Health Plan)

The managed care plans are available to all retirees, regardless of age. We encourage all Retirees who are Montana residents to consider using a managed care option. Managed care plans are set up for use in Montana, with limited access outside Montana except by referral or in an emergency. Enrollees must work closely with their managed care plan when using out-of-network or out-of-state providers. Service area lists for each managed care plan are in the back of this booklet. Enrollees are not required to declare a Primary Care Physician, but must use providers within their specific managed care plan member provider list to obtain the best rates.

**TRICARE Supplement Program for Pre-65 Retirees ONLY**– This medical care option is available only to Pre-65 Retirees who have primary coverage through TRICARE (active or retired military personnel). A special enrollment form, eligibility for TRICARE or CHAMPUS, and enrollment in DEERS are required. Relevant information has been mailed to all potentially eligible Retirees in December 2006 & April 2007. Retirees interested in this plan instead of any of the medical coverage options listed previously and who feel they are qualified should contact Sue at 406-444-0614 before submitting their application. Retirees taking this option are still eligible for Dental and Vision Coverage.

**Prescription Drug Coverage:** All medical plans include the MUS Prescription Drug Plan through Pharmacare, except TRICARE which has its own drug coverage.

**Dental Coverage:** New this year for Retirees is the option to add Delta Premium Dental Plan coverage. *This is a one-time opportunity for continuing Retirees.* New Retirees may sign up for Premium Dental coverage during their initial Retiree enrollment. If a Retiree is currently covered by COBRA dental, s/he can drop the COBRA now and add regular Premium Dental coverage or wait until the COBRA dental coverage expires and add Delta Premium Dental at that time. If a Retiree allows his/her dental coverage to lapse or be cancelled, s/he cannot re-enroll. Information and rates for the Delta Premium Dental Plan can be viewed within this workbook.

**Vision Care Coverage:** MUS has contracted with EyeMed, a national vision health care coordinator, to facilitate its vision care plan. More information and rates can be found within this booklet. This is a new provider from previous years. **NOTE: Retirees must actively choose coverage through EyeMed, even if currently enrolled in the existing vision care plan.**

**Long Term Care Insurance:** If a Retiree has Long Term Care Insurance through UNUM, s/he should contact his/her campus HR/Benefits Office for conversion information upon retirement. Current retirees can add Long Term Care Insurance with medical underwriting at any time. Medical underwriting means that UNUM can reject an application or increase rates due to existing medical conditions.

**Long Term Disability Coverage:** This coverage is not available for MUS Retirees.

**Dependent Coverage Options:** Continuing existing Medical and Dental Coverage for dependents is optional, but a Retiree must elect to continue coverage(s) within the 63-day enrollment period after his/her employee coverage ends. New dependents can be added to Medical and/or Dental Coverage if the request is made within 63 days of the qualifying event (marriage, birth, adoption/guardianship, qualifying dependent). Existing dependents can only be added to Medical or Dental Coverage if they are losing eligibility for other group coverage or if there is a substantial decrease in the level of existing coverage, as determined on an individual basis by the campus HR/Benefits Office and the request is made within 63 days of the termination of the other coverage.

# How to Enroll in Choices as a Retiree

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

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

*Please follow this step-by-step process in completing your Retiree **Choices** enrollment.*

## **Step 1— Review This Workbook Carefully and Read the Back of the Form.**

- o Discuss this information with your spouse and/or other family members.
- o Determine your benefit needs for the coming benefit year if you are enrolling during annual enrollment or for the remainder of the current benefit year if a new Retiree.
- o You may want to review the Director’s Note section for helpful information about your enrollment options.

**Step 2 — Complete the Front Side of Your Enrollment Form.** Your Retiree enrollment form should be included with this workbook. In the event your form is missing or you need another, please contact your campus HR/Benefits Office. If your campus provides on-line annual enrollment, you may enroll on-line at the campus’s discretion.

**Demographic and Dependent Coverage Sections:** Please fill in these sections completely every time you fill out this form.

**Medical:** For Medical Coverage, you must make two elections: a plan and a coverage category. If you fail to enroll, you will default as described above.

- o Review the medical schedule pages to compare benefits between plans.
- o Review the service area lists of managed care plans before choosing a managed care plan. You may want to check with your doctor’s office as well.
- o Check the boxes corresponding to the selected plan and the coverage category you want.
- o 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, by Medical Premium. Premium amounts are listed in the Workbook.

**PRE-65 RETIREES ONLY:** *If you are opting to enroll in TRICARE Supplement Plan, write TRICARE on the Medical Premium line and call 406-444-0614 for further instructions. You MUST call before enrolling in TRICARE.*

**Optional Dental:** For Dental coverage, you must choose a coverage category. Retirees are offered enrollment in the Premium Dental Plan only. If you do not make an election when you first retire; or when your COBRA Dental coverage expires; or during the Spring 2007 Annual Enrollment, you will permanently forfeit your dental coverage eligibility.

- o Check the box corresponding to the coverage category you want.
- o When you have selected a coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, by Dental Premium.

## **How to Enroll in CHOICES as a Retiree, continued:**

**Optional Vision:** Check the correct box if you want optional Vision coverage for the person(s) you want covered and enter dollar amount in the space provided next to Vision Premium. You may add or delete vision coverage each year.

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

**Information about Other Group Coverage:** If you or any of your dependents have any other medical, dental, or vision coverage, including Medicare or Medicaid, check “Yes” and complete this section. If no one has any other coverage, check “No” and leave the section blank.

***NOTE:** Any insured person eligible for Medicare and receiving Medicare Prime (mp) premium rates must be enrolled in BOTH Medicare Part A and Medicare Part B. Enrollment in Medicare Part D is NOT permitted.*

**Read the Authorizing Paragraph, then Sign and Date the Form:** Sign on the line that corresponds to your family situation and return the form by the stated deadline to your campus HR/Benefits Office. For Spring 2007, the deadline is May 31, 2007, but earlier submissions would be appreciated.

Please call your campus office or call Sue at 406-444-0614  
if you have any questions about this process.

## 2007-2008 MUS Retiree Medical Plan Options and Monthly Premium Schedules

### Non-Medicare Retirees (generally under age 65)

	Plan A \$600 Deductible	Plan B \$1500 Deductible	Any Managed Care \$300 Deductible
Retiree Only	483	405	435
Retiree + One	647	545	598
Retiree + Two or more	673	577	619
Retiree + Spouse*(mp)	535	446	481
Retiree + Spouse*(mp) + Child(ren)	661	564	613
Survivor	483	405	435
Survivor + Child(ren)	634	530	590

### Medicare-enrolled\* Retirees (generally 65 and older)

	Plan A \$400 Deductible	Plan B \$1500 Deductible	Any Managed Care \$300 Deductible
Retiree Only*	247	210	223
Retiree* + One	415	355	370
Retiree* + Two or more	500	430	450
Retiree* + Spouse*(mp)	335	300	310
Retiree* + Spouse*(mp) + Child(re	425	375	390
Survivor*	247	210	223
Survivor* + Child(ren)	332	285	303

\*(mp) = Medicare-enrolled

\*Must have both Medicare Part A and Medicare Part B

### **Important Reminders:**

**Plan A** has preferred facilities in some Montana cities. Using non-preferred facilities costs more.

**Plan B** does not have preferred facilities. If you choose the \$1500 deductible plan this year, you may change to Plan A or a Managed Care Plan in subsequent years.

**Managed Care Plans** have member providers/facilities and specific services areas. You must use them to get the lowest rates. Contact your Managed Care Plan before using non-member providers.

# Schedule of Medical Plan Benefits

## Medical Plan Costs You Pay:

## Traditional Plan A

Administered by Allegiance

### Annual Deductible

*(Applies to all services, unless otherwise noted or a copayment is indicated)*

**Pre65** \$600/Person  
\$1200/Family      **Medicare** \$400/Person  
\$800/Family

### Coinsurance Percentages

General	25%
In-Network Facility Services	25%

### Non-Network Providers/Facilities

35%\*

### Annual Coinsurance Maximums

*(Maximum coinsurance paid in a benefit year; excludes deductibles and copayments)*

\$1,250/Person\*  
\$2,500/Family\*

### Copayment (on outpatient visits)

*(Deductible does not apply to services/visits with dollar copayments.)*

N/A

## Medical Plan Service

## Coinsurance

### Hospital Services (Inpatient facility charges)

*(Pre-certification of hospitalization is strongly recommended.)*

Room charges	25%*
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Ancillary Services	25%*
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Surgical Services <i>(See Summary Plan Description for surgeries requiring prior authorization.)</i>	25%*
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### Hospital Services (Outpatient facility charges)

Outpatient Services	25%*
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Outpatient Surgi-Center	25%
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### Physician/Professional Provider Services (not listed elsewhere)

Office Visit	25%
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Inpatient Physician Services	25%
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Lab/Ancillary/Miscellaneous Charges	25%
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Second Surgical Opinion	0% (No deductible)
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*\*Hospital services from a non-network facility have a 35% coinsurance.  
Also these coinsurance payments do not accumulate toward your annual coinsurance maximum.*

# Benefit Year 2007-2008

<b>Traditional Plan B</b> <i>Administered by Allegiance</i>	<b>Managed Care Plans</b>	
	<b>In-Network Benefits</b>	<b>Out-of-Network Benefits</b>
\$1500/Any Age \$3000/Any Age	\$300/Person \$600/Family	Separate \$500/Person Separate \$1,000/Family
25% 25%	25% 25%	35% NA
25%	N/A	35%
\$2,500/Person \$5,000/Family	\$2,000/Person \$4,000/Family	Separate \$2,000/Person Separate \$4,000/Family
N/A	\$15/visit	NA
.....		
<b>Coinsurance</b>	<b>Coinsurance/ Copayment</b>	<b>Coinsurance</b>
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	\$15/visit	35%
25%	25%	35%
25%	25%	35%
0% (No deductible)	\$15/visit	35%

# Schedule of Medical Plan Benefits 2007-2008

## 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, gynecologic exam and PAP, proctoscopic, sigmoidoscopic or 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 (*Pre-certification is strongly recommended.*)

**Note:** One inpatient day may be exchanged for two partial hospitalization days.

Outpatient Services

### Chemical Dependency

Inpatient Services (*Pre-certification is strongly recommended.*)

Outpatient Services

Traditional Plans	In-Network Managed Care	Out-Of-Network Managed Care
25%	\$100 copay	\$100 copay
\$25/visit for facility charges only (waived if immediately admitted to hospital)	\$75 visit for facility charges only (waived if inpatient hospital or patient surgery coinsurance applies)	\$75 visit for facility charges only (waiver as In-Network)
25%	25%	35%
25%	\$25/visit	\$25 / visit
25%	25%	35%
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: gynecologic exam & PAP; mammogram and prostate exam; 25% (deductible applies) on routine lab (PSA, blood panel), proctoscopy, sigmoidoscopy, and colonoscopy. Colon studies- Max: one/year starting at age 50	\$15/visit for periodic physicals (including PSA, gynecologic 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 mammogram.
0% (no deductible) up to max <b>Max:</b> \$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 <b>Max:</b> \$500 first 2 years of life	\$15/visit 25% (no deductible) without office visit	35%
25% <b>Max:</b> 30 days/yr (No maximum for severe conditions)	\$25% <b>Max:</b> 21 days/yr (No maximum for severe conditions)	35% <b>Max:</b> 21 days/yr (No maximum for severe conditions)
25% <b>Max:</b> 40 visits/yr (No maximum for severe conditions)	\$15/visit <b>Max:</b> 30 visits/yr (No maximum for severe conditions)	35% <b>Max:</b> 30 visits/yr (No maximum for severe conditions)
25% <b>Max:</b> Dollar limit*	25% <b>Max:</b> Dollar limit*	35% <b>Max:</b> Dollar limit*
25% <b>Max:</b> \$2,000/yr**	\$15/visit <b>Max:</b> Dollar limit**	35% <b>Max:</b> Dollar limit**

\* 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.

# Schedule of Medical Plan Benefits 2007-2008

## Medical Plan Costs You Pay:

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### Rehabilitative Services

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

Inpatient Services

*(Pre-certification is strongly recommended.)*

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Outpatient Services

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### Alternative Health Care Services \*Max: 15 visits/yr in any combination for alternative health care

Acupuncture

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Naturopathic

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Chiropractic

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### Extended Care Services

Home Health Care

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

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Hospice

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Skilled Nursing

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

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### Miscellaneous Services

Allergy Shots

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Dietary/Nutritional Counseling

*(When medically necessary and physician ordered)*

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Durable Medical Equipment, Prosthetic Appliances, and Orthotics

*(Prior authorization required for amounts greater than \$1,000)*

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PKU Supplies

*(Includes treatment and medical foods)*

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

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

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Obesity Management

*(Prior authorization required by all plans)*

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TMJ

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

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Infertility Treatment (biological infertility only)

*(Prior authorization required for all plans providing coverage)*

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### Organ Transplants

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

Transplant Services

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### Travel - Out of state travel for policyholder only

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Traditional Plans	Managed Care In-Network	Managed Care Out-Of-Network
25% <b>Max:</b> 30 days/yr	25% <b>Max:</b> 60 days/yr	35% <b>Max:</b> 60 days/yr
25% <b>Max:</b> \$2,000/yr (or if prior authorization through case management up to \$10,000/yr)	\$15/visit <b>Max:</b> 30 visits/yr	35% <b>Max:</b> 30 visits/yr
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit* * <b>Max:</b> 15 visits/yr. in any combination for alternative health care	\$15/visit <b>Max:</b> 20 visits/yr	35% After deductible/20 visit limit
25% <b>Max:</b> 90 day/yr.; 180 lifetime	\$15/visit <b>Max:</b> 30 visits/yr	35% <b>Max:</b> 30 visits/yr
25% <b>Max:</b> 6 months	25% <b>Max:</b> 6 months	35% <b>Max:</b> 6 months
25% <b>Max:</b> 70 days/yr.	25% <b>Max:</b> 30 days/yr	35% <b>Max:</b> 30 days/yr
25% (No deductible)	\$15/ visit 25% (no deductible) without an office visit.	35%
Not covered (Except through campus wellness program)	\$15/ visit	35%
25% (Not applied to coinsurance max) <b>Max:</b> \$100 for foot orthotics (per foot)/yr.	25% (Not applied to coinsurance max) <b>Max:</b> \$100 for foot orthotics (per foot)/yr	35% (Not applied to coinsurance max) <b>Max:</b> \$100 for foot orthotics (per foot)/yr
25%	0% (no deductible) Plan pays 100% of allowable fees	35%
0% (no deductible) <b>Max:</b> \$250/yr.	0% (no deductible) <b>Max:</b> \$250/yr.	Not covered
25% <b>Max:</b> \$25,000 on surgery/lifetime	25% Non-surgical treatment only	Not covered
25% - <b>Max:</b> \$1,000 lifetime for non-surgical treatment	Surgical treatment only	Not covered
Not covered	25% <b>Max:</b> 3 artificial inseminations/lifetime	Not covered
25% - See Summary Plan Description <b>Max:</b> \$500,000 lifetime, Liver \$200,000; Heart \$125,000; Lung \$160,000; Pancreas \$68,000; Cornea/Kidney - no maximum	25% - <b>Max:</b> \$500,000 lifetime with \$5,000 of the maximum available for travel to and from the facility	Not covered
25% up to \$1,500/yr. with prior authorization	25% up to \$5,000/yr. with prior authorization	Not covered

# Prescription Drug

**Note:**

The deductible does not apply to medications received from one of the mail-order pharmacies.

Administered by PharmaCare  
1-888-347-5329 ■ www.pharmacare.com

Supply Amount	30-day maximum	90-day maximum		
<b>Type of Drug</b>	<b>Retail Pharmacy Deductible</b> \$100 per Person/Year \$200 per Family/Year	<b>Mail Order Deductibles</b> \$0 per Person/Year \$0 per Family/Year		
Generic	<b>Local Pharmacy Costs (After Deductible), you pay</b>	<b>Mail-Order Pharmacy Costs (PharmaCare or Ridgeway), you pay:</b>		
Brand formulary			■ The greater of \$10 or 20%	■ \$20
Brand non-formulary			■ The greater of \$20 or 30%	■ \$40
ProtoCall Specialty Drugs			■ The greater of \$30 or 40%	■ \$60
	■ The greater of \$40 or 50%	■ Not covered		

The benefit year out-of-pocket maximum on pharmacy charges only (in addition to the deductible) is \$800/person, \$1,600 per family.

## AT-A-GLANCE

### Instructions

No separate enrollment is required.

### Who Is Eligible?

The Prescription Drug Plan is an add-on benefit for all MUS employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### Prescription Options

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

### Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$200 per family deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance.

Network pharmacy listings can be found on the PharmaCare website at: [www.pharmacare.com](http://www.pharmacare.com).

Formulary drug listings can also be found at the PharmaCare website.

### Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail-order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at your campus Human Resources Office or at the PharmaCare website.

### Prescription Costs

Please refer to the chart above for information on prescription drug costs.

### Prior authorizations

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

### ProtoCall Specialty Drug Program

The ProtoCall Specialty Drug Program is designed to assist with specialty medications for certain chronic illnesses,

such as: arthritis, hemophilia, hepatitis, osteoporosis, multiple sclerosis, Parkinson's Disease, and transplants.

If you currently use these specialty drugs (see list on next page), you can now receive your medications through PharmaCare's ProtoCall program and take advantage of the following benefits:

- Free delivery to your home or physician's office of up to a 30-day supply of your medication at a **\$0 co-payment and no deductibles** with participation in the ProtoCall program (For non-participants, the retail plan copayments and deductibles will apply).
- 24/7 access to a staff of pharmacists, nurses, and care coordinators
- Educational materials, support, and home instruction
- Ancillary supplies such as syringes and needles

If you have questions about the **ProtoCall** program, or need to order these medications, please call: **1-888-442-9780 (press option 4)**.

## PROTOCOL™ SPECIALTY DRUG LIST

This list contains those medications that are part of PharmaCare's ProtoCall Specialty Pharmacy program. To enroll in the ProtoCall program, please call 1-888-442-9780, option 4.

HIV / AIDS		HEMOPHILIA		ARTHRITIS	
ABACAVIR	AGENERASE	ADVATE	ALPHANATE	ENBREL	EUFLEXXA
APTIVUS	ATRIPLA	ALPHANINE SD	BEBULIN VH	HEALON	HUMIRA
COMBIVIR	CRIXIVAN	BENEFIX	FEIBA VH	HYALGAN	KINERET
DELATESTRYL	DEPO-TESTOSTERONE	HELIXATE FS	HEMOFIL M	ORENCIA	ORTHOVISC
DIDANOSINE	EMTRIVA	HUMATE-P	HYATE:C	REMICADE	SUPARTZ
EPIVIR	EPZICOM	KOATE-DVI	KOGENATE FS	SYNVISC	
FUZEON	HIVID	MONARC-M	MONOCLATE-P		
INVIRASE	KALETRA	MONONINE	NOVOSEVEN		
LEXIVA	NORVIR	PROFILNINE SD	PROPLEX T		
RESCRIPTOR	RETROVIR	RECOMBINATE	REFACTO		
REYATAZ	SUSTIVA				
TESTOSTERONE	TRIZIVIR				
TRUVADA	VIDEX				
VIRACEPT	VIRAMUNE				
VIREAD	ZERIT				
ZIAGEN	ZIDOVUDINE				
GROWTH HORMONE		HEPATITIS C		TRANSPLANT	
GENOTROPIN	HUMATROPE	COPEGUS	INFERGEN	CELLCEPT	CYCLOSPORINE
INCRELEX	IPLEX	PEGASYS	PEG-INTRON	GENGRAF	MYFORTIC
NORDITROPIN	NUTROPIN	REBETOL	REBETRON	NEORAL	PROGRAF
NUTROPIN AQ	SAIZEN	RIBAPAK	RIBASPHERE	RAPAMUNE	SANDIMMUNE
SEROSTIM	TEV-TROPIN	RIBATAB	RIBAVIRIN	ZENAPAX	
ZORBTIVE					
MULTIPLE SCLEROSIS		DERMATOLOGY		SERIOUS MENTAL ILLNESS	
AVONEX	BETASERON	AMEVIVE	RAPTIVA	CLOZAPINE	CLOZARIL
COPAXONE	MITOXANTRONE				
NOVANTRONE	REBIF				
TYSABRI					
ONCOLOGY		OSTEOPOROSIS		PARKINSON'S DISEASE	
NEXAVAR	REVLIMID	FORTEO		APOKYN	
PULMONARY ARTERIAL HYPERTENSION		RSV			
REVATIO	TRACLEER	SYNAGIS			

ProtoCall Specialty Drug List is periodically reviewed and subject to change.

# Dental Plan



**Administered by Delta Dental Insurance Company (Delta Dental)**  
**Telephone: 1-866-579-5717**  
**or visit us at [www.WeKeepYouSmiling.com/MUS](http://www.WeKeepYouSmiling.com/MUS)**

Choices offers two Dental plan options:

- Premium Plan
- Basic Plan

As you decide between these dental plans, keep in mind that the Dental plan is now an annual enrollment benefit and your election will remain in effect until the next annual enrollment (unless you have a change in status).

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

## Dental Plans At-A-Glance

The following chart provides highlights of your Dental plan options.

	Premium Plan	Basic Plan - Preventive Coverage
Who May be Enrolled & Monthly Premium	<ul style="list-style-type: none"> <li>■ Retiree Only \$42</li> <li>■ Retiree &amp; Spouse/Adult Dep. \$75</li> <li>■ Retiree &amp; Child(ren) \$75</li> <li>■ Retiree &amp; Family \$126</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Maximum Annual Benefit	\$1,500 per covered individual	\$750 per covered individual
Preventive and Diagnostic Services	<ul style="list-style-type: none"> <li>■ Twice Per Benefit Year</li> <li>■ Initial and Periodic oral exam</li> <li>■ Cleaning</li> <li>■ Complete series of intraoral X-rays</li> <li>■ Topical application of fluoride</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Basic Restorative Services	<ul style="list-style-type: none"> <li>■ Amalgam filling</li> <li>■ Endodontic treatment</li> <li>■ Periodontic treatment</li> <li>■ Oral surgery</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Major Dental Services	<ul style="list-style-type: none"> <li>■ Crown</li> <li>■ Root canal</li> <li>■ Complete lower and upper denture</li> <li>■ Dental implant (subject to \$1,500 lifetime benefit)</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Removal of impacted teeth	<ul style="list-style-type: none"> <li>■ Covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Orthodontia	<ul style="list-style-type: none"> <li>■ Available to covered children and adults</li> <li>■ \$1,500 lifetime benefit</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Implants	<ul style="list-style-type: none"> <li>■ \$1,500 lifetime benefit</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>

## Your Orthodontic Benefits

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

## Schedule of Benefits

Dental claims are reimbursed based on a Schedule of Benefits. The following subsets of the Premium and Basic Plan Schedules include the most commonly-used procedure codes. Please note, the Basic Plan provides coverage for a limited range of services including diagnostic, preventive, and extractions of impacted teeth. The Schedule dollar amount is the maximum reimbursement for the specified procedure code. Covered individuals are responsible for the difference (if any) between the provider's charge and the Schedule reimbursement amount. To reduce your out-of-pocket expenses, use a Delta Dental Provider. These dentists have contracted with Delta Dental and agree to accept reduced fees for covered services. Covered individuals and the Choices Plan benefit from the cost savings achieved by using Delta Dental providers.

### MUS Table of Allowance

*Shaded Codes are for the Basic Plan Only.*

*All Codes (shaded and non-shaded) are for the Premium Plan*

*Single Codes Only - Not a Complete Listing*

Procedure Code	Description	Maximum Allowance
D0120	Periodic oral evaluation - established patient	\$30
D0140	Limited oral evaluation - problem focused	\$50
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$30
D0150	Comprehensive oral evaluation - new or established patient	\$50
D0160	Detailed and selective oral evaluation - problem focused, by report	\$124
D0180	Comprehensive periodontal evaluation - new or established patient	\$54
D0210	Internal - complete series (including bitewings)	\$38
D0220	Internal - periapical first film	\$23
D0230	Internal - periapical each additional film	\$18
D0240	Internal - occlusal film	\$22
D0250	External - first film	\$22
D0272	Bitewings - two films	\$33
D0278	Bitewings - three films	\$40
D0274	Bitewings - four films	\$47
D0277	Vertical bitewings - T1 & T film	\$65
D0340	Periapical film	\$81
D0340	Cephalometric film	\$78
D0360	Oral-facial photographic images	\$20
D0470	Diagnostic casts	\$81
D1110	Prophylaxis - adult	\$24
D1120	Prophylaxis - child	\$22
D1230	Topical application of fluoride (prophylaxis not included) - child	\$24
D1260	Topical application of fluoride (prophylaxis not included) - adult	\$23
D1260	Topical fluoride varnish, therapeutic application for treatment to high caries risk patients	\$28
D1301	Extraction - per tooth	\$40

D1510	Space maintainer - fixed - unilateral	8103
D1511	Space maintainer - fixed - bilateral	8104
D1530	Re-arrangement of space maintainer	830
D2100	Amalgam - one surface, primary or permanent	800
D2105	Amalgam - two surfaces, primary or permanent	8100
D2110	Amalgam - three surfaces, primary or permanent	8107
D2161	Amalgam - four or more surfaces, primary or permanent	8120
D2300	Resin-based composite - one surface, anterior	800
D2301	Resin-based composite - two surfaces, anterior	8125
D2302	Resin-based composite - three surfaces, anterior	8126
D2305	Resin-based composite - four or more surfaces or involving occlusal angle (anterior)	8190
D2301	Resin-based composite - one surface, posterior	801
D2302	Resin-based composite - two surfaces, posterior	8110
D2303	Resin-based composite - three surfaces, posterior	8117
D2304	Resin-based composite - four or more surfaces, posterior	8120
D2340	Clay - incisal: three surfaces	8315
D2344	Clay - incisal: four or more surfaces	8440
D2343	Clay - postalveolar/coronal - three surfaces	8315
D2344	Clay - postalveolar/coronal - four or more surfaces	8440
D2700	Crown - porcelain/ceramic substrate	8400
D2750	Crown - porcelain fused to high noble metal	8403
D2751	Crown - porcelain fused to predominantly base metal	8407
D2752	Crown - porcelain fused to noble metal	8414
D2760	Crown - 1/4 cast high noble metal	8406
D2761	Crown - 1/4 porcelain/ceramic	8403
D2762	Crown - full cast high noble metal	8406
D2763	Crown - full cast predominantly base metal	8407
D2764	Crown - full cast noble metal	8414
D2764	Crown - titanium	8403
D2910	Resinoid inlay, onlay, or partial coverage restoration	800
D2920	Resinoid crown	801
D2930	Prefabricated stainless steel crown - primary tooth	8140
D2931	Prefabricated stainless steel crown - permanent tooth	8220
D2932	Prefabricated resin crown	8221
D2933	Prefabricated stainless steel crown with resin window	8222
D2934	Prefabricated aesthetic coated stainless steel crown - primary tooth	8223
D2940	Resin inlay	870
D2940	Cure buildup, including any pins	800
D2981	Pin retention - pin only, in addition to restoration	800
D2982	Pin and core in addition to crown, indirectly fabricated	8189
D2984	Prefabricated pin and core in addition to crown	8127
D2990	Labial veneer (tooth laminate) - diastock	8002
D2992	Labial veneer (tooth laminate) - laboratory	8402

D3990	Crown repair, by report	\$41
D3110	Pulp cap - direct (excluding final restoration)	\$48
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentoenamel junction and application of medication	\$105
D3310	Root canal - Anterior (excluding final restoration)	\$469
D3320	Root canal - Bicuspid (excluding final restoration)	\$466
D3330	Root canal - Molar (excluding final restoration)	\$605
D3346	Retreatment of previous root canal therapy - anterior	\$362
D3347	Retreatment of previous root canal therapy - bicuspid	\$374
D3348	Retreatment of previous root canal therapy - molar	\$514
D3410	Apicoectomy/periradicular surgery - anterior	\$238
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$460
D3428	Apicoectomy/periradicular surgery - molar (first root)	\$420
D3430	Retrograde filling - per root	\$116
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or banded teeth spaces per quadrant	\$358
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or banded teeth spaces per quadrant	\$113
D4218	Clinical crown lengthening - hard tissue	\$238
D4260	Osteous surgery (including flap entry and closure) - four or more contiguous teeth or banded teeth spaces per quadrant	\$672
D4261	Osteous surgery (including flap entry and closure) - one to three contiguous teeth or banded teeth spaces per quadrant	\$511
D4271	Free soft tissue graft procedure (including donor site surgery)	\$632
D4341	Periodontal sealing and root planing - four or more teeth per quadrant	\$134
D4342	Periodontal sealing and root planing - one to three teeth per quadrant	\$87
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4410	Periodontal maintenance	\$84
D8110	Complete denture - maxillary	\$608
D8120	Complete denture - mandibular	\$608
D8130	Immediate denture - maxillary	\$666
D8140	Immediate denture - mandibular	\$666
D8211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D8212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D8213	Acrylic partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650

D8214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	8650
D8228	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	8488
D8228	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	8488
D8510	Repair broken complete denture base	588
D8520	Replace missing or broken teeth - complete denture (each tooth)	576
D8610	Repair resin denture base	569
D8640	Replace broken teeth - per tooth	576
D8650	Add tooth to existing partial denture	5114
D8660	Add clasp to existing partial denture	5100
D8790	Reline complete maxillary denture (laboratory)	8274
D8791	Reline complete mandibular denture (laboratory)	8274
D8761	Reline mandibular partial denture (laboratory)	8265
D8820	Inlays partial denture (maxillary)	8216
D8821	Inlays partial denture (mandibular)	8216
D8950	Tissue conditioning, maxillary	551
D8210	Pontic - cast high noble metal	5300
D8212	Pontic - cast noble metal	3865
D8240	Pontic - porcelain fused to high noble metal	5424
D8241	Pontic - porcelain fused to predominantly base metal	3891
D8242	Pontic - porcelain fused to noble metal	8468
D8244	Pontic - porcelain/ceramic	8420
D8750	Crown - porcelain fused to high noble metal	5425
D8751	Crown - porcelain fused to predominantly base metal	5410
D8752	Crown - porcelain fused to noble metal	5414
D8760	Crown - full cast high noble metal	5410
D8761	Crown - full cast predominantly base metal	3402
D8762	Crown - full cast noble metal	3468
D8764	Crown - titanium	3410
D8840	Resin-retained fixed partial denture	551
D8873	Care build up for retainers, including any pins	662
D7140	Extraction, erupted tooth or exposed root (extraction and/or forceps removal)	504
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or motion of tooth	5100
D7230	Removal of impacted tooth - soft tissue	5176
D7230	Removal of impacted tooth - partially bony	5215
D7240	Removal of impacted tooth - completely bony	5255
D7250	Surgical removal of residual tooth roots (cutting procedure)	5173
D7280	Surgical access of an unerupted tooth	3291

D7510	Incision and drainage of abscess - intraoral soft tissue	\$145
D7510	Suture of recent small wounds up to 3 cm	\$190
D7560	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D8110	Palliative (emergency) treatment of dental pain - minor procedure	\$89
D9220	Deep sedation/general anesthesia - first 30 minutes	\$219
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$199
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$81
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60
D9990	Treatment of complications (post-surgical) - unusual circumstances, by report	\$92

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

**Schedule Regular Dental Check-ups and Cleanings**

Researchers have found that periodontitis (advanced form of gum disease that can cause tooth loss) is linked with other health problems such as cardiovascular disease, stroke, and bacterial pneumonia. Likewise, pregnant women with periodontitis may be at increased risk for delivering pre-term and/or low-birth weight babies.

# Vision Plan



Administered by EyeMed Vision Care.  
 Underwritten by Fidelity Security Life Insurance Company  
 1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)  
[www.enrollwiththeyemed.com/access](http://www.enrollwiththeyemed.com/access) (prior to enrolling)  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) (after enrolling)

## Rates

Member only \$7.64 ■ Member and spouse \$14.42 ■ Member and child(ren) \$15.18 ■ Member and family \$22.26

Covered Services	Plan Year	Coverage from an EyeMed Doctor	Out-of-Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount off balance over \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15 copay	N/A
Tint (solid and gradient)		\$15 copay	N/A
Scratch Resistance (standard)		\$15 copay	N/A
Polycarbonate (standard)		\$40 copay	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A
Progressive Lens (standard)		\$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
<b>Contact Lenses</b> ( <i>Contact lens allowance covers materials only - in lieu of standard lenses</i> )			
Conventional		\$0 Copay, \$125 allowance, 15% off balance over \$125	\$80
Disposable		\$0 Copay, \$125 allowance, plus balance over \$125	\$80
Medically Necessary*		\$0 Copay, Paid-in-full	\$200

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

## AT-A-GLANCE

### Who is Eligible?

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

### Instructions

Review the premiums found above and complete the appropriate sections of the Enrollment Form.

### Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

### Locating your Doctor

Check the online provider locator at [www.enrollwiththeyemed.com/access](http://www.enrollwiththeyemed.com/access) for a listing of providers near your zip code.

Once enrolled, visit: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) to view coverage and eligibility status.

### Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network. Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

### Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

- 1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), or by calling the Customer Care Center.
- 2) Make an appointment with an out-of-network provider you trust as your choice for vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.



# Long Term Care Insurance

Provided by UNUM Life Insurance Company  
1-800-227-4165 ■ www.unum.com

Options	Choices
<b>Care Type</b>	
Plan 1	Facility ( <i>nursing home or assisted living</i> )
Plan 2	Facility + Professional Home Care ( <i>Provided by a licensed home health organization</i> )
Plan 3	Facility + Professional Home Care + Total Home Care ( <i>Care provided by anyone, including family members</i> )
<b>Monthly Benefit</b>	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
<b>Duration</b>	
3 years	3 years Nursing Home or 5 years Assisted Living or 6 years Home Care
6 years	6 years Nursing Home or 10 years Assisted Living or 12 years Home Care
Unlimited	Unlimited Nursing Home or Unlimited Assisted Living or Unlimited Home Care
<b>Inflation Protection</b>	
Yes	5% compounded annually
No	No protections will be provided

## AT-A-GLANCE

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 (LTC) 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 Unum Provident.

New employees can enroll in LTC within 30 days of employment without demonstrating evidence of insurability. Continuing employees, spouses,

retirees, and grandparents can enroll in our group LTC insurance with medical underwriting at any time. And during this open enrollment period, employees who missed the opportunity when they were hired may purchase for the first time.

### Who is Eligible

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

### Enrollment

If you would like to sign up for the Long Term Care Plan, contact your campus Human Resource Department, for an enrollment kit.

# Employee Assistance Program



Administered by APS  
1-800-999-1077 ■ www.apshealthcare.com

Covered Services	Costs	Annual Maximums
Counseling	Free	4 visits per issue
Legal Consultations	Free	1/2 hour consultation
Financial Consultations	Free	Unlimited

## AT-A-GLANCE

### Who Is Eligible?

The Employee Assistance Plan is an add-on benefit for all MUS employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

### Enrollment

No separate enrollment is required.

### Benefits

APS benefits provide a variety of services including confidential counseling; legal and financial services; access to the Healthwise Knowledge website; and 24-hour, toll-free access to crisis counselors.

### Confidential Counseling

APS offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to four counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, APS will initiate a referral for the appropriate care. See your medical plan for cover-

age of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Managed care members do not need a referral to use APS for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by APS, at no direct cost to you, the member, the plan also experiences cost savings which are ultimately passed on to all of the plan participants.

### Legal & Financial Services

You have convenient access to legal and financial professionals by simply contacting APS.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer-related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc.

### Healthwise Website

APS includes a wellness focused website, Healthwise Knowledgebase, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources. Refer to the Wellness section of this workbook for log on details.

### 24-hour Crisis Help

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-800-833-3031.



# WELLNESS

MONTANA UNIVERSITY SYSTEM

.....  
“Our mission is to provide preventive health screenings and healthy lifestyle and disease prevention education.”  
.....

## Overview

The Montana University System (MUS) Insurance Plan offers Wellness services to adult plan members (faculty, staff, retirees, and insured spouses) regardless of which medical plan you choose (Allegiance, BCBSMT, New West, or Peak). Each of the twelve campuses has a Wellness director and some offer classes or services in addition to those listed below.



## Preventive Health Screenings

Every campus conducts annual, semi-annual, or every other year health fairs (**WellChecks**). The blood tests listed below are always available at **WellCheck**, as well as a variety of additional free or discounted health screenings. Beginning in Fall 2007, appointments for blood tests will be scheduled online prior to each campus **WellCheck**. See next page for the 2007/2008 campus **WellCheck** schedules.

### ● Blood Tests\*

Available at WellCheck or by appointment. Refer to [www.montana.edu/wellness](http://www.montana.edu/wellness) for complete descriptions:

- **Chem Screen:** FREE every other plan year or \$25
- **PSA (Prostate Specific Antigen):** FREE every plan year to men over 50 or \$24
- **CBC (Complete Blood Count):** \$16
- **Cardio C-Reactive Protein:** \$36
- **Hemoglobin A1c:** \$30

*\*The costs incurred for Wellness blood tests cannot be submitted for insurance reimbursement. They can, however, be submitted to your MUS flexible spending account or Montana medical savings account.*

- **Blood Tests by Appointment** (Billings, Bozeman, Havre, Missoula only): Subject to \$5 lab fee. Contact your campus Wellness office for appointment (see phone #'s next page).
- **Blood Pressure Screenings** are available FREE to any plan member. Call your campus Wellness office for dates and locations (most offer at WellCheck and on-campus).

### Wise Consumer Tip:

Getting the above blood tests through Wellness is both cost-effective and smart! You save yourself and our self-funded insurance plan money by taking advantage of the discounts. You can also optimize your own personal health care by taking or sending your results to your primary care provider.

- **Colon Cancer Screenings** are recommended annually to those 50 and older. FREE kits are available on each campus. Call your campus Wellness office for availability.
- **Flu Shots** are offered FREE in the fall, subject to national vaccine availability. Contact your campus Wellness office for dates and locations.



Wellness...  
*the choice that lasts a lifetime!*



## Healthy Lifestyle & Disease Prevention Education

- **Ask an Expert:** Adult plan members are eligible for one FREE annual personalized telephone diet/or exercise consultation with a Registered Dietician and/or Exercise Specialist. Contact by e-mail [AskanExpert@ms0.umt.edu](mailto:AskanExpert@ms0.umt.edu), or call 1-866-644-2025 or 243-2025 (Missoula)
  - **Online Medical Self-Care: Healthwise Knowledgebase**
    - Gain a complete understanding of medical self-care tips.
    - Gain a better understanding of a surgical procedure.
- Go to website: [www.montana.edu/wellness](http://www.montana.edu/wellness) Click on:
- 1) Medical Self-Care
  - 2) Enter Healthwise® Knowledgebase
  - 3) Enter the Knowledgebase
  - 4) Password: mus
  - 5) Click on “click here”
- **Online DesktopSpa™:** A database of unique, brief, and highly effective audio and video wellness exercises led by

respected holistic health practitioners using yoga, relaxation, acupressure, tai chi, guided imagery, and ergonomics. DesktopSpa™ can be delivered directly to your computer and is designed to help integrate “mini-treatments” into your daily life to reduce stress and illness and increase your effectiveness, energy, and performance. Available May 1, 2007.

Go to website: [www.montana.edu/wellness](http://www.montana.edu/wellness) Click on:

- 1) DesktopSpa
- 2) Enter DesktopSpa
- 3) Register as New User, follow all prompts
- 4) Corporate Code: MUS (disregard User ID)
- 5) Click on “click here”

- **Fitness Products:** All campuses sell quality pedometers. Call your campus for more information.
- **Telephonic Workshops:** Classes taught over the phone. See newsletter and website for current listings.
- **Wellness Newsletter:** Published three (3) times each plan year (September, January, April) and mailed to home addresses. Previous editions can be accessed via the website.



## WellCheck Schedule & Campus Wellness Contacts

Campus	2007/2008 WellCheck Dates	Phone
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 8, 2007	896-5836
Bozeman (MSU)	November 6 & 7, 2007; March 25 & 26, 2008	994-6348
Butte (MT Tech)	October 18, 2007	496-4323
Butte (COT)	October 19, 2007	496-4323
Dillon (UM Western)	October 9, 2007; April 8, 2008	683-7441
Glendive (DCC)	October 4, 2007	377-9450
Great Falls (COT)	October 24, 2007	268-3717
Havre (MSU Northern)	October 25, 2007	265-3719
Helena (COT & OCHE)	October 17, 2007	COT: 444-6877 OCHE: 444-0330
Kalispell (FVCC)	October 16, 2007	756-3804
Miles City (MCC)	October 2, 2007	874-6186
Missoula (UM)	October 30 & 31, 2007 April 15 & 16, 2008	243-2027
Missoula (COT)	November 1, 2007	243-2027



**Website: [www.montana.edu/wellness](http://www.montana.edu/wellness)**

*See the website for specific campus classes/services, special programs, and more detailed information.*

## BCBSMT Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Creston	59902	Hingham	59528	Pole Bridge	59928
Acton	59002	Crow Agency	59022	Hot Springs	59845	Polson	59860
Alberton	59820	Custer	59024	Hungry Horse	59919	Pompeys Pillar	59064
Alder	59710	Cut Bank	59427	Huntley	59037	Pony	59747
Anaconda	59711	Darby	59829	Huson	59846	Power	59468
Arlee	59821	Dayton	59914	Inverness	59530	Pray	59065
Augusta	59410	DeBorgia	59830	Jackson	59736	Proctor	59929
Avon	59713	Deer Lodge	59722	Jefferson City	59638	Pryor	59066
Ballantine	59006	Dell	59724	Joliet	59041	Ramsay	59748
Basin	59631	Dillon	59725	Joplin	59531	Ravalli	59863
Bearcreek	59007	Divide	59727	Judith Gap	59453	Raynesford	59469
Belfry	59008	Dixon	59831	Kalispell	59901	Red Lodge	59068
Belgrade	59714	Drummond	59832		59902	Rexford	59930
Belt	59412	Dupuyer	59432		59903	Ringling	59642
Big Arm	59910	Dutton	59433		59904	Roberts	59070
Bigfork	59911	East Helena	59635	Kevin	59454	Rollins	59931
Big Sky	59716	East Missoula	59801	Kila	59920	Ronan	59864
Billings	59101	Edgar	59026	Kremlin	59532	Roscoe	59071
	59102	Elliston	59728	Lake McDonald	59921	Roundup	59072
	59103	Elmo	59915	Lakeside	59922	Rudyard	59540
	59104	Emigrant	59027	Laurel	59044	Ryegate	59074
	59105	Ennis	59729	Lavina	59046	Saltese	59867
	59106	Ethridge	59435	Ledger	59456	Sand Coulee	59472
	59107	Eureka	59917	Libby	59923	Sand Springs	59077
	59108	Fairfield	59436	Lima	59739	Santa Rita	59473
	59111	Fishtail	59028	Lincoln	59639	Shawmut	59078
	59112	Florence	59833	Livingston	59047	Seeley Lake	59868
	59114	Floweree	59440	Lloyd	59535	Shelby	59474
	59115	Fort Benton	59442	Lodge Grass	59050	Shepherd	59079
	59116	Fort Harrison	59636	Lolo	59847	Sheridan	59749
	59117	Fort Shaw	59443	Loma	59460	Silver Star	59751
Black Eagle	59414	Fortine	59918	Lonepine	59848	Simms	59477
Bonner	59823	Frenchtown	59834	Lothair	59461	Silverbow-Butte	59750
Boulder	59632	Fromberg	59029	Malmstrom AFB	59402	Somers	59932
Box Elder	59521	Galata	59444	Manhattan	59741	Springdale	59082
Boyd	59013	Gallatin Gateway	59730	Marion	59925	St. Ignatius	59865
Bozeman	59715	Garneill	59445	Martin City	59926	St. Regis	59866
	59717	Garrison	59731	Martinsdale	59053	St. Xavier	59075
	59718	Garryowen	59031	Marysville	59640	Stevensville	59870
	59719	Geraldine	59446	McAllister	59740	Stockett	59480
	59771	Geyser	59447	McLeon	59052	Styker	59933
	59772	Gildford	59525	Melrose	59743	Sula	59871
	59773	Glen	59732	Melville	59055	Sunburst	59482
Brady	59416	Gold Creek	59733	Milltown	59851	Sun River	59483
Bridger	59014	Grantsdale	59835	Missoula	59801	Superior	59872
Broadview	59015	Great Falls	59401		59802	Swan Lake	59911
Buffalo	59418		59402		59803	Thompson Falls	59873
Butte	59701		59403		59804	Three Forks	59752
	59702		59404		59806	Trego	59934
	59703		59405		59807	Trout Creek	59874
	59707		59406		59808	Twin Bridges	59754
Bynum	59419	Greenough	59836		59812	Two Dot	59085
Canyon Creek	59633	Hamilton	59840	Molt	59057	Ulm	59485
Cardwell	59721	Hardin	59034	Monarch	59463	Valier	59486
Carter	59420	Harlowton	59036	Musselshell	59059	Vaughn	59487
Cascade	59421	Harrison	59735	Neihart	59465	Victor	59875
Charlo	59824	Haugen	59842	Norris	59745	Virginia City	59755
Chester	59522	Havre	59501	Noxon	59853	Warm Springs	59756
Chinook	59523	Helena	59601	Oilmont	59466	West Glacier	59936
Choteau	59422		59602	Olney	59927	White Splhr Sprgs	59645
Clancy	59634		59604	Ovando	59854	Whitefish	59937
Clinton	59825		59620	Pablo	59855	Whitehall	59759
Clyde Park	59018		59623	Paradise	59856	Whitelash	59545
Columbia Falls	59912		59624	Paradise	59856	Wilsall	59086
Condon	59826		59625	Park City	59063	Winston	59647
Connor	59827		59626	Pendroy	59467	Wisdom	59761
Conrad	59425	Helmville	59843	Philipsburg	59858	Wise River	59762
Coram	59913	Heron	59844	Pinesdale	59841	Wolf Creek	59648
Corvallis	59828	Highwood	59450	Plains	59859	Worden	59088
				Polaris	59746	Zurich	59547

## New West Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Conner	59827	Hogeland	59529	Proctor	59929
Acton	59002	Cooke City	59020	Hot Springs	59845	Pryor	59066
Alberton	59820	Coram	59913	Hungry Horse	59919	Radersburg	59641
Amsterdam	59741	Corvallis	59828	Huntley	59037	Rapelje	59067
Anaconda	59711	Crow Agency	59022	Huson	59846	Ravalli	59863
Angela	59312	Cushman	59046	Hysham	59038	Red Lodge	59068
Arlee	59821	Custer	59024	Ingomar	59039	Reed Point	59069
Ashland	59003	Darby	59829	Iverness	59530	Ringling	59642
	59004	Dayton	59914	Ismay	59336	Roberts	59070
Augusta	59410	De Borgia	59830	Jackson	59736	Rollins	59931
Avon	59713	Decker	59025	Jefferson City	59638	Ronan	59864
Ballantine	59006	Deer Lodge	59722	Joliet	59041	Roscoe	59071
Basin	59631	Dell	59724	Jordan	59337	Rosebud	59347
Bearcreek	59007	Dillon	59725	Judith Gap	59453	Roundup	59072
Belfry	59008	Dixon	59831	Kalipsell	59901		59073
Belgrade	59714	Dodson	59524		59902	Rudyard	59540
Belt	59412	Drummond	59832		59903	Ryegate	59074
Big Arm	59910	East Helena	59635		59904	Saco	59261
Big Sandy	59520	Edgar	59026	Kila	59920	Saint Ignatius	59865
Big Sky	59716	Elliston	59728	Kinsey	59338	Saint Regis	59866
Big Timber	59011	Elmo	59915	Kremlin	59532	Saint Xavier	59075
Bigfork	59911	Emigrant	59027	Lame Deer	59043	Saltese	59867
Bighorn	59010	Essex	59916	Laurel	59044	Sand Coulee	59472
Billings	59101	Fishtail	59028	Lavina	59046	Sand Springs	59077
	59102	Florence	59833	Libby	59923	Sanders	59076
	59103	Floweree	59440	Lima	59739	Seeley Lake	59868
	59104	Forsyth	59327	Lincoln	59639	Shawmut	59078
	59105	Fort Benton	59442	Livingston	59047	Shelby	59474
	59106	Fort Harrison	59636	Lloyd	59535	Shepherd	59079
	59107	Fort Shaw	59443	Lodge Grass	59050	Somers	59932
	59108	Frenchtown	59834	Lolo	59847	Springdale	59082
	59111	Fromberg	59029	Loma	59460	Stevensville	59870
	59112	Gallatin Gateway	59730	Lonepine	59848	Stockett	59480
	59114	Gardiner	59030	Loring	59537	Sula	59871
	59115	Garrison	59731	Malmstrom AFB	59402	Sumatra	59083
	59116	Garryowen	59031	Malta	59538	Sun River	59483
	59117	Geraldine	59446	Manhattan	59741	Superior	59872
Birney	59012	Gildford	59525	Martín City	59926	Thompson Falls	59873
Black Eagle	59414	Glen	59732	Martinsdale	59053	Three Forks	59752
Bonner	59823	Gold Creek	59733	Marysville	59640	Toston	59643
Boulder	59632	Grantsdale	59835	McLeod	59052	Townsend	59644
Box Elder	59521	Great Falls	59401	Melstone	59054	Trout Creek	59874
Boyd	59013		59403	Melville	59055	Troy	59935
Bozeman	59715		59404	Miles City	59301	Turner	59542
	59717		59405	Milltown	59851	Two Dot	59085
	59718		59406	Missoula	59801	Ulm	59485
	59719	Greenough	59836		59802	Vaughn	59487
	59771	Greycliff	59033		59803	Victor	59875
	59772	Hall	59837		59804	Volberg	59351
	59773	Hamilton	59840		59806	West Glacier	59936
Bridger	59014	Hardin	59034		59807	Whitefish	59937
Broadview	59015	Harlem	59526		59808	White Splr Sprngs	59645
Brusett	59318	Harlowton	59036		59812	Whitehall	59759
Busby	59016	Hathaway	59333	Molt	59057	Whitewater	59544
Canyon Creek	59633	Haugan	59842	Mosby	59058	Willow Creek	59760
Cardwell	59721	Havre	59501	Musselshell	59058	Wilsall	59086
Carter	59420	Hays	59527	Noxon	59853	Winston	59647
Cascade	59421	Helena	59601	Nye	59061	Wisdom	59761
Charlo	59824		59602	Ovando	59854	Wise River	59762
Chinook	59523		59604	Pablo	59855	Wolf Creek	59648
Churchill	59741		59620	Paradise	59856	Worden	59088
Clinton	59825		59623	Park City	59063	Wyola	59089
Clyde Park	59018		59624	Philpsburg	59858	Yellowtail	59035
Cohagen	59322		59625	Pinesdale	59841	Zortman	59546
Colstrip	59323		59626	Plains	59859	Zurich	59547
Columbia Falls	59912	Helmville	59843	Polaris	59746		
Columbus	59019	Heron	59844	Polson	59860		
Condon	59826	Highwood	59450	Pompeys Pillar	59064		
Clancy	59634	Hingham	59528	Pray	59065		

## Peak Managed Care Plan Service Areas

City	Zip Code
Acton	59002
Anaconda	59711
Angela	59312
Ashland	59003
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Birney	59012
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Hathaway	59333
Huntley	59037
Hysham	59038
Ingomar	59039
Ismay	59336
Joliet	59041
Kinsey	59338
Lame Deer	59043
Laurel	59044
Lavina	59046
Lodge Grass	59050
Melrose	59743
Miles City	59301
Pompeys Pillar	59064
Pryor	59066
Ramsay	59748
Red Lodge	59068
Roberts	59070
Roscoe	59071
Rosebud	59347
Ryegate	59074
Saint Xavier	59075
Sanders	59076

City	Zip Code
Sawmut	59078
Sheherd	59079
Sumatra	59083
Volborg	59351
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

## Allegiance Managed Care Plan Service Areas

City	Zip Code
Absarokee	59001
Agusta	59410
Alberston	59820
Anaconda	59711
	59771
Arlee	59821
Ashland	59003
Agusta	59410
Avon	59713
Basin	59631
Belgrade	59714
Belt	59412
Big Arm	59910
Big Timber	59011
Big Sky	59716
Bigfork	59911
Billings	59101
	59102
	59103
	59105
	59106
	59107
Black Eagle	59414
Bonner	59823
Boulder	59632
	59638
Box Elder	59521
Bozeman	59715
	59717
	59718
	59719
Broadus	59317
Chester	59522
Chinook	59523
Choteau	59422
Clancy	59634
Clinton	59825
Colstrip	59323
Columbia Falls	59912
Columbus	59019
Conrad	59425
Coram	59913
Corvallis	59828
Cutbank	59427
Darby	59829
DeBorgain	59830
Deer Lodge	59722
Denton	59430
Dillon	59275
	59721
	59725

## Allegiance Managed Care Plan Service Areas

City	Zip Code
Divide	59727
Drummond	59732
East Helena	59635
Elliston	59728
Eureka	59917
	59918
Fairfield	59436
Florence	59833
Forsyth	59327
Fort Benton	59442
Fort Harrison	59443
Fort Shaw	59443
Frenchtown	59846
Gardiner	59030
Garrison	59731
Geraldine	59446
Glasgow	59230
	59231
Glendive	59330
Great Falls	59401
	59402
	59403
	59404
	59405
	59406
Hamilton	59840
	59849
Hardin	59034
Harlowtown	59036
Harrison	59735
Havre	59501
Helena	59601
	59602
	59604
	59620
	59623
	59624
	59625
	59626
Helmville	59843
Highwood	59450
Hot Springs	59845
Hungry Horse	59919
Hudson	59846
Jackson	59736
Jefferson City	59638
Joliet	59041
Judith Gap	59453
Kalipsell	59901
	59902
	59903
Kremlin	59532
Lake McDonald	59921
Lakeside	59922
Lame Deer	59043
Laurel	59044
Lewistown	59457
Libby	59923
Lima	59739
Lincoln	59639
Livingston	59047
Lolo	59847
Malta	59538
Manhattan	59714
Martin City	59926
Martinsdale	59053
Marysville	59640
Miles City	59301

City	Zip Code
Missoula	59801
	59802
	59803
	59804
	59806
	59807
	59808
	59812
	59825
	59834
Monarch	59463
Montana City	59634
Neilhart	59465
Norris	59745
Noxon	59853
Ovando	59854
Pablo	59855
Paradise	59856
Philipsburg	59858
Plains	59859
Plentywood	59254
Polson	59860
Power	59468
Red Lodge	59068
Ronan	59824
	59864
Roundup	59072
Seeley Lake	59864
Shelby	59474
Sidney	59270
St. Ignatius	59865
St. Regis	59866
Stanford	59479
Stevensville	59870
Sunburst	59482
Superior	59872
Terry	59349
Thompson Falls	59873
Townsend	59644
Troy	59935
Valier	59486
Vaughn	59487
Victor	59875
West Glacier	59936
Whitefish	59937
	59938
Worden	59088

# Traditional Plan - Hospitals/Facilities

*This is subject to change. See [www.abpmtpa.com](http://www.abpmtpa.com) for updates.*

Anaconda	Community Hospital of Anaconda	Hamilton	Marcus Daly Memorial Hospital
Big Sandy	Big Sandy Medical Center	Hardin	Big Horn County Memorial Hospital
Big Timber	Pioneer Medical Center	Harlowton	Wheatland Memorial Hospital
Billings	St. Vincent's Healthcare Center	Havre	Northern Montana Hospital
	*Deaconess Billings Clinic	Helena	St. Peter's Community Hospital
Bozeman	Bozeman Deaconess Hospital	Kalispell	Kalispell Regional Medical Center
Butte	St. James Healthcare	Lewistown	Central Montana Surgery Center
Chester	Liberty County Hospital	Libby	St. John's Lutheran Hospital
Chinook	Sweet Medical Center	Livingston	Livingston Memorial Hospital
Choteau	Teton Medical Center	Malta	Phillips County Hospital
Columbus	Stillwater Community Hospital	Miles City	Holy Rosary Healthcare
Conrad	Pondera Medical Center	Missoula	St. Patricks Hospital
Cutbank	Northern Rockies Medical Center, Inc.		*Community Medical Center
Deer Lodge	Powell County Memorial Hospital	Philipsburg	Granite County Medical Center
Dillon	Barrett Hospital and Health Care	Plains	Clark Fork Valley Hospital
Forsyth	Rosebud Health Care Center	Plentywood	Sheridan Memorial Hospital
Fort Benton	Missouri River Medical Center	Polson	St. Joseph Medical Center
Glasgow	Frances Mahon Deaconess Hospital	Red Lodge	Beartooth Hospital and Health Center
Glendive	Glendive Medical Center	Ronan	St. Luke Community Hospital
Great Falls	Benefis Health Care	Roundup	Roundup Memorial Health Care
	Central Montana Surgical Hospital	Scobey	Daniels Memorial Healthcare Center
		Shelby	Marias Medical Center
		Sidney	Sidney Health Center
		Superior	Mineral Community Hospital
		Terry	Prairie Community Health Center
		Whitefish	North Valley Hospital

\* Facility is **NOT** in-network for the Traditional Plan A. All facilities listed on this page are in-network for the Traditional Plan B.

## Traditional Plan A Members Keep in Mind

Traditional Plan members that have chosen the Plan A option must be aware of the facilities identified above that are not considered in-network for Plan A. If you are on the Traditional Plan A offering and receive elective services from these non-network facilities you will be subject to a 35% coinsurance.

Also these coinsurance payments do not accumulate to your annual coinsurance maximum. Emergency services, and services that are not offered by the in-network facility will be covered as in-network.

# In-Network Hospitals – Managed Care Plans

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

## BCBSMT (Blue Choice) Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Kalispell	HealthCenter Northwest
Livingston	Livingston Memorial hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital
Missoula	Community Medical Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur	Mountainview Medical Center
Whitefish	North Valley Hospital

## Allegiance Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Chester	Liberty County Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cut Bank	Nothern Rockies Medical Center
Deer Lodge	Powell County Medical Center
Dillon	Barrett Memorial Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Francis Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care
Great Falls	Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Health Care
Malta	Phillips County Hospital
Miles City	Holy Rosary Health Center

## Allegiance Network Hospitals

City	Hospital
Missoula	Community Medical Center
Missoula	St. Patrick Hospital
Phillipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Healthcare Center
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Whitefish	North Valley Hospital

## New West Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Helena	Shodair Childrens Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Kalispell	Northwest Horizons Inc.
Libby	St. John's Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Missoula	Community Medical Center
Missoula	St. Patrick Hospital
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital

## Peak Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

# **CREDITABLE COVERAGE AND MEDICARE PART D INFORMATION**

Note: The following notice was mailed to all MUS Medicare participants in October 2006.

## **IMPORTANT NOTICE FROM THE MONTANA UNIVERSITY SYSTEM ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE PART D**

Please read this notice carefully and keep it where you can find it. This notice has information about your current or potential prescription drug coverage with the Montana University System's group health plan and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage. Please note that you may receive this notice again, prior to open enrollment periods and if either the Montana University System Insurance Plan or Medicare Part D changes.

Beginning January 1, 2006, all Medicare participants had access to Medicare Part D, providing insurance coverage for prescription drugs. All Medicare prescription drug plans must provide at least a minimum standard level of coverage. Because the Montana University System Insurance Plan (MUS Plan) already provides prescription drug coverage that is, on average for all plan participants, at least as good as standard Medicare Part D coverage, **you do not need to enroll in a separate Medicare Part D plan and are able to continue purchasing your prescription drugs through the MUS Plan.**

The MUS Plan provides prescription drug coverage that has been determined to be *Creditable Coverage* (at least as good as the Medicare standard), so you will not be penalized for late enrollment, should you ever decide to switch to a separate Medicare Part D plan. However, you may not have a separate Medicare Part D plan at the same time that you have coverage on the MUS Plan. If you do sign up for a separate Part D plan, we will notify you that you have to choose between the separate Medicare Part D plan and the MUS Plan. If you choose to remain on the separate Part D plan, your enrollment in the MUS Plan will be cancelled and you will not be allowed to reenroll in the MUS Plan. Please consider this decision very carefully, as the MUS Plan covers not only your prescription drug purchases but also many of your other health expenses, as secondary payer to your Medicare coverage for hospital, physician, and other related medical costs. **Remember: if you sign up for a separate Medicare Part D plan, your MUS Plan will be cancelled and you will not have an opportunity to get the coverage back.**

People with Medicare can enroll or make enrollment changes in a Medicare prescription drug plan during open enrollment from November 15 through December 31 each year. You will probably receive several mailings in the next few weeks concerning the 2006 open enrollment period. You should compare your current cost and coverage, including which drugs are covered, to the coverage and cost of the Medicare Plan D offerings you receive. Please remember that Medicare Part D only covers the cost of prescription drugs and does not cover any of your hospital, physician, or other related medical care. The MUS Plan covers prescription drugs as well as many of your other medical costs, secondary to Medicare Parts A & B coverage.

If you drop or lose your MUS Plan coverage and don't enroll in a Medicare Part D plan after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage at a later date. If you let 63 or more days pass without prescription drug coverage that is at least as good as standard Medicare Part D, your monthly premium will go up at least 1% per month for every month that you did not have prescription drug coverage. You will have to pay a higher premium for as long as you have Medicare Part D coverage. You may also have to wait until the next open enrollment period to enroll.

For more detailed information about Medicare, Medicare supplements, and Medicare Part D, please refer to your copy of Medicare and You 2006, which you should have received in the mail last fall or when you became eligible for Medicare this year. If you don't have a copy of the handbook or can't find the answers you need, you may find help from the resources listed on the back of this notice.

—continued next page—

## **CREDITABLE COVERAGE AND MEDICARE PART D INFORMATION, continued:**

For information and assistance concerning Medicare Part D, please contact:

The Medicare website at [www.medicare.gov](http://www.medicare.gov)

The Social Security website at [www.ssa.gov](http://www.ssa.gov) or [www.socialsecurity.gov](http://www.socialsecurity.gov)

Your State Health Insurance Assistance Program. Phone numbers are listed in Medicare and You 2006.

Or call Medicare's national hotline at 1-800-633-4227. TTY users should call 1-877-486-2048.

People with limited income and resources may receive extra help to pay for a Medicare prescription drug plan. Information about this extra help is available online from Medicare and Social Security at the above websites, the Medicare hotlines listed above, or by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

The Montana University System encourages you to contact your campus benefits representative if you have any questions concerning the MUS Plan. You may also call the Benefits Office in Helena, MT, at 406-444-0329 or 406-444-0614. Our website is <http://bor.montana.edu/che/che.asp>. Look in the "Insurance/Benefits" section.

### **Availability of the MUS Summary Plan Document**

All MUS plan participants have the right to obtain a current copy of the Summary Plan Document (SPD) with any Plan Amendments requested. Despite the use of "summary" in the title, this document is the full legal description of our medical, dental, and pharmacy plans and should always be consulted when a specific question arises about the plan.

Participants may request a hardcopy of the SPD and amendments describing the MUS managed care plans by visiting, writing, or calling their campus benefits office, or by writing to MUS Benefits, P.O. Box 203201, Helena, MT 59620-3201, or by calling the MUS Benefits Office at 406-444-6570. Participants should know which medical plan they are enrolled in when calling or writing so that the correct amendment, if any, can be sent. An easier way to access this information for many participants is to visit the MUS website at <http://www.montana.edu/wochebn/groupplans.htm>. Using the FIND function on your computer will help you to locate the section you need quickly.

All participants are given or mailed a copy of the CHOICES Enrollment Workbook or Retiree Workbook each spring during the annual enrollment period. These workbooks list the various required and optional programs available, a summary of eligibility requirements and coverages, and plan premiums. We encourage participants to retain this book until it is replaced the following year, as it provides most of the information needed by participants and their families to properly utilize their benefit plans. If additional information is needed after referring to CHOICES or the SPD, either the campus benefit office or the MUS Benefits Office should be able to help. Many problems can also be resolved by contacting the customer service department of the appropriate health care insurance provider.

## **Women's Health and Cancer Rights Act**

In 1998, the federal government passed the Women's Health and Cancer Rights Act. This notice outlines the coverage that this law requires the MUS plan to provide.

The MUS health plan provides coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast on which the mastectomy was performed, as well as the cost of necessary prostheses and treatment of any physical complications resulting from any stage of the mastectomy. The plan also provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits are provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymphedema.

These benefits are subject to the same deductibles, copays, and coordination of benefits that apply to mastectomy benefits under the plan. Preauthorization is highly recommended for all surgeries.

For more information, log onto: <http://www.dol.gov/ebsa/Publications/whcra.html>

## **Newborns' and Mothers' Health Protection Act of 1996**

The following excerpt is taken from the MUS Summary Plan Document, Medical Plan Description:

Under federal law, group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following delivery by cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours, as applicable. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay that does not exceed 48 hours or 96 hours, as applicable.

For more information, log onto: <http://library.findlaw.com/1999/Jan/6/127039.html>.

# **MISCELLANEOUS LEGAL INFORMATION AND REFERENCES**

**Eligibility and Enrollment** for coverage by the Montana University System Insurance Plan for persons (and their dependents) who are NOT active employees within MUS:

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

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

It is the responsibility of each employee and former employee to know his (and his dependents') rights and responsibilities for maintaining enrollment in the MUS Plan. You can obtain a copy of the Summary Plan Document from your campus benefits office, by calling the MUS Benefits office at 406-444-0614, or by logging onto [www.montana.edu/choices/groupplans.htm](http://www.montana.edu/choices/groupplans.htm).

**Coordination of Benefits:** Persons covered by any health care plan through the Montana University System AND also by any other health care coverage, whether private, employer-based, governmental (including Medicare and Medicaid), or through any other type of insurance (including automobile, homeowners, third party liability) are subject to coordination of benefits rules as generally accepted by the insurance industry and as specified in the MUS Summary Plan Document, Coordination of Benefits section (see access information above). Rules vary from case to case by the circumstances surrounding the claim and by the active or retiree status of the participant. In no case will more than 100% of a claim's allowed amount be paid by the sum of all payments from all applicable insurances.

**Note to Retirees eligible for Medicare coverage:** All claims are subject to coordination of benefits with Medicare whether or not the covered person is actually receiving Medicare benefits. Retirees eligible for Medicare and paying Medicare Retiree premium rates as published in the CHOICES Retiree Workbook are expected to be continuously enrolled in BOTH Medicare Part A and Medicare Part B. Due to MUS participation in the Medicare Retiree Drug Subsidy Program, enrollment in Medicare Part D is not permitted.

# 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. Also known as out-of-pocket (OOP) maximum.

**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.

**Primary Care Provider** A provider who 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/](http://www.montana.edu/choices/)

General benefits information and contacts.

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### ALLEGIANCE

Customer service, prior authorization and claims processing 1-877-778-8600

Precertification 1-800-342-6510

[www.abpmtpa.com/MUS](http://www.abpmtpa.com/MUS)

Traditional Plans & Allegiance Managed Care Plan Contacts

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### BLUE CROSS AND BLUE SHIELD OF MONTANA

1-800-820-1674 or 447-8747

[www.bcbsmt.com](http://www.bcbsmt.com)

### NEW WEST HEALTH PLAN

1-800-290-3657 or 457-2200

[www.newwesthealth.com](http://www.newwesthealth.com)

### PEAK HEALTH PLAN

Customer service and claims processing questions 1-866-368-7325

Precertification/prior authorization 1-866-275-7646

[www.healthinfont.com](http://www.healthinfont.com)

Managed Care Plan Contacts

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### DELTA DENTAL INSURANCE COMPANY

Customer Service 1-866-579-5717

[www.WeKeepYouSmiling.com/MUS](http://www.WeKeepYouSmiling.com/MUS)

Dental Contact

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### PHARMACARE MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-888-645-9303

[www.pharmacare.com](http://www.pharmacare.com)

### RIDGEWAY MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-800-630-3214

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

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### EYEMED VISION CARE

Customer Service 1-866-723-0513

[www.enrollwiththeyemed.com/access](http://www.enrollwiththeyemed.com/access) (prior to enrollment)

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) (after enrollment)

Eye exam, related services, and benefits

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### 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

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### STAR POINT HEALTH CARE GROUP STAR BABY PROGRAM

1-877-792-7827

[www.starpointmedical.com](http://www.starpointmedical.com)

Maternity Case Management (call during first trimester)

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### UNUM LIFE INSURANCE

1-800-822-9103

[www.unum.com](http://www.unum.com)

Long Term Care claims and information.