

choices

2009 - 2010

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 decline retiree medical or dental coverage, you and your dependents will NOT be allowed to enroll in the future. If you are waiving coverage for your eligible dependents (including your spouse) as defined by your Choices Group Plan and this Enrollment Booklet because they are currently covered by other health insurance or another health care plan, you may be able to enroll 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. If you acquire an eligible dependent, as defined by the MUS Plan, as a result of marriage, birth, adoption or placement for adoption of a child under the age of 18, you may enroll your newly acquired dependent child(ren) or spouse for coverage under the Plan, provided that such enrollment occurs within sixty-three (63) days after the 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 2009-2010

We are pleased to present the CHOICES Retiree Workbook for the 2009-2010 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 web site 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. We have also added an option called MAPP for eligible Medicare enrollees.

If you do not submit a new enrollment form by May 15, 2009, your current enrollment will continue as is until June 30, 2010, 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.

Cancelled or lapsed coverage cannot be restored! Retirees who fail to continue coverage within 63 days of retirement or who allow coverage to lapse due to nonpayment of premiums may not later rejoin the plan, with one **EXCEPTION**: a Retiree with the right to continue coverage under the MUS Plan who chooses to continue coverage under spousal coverage in either the MUS Plan or the State of Montana Employee Benefit Health Plan may be reinstated to the MUS Plan with Retiree coverage upon the retirement, death, divorce, or any other event which causes ineligibility for spousal coverage. This exception applies only to a Retiree who has maintained continuous coverage under either the MUS Plan or the State of Montana Plan.

Premium Payments:

An eligible Retiree may be able to apply payout of final pay toward Retiree premiums through the end of the calendar year or the benefit year, whichever comes first, on a 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.

Medical coverage is required for all MUS Retirees. 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 cancelled by the MUS for nonpayment of premiums on the first day of the month following the month for which the premium was due.

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 is met. Non-preferred provider/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 with 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, a Managed Care Plan, or MAPP in this or subsequent annual enrollment periods if desired and eligible.

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.

MAPP (Medicare Advantage Pilot Program):

This program was piloted on a limited basis in 2008-2009 and is now being offered to all eligible Retirees for the 2009-2010 Plan Year. To be eligible, all enrolled family members **MUST** be eligible and enrolled in both Medicare Part A and Part B, and must have their primary residence (over 6 months per year) in the State of Montana.

This plan combines Medicare and MUS secondary coverage into one plan and eliminates a great deal of the billing paperwork usually expected for Medicare enrollees. It does not have an annual deductible and has fixed co-pays for most services. **ADDITIONAL FORMS ARE REQUIRED**, which are included in the Retiree annual enrollment packet and available from all campus Human Resources offices. Enrollees must commit to a one-year enrollment period, but may change plans during Annual Enrollment as long as MAPP is a pilot program. Enrollment in Delta Dental or EyeMed may be maintained or suspended while on MAPP without penalty. Contact New West Health Services at 1-888-873-8049 for more information.

MAPP members are NOT included in MUS wellness programs.

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:

CHOICES offers Retirees a one-time opportunity to enroll in 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, 2009. If you did not enroll previously in retiree dental coverage, you may **not** enroll now, unless a qualifying event occurs or you are a new Retiree.

New Retirees may sign up for Premium Dental coverage during their initial Retiree enrollment, if a Retiree enrolls in a Retiree medical plan. (All Retirees must choose a medical plan). Information and rates for the Delta Premium Dental Plan can be viewed within this workbook and on the Retiree enrollment form. **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, 2009.

Long Term Care Insurance:

If a Retiree has Long Term Care Insurance through UNUM, s/he should contact his/her HR/benefits office for personal payment 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.

Life Insurance Coverage:

This coverage is not available for MUS Retirees. However, you may be able to convert your active employee policies at retirement. Ask your HR representative for more information.

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:

Medical coverage is mandatory for all MUS retirees. For Medical Coverage, you must make two elections: a plan and a coverage category. If you fail to correctly 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. If you choose to enroll MAPP (Medicare Advantage Pilot Plan), you will have an additional form to complete, found in a New West envelope in your Retiree packet or supplied by your campus HR office. Be sure that you follow all directions and forward all materials to your campus.

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, you will permanently forfeit your dental coverage eligibility unless a qualifying event occurs.

- 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.

(Continued next page)

How to Enroll in CHOICES as a Retiree, continued:

Information about Other Group Coverage:

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

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



Read the Authorizing Paragraph, then Sign and Date the Form.

Sign on the line that corresponds to your family situation and **return the form by the stated deadline to your campus HR/Benefits Office. For Spring 2009, the deadline is May 15, 2009**, 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., 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 203203, Helena, MT 59620-3203	406-444-0614
Dawson Comm. College Human Resources	300 College Dr., Glendive, MT 59330	406-377-9403
Flathead Valley Comm. College Human Resources	777 Grandview Dr., Kalispell, MT 59901	406-756-3804
Miles Comm. College Human Resources	2715 Dickinson St., Miles City, MT 59301	406-874-6292
State Bar of MT, attn: Mary Ann Murray	PO Box 577, Helena, MT 59624-0577	406-442-7660

2009-2010 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	\$510	\$459	\$433
Retiree + One	\$688	\$620	\$585
Retiree + Two or more	\$778	\$700	\$661
Retiree + Spouse *(mp)	\$601	\$541	\$511
Retiree + Spouse *(mp) + Child(ren)	\$690	\$621	\$587
Survivor	\$510	\$459	\$433
Survivor + Child(ren)	\$572	\$515	\$486

Medicare enrolled *Retirees (generally 65 and older)

	Plan A \$400 Deductible	Plan B \$1500 Deductible	Any Managed Care \$300 Deductible	MAPP
Retiree* Only	\$260	\$234	\$221	\$140
Retiree* + One	\$439	\$395	\$373	na
Retiree* + Two or more	\$528	\$475	\$449	na
Retiree* + Spouse *(mp)	\$351	\$316	\$298	\$280
Retiree* + Spouse *(mp) + Child(ren)	\$441	\$396	\$374	na
Survivor*	\$260	\$234	\$221	\$140
Survivor* + Child(ren)	\$322	\$290	\$274	na

***(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, a Managed Care Plan, or MAPP in subsequent years.

Managed Care Plans and MAPP have member providers/facilities and specific services areas. You must use them to get the lowest rates. Contact your Managed Care Plan or MAPP 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 2009-2010

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 2009-2010

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

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

Traditional Plans	In-Network Managed Care	Out-Of-Network Managed Care
25%	\$100 copay	\$100 copay
\$75 visit for room charges only- lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital)	\$75 visit for room charges only- lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital)	Coverage same as in-network benefit
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. 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 2009-2010

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% Surgical treatment only	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

MAPP - Medicare Advantage Pilot Program

- * All enrolled members under the Retiree's name must be enrolled in both Medicare Part A & Part B.
- * Additional forms must be completed and Medicare qualifying time is needed (about 10 days).
- * This is a fully insured product. You must contact New West Health Services for information and assistance.
Call 1-888-873-8049, TTY 1-888-290-3658.
- * MUS Wellness programs are NOT available to MAPP enrollees.
- * Member's permanent address must be in Montana. You may not live elsewhere for more than 6 months per year.

Medical Plan Costs You Pay	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Co-Payment/Coinsurance		
Part B Charges	\$10	\$30
Part A Facility Services	\$400	\$600
Annual Coinsurance/Copayment Maximums		
Separate Maximums apply for in- and out-of-network services <i>(Maximum out-of-pocket coinsurance/co-payments paid in a benefit year)</i>	\$2,500	\$2,500
Co-Payments/Coinsurance for:	In-Network	Out-of-Network
Hospital Services -- Inpatient facility charges per admission <i>Prior authorization required, unless an emergency. Includes room charges, ancillary & surgical services</i>	\$400	\$600
Hospital Services -- Outpatient facility charges		
Outpatient Services	\$10*	\$30**
Outpatient Surgery	\$10*	\$30**
Outpatient Surgery - Ambulatory Surgery Center	\$50	\$150
Physician/Professional Provider Services <i>(not listed elsewhere)</i>		
Office Visit	\$10*	\$30**
Lab/X-ray/Ancillary/Miscellaneous Charges	\$10*	\$30**
Inpatient Physician Services	Included in Facility copayment	
Second Surgical Opinion	\$10*	\$30**
Emergency Services		
Ambulance Services for Medical Emergency <i>(per segment)</i>	\$100	\$100
Emergency Room - Facility Charges	\$50	\$50
Professional Charges	Included in Facility copayment	
Urgent Care Services		
Facility/Professional Charges	\$30	\$30
Lab & Diagnostic Charges	\$10*	\$30**
Preventative Services - each exam Abdominal Aortic Aneurysm Screening, Bone Mass Measurement, Colorectal Screening, Mammogram, Prostate Cancer Screening, Cardiovascular Disease Testing	\$10*	\$30**
Routine Physical Exam (one per year), PAP Test/Pelvic Exam	\$0	\$30**
Immunizations - Flu and Pneumonia (each)	\$0	\$30**
Immunizations - other (each)	\$10*	\$30**
Mental Illness Services		
Inpatient Services - per admission; 190 day lifetime limit <i>(Prior authorization required, unless in an emergency).</i>	\$400	\$600
Outpatient Services	\$10	\$30**
Outpatient Substance Abuse Care Visit	\$10	\$30**
Rehabilitative Services <i>(per visit)</i>	\$10	\$30**
Physical, Occupational, Cardiac, and Speech Therapy		
Chiropractic Services - Medicare covered services	\$10	\$30**

* One in-network copayment per day applies to these services. **One out-of-network copayment per day applies to these services.

Co-Payments/Coinsurance for:	In-Network	Out-of-Network
Extended Care Services		
Home Health Care <i>(Prior authorization required)</i>	\$0	\$30**
Hospice	covered by Original Medicare	
Extended Care Services	\$0/day-days	\$100/day-
Skilled Nursing Facility Care <i>(Prior authorization required)</i>	1-20; \$75/day-	days 1-100
No prior hospital stay required. Covered for 100 days each benefit period	days 21-100	
Miscellaneous Services		
Diabetes Supply Item	20%	50%
Radiology Services - CT, MRI or PET Scan <i>(Prior authorization required)</i>	\$50	\$150
Dialysis (Kidney)	20%	20%
Durable Medical Equipment and Prosthetic Devices	20%	50%
<i>(Prior authorization required)</i>		
Health and Wellness Education Programs	\$10	\$30**
Smoking Cessation Programs - Eight (8) counseling sessions covered per year		
Medicare Part B Prescription Drugs	10%	20%
Includes prescription drugs such as those you get in a hospital outpatient department under certain circumstances, injected drugs you get in a doctor's office, certain oral cancer drugs, and drugs used with some types of durable medical equipment. (Prior authorization required for certain drugs)		
Vision Services - Vision Exam	\$10	\$30**
Eyewear	\$100 Allowance per year	
One pair of conventional eyeglasses with standard frames or contact lenses after each Medicare-covered cataract surgery that includes insertion of an intraocular lenses.		
Hearing Services		
Hearing Exam	\$10	\$30**
Hearing Aid	Not Covered	Not Covered
Dental Services- Preventative care	\$200 Allowance per year	
<i>(oral exam, cleaning, periodontal exam, fluoride treatment and dental x-rays)</i>		
Other Treatment	Not Covered	Not Covered

SCHEDULE OF PRESCRIPTION DRUG PLAN BENEFITS

Medicare Part D (Prior authorization required for certain Part D Drugs)	Retail	Mail Order (CVS/Caremark or Ridgeway)
Annual Deductible - per person	\$100	\$0
Co-Payments/Coinsurance	The greater	
Formulary Generic	of: \$10 or 20%	\$20
Formulary Preferred Brand	\$20 or 30%	\$40
Formulary Non-Preferred Brand	\$30 or 40%	\$60
Specialty Drugs <i>(does not apply to out-of-pocket maximum)</i>	\$40 or 50%	Not Covered
Annual Coinsurance/Copayment Maximums - per person, in addition to the annual deductible (Maximum out-of-pocket coinsurance/co-payments paid in a benefit year)	\$1200 includes retail & mail order	
Formulary (includes all Part D covered drugs)	4 Tier Open	

* One in-network copayment per day applies to these services. **One out-of-network copayment per day applies to these services.

Prescription Drug

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

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

	<p>Retail Pharmacy Deductible \$100 per Person/Year \$300 per Family/Year</p> <p>Local Pharmacy Costs (After Deductible), you pay</p> <ul style="list-style-type: none"> ■ The greater of \$10 or 20% ■ The greater of \$20 or 30% ■ The greater of \$30 or 40% ■ The greater of \$40 or 50% 	<p>Mail Order Deductibles \$0 per Person/Year \$0 per Family/Year</p> <p>Mail-Order Pharmacy Costs (PharmaCare or Ridgeway), you pay:</p> <ul style="list-style-type: none"> ■ \$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
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*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.caremark.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 may 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 (specialty drugs not listed as a ProtoCall medication, 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 Specialty Pharmacy program. To enroll in the ProtoCall program, please call 1-888-442-9780, option 4. The ProtoCall Specialty Drug List is periodically reviewed and subject to change.

Hemophilia		Transplant		Immuno Globulins	
AIDVATE	ALPHANATE	CELLCEPT	CYCLOSPORINE	RAYGAM	PANGLOBULIN
ALPHANINE SD	HEBULIN VH	GENGRAF	MYFORTIC	CARIMUNE NF	POLYGAM SD
BENEFIX	FEIRA VH	NORAL	PROGRAF	FLERCKGAMMA	CARIMUNE
HELIXATE PS	HEMIFIL M	RAPAMLINE	SANIMMUNE	GAMMARD SD	CYTOGAM
HUMATE-P	HYATEC	ZENAPAX		GAMMARD P IV	IVBEGAM EN
KOATE-DPI	KOGENATE PS			GAMUNEK	OCTAGAM
MONARC-M	MONOCLATE-P			IMMUNE GLOBULIN	
MONONINE	NOVOSEVEN				
PROFILNINE SD	PROPECER T				
RECOMBINATE	REFACTO				
Growth Hormone		Hepatitis C		Arthritis	
NHRDITROBIN		PEGASYS		HDMIRA	
Multiple Sclerosis		Dermatology		Serious Mental Illness	
ODPARONE		AMEVIVE	ENBREL	CLOZAPINE	CLOZAKIL
AVONEX		HDMIRA	RAPTIVA	FAZACLO	
		HEMICAISE			
RSV		Osteoporosis		Parkinson's Disease	
SYNAGIS		FORTEO		APOKYN	
Pulmonary Arterial Hypertension		Oncology			
ERVATEO	TRACLEER	NEKAVAR	ERVLIMID		
TRACLEER		TARCEVA			

Other Specialty Drugs are available through CareMark. The program offers you educational and support services, as well as direct delivery of your medications. The \$0 medications (ProtoCall) are offered through a unique contract that allows us to share in the savings with our members. You may be able to utilize a ProtoCall drug for your current regime. Please discuss this with your provider if you are interested in enrolling in the ProtoCall Program. If you have questions regarding other Specialty Drugs, call 1-888-442-9780, option 4.



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 \$51 ■ Employee & Spouse/Adult Dep. \$92 ■ Employee & Child(ren) \$92 ■ Employee & Family \$153 	<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 ■ Occusal Guards 	<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"> ■ Included in annual 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.

MUS Schedule of Benefits

Shaded Codes are for the Basic Plan Only. All Codes (shaded and non-shaded) are for the Premium Plan

(Sample Codes Only - Not a Complete Listing)

Procedure Code	Description	Maximum Benefits
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	\$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
D0290	Posterior – anterior or lateral skull and facial bone survey film	\$92
D0320	TMJ arthogram including injection	\$622
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 18)	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant – per tooth (through age 15)	\$40
D1510	Space maintainer - fixed - unilateral	\$213
D1515	Space maintainer - fixed - bilateral	\$346

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D1520	Space maintainer -removable -unilateral	\$350
D1525	Space maintainer -removable -bilateral	\$479
D1550	Re-cementation of space maintainer	\$56
D1555	Removal of fixed 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 - four 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 - four 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
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

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
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	teeth or bounded teeth spaces per quadrant	\$511
D4271	Free soft tissue graft procedure (including donor site surgery)	\$632
D4273	Subepithelial connective tissue graft procedure per tooth	\$632
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Periodontal 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	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
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
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 and/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
D7241	Removal of impacted tooth - completely bony , with unusual surgical complications	\$305

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D7280	Surgical access of an unerupted tooth	\$291
D7510	Incision and drainage of abscess - intraoral soft tissue	\$146
D7840	Condylectomy	\$1,500
D7850	Surgical discectomy, with/without implant	\$1,500
D7860	Arthrotomy	\$1,500
D7880	Occlusal orthotic device, by report	\$469
D7910	Suture of recent small wounds up to 5cm <i>(when performed in conjunction with extractions, this service is considered to be included as part of the extraction)</i>	\$192
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	Palliative (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
D9940	Occlusal guards, by report	\$245

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. **Please refer to the SPD for complete information.**

Vision Plan



Administered by EyeMed Vision Care.
 1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)
www.enrollwitheyemed.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.enrollwitheyemed.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.

Continuing employees, spouses, retirees, and grandparents can enroll in our group LTC insurance with medical underwriting at any time. Each individual will be required to complete a medical history form to be considered for enrollment into this program.

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 (Alliance, 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 2009/2010 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 Drawn 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 Drawn - see above)
- PSA (Prostate Specific Antigen) FREE every plan year to men over 50 or \$25
- CBC (Complete Blood Count) \$16
- Carcino C-Reactive Protein \$34
- 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 and can earn WellAwards credit. 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. New and improved colon cancer kits are available on each campus (FREE this plan year only).

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	2009/2010	Phone
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 10, 2009	896-5836
Billings COT	March 23, 2010	896-5836
Bozeman (MSU)	November 4 & 5, 2009; March 30 & 31, 2009	994-6348
Butte (MT Tech)	October 1, 2009	496-4323
Butte (COT)	October 2, 2009	496-4323
Dillon (UM Western)	October 6, 2009; April 13, 2010	683-7441
Glendive (DCC)	October 7 & 8, 2009; April 14 & 15, 2010	377-9450
Great Falls (MSUGF)	October 21, 2009	268-3717
Havre (MSU Northern)	October 20, 2009	265-4147
Helena (UMH & OCHE)	October 22, 2009	COT: 444-6877 OCHE: 444-2574
Kalispell (FVCC)	September 29, 2009	756-3804
Miles City (MCC)	October 14, 2009	874-6186
Missoula (UM)	October 27 & 28, 2009; April 20 & 21, 2010	243-2027/243-2025
Missoula (COT)	October 29, 2009	243-2027/243-2025



Healthy Lifestyle Education & Support

The Life Construction (TLC) Programs
FREE and confidential EAP counseling and wellness services
View services at: www.montana.edu/wellness select "TLC"
(company codes MUS), or call 1-866-248-4532

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: llm.bofman@montana.edu, or call toll free 1-866-644-2025 or 243-2025 (Missoula).

Telephonic and Online Workshops

Classes taught over the phone or via the internet. See newsletter and website below for current listing.

Wellness Newsletter

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

Fitness Products

All companies sell quality products and more sell other fitness products.

Online DesktopSips

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

Go to website: www.montana.edu/wellness
Select DesktopSips, Enter DesktopSips, Register as New User, follow all prompts, Corporate Code MUS (disregard User ID)



Disease Prevention/ Management Programs

Metabolic Syndrome

Available to adult plan members with related risk factors.
For details, see website below or contact llm.bofman@montana.edu or call 866-644-2025.

Take Control "Diabetes Support Program"

Available to plan members with diabetes. For details see website below or call 1-800-746-2970

Recovering from Depression

Confidential Program available to adult plan members with depression. View services at: www.montana.edu/wellness select "TLC" (company codes MUS), or call 1-866-248-4532

WellBaby

*Healthy Moms,
Healthy Babies...*

A World of Difference



*“As soon as you know you are pregnant,
enroll in WellBaby and see your doctor.”*



WellBaby Eligibility Requirements:

Montana University System medical plan members must enroll within the First Trimester of their pregnancy. Sign up by calling 1-866-644-2025 or 243-2025 (from Missoula or Bozeman campus).

WellBaby Program Benefits:

- **Managed Care plan members only:** Doctor's visits for duration of pregnancy and 1 ultrasound (all out-of-pocket expenses, such as your deductible and co-payments, are waived for in-network doctor's visits)
- Telephonic support from your WellBaby Coordinator throughout your pregnancy
- **Featuring:** Question and Answer support provided by the WellBaby physician, Elaine Brown, MD
- Prenatal vitamins via Ridgeway mail order
- One book of your choice from the following selections: *What to Expect When You're Expecting*, *Great Expectations: Your All-In-One Resource for Pregnancy and Childbirth*, and *Your Over-35 Week-by-Week Pregnancy Guide*
- \$50 Savings Bond for your baby after your post-delivery call with the WellBaby coordinator

1-866-644-2025



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

1-866-248-4532

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

1-866-248-4532

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

1-866-248-4532

Financial Services

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

1-866-248-4532



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	Creston.....	59902	Hot Springs.....	59845	Pony.....	59747
Acton.....	59002	Crow Agency.....	59022	Hungry Horse.....	59919	Power.....	59468
Alberton.....	59820	Custer.....	59024	Huntley.....	59037	Pray.....	59065
Alder.....	59710	Cut Bank.....	59427	Huson.....	59846	Proctor.....	59929
Anaconda.....	59711	Darby.....	59829	Inverness.....	59530	Pryor.....	59066
Arlee.....	59821	Dayton.....	59914	Jackson.....	59736	Ramsay.....	59748
Augusta.....	59410	DeBorgia.....	59830	Jefferson City.....	59638	Ravalli.....	59863
Avon.....	59713	Deer Lodge.....	59722	Joliet.....	59041	Raynesford.....	59469
Ballantine.....	59006	Dell.....	59724	Joplin.....	59531	Red Lodge.....	59068
Basin.....	59631	Dillon.....	59725	Judith Gap.....	59453	Rexford.....	59930
Bearcreek.....	59007	Divide.....	59727	Kalispell.....	59901	Ringling.....	59642
Belfry.....	59008	Dixon.....	59831	.....	59902	Roberts.....	59070
Belgrade.....	59714	Drummond.....	59832	.....	59903	Rollins.....	59931
Belt.....	59412	Dupuyer.....	59432	.....	59904	Ronan.....	59864
Big Arm.....	59910	Dutton.....	59433	Kevin.....	59454	Roscoe.....	59071
Bigfork.....	59911	East Helena.....	59635	Kila.....	59920	Roundup.....	59072
Big Sky.....	59716	East Missoula.....	59801	Kremlin.....	59532	Rudyard.....	59540
Big Timber.....	59011	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	Fortune.....	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 Slphr 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		

New West Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Columbia Falls	59912	Helena	59625	Park City	59063
Acton	59002	Columbus	59019	Helena	59626	Pendroy	59467
Alberton	59820	Colstrip	59323	Heron	59844	Phillipsburg	59858
Alder	59710	Condon	59826	Highwood	59450	Pinesdale	59841
Anaconda	59711	Conrad	59425	Hilger	59451	Plains	59859
Angela	59312	Coram	59913	Hingham	59528	Plentywood	59254
Arlee	59821	Corvalis	59828	Hobson	59452	Polaris	59746
Antelope	59211	Crane	59217	Hotsprings	59845	Polebridge	59928
Augusta	59410	Crow Agency	59022	Hungry Horse	59919	Polson	59860
Avon	59713	Custer	59024	Huntley	59037	Pompeys Pillar	59064
Bainville	59212	Dagmar	59219	Huson	59846	Power	59468
Ballantine	59006	Darby	59829	Hysham	59038	Pray	59065
Basin	59631	Dayton	59914	Jefferson City	59638	Proctor	59929
Bearcreek	59007	Deer Lodge	59722	Joliet	59041	Pryor	59066
Belfry	59008	Denton	59430	Jordan	59337	Radersburg	59641
Belgrade	59714	Dillon	59725	Judith Gap	59453	Ramsey	59748
Belt	59412	Divide	59727	Iverness	59530	Rapelje	59067
Big Arm	59910	Dixon	59831	Joplin	59531	Ravalli	59863
Bigfork	59911	Dodson	59524	Kalispell	59901	Raymond	59256
Big Sandy	59420	Drummond	59832	Kalispell	59902	Raynesford	59469
Big Sky	59716	Dupuyer	59432	Kalispell	59903	Red Lodge	59068
Big Timber	59011	Dutton	59433	Kalispell	59904	Red Stone	59257
Billings	59101	East Helena	59635	Kevin	59454	Reed Point	59069
Billings	59102	Edgar	59026	Kila	59920	Ringling	59642
Billings	59103	Ellston	59728	Kinsey	59338	Roberts	59070
Billings	59104	Elmo	59915	Kremlin	59532	Rollins	59931
Billings	59105	Emigrant	59027	Lake McDonald	59921	Ronan	59864
Billings	59106	Ethridge	59435	Lakeside	59922	Roscoe	59071
Billings	59107	Fairfield	59436	Lambert	59243	Rosebud	59347
Billings	59108	Fairview	59221	Laurel	59044	Roundup	59072
Billings	59111	Fallon	59326	Lavina	59046	Roundup	59073
Billings	59112	Fishtail	59028	Ledger	59456	Roy	59471
Billings	59114	Flaxville	59222	Lewistown	59457	Rudyard	59540
Billings	59115	Florence	59833	Libby	59923	Ryegate	59074
Billings	59116	Floweree	59440	Livingston	59047	Saco	59261
Billings	59117	Forest Grove	59441	Lloyd	59535	Saint Ignatius	59865
Black Eagle	59414	Forsyth	59327	Lodge Grass	59050	Saint Regi	59866
Bonner	59823	Fort Benton	59442	Lolo	59847	Saint Xavier	59075
Boulder	59632	Fort Harrison	59636	Loma	59460	Sand Coulee	59472
Boyd	59013	Fort Shaw	59443	Lonepine	59848	Sanders	59076
Bozeman	59715	Frenchtown	59834	Loring	59537	Shawmut	59078
Bozeman	59717	Fromberg	59029	Manhattan	59741	Shelby	59474
Bozeman	59718	Galata	59444	Marion	59925	Shepherd	59079
Bozeman	59719	Gallatin Gateway	59730	Martin City	59926	Sidney	59270
Bozeman	59771	Garneill	59445	Marysville	59640	Silver Star	59751
Bozeman	59772	Garrison	59731	McLeod	59052	Simms	59477
Bozeman	59773	Garryowen	59031	Malstrom AFB	59402	Somers	59932
Box Elder	59521	Geraldine	59446	Malta	59538	Springdale	59082
Brady	59416	Gilford	59525	Martinsdale	59053	Stevensville	59870
Bridger	59014	Glen	59732	Melville	59055	Stockett	59480
Broadview	59015	Gold Creek	59733	Mildred	59341	Stryker	59933
Brusett	59318	Grantsdale	59835	Miles City	59301	Sula	59871
Buffalo	59418	Grass Range	59032	Milltown	59851	Sunburst	59482
Butte	59701	Great Falls	59401	Missoula	59801	Sun River	59483
Butte	59702	Great Falls	59403	Missoula	59802	Superior	59872
Butte	59703	Great Falls	59404	Missoula	59803	Terry	59349
Butte	59707	Great Falls	59405	Missoula	59804	Thompson Falls	59873
Butte	59750	Great Falls	59406	Missoula	59806	Three Forks	59752
Bynum	59419	Greenough	59836	Missoula	59807	Toston	59643
Canyon Creek	59633	Hall	59837	Missoula	59808	Townsend	59644
Cardwell	59721	Hamilton	59840	Missoula	59812	Troy	59935
Carter	59420	Hardin	59034	Moccasin	59462	Twin Bridges	59754
Cascade	59421	Harlowton	59036	Molt	59057	Two Dot	59085
Charlo	59824	Hathaway	59333	Moore	59464	Ulm	59485
Chester	59522	Havre	59501	Musselshell	59059	Vaughn	59487
Chinook	59523	Helena	59601	Neihart	59465	Victor	59875
Choteau	59422	Helena	59602	Noxon	59853	Warm Springs	59756
Clancy	59634	Helena	59604	Oilmont	59466	Westby	59275
Clinton	59825	Helena	59620	Outlook	59252	West Glacier	59936
Clyde Park	59018	Helena	59623	Pablo	59855	Whitefish	59937
Cohagen	59322	Helena	59624	Paradise	59856	Whitehall	59759

Peak Managed Care Plan Service Areas

City	Zip Code
(New West Continued)	
White Sulfur Springs.....	59645
Whitetail.....	59276
Whitewater.....	59544
Wilsall.....	59086
Winston.....	59647
Wolf Creek.....	59648
Worden.....	59088
Wyola.....	59089
Yellowtail.....	59035
Zortman.....	59546
Zurich.....	59547

Peak Managed Care Plan Service Areas

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

City	Zip Code
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
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
Arlie.....	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

Allegiance Managed Care Plan Service Areas

City	Zip Code
Bozeman.....	59715
	59717
	59718
	59719
	59771
	59772
	59773
Brady.....	59416
Bridger.....	59014
Broadus.....	59317
Broadview.....	59015
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
	59721
	59725
	59725
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
Flowerree.....	59440
Forsyth.....	59327

City	Zip Code
Fortune.....	59918
Fort Benton.....	59442
Fort Harrison.....	59443
Fort Shaw.....	59443
Frenchtown.....	59846
Fromberg.....	59029
Galata.....	59444
Gallatin Gateway.....	59730
Gardiner.....	59030
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

Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code
Kremlin	59532	Rexford	59930
Lake McDonald	59921	Ringling	59642
Lakeside	59922	Roberts	59070
Lame Deer	59043	Rollins	59931
Laurel	59044	Ronan	59824
Lavina	59046		59864
Ledger	59456	Roscoe	59071
Lewistown	59457	Roundup	59072
Libby	59923		
Lima	59739	Rudyard	59540
Lincoln	59639	Ryegate	59074
Lloyd	59535	Saltese	59867
Lodge Grass	59050	Sand Coulee	59472
Lolo	59847	Sand Springs	59077
Loma	59460	Santa Rita	59473
Lonepine	59848	Seeley Lake	59864
Lothair	59461	Shawmut	59078
Malmstrom AFB	59402	Shelby	59474
Malta	59538	Shepherd	59079
Marion	59925	Sheridan	59749
Martin City	59926	Sidney	59270
Martinsdale	59053	Silver Star	59751
Marysville	59640	Silverbow-Butte	59750
McAllister	59740	Simms	59477
McLeod	59052	Somers	59932
Melrose	59743	Springdale	59082
Melville	59055	St. Ignatius	59865
Miles City	59301	St. Regis	59866
Milltown	59851	St. Xavier	59075
Missoula	59801	Stanford	59479
	59802	Stevensville	59870
	59803	Stockett	59480
	59804	Styker	59933
	59806	Sula	59871
	59807	Sun River	59483
	59808	Sunburst	59482
	59812	Superior	59872
	59825	Terry	59349
	59834	Thompson Falls	59873
Moccasin	59462	Three Forks	59752
Molt	59057	Toston	59643
Monarch	59463	Townsend	59644
Mussellshell	59059	Trego	59934
Neilhart	59465	Trout Creek	59874
Norris	59745	Troy	59935
Noxon	59853	Twin Bridges	59754
Nye	59061	Two Dot	59085
Oilmont	59466	Ulm	59485
Olney	59927	Valier	59486
Ovando	59854	Vaughn	59487
Pablo	59855	Victor	59875
Paradise	59856	West Glacier	59936
Park City	59063	Whitefish	59937
Pendroy	59467		59938
Philipsburg	59858	Whitehall	59759
Pinesdale	59841	Whitelash	59545
Plains	59859	Wibaux	59353
Polaris	59746	Willow Creek	59760
Pole Bridge	59928	Wilsall	59086
Pompeys Pillar	59064	Winston	58647
Polson	59860	Wisdom	59671
Pony	59747	Wise River	59762
Power	59468	Wolf Creek	59648
Pray	59065	Worden	59088
Proctor	59929	Zurich	59547
Ramsay	58748		
Ravalli	59863		
Raynesford	59469		
Red Lodge	59068		

HIPAA

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED.

Full HIPAA Policy Available on Web Site or by contacting Campus HR.

The Montana University System self-insured employee health benefit plan has a duty to safeguard and protect the privacy of all plan members' personally identifiable health information that is created, maintained, sent or received by plan employees or persons under our control.

[E] The Montana University System self-insured health plan has contracts with multiple business associates. Business associates do claims processing and perform other health-related services associated with the plan such as counseling, psychological services and pharmaceutical services, etc. The MUS self-insured plans business associates and health care provider(s) must also protect a plan member's personally identifiable health information from inadvertent, improper or illegal disclosure.

[E] The Montana University System self-insured health plan, in administering plan benefits shares, and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment(s), wellness program (including WellChecks), disease management programs (i.e. TLC, Take Control, etc.) healthcare operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection and compliance. Information concerning those areas may be shared between MUS authorized benefit employees, their supervisors and our business associate(s), members' provider(s) or legally authorized governmental entities without a member's written consent.



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.abmtpa.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	Advanced Care Hospital
Billings	Billings Clinic Hospital
Billings	St. Vincent Healthcare
Big Timber	Pioneer Medical Center
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

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	North 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
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
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sidney	Sidney Health 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.

This Medicare Part D Creditable Coverage Letter was mailed to all eligible MUS Retirees on October 1, 2008.

OCTOBER 1, 2008

**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 2008 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 at the bottom of this notice.

NOTE: If you are currently enrolled in the MUS Medicare Advantage Pilot Program (MAPP) offered through New West Health Services, you may disregard this notice, as it does not pertain to your current prescription coverage. If you change to a traditional or managed care medical plan through MUS during an annual enrollment period or due to a qualifying event, the contents of this notice will again apply to you. The current year's notice is published in the Retiree Enrollment Workbook for your convenience.

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 406-444-2574. 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 for coverage by the Montana University System Insurance Plan for persons (and their dependents) who are NOT active employees within MUS:

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

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

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

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 preformed.
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 with 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 the following 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.

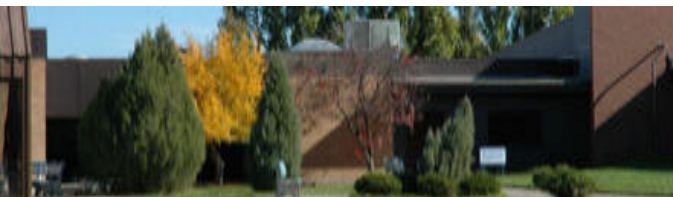
Out-of-network provider Any provider who renders services to a managed care member, but is not an in-network provider.

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.



MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION
(406) 444-2574 Phone (406) 444-0222 Fax
www.mus.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.abpmpa.com/mus

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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

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NEW WEST HEALTH PLAN

1-800-290-3657 or 457-2200

www.newwesthealth.com

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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 1-888-645-9303

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

www.caremark.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.enrollwitheyemed.com/access (prior to enrollment)

www.eyemedvisioncare.com (after enrollment)

Eye exam, related services, and benefits

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THE LIFE CONNECTION (TLC)

1-866-248-4532

www.montana.edu/wellness

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WELLBABY

1-866-644-2025

www.montana.edu/wellness

Maternity Case Management (call during first trimester)

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STANDARD LIFE INSURANCE

1-800-759-8702

www.standard.com

Life and Disability

■ ■ ■

UNUM LIFE INSURANCE

1-800-822-9103

www.unum.com

Long Term Care claims and information.

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FLEXCONNECT

Flex Plan Administrator

1-866-640-3539

www.insurancecoordinators.com

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