

choices

2008 - 2009

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 Creditable Coverage but may be used as evidence of prior coverage.

All questions about the Pre-existing Condition Exclusion or Limitation and Creditable 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 2008-2009

We are pleased to present the CHOICES Retiree Workbook for the 2008-2009 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, on our website www.mus.edu/choices/ and on the Retiree enrollment form.

All retirees should review this booklet carefully, even if enrollment changes are not needed this plan year.

The offerings in this edition of CHOICES are the same as those in last year's retiree workbook, but you have this opportunity to switch plans or to add eligible dependents if desired.

If you do not submit a new enrollment form by May 15, 2008, your current enrollment will continue as is until June 30, 2009, with appropriate premium changes.

The only other time you can change your enrollment (besides the annual enrollment period) is when a qualifying event occurs in your family. For retired employees, qualifying events usually entail one of these occurrences: becoming Medicare-eligible and/or turning 65; a death in the family; a change in marital status; a dependent's 25th birthday; or a change in other insurance coverage.

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 retirement benefit from Teachers Retirement System (TRS) or the Public Employees 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 associated with MUS 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. 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 Only 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 pretax basis. Discuss this option with your campus HR office. **NOTE:**

There is no employer contribution toward retiree benefits. 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 non-enrolled 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)

\$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.

New for 2008-2009:

Non-preferred facility copayments will be counted toward an additional, separate deductible and an additional, separate annual out-of-pocket maximum, similar to how the managed care plans operate.

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 last plan year (2007-2008), Retirees were 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 this or 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 provider list to obtain the best reimbursement rates.

Prescription Drug Coverage:

All medical plans include the MUS Prescription Drug Plan through Caremark (formerly Pharmicare). Medicare-eligible Retirees may **NOT** enroll in a Medicare Part D plan.

Dental Coverage:

Last year (2007-2008), CHOICES offered Retirees a one-time opportunity to add Delta Premium Dental Plan coverage. If you are currently enrolled for dental coverage and wish to keep that coverage, you do not have to complete an enrollment form unless you are changing other parts of your enrollment. If you are enrolled for dental coverage and wish to drop that coverage, you must complete the **entire** enrollment form and submit it to your campus HR office by May 15, 2008. If you did not enroll previously in retiree dental coverage, you may **not** enroll now, unless a qualifying event occurs.

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. Information and rates for the Delta Premium Dental Plan can be viewed within this workbook. **REMEMBER:** if you drop dental coverage, you are **NOT** allowed to reenroll unless a qualifying event occurs.

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. EyeMed was a new provider beginning in 2007-2008. If you are not currently enrolled for vision care coverage with EyeMed and want to add that coverage, you must complete the **entire** enrollment form and submit it to your campus HR office by May 15, 2008.

Long Term Care Insurance:

If a Retiree has Long Term Care Insurance through UNUM, s/he should contact his/her HR/benefits office for conversion information within 30 days of 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 active 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 or guardianship, new qualifying dependent, etc.). 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.

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

- Review the medical schedule pages to compare benefits between plans.

- 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.
- Check the boxes corresponding to the selected plan and the coverage category you want.
- When you have selected a plan and coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, by Medical Premium. Premium amounts are listed in the Workbook.

Optional Dental:

For Dental coverage, you must be qualified to enroll (see back of form). 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.

- Check the box corresponding to the coverage category you want.
- 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.
- OR check the box that "opts out" of Dental coverage entirely.

Optional Vision:

Check the correct box if you want optional Vision coverage for the person(s) you want covered and enter the dollar amount in the space provided next to Vision Premium. At this time, you may add or delete vision coverage each year. OR choose the "opt out" box.


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.

How to Enroll in CHOICES as a Retiree, continued:

 **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 2008, the deadline is May 15, 2008**, but earlier submissions would be appreciated.

* Please call your campus office (numbers below) or call Sue at 406-444-0614 if you have any questions.

Please send your form to the appropriate address below.

MSU-Bozeman Human Resources	PO Box 172520, Bozeman, MT 59717-2520	406-994-3651
MSU-Billings Human Resources	1500 University Dr., Billings, MT 59101	406-657-2278
MSU-Northern Human Resources	PO Box 7751, Havre, MT 59501-7751	406-265-4147
MSU-Great Falls Human Resources	2100 16th Ave. S., Great Falls, MT 59405	406-771-4308
UM-Missoula Human Resources	LO 252, 32 Campus Dr. MS1800, Missoula, MT 59812	406-243-6766
UM-Helena Human Resources	1115 N. Roberts, Helena, MT 59601	406-444-0845
UM-Western Human Resources	710 S. Atlantic St., Dillon, MT 59725	406-638-7010
MT Tech (UM) Human Resources	1300 W. Park St., Butte, MT 59701	406-496-4380
OCHE/GSL, MUS Benefits Office	PO Box 203201, Helena, MT 59620-3201	406-444-0614
Dawson Community College Human Resources	300 College Dr., Glendive, MT 59330	406-377-9403
Flathead Community College Human Resources	777 Grandview Dr., Kalispell, MT 59901	406-874-6292
Miles Community College Human Resources	2715 Dickinson St., Miles City, MT 59301	406-756-3804
State Bar of MT, attn: Mary Ann Murray	PO Box 577, Helena, MT 59624-0577	406-442-7660

2008-2009 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	481	433	409
Retiree + One	650	585	552
Retiree + Two or more	734	660	624
Retiree + Spouse *(mp)	567	510	482
Retiree + Spouse *(mp) + Child(ren)	651	586	554
Survivor	481	433	409
Survivor + Child(ren)	540	486	459

Medicare enrolled *Retirees (generally 65 and older)

	Plan A \$400 Deductible	Plan B \$1500 Deductible	Any Managed Care \$300 Deductible
Retiree * Only	245	221	209
Retiree * + One	414	372	352
Retiree * + Two or more	498	448	423
Retiree * + Spouse *(mp)	331	298	282
Retiree * + Spouse *(mp) + Child(ren)	415	374	353
Survivor *	245	221	209
Survivor * + Child(ren)	304	274	259

*(mp) = Medicare-enrolled

*Must have both Medicare Part A and Medicare Part B



Important Reminders:

Plan A has preferred facilities and providers in some Montana cities. Using non-preferred facilities or providers may cost you more out-of-pocket and balance billing may be allowed.

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)

Non Medicare \$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%*

Ancillary Services

25%*

Surgical Services *(See Summary Plan Description for surgeries requiring prior authorization.)*

25%*

Hospital Services (Outpatient facility charges)

Outpatient Services

25%*

Outpatient Surgi-Center

25%*

Physician/Professional Provider Services (not listed elsewhere)

Office Visit

25%*

Inpatient Physician Services

25%*

Lab/Ancillary/Miscellaneous Charges

25%*

Second Surgical Opinion

0% - (No deductible)

** Services from a non-network provider have a 35% coinsurance. In addition, there is a separate \$400/person, \$800/family (or \$600/\$1200) deductible and a separate \$1,250/person, \$2,500/family annual coinsurance maximum. A non-network provider can also balance bill, the difference between the allowance and the charge.*

Benefit Year 2008-2009

Traditional Plan B <i>Administered by Allegiance</i>	Managed Care Plans	
	In-Network Benefits	Out-of-Network Benefits
\$1500/Person \$3000/Family	\$300/Person \$600/Family	Separate \$500/Person Separate \$1,000/Family
25%	25%	35%
25%	25%	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
.....		
Coinsurance	Coinsurance	Coinsurance
25%	25%	35%
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 2008-2009

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

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 7

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
\$75/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 (same waived as In-Network)
25%	25%	25%
25%	\$25/visit	\$25 / visit
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25% (waived if enrolled in Star Baby Program within first trimester)	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 physical exam and gynecologic exam-copay is for the office visit charge only - labwork will apply deductible and coinsurance (check SPD for complete listing of coverage and limitations); \$0 copay for mammogram, PAP and PSA; 25% for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy.	35% \$75 out-of-network allowance for mammogram.
0% (no deductible) up to max Max: \$500/yr. ages 8+	\$15/visit 25% (no deductible) without office visit up to \$10 max	35%
0% (no deductible) up to max Max: \$750 first 7 years of life	\$15/visit 25% (no deductible) without office visit	35%
25% Max: 30 days/yr (No maximum for severe conditions)	25% Max: 21 days/yr (No maximum for severe conditions)	35% Max: 21 days/yr (No maximum for severe conditions)
25% Max: 40 visits/yr (No maximum for severe conditions)	\$15/visit Max: 30 visits/yr (No maximum for severe conditions)	35% Max: 30 visits/yr (No maximum for severe conditions)
25% Max: Dollar limit*	25% Max: Dollar limit*	35% Max: Dollar limit*
25% Max: \$2,000/yr**	\$15/visit Max: Dollar limit**	35% Max: Dollar limit**

* *Dollar benefit max for inpatient services of \$7,000/year, \$14,000/lifetime*
** *Dollar benefit max for combined inpatient/outpatient services of \$7,000/year; \$14,000/lifetime; \$2,000/year after max is met.*

Schedule of Medical Plan Benefits 2008-2009

Medical Plan Costs You Pay:

Rehabilitative Services

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

Inpatient Services

(Pre-certification is strongly recommended.)

Outpatient Services

Alternative Health Care Services

***Max:** 15 visits/yr in any combination for alternative health care

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care

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

Hospice

Skilled Nursing

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

Miscellaneous Services

Allergy Shots

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Prosthetic Appliances, and Orthotics

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

PKU Supplies

(Includes treatment, medical foods under Pharmacy)

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

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

Obesity Management

(Prior authorization required by all plans)

TMJ

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

Infertility Treatment (biological infertility only)

(Prior authorization required for all plans providing coverage)

Organ Transplants

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

Transplant Services

Travel - Out of state travel for policyholder only

Traditional Plans	Managed Care In-Network	Managed Care Out-Of-Network
25% Max: 30 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
25% Max: \$2,000/yr (or if prior authorization through case management up to \$10,000/yr)	\$15/visit Max: 30 visits/yr	35% Max: 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* * Max: 15 visits/yr. in any combination for alternative health care	\$15/visit Max: 20 visits/yr	35% 20 visit/yr
25% Max: 90 day/yr.; 180 lifetime	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% Max: 30 days/yr.	25% Max: 30 days/yr	35% Max: 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) Max: \$100 for foot orthotics (per foot)/2 yr.	25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/2 yr	35% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/2 yr
25%	0% (no deductible) Plan pays 100% of allowable fees	35%
0% (no deductible) Max: \$250/yr.	0% (no deductible) Max: \$250/yr.	Not covered
25% Max: \$25,000 on surgery/lifetime	25% Non-surgical treatment only	Not covered
25% - Max: \$1,000 lifetime for non-surgical treatment	25% Surgical treatment only	Not covered
Not covered	25% Max: 3 artificial inseminations/lifetime	Not covered
25% - See Summary Plan Description Max: \$500,000 lifetime, Liver \$200,000; Heart \$125,000; Lung \$160,000; Pancreas \$68,000; Cornea/Kidney - no maximum	25% Max: \$500,000 lifetime	Not covered
25% up to \$1,500/yr. with prior authorization	25% up to \$5,000/yr. in conjunction with transplants only, with prior authorization	Not covered

Prescription Drug

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

Note:

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

Retail Pharmacy Deductible

\$100 per Person/Year
\$300 per Family/Year

Mail Order Deductibles

\$0 per Person/Year
\$0 per Family/Year

Local Pharmacy Costs (After Deductible), you pay

- The greater of \$10 or 20%
- The greater of \$20 or 30%
- The greater of \$30 or 40%
- The greater of \$40 or 50%

Mail-Order Pharmacy Costs (PharmaCare or Ridgeway), you pay:

- \$20
- \$40
- \$60
- Not covered

Type of Drug

- Generic
- Brand formulary
- Brand non-formulary
- ProtoCall Specialty Drugs *

Supply Amount

30-day maximum

90-day maximum

*The benefit year out-of-pocket maximum on pharmacy charges only (in addition to the deductible) is \$1,200/person, \$2,400 per family. *ProtoCall Specialty drugs purchased at a retail pharmacy do not apply to the out-of-pocket maximum. Copays for mail order prescriptions are included in the out-of-pocket maximum.*

AT-A-GLANCE

Who Is Eligible?

The Prescription Drug Plan is a benefit for all MUS employees and dependents enrolled in an MUS medical plan. There is no separate premium for this plan.

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/\$300 per family deductible. If you use a pharmacy in the CareMark Preferred Network and have met your deductible, you only pay the applicable coinsurance.

Network pharmacy listings can be found on the CareMark website at: www.pharmacare.com.

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

Mail-Order Pharmacies

You may obtain up to a 90-day supply of most covered prescriptions with **no deductible**. *Specialty drugs and proton pump inhibitors cannot be purchased through mail order.*

Mail-order pharmacies are: Ridgeway Pharmacy (1-800-630-3214) and CareMark Mail Service Pharmacy.

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

Prior authorizations

Some drugs require prior or special authorization. Contact CareMark 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 the 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 **no**

cost to you 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).**

Coverage for Proton Pump Inhibitors (PPI) such as Aciphex, Nexium, Prevacid and Protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Due to the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order benefit.

ProtoCall™ Specialty Drug List

This list contains those medications that are part of ProtoCall's Specialty Pharmacy program. To enroll in the ProtoCall program, please call 1-888-442-9780, option 4. The name of "PharmaCare" has changed to "CareMark". PharmaCare Specialty Pharmacy" will be referred to as CareMark Specialty Pharmacy Services." You may see either of the two names for a period of time.

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
DIDANOSINE	EMTRIVA	HELIXATE FS	HEMOFIL M	ORENCIA	ORTHOVISC
EPIVIR	EPZICOM	HUMATE-P	HYATE:C	REMICADE	SUPARTZ
FUZEON	INTELENCE	KOATE-DVI	KOGENATE FS	SYNVISC	
INVIRASE	KALETRA	MONARC-M	MONOCLATE-P		
LEXIVA	NORVIR	MONONINE	NOVOSEVEN		
RESCRIPTOR	RETROVIR	PROFILNINE SD	PROPLEX T		
REYATAZ	SEROSTIM	RECOMBINATE	REFACTO		
TRUVADA	SUSTIVA				
VIRACEPT	TRIZIVIR				
VIREAD	VIDEX				
VIRAMUNE	ZERIT				
ZIAGEN	ZIDOVUDINE				

Growth Hormone		Hepatitis C		Transplant	
GENOTROPIN	HUMATROPE	COPEGUS	INFERGEN	CELLCEPT	CYCLOSPORINE
INCRELEX	IPLEX	INTRONA	PEG-INTRON	GENGRAF	MYFORTIC
NORDITROPIN	NUTROPIN	PEGASYS	REBETRON	NEORAL	PROGRAF
NUTROPIN AQ	SAIZEN	REBETOL	RIBASPHERE	RAPAMUNE	SANDIMMUNE
TEV-TROPIN	ZORBTIVE	RIBAPAK	RIBATAB	ZENAPAX	
		RIBAVIRIN	ROFERONA		

Multiple Sclerosis		Dermatology		Serious Mental Illness	
AVONEX	BETASERON	AMEVIVE	ENBREL	CLOZAPINE	CLOZARIL
COPAXONE	REBIF	HUMIRA	RAPTIVA	FAZACLO	
TYSABRI		REMICADE			

Oncology		Osteoporosis		Parkinson's Disease	
NEXAVAR	REVLIMID	FORTEO		APOKYN	
TARCEVA					

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.deltadentalins.com/mus

Choices offers one Dental plan option for Retirees:

- Premium Plan

Retiree enrollment in the dental plan is a one-time opportunity. See the back of the enrollment form for details. If you do not enroll in a timely manner, you will lose your right for coverage unless a qualifying event occurs.

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"> ■ Employee Only \$42 ■ Employee & Spouse/Adult Dep. \$76 ■ Employee & Child(ren) \$76 ■ Employee & Family \$126 	<ul style="list-style-type: none"> ■ Not Available to Retirees
Maximum Annual Benefit	\$1,500 per covered individual	
Preventive and Diagnostic Services	<ul style="list-style-type: none"> ■ Twice Per Benefit Year ■ Initial and Periodic oral exam ■ Cleaning ■ Complete series of intraoral X-rays ■ Topical application of fluoride 	<ul style="list-style-type: none"> ■ Not Available to Retirees
Basic Restorative Services	<ul style="list-style-type: none"> ■ Amalgam filling ■ Endodontic treatment ■ Periodontic treatment ■ Oral surgery 	<ul style="list-style-type: none"> ■ Not Available to Retirees
Major Dental Services	<ul style="list-style-type: none"> ■ Crown ■ Root canal ■ Complete lower and upper denture ■ Dental implant (subject to \$1,500 lifetime benefit) 	<ul style="list-style-type: none"> ■ Not Available to Retirees
Removal of impacted teeth	<ul style="list-style-type: none"> ■ Covered benefit 	<ul style="list-style-type: none"> ■ Not Available to Retirees
Orthodontia	<ul style="list-style-type: none"> ■ Available to covered children and adults ■ \$1,500 lifetime benefit 	<ul style="list-style-type: none"> ■ Not Available to Retirees
Implants	<ul style="list-style-type: none"> ■ \$1,500 lifetime benefit 	<ul style="list-style-type: none"> ■ Not Available to Retirees

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. **Note: The Basic Plan is not available for Retirees.**

MUS Table of Allowance

*All Codes (shaded and non-shaded) are for the Premium Plan
(Sample Codes Only - Not a Complete Listing)*

Procedure Code	Description	Maximum Allowance
D0120	Periodic oral evaluation - established patient	\$36
D0140	Limited oral evaluation - problem focused	\$52
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$36
D0150	Comprehensive oral evaluation - new or established patient	\$58
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$124
D0180	Comprehensive periodontal evaluation - new or established patient	\$64
D0210	Intraoral - complete series (including bitewings)	\$98
D0220	Intraoral - periapical first film	\$23
D0230	Intraoral - periapical each additional film	\$18
D0240	Intraoral - occlusal film	\$22
D0250	Extraoral - first film	\$52
D0270	Bitewings - one film	\$20
D0272	Bitewings - two films	\$33
D0273	Bitewings - three films	\$40
D0274	Bitewings - four films	\$47
D0277	Vertical Bitewings - 7 to 8 films	\$65
D0330	Panoramic film	\$81
D0340	Cephalometric film	\$78
D0350	Oral/facial photographic images	\$29
D0470	Diagnostic casts	\$81
D1110	Prophylaxis - adult	\$74
D1120	Prophylaxis - child	\$52
D1203	Topical application of fluoride (prophylaxis not included) child (through age 13)	\$24
D1204	Topical application of fluoride (prophylaxis not included) adult (ages 14 through 19)	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant - per tooth	\$40

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
D1510	Space maintainer - fixed - unilateral	\$213
D1515	Space maintainer - fixed - bilateral	\$346
D1550	Re-cementation of space maintainer	\$56
D2140	Amalgam - one surface, primary or permanent	\$93
D2150	Amalgam - two surfaces, primary or permanent	\$118
D2160	Amalgam - three surfaces, primary or permanent	\$147
D2161	Amalgam - four or more surfaces, primary or permanent	\$176
D2330	Resin-based composite - one surface, anterior	\$98
D2331	Resin-based composite - two surfaces, anterior	\$125
D2332	Resin-based composite - three surfaces, anterior	\$156
D2335	Resin-based composite - 4 or more surfaces involving incisal angle (anterior)	\$190
D2391	Resin-based composite - one surface, posterior	\$93
D2392	Resin-based composite - two surfaces, posterior	\$118
D2393	Resin-based composite - three surfaces, posterior	\$147
D2394	Resin-based composite - 4 or more surfaces, posterior	\$176
D2543	Onlay - metallic - three surfaces	\$375
D2544	Onlay - metallic - four or more surfaces	\$440
D2643	Onlay - porcelain/ceramic - three surfaces	\$375
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$440
D2740	Crown - porcelain/ceramic substrate	\$453
D2750	Crown - porcelain fused to high noble metal	\$423
D2751	Crown - porcelain fused to predominately base metal	\$410
D2752	Crown - porcelain fused to noble metal	\$414
D2780	Crown - 3/4 cast high noble metal	\$406
D2783	Crown - 3/4 porcelain/ceramic	\$410
D2790	Crown - full cast high noble metal	\$410
D2791	Crown - full cast predominately base metal	\$402
D2792	Crown - full cast noble metal	\$406
D2794	Crown - titanium	\$410
D2910	Recement inlay, onlay, or partial coverage restoration	\$60
D2920	Recement crown	\$61
D2930	Prefabricated stainless steel crown - primary tooth	\$148
D2931	Prefabricated stainless steel crown - permanent tooth	\$222

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
D2932	Prefabricated resin crown	\$221
D2933	Prefabricated stainless steel crown with resin window	\$222
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$222
D2940	Sedative filling	\$70
D2950	Core buildup, including any pins	\$95
D2951	Pin retention - per tooth, in addition to restoration	\$38
D2952	Post and core in addition to crown, indirectly fabricated	\$159
D2954	Prefabricated post and core in addition to crown	\$127
D2960	Labial veneer (resin laminate) - chairside	\$622
D2962	Labial veneer (porcelain laminate) - laboratory	\$452
D2980	Crown repair, by report	\$41
D3110	Pulp cap - direct (excluding final restoration)	\$43
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$105
D3310	Root canal - Anterior (excluding final restoration)	\$489
D3320	Root canal - Bicuspid (excluding final restoration)	\$566
D3330	Root canal - Molar (excluding final restoration)	\$695
D3346	Retreatment of previous root canal therapy - anterior	\$592
D3347	Retreatment of previous root canal therapy - bicuspid	\$674
D3348	Retreatment of previous root canal therapy - molar	\$814
D3410	Apicoectomy/periradicular surgery - anterior	\$435
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$480
D3425	Apicoectomy/periradicular surgery - molar(first root)	\$520
D3430	Retrograde filling - per root	\$116
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$358
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
D4249	Clinical crown lengthening - hard tissue	\$455
D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant	\$672
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	\$511
D4271	Free soft tissue graft procedure (including donor site surgery)	\$632

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
D4341	Peridontaal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Peridontaal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Peridontal maintenance	\$84
D5110	Complete denture - maxillary	\$608
D5120	Complete denture - mandibular	\$608
D5130	Immediate denture - maxillary	\$666
D5140	Immediate denture - mandibular	\$666
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5213	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5510	Repair broken complete denture base	\$86
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76
D5610	Repair resin denture base	\$89
D5640	Replace broken teeth - per tooth	\$76
D5650	Add tooth to existing partial denture	\$114
D5660	Add clasp to existing partial denture	\$160
D5750	Reline complete maxillary denture (laboratory)	\$274
D5751	Reline complete mandibular denture (laboratory)	\$274
D5761	Reline mandibular partial denture (laboratory)	\$263
D5820	Interim partial denture (maxillary)	\$216
D5821	Interim partial denture (mandibular)	\$216
D5850	Tissue conditioning, maxillary	\$51
D6210	Pontic - cast high noble metal	\$399
D6212	Pontic - cast noble metal	\$365
D6240	Pontic - porcelain fused to high noble metal	\$424

MUS Table of Allowance

Procedure Code	Description	Maximum Allowance
D6241	Pontic - porcelain fused predominantly base metal	\$391
D6242	Pontic - porcelain fused to noble metal	\$408
D6245	Pontic - porcelain/ceramic	\$429
D6750	Crown - porcelain fused to high noble metal	\$423
D6751	Crown - porcelain fused to predominately base metal	\$410
D6752	Crown - porcelain fused to noble metal	\$414
D6790	Crown - full cast high noble metal	\$410
D6791	Crown - full cast predominately base metal	\$402
D6792	Crown - full cast noble metal	\$406
D6794	Crown - titanium	\$410
D6930	Recement fixed partial denture	\$54
D6973	Core build up for retainer, including any pins	\$92
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone an/or section of tooth	\$160
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$173
D7280	Surgical access of an unerupted tooth	\$291
D7510	Incision and drainage of abscess - intraoral soft tissue	\$146
D7910	Suture of recent small wounds up to 5cm	\$192
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	Pallative (emergency) treatment of dental pain - minor procedure	\$69
D9220	Deep sedation/general anesthesia - first 30 minutes	\$219
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9241	Intravenous conscious sedation/analgesic - first 30 minutes	\$199
D9242	Intravenous conscious sedation/analgesic - each additional 15 minutes	\$81
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60
D9930	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.

Vision Plan



Administered by EyeMed Vision Care.

1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)

www.enrollwiththeyemed.com/access (prior to enrolling)

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

Service/Material	Coverage from an EyeMed Doctor	Out of Network	Rural OON Allowance**
Exam with dilation as necessary Once every calendar year	\$10 co-pay	\$45 allowance	Up to \$85
Frames: Once every two years	\$125 allowance, 20% off balance over \$125	\$47 allowance	\$100
Standard Plastic Lenses: Single Vision Bifocal Trifocal Standard Progressives Once every calendar year in lieu of contacts	\$20 co-pay \$20 co-pay \$20 co-pay \$85 co-pay	\$45 allowance \$55 allowance \$65 allowance	\$45 \$55 \$65 \$55
Contact Lens Materials Conventional or Disposable *Medically Necessary Once every calendar year in lieu of eyeglass lenses	\$125 allowance, 15% off balance over \$125 Paid in full	\$80 \$200	\$100 \$200
Contact Lens Exam Fees: Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every calendar year	\$20 co-pay, paid in full, fit and two follow up visits \$20 co-pay, 10% off retail price, then apply \$35 allowance	\$40 \$40	\$40 \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard A/R	\$15 co-pay \$15 co-pay \$15 co-pay \$40 co-pay \$45 co-pay	NA	NA

* 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.

**To qualify for the enhanced rural out-of-network benefit, employees must meet the definition of rural employee, meaning any MUS employee and dependents enrolled on the vision plan who reside more than 50 miles from the nearest network provider.

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 for a listing of providers near your zip code.

Once enrolled, visit: 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, 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
Care Type	
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>)
Monthly Benefit	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
Duration	
3 years	3 years Nursing Home 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
Inflation Protection	
Yes	5% compounded annually
No	No protection 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 is designed to pick up where our health insurance leaves off. You may never need long term care. However, this year about nine million men and women will need long term care. By 2020, 12 million Americans will need long term care. Most will be cared for at home. A study by the US Department of Health and Human Services indicates that people who reach age 65 have a 40 percent chance

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

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



WELLNESS

MONTANA UNIVERSITY SYSTEM

.....
“Our mission is to help our plan members stay healthy by providing preventive health screenings, healthy lifestyle education and support, and disease prevention/management programs.”
.....

Overview

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



Preventive Health Screenings

WellCheck: Every campus conducts annual, semi-annual, or every other year health fairs, called WellChecks. The lab tests listed below are always available at WellCheck, as well as a variety of additional free or discounted health screenings. See next page for the 2008/2009 WellCheck schedules.

- **Online Registration:** Online registration is now required on all campuses for WellCheck appointments. Website: www.montana.edu/wellness, select Online Registration. No computer - call campus Wellness.

Drop-In Blood Draws: Lab tests are available in Bozeman and Missoula by making an appointment via online registration; and Billings, Butte, and Havre by calling Wellness office for appointment. Subject to \$5 lab fee.

Lab Tests:

- Chemistry Screen: \$20 at WellCheck (\$25 at Drop-in Blood Draws - see above)
- PSA (Prostate Specific Antigen): FREE every plan year to men over 50 or \$24 if under 50
- CBC (Complete Blood Count): \$16
- Cardio C-Reactive Protein: \$36
- Hemoglobin A1C: \$30

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

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!*

Website:

www.montana.edu/wellness

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



WellCheck Schedule & Campus Wellness Contacts

Campus	2008/2009 WellCheck Dates	Phone
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 13 & 14, 2008	896-5836
Billings COT	April 2, 2009	896-5836
Bozeman (MSU)	November 6 & 7, 2008; March 24 & 25, 2009	994-6348
Bozeman (MSU - Extension)	October 8, 2008	994-6348
Butte (MT Tech)	October 2, 2008	496-4323
Butte (COT)	October 3, 2008	496-4323
Dillon (UM Western)	October 8, 2008; March 31, 2009	683-7441
Glendive (DCC)	October 14, 2008	377-9450
Great Falls (COT)	October 22, 2008	268-3717
Havre (MSU Northern)	October 23, 2008	265-4147
Helena (COT & OCHE)	October 21, 2008	COT: 444-6877 OCHE: 444-2574
Kalispell (FVCC)	September 30, 2008	756-3804
Miles City (MCC)	October 15, 2008	874-6186
Missoula (UM)	October 28 & 29, 2008; April 7 & 8, 2009	243-2027
Missoula (COT)	October 30, 2008	243-2027



Disease Prevention Education/ Management Programs

Metabolic Syndrome

Available to adult plan members with related risk factors.

For details, see website:

www.montana.edu/wellness or

contact: lisa.hofman@umontana.edu or 866-644-2025.

Diabetic Support

Available to any plan member with diabetes.

For details, see website:

www.montana.edu/wellness or

contact: lisa.hofman@umontana.edu or 866-644-2025.



Healthy Lifestyle Education & Support

The Life Connection (TLC) Program

Includes EAP and online services. See page 25 for details.

Ask an Expert

Adult plan members are eligible for one FREE annual personalized telephone diet and/or exercise consultation with a Registered Dietitian and/or Exercise Specialist.

Email contact: lisa.hofman@umontana.edu, or call toll free 1-866-644-2025 or 243-2025 (Missoula).

Online DesktopSpa

A database of unique, brief and highly effective audio and video wellness exercises led by respected health practitioners using yoga, relaxation, acupressure, tai chi, guided imagery and ergonomics. It integrates “mini-treatments” to reduce stress and illness, and increase effectiveness, energy and performance.

Go to website: www.montana.edu/wellness

Select:

- 1). DesktopSpa
- 2). Enter DesktopSpa
- 3). Register as New User, follow all prompts
- 4). Corporate Code: MUS (disregard User ID)

Fitness Products

All campuses sell quality pedometers and some sell other fitness products.

Telephonic Workshops

Classes taught over the phone. See newsletter and website for current listing.

Wellness Newsletter

Mailed to home addresses three (3) times each plan year. Archived editions can be accessed via the website.

The Life Connection (TLC) Program

because everyone needs a little TLC

The Montana University System recognizes the challenges of balancing work and the demands of everyday life. That's why you and your household members can have access to any of the **TLC** services listed below. When you call the toll-free number, you will be assisted by a qualified consultant who will respond to your request thoroughly and promptly. When you log onto the TLC link via the Wellness website, you'll find an abundance of useful resources, articles, links and interactive tools.

FREE ▪ CONFIDENTIAL

Employee Assistance Program (EAP) Counseling Services

- 4 free 1-on-1 counseling visits per issue
- Available to any member of your household
- Available 24 hours/day, 7/days per week
- 24 hour crisis support

1-800-248-4532

Recovering From Depression

- Voluntary program for plan members (adult & children) with a diagnosis of depression wanting to feel better
- 1-on-1 counseling and support
- Health Education
- Assisted access to online resources

1-800-248-4532

TLC Online Work-Life Services

- **Family and Care Giving**
 - Parenting; child and adult-care
 - Online assisted searches
- **Emotional Well-Being**
 - Mental health and personal growth
- **Health & Wellness**
 - Health-related tools
- **Working Smarter**
 - Career and Workplace
- **Daily Living**
 - Legal and Financial documents
 - Tax ACT - tax preparation software
 - Consumer tips
- **International**
 - Living or relocating abroad
- **Learning Center**
 - Assessments; trainings
- **Savings Center**
 - Merchandise discounts

Legal Services

- 30 minute free consult with an attorney
- 25% discount for extended legal consults
- Online downloadable legal documents

1-800-248-4532

Financial Services

- 30 minute free consult with a financial advisor
- Online downloadable financial forms

1-800-248-4532

All of the listed services of the TLC Program can be accessed on our website:

www.montana.edu/wellness:

select "TLC Program"(Company Code: MUS)



Networks & Service Areas

BCBSMT Managed Care Plan Service Areas

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

New West Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Colstrip	59323	Hobson	59452	Pompeys Pillar	59064
Acton	59002	Condon	59826	Hotsprings	59845	Power	59468
Alberton	59820	Conrad	59425	Hungry Horse	59919	Pray	59065
Alder	59710	Coram	59913	Huntley	59037	Proctor	59929
Anaconda	59711	Corvalis	59828	Huson	59846	Pryor	59066
Angela	59312	Crow Agency	59022	Hysham	59038	Radersburg	59641
Arlee	59821	Custer	59024	Jefferson City	59638	Ramsey	59748
Augusta	59410	Darby	59829	Joliet	59041	Rapelje	59067
Avon	59713	Dayton	59914	Jordan	59337	Ravalli	59863
Ballantine	59006	Deer Lodge	59722	Judith Gap	59453	Raynesford	59469
Basin	59631	Denton	59430	Iverness	59530	Red Lodge	59068
Bearcreek	59007	Dillon	59725	Joplin	59531	Reed Point	59069
Belfry	59008	Divide	59727	Kalispell	59901	Ringling	59642
Belgrade	59714	Dixon	59831	Kalispell	59902	Roberts	59070
Belt	59412	Dodson	59524	Kalispell	59903	Rollins	59931
Big Arm	59910	Drummond	59832	Kalispell	59904	Ronan	59864
Bigfork	59911	Dupuyer	59432	Kevin	59454	Roscoe	59071
Big Sandy	59420	Dutton	59433	Kila	59920	Rosebud	59347
Big Sky	59716	East Helena	59635	Kinsey	59338	Roundup	59072
Big Timber	59011	Edgar	59026	Kremlin	59532	Roundup	59073
Billings	59101	Ellston	59728	Lake McDonald	59921	Roy	59471
Billings	59102	Elmo	59915	Lakeside	59922	Rudyard	59540
Billings	59103	Emigrant	59027	Laurel	59044	Ryegate	59074
Billings	59104	Ethridge	59435	Lavina	59046	Saco	59261
Billings	59105	Fairfield	59436	Ledger	59456	Saint Ignatius	59865
Billings	59106	Fallon	59326	Lewistown	59457	Saint Regi	59866
Billings	59107	Fishtail	59028	Libby	59923	Saint Xavier	59075
Billings	59108	Florence	59833	Livingston	59047	Sand Coulee	59472
Billings	59111	Floweree	59440	Lloyd	59535	Sanders	59076
Billings	59112	Forest Grove	59441	Lodge Grass	59050	Shawmut	59078
Billings	59114	Forsyth	59327	Lolo	59847	Shelby	59474
Billings	59115	Fort Benton	59442	Loma	59460	Shepherd	59079
Billings	59116	Fort Harrison	59636	Lonepine	59848	Silver Star	59751
Billings	59117	Fort Shaw	59443	Loring	59537	Simms	59477
Black Eagle	59414	Frenchtown	59834	Manhattan	59741	Somers	59932
Bonner	59823	Fromberg	59029	Marion	59925	Springdale	59082
Boulder	59632	Galata	59444	Martin City	59926	Stevensville	59870
Boyd	59013	Gallatin Gateway	59730	Marysville	59640	Stockett	59480
Bozeman	59715	Garneill	59445	McLeod	59052	Stryker	59933
Bozeman	59717	Garrison	59731	Malstrom AFB	59402	Sula	59871
Bozeman	59718	Garryowen	59031	Malta	59538	Sunburst	59482
Bozeman	59719	Geraldine	59446	Martinsdale	59053	Sun River	59483
Bozeman	59771	Gilford	59525	Melville	59055	Superior	59872
Bozeman	59772	Glen	59732	Mildred	59341	Terry	59349
Bozeman	59773	Gold Creek	59733	Miles City	59301	Thompson Falls	59873
Box Elder	59521	Grantsdale	59835	Milltown	59851	Three Forks	59752
Brady	59416	Grass Range	59032	Missoula	59801	Toston	59643
Bridger	59014	Great Falls	59401	Missoula	59802	Townsend	59644
Broadview	59015	Great Falls	59403	Missoula	59803	Troy	59935
Brusett	59318	Great Falls	59404	Missoula	59804	Twin Bridges	59754
Buffalo	59418	Great Falls	59405	Missoula	59806	Two Dot	59085
Butte	59701	Great Falls	59406	Missoula	59807	Ulm	59485
Butte	59702	Greenough	59836	Missoula	59808	Vaughn	59487
Butte	59703	Hall	59837	Missoula	59812	Victor	59875
Butte	59707	Hamilton	59840	Moccasin	59462	Warm Springs	59756
Butte	59750	Hardin	59034	Molt	59057	West Glacier	59936
Bynum	59419	Harlowton	59036	Moore	59464	Whitefish	59937
Canyon Creek	59633	Hathaway	59333	Musselshell	59059	Whitehall	59759
Cardwell	59721	Havre	59501	Neihart	59465	White Sulfur Springs	59645
Carter	59420	Helena	59601	Noxon	59853	Whitewater	59544
Cascade	59421	Helena	59602	Oilmont	59466	Wilsall	59086
Charlo	59824	Helena	59604	Pablo	59855	Winston	59647
Chester	59522	Helena	59620	Paradise	59856	Wolf Creek	59648
Chinook	59523	Helena	59623	Park City	59063	Worden	59088
Choteau	59422	Helena	59624	Pendroy	59467	Wyola	59089
Clancy	59634	Helena	59625	Phillipsburg	59858	Yellowtail	59035
Clinton	59825	Helena	59626	Pinesdale	59841	Zortman	59546
Clyde Park	59018	Heron	59844	Plains	59859	Zurich	59547
Cohagen	59322	Highwood	59450	Polaris	59746		
Columbia Falls	59912	Hilger	59451	Polebridge	59928		
Columbus	59019	Hingham	59528	Polson	59860		

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
Acton	59002
Alberton	59820
Alder	59710
Amsterdam	59741
Anaconda	59711
	59771
Arlee	59821
Ashland	59003
Augusta	59410
Avon	59713
Ballantine	59006
Basin	59631
Bearcreek	59007
Belfry	59008
Belgrade	59714
Belt	59412
Big Arm	59910
Big Sandy	59520
Big Sky	59716
Big Timber	59011
Bigfork	59911
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Black Eagle	59414
Bonner	59823
Boulder	59632
Boyd	59013
Bozeman	59715
	59717
	59718
	59719
	59771
	59772
	59773
Brady	59416
Bridger	59014
Broadus	59317
Broadview	59015

Allegiance Managed Care Plan Service Areas

City	Zip Code
Buffalo	59418
Butte	59701
	59702
	59703
	59707
Bynum	59419
Canyon Creek	59633
Cardwell	59721
Carter	59420
Cascade	59421
Charlo	59824
Chester	59522
Chinook	59523
Choteau	59422
Clancy	59634
Clinton	59825
Clyde Park	59018
Colstrip	59323
Columbia Falls	59912
Columbus	59019
Condon	59826
Conner	59827
Conrad	59425
Coram	59913
Corvallis	59828
Creston	59902
Cushman	59046
Custer	59024
Cutbank	59427
Darby	59829
Dayton	59914
DeBorgia	59830
Deer Lodge	59722
Dell	59724
Denton	59430
Dillon	59275
	59271
	59272
Divide	59727
Dixon	59831
Drummond	59732
Dupuyer	59432
Dutton	59433
East Helena	59635
East Missoula	59801
Edgar	59026
Elliston	59728
Elmo	59915
Emigrant	59027
Ennis	59729
Ethridge	59435
Eureka	59917
	59918
Fairfield	59436
Fairview	59221
Fallon	59326
Fishtail	59028
Florence	59833
Floweree	59440
Forsyth	59327
Fortine	59918
Fort Benton	59442
Fort Harrison	59443
Fort Shaw	59443
Frenchtown	59846
Fromberg	59029
Galata	59444
Gallatin Gateway	59730
Gardiner	59030

City	Zip Code
Garnelli	59445
Garrison	59731
Garryowen	59031
Geraldine	59446
Geyser	59447
Gildford	59525
Glasgow	59230
	59231
Glen	59732
Glendive	59330
Gold Creek	59733
Grantsdale	59835
Great Falls	59401
	59402
	59403
	59404
	59405
	59406
Greenough	59836
Hall	59837
Hamilton	59840
	59849
Hardin	59034
Harrison	59735
Haugan	59842
Havre	59501
Hays	59527
Helena	59601
	59602
	59604
	59620
	59623
	59624
	59625
	59626
Helmville	59843
Heron	59844
Highwood	59450
Hilger	59451
Hingham	59528
Hobson	59452
Hot Springs	59845
Hungry Horse	59919
Huntley	59037
Huson	59846
Inverness	59530
Ismay	59336
Jackson	59736
Jefferson City	59638
Joliet	59041
Joplin	59041
Judith Gap	59453
Kalipsell	59901
	59902
	59903
	59904
Kevin	59454
Kila	59920
Kinsey	59338
Kremlin	59532
Lake McDonald	59921
Lakeside	59922
Lame Deer	59043
Laurel	59044
Lavina	59046
Ledger	59456
Lewistown	59457

Allegiance Managed Care Plan Service Areas

Notes

City	Zip Code	City	Zip Code
Libby.....	59923	Rudyard.....	59540
Lima.....	59739	Ryegate.....	59074
Lincoln.....	59639	Saltese.....	59867
Lloyd.....	59535	Sand Coulee.....	59472
Lodge Grass.....	59050	Sand Springs.....	59077
Lolo.....	59847	Santa Rita.....	59473
Loma.....	59460	Seeley Lake.....	59864
Lonepine.....	59848	Shawmut.....	59078
Lothair.....	59461	Shelby.....	59474
Malmstrom AFB.....	59402	Shepherd.....	59079
Malta.....	59538	Sheridan.....	59749
Marion.....	59925	Sidney.....	59270
Martin City.....	59926	Silver Star.....	59751
Martinsdale.....	59053	Silverbow-Butte.....	59750
Marysville.....	59640	Simms.....	59477
McAllister.....	59740	Somers.....	59932
McLeod.....	59052	Springdale.....	59082
Melrose.....	59743	St. Ignatius.....	59865
Melville.....	59055	St. Regis.....	59866
Miles City.....	59301	St. Xavier.....	59075
Milltown.....	59851	Stanford.....	59479
Missoula.....	59801	Stevensville.....	59870
	59802	Stockett.....	59480
	59803	Styker.....	59933
	59804	Sula.....	59871
	59806	Sun River.....	59483
	59807	Sunburst.....	59482
	59808	Superior.....	59872
	59812	Terry.....	59349
	59825	Thompson Falls.....	59873
	59834	Three Forks.....	59752
Moccasin.....	59462	Toston.....	59643
Molt.....	59057	Townsend.....	59644
Monarch.....	59463	Trego.....	59934
Mussellshell.....	59059	Trout Creek.....	59874
Neilhart.....	59465	Troy.....	59935
Norris.....	59745	Twin Bridges.....	59754
Noxon.....	59853	Two Dot.....	59085
Nye.....	59061	Ulm.....	59485
Oilmont.....	59466	Valier.....	59486
Olney.....	59927	Vaughn.....	59487
Ovando.....	59854	Victor.....	59875
Pablo.....	59855	West Glacier.....	59936
Paradise.....	59856	Whitefish.....	59937
Park City.....	59063		59938
Pendroy.....	59467	Whitehall.....	59759
Phillipsburg.....	59858	Whitelash.....	59545
Pinesdale.....	59841	Wibaux.....	59353
Plains.....	59859	Willow Creek.....	59760
Polaris.....	59746	Wilsall.....	59086
Pole Bridge.....	59928	Winston.....	58647
Pompeys Pillar.....	59064	Wisdom.....	59671
Polson.....	59860	Wise River.....	59762
Pony.....	59747	Wolf Creek.....	59648
Power.....	59468	Worden.....	59088
Pray.....	59065	Zurich.....	59547
Proctor.....	59929		
Ramsay.....	58748		
Ravalli.....	59863		
Raynesford.....	59469		
Red Lodge.....	59068		
Rexford.....	59930		
Ringling.....	59642		
Roberts.....	59070		
Rollins.....	59931		
Ronan.....	59824		
	59864		
Roscoe.....	59071		
Roundup.....	59072		

TRADITIONAL PLAN A - HOSPITALS/FACILITIES

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

Anaconda	Community Hospital of Anaconda	Malta	Phillips County Hospital
Big Sandy	Big Sandy Medical Center	Miles City	Holy Rosary Healthcare
Big Timber	Pioneer Medical Center	Missoula	St. Patrick Hospital
Billings	St. Vincent's Healthcare Center	Philipsburg	Granite County Medical Center
Bozeman	Bozeman Deaconess Hospital	Plains	Clark Fork Valley Hospital
Butte	St. James Healthcare & Nursing Home	Plentywood	Sheridan Memorial Hospital
Chester	Liberty County Hospital	Polson	St. Joseph Hospital
Choteau	Teton Medical Center	Red Lodge	Beartooth Hospital and Health Center
Columbus	Stillwater Community Hospital	Ronan	St. Luke Community Hospital
Conrad	Pondera Medical Center	Roundup	Roundup Memorial Health Care
Cutbank	Northern Rockies Medical Center, Inc.	Scobey	Daniels Memorial Healthcare Center
Deer Lodge	Powell County Memorial Hospital	Shelby	Marias Medical Center
Dillon	Barrett Hospital and Health Care	Sheridan	Ruby Valley Hospital
Forsyth	Rosebud Health Care Center	Sidney	Sidney Healthcare
Fort Benton	Missouri River Medical Center	Superior	Mineral Community Hospital
Glasgow	Frances Mahon Deaconess Hospital	Terry	Prairie Community Health Center
Glendive	Glendive Medical Center	Townsend	Broadwater Health Center
Great Falls	Benefis Health Care	Whitefish	North Valley Hospital
	Central Montana Surgery Center	White Sulphur Springs	Mountain View Medical Center
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		

Out of State

There is a specific travel network for elective services. Please contact Allegiance Customer Service at 1-877-778-8600 for assistance with this travel network.

Traditional Plan A Members Keep in Mind

Members who have selected the Plan A option must be aware that the facilities listed above are the in-network facilities. Elected services received at any other facility will be processed as out-of-network, subject to a separate deductible and a separate coinsurance maximum. **Prior to receiving services, check with Allegiance, as some professional providers (doctors, therapists, etc.) may have elected not to participate in-network and, as a result, those services would also be processed as out-of-network.** Remember that in addition to the separate deductible and separate coinsurance maximum, out-of-network providers may **balance bill** for any differences between allowance and charge. Emergency services and services that are not offered by an in-network provider will be covered on the in-network benefit.

TRADITIONAL PLAN B - HOSPITALS/FACILITIES

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

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



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
Great Falls	Central Montana Surgical Center
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Children's 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
Billings	Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cut Bank	Notern Rockies Medical Center
Deer Lodge	Powell County Medical Center
Dillon	Barrett Hospital and Healthcare
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 Surgery Center
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 Care
Missoula	Community Medical Center
Missoula	St. Patrick Hospital

Allegiance Network Hospitals

City	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
Sheridan	Ruby Valley Hospital
Sidney	Sidney Healthcare
Superior	Mineral Community Hospital
Terry	Prairie Community Health Care
Townsend	Broadwater Health Center
White Sulphur Springs	Mountain View Medical Center

New West Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical 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 Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Missoula	St. Patrick Hospital
Phillipsburg	Granite Co. Medical Center Hospital
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Healthcare
Shelby	Marias Medical Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View Medical Center

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



It is a good idea to contact the claims administrator for the plan you've chosen to make sure your provider is in-network prior to receiving services. This will help you avoid unanticipated out of pocket expenses.

Creditable Coverage and Medicare Part D Information

Note: The following notice was mailed to all MUS Medicare participants in October 2007.



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 annual enrollment periods and if either the Montana University System Insurance Plan or Medicare Part D changes. This notice will also be sent to you prior to your 65th birthday if you have retired before that date.

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 2007 Part D 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 have to 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 do 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 2008, 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.

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

- The Medicare website at www.medicare.gov
- The Social Security website at:
www.ssa.gov or www.socialsecurity.gov
- Your State Health Insurance Assistance Program.
Phone numbers are listed in Medicare and You 2008.
- 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). However, if you enroll in a Medicare Part D plan, even one that is free, you may lose your MUS insurance coverage including MUS prescription drug coverage.

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 406-444-0614 or 406-444-0329. Our website is <http://mus.edu/che/che.asp>. Look in the "Benefits and Insurance" section. You can also access MUS Benefits and Insurance at www.montana.edu/choices/.

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.

Miscellaneous Legal Information and References

Eligibility and Enrollment:

Eligibility and enrollment for coverage by the Montana University System (MUS) 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

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.



Women's Health and Cancer Rights Acts

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 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, coinsurance 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>

Self Audit Award Program

Be sure to check all bills from your medical providers to ensure charges have not been duplicated or that you were billed for services you did not receive. When you detect billing errors that result in a claims adjustment, the plan will share the savings with you! You may receive an award of 50 percent of the savings, up to a maximum of \$1,000.00.

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

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

To receive the self-audit award, the member must:

- Notify the claims administrator of the error before it is detected by the administrator or the health care provider;
- Contact the provider to verify the error and work out the correct billing;
- Have copies of the correct billing sent to the claims administrator for verification, claims adjustment and calculation of the self-audit award.

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>



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.

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.

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 deliver 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.

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) 444-2574 Phone (406) 444-0222 Fax

www.montana.edu/choices/

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Traditional Plans & Allegiance Managed Care Plan Contacts

ALLEGIANCE

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

Precertification 1-800-342-6510

www.abpmtpa.com

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Managed Care Plan Contacts

BLUE CROSS AND BLUE SHIELD OF MONTANA

1-800-820-1674 or 447-8747

www.bcbsmt.com

NEW WEST HEALTH PLAN

1-800-290-3657 or 457-2200

www.newwesthealth.com

PEAK HEALTH PLAN

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

Precertification/prior authorization 1-866-275-7646

www.healthinfonet.com

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Dental Contact

DELTA DENTAL INSURANCE COMPANY

Customer Service 1-866-579-5717

www.deltadentalins.com/MUS

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CAREMARK

Customer Service 1-800-994-8439

Prescription Drug Program mail order service 1-888-645-9303

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 (prior to enrollment)

www.eyemedvisioncare.com (after enrollment)

Eye exam, related services, and benefits

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THE LIFE CONNECTION (TLC)

1-800-248-4532

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STAR POINT HEALTH CARE GROUP/STAR BABY PROGRAM

1-877-792-7827

www.starpointmedical.com

Maternity Case Management (call during first trimester)

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STANDARD LIFE INSURANCE

1-800-759-8702

Life and Disability

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UNUM LIFE INSURANCE

1-800-822-9103

www.unum.com

Long Term Care claims and information.

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EMPLOYEE BENEFIT RESOURCES

Flex Plan Administrator

1-800-765-9429 or 449-5500

www.ebrworld.com

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