Montana University System Employee Annual Benefits Enrollment – FY2024

(July 1, 2023 – June 30, 2024)





choices



Active Benefits

2023 - 2024 Montana University System

Agenda

- 1. Annual Enrollment Dates
- 2. Dependent Eligibility Information
- **3.** Medical Plan Benefits
- 4. Prescription Drug Plan Benefits
- **5.** COVID-19 Testing/Vaccines
- **6.** Dental Plan Benefits
- 7. Long Term Disability Rate Changes
- 8. Vision Hardware Plan Benefits
- 9. Dependent Premium Hardship Waiver
- 10. Flexible Spending Accounts (FSAs)
- 11. Wellness Programs
- **12.** Provider Networks
- **13.** Enrollment Reminders

MUS Choices

Annual Enrollment Dates for FY2024

April 24 – May 12, 2023







Dependent Eligibility Information

✓ Dependent children, up to age 26, may be enrolled in Medical, Dental, and/or Vision Hardware benefits during Annual Enrollment.

~ MUS has a closed enrollment for Medical and Dental coverage for a legal spouse ~

- ✓ Proof of eligibility <u>will be</u> required for all new dependent children being added to the MUS Plan for a July 1, 2023 effective date.
- ✓ Mid-year enrollment or disenrollment may <u>only</u> occur with a "Qualifying Event" or during a "Special Enrollment Period".
 - Such as, marriage, birth, or loss or gain of eligibility for other health coverage.

Choices Employee Medical Plan Benefits -



BCBSMT will continue to administer the Medical Plan.

MEDICAL BENEFIT DESCRIPTION	IN-NETWORK BENEFITS
PCP Office Visit	\$25 copay
Specialty Office Visit	\$40 copay
Coinsurance	25%
In-Network Deductible	\$750 (individual) / \$1,500 (family)
In-Network Out-of-Pocket (OOP) Maximum	\$4,000 (individual) / \$8,000 (family)
Eye Exam Benefit (routine or medical)	\$0 copay/1 per Plan Year
	(with an In-Network provider)

No Medical Plan benefit changes or rate changes for FY2024!!

~NEW ~ Hearing Exam benefit – Available for all Medical Plan members.

The hearing exam benefit will include:

- ✓ One medical/preventive hearing exam/Plan Year; \$0 copay (In-Network).
- ✓ Additional In-Network hearing exams, subject to office visit copay.
- ✓ Hearing exams billed by an Out-of-Network provider, subject to Out-of-Network benefits.

Choices Employee Prescription Drug Plan Benefits

Navitus will continue to administer the Prescription Drug Plan.



Rx BENEFIT DESCRIPTION

Tier \$0 (34-day supply/90-day supply) -\$0 / \$0 copay

Tier 1 (34-day supply/90-day supply) — \$15 / \$30 copay

Tier 2 (34-day supply/90-day supply) — \$50 / \$100 copay

Tier 3 (34-day supply/90-day supply) – 50% coinsurance

Tier 4 (Specialty) – \$200 copay (50% coinsurance - retail)

Out-of-Pocket Maximum – \$2,150 (individual) / \$4,300 (family)

❖ No Pharmacy Plan benefit changes for FY2024!!!

** Coinsurance in Tier 3 and Tier 4 do not apply to the Out-of-Pocket Maximum.



Choices Employee Prescription Drug Plan –





- Lumicera Health Services continues as the Specialty Pharmacy for the MUS Plan.
- Western Drug (Bozeman only), CVS, & Target pharmacies are not participating in the pharmacy network. If you choose to use these pharmacies, you will be responsible for all charges.
- > Prescriptions can be filled at a participating retail pharmacy for either a 34-day or 90-day supply.
- Mail Order prescriptions for a 90-day supply can be filled at Ridgeway, Costco, or miRx (delivers to Montana, Idaho, Washington, Wyoming, S. Dakota, and N. Dakota only).







~ COVID-19 Testing/Vaccines ~

Effective July 1, 2023, the MUS Benefits Plan will revert to pre-pandemic benefit standards as follows:

COVID-19 Testing:

- ✓ Over-the-counter tests <u>will not</u> be covered/reimbursed (HCFSA eligible only).
- ✓ Testing will be subject to deductible/coinsurance based on the provider's network status.



COVID-19 Vaccines:

- ✓ Vaccines provided by an In-Network provider will be covered at 100% of the allowed amount.
- ✓ Vaccines provided by an Out-of-Network provider will be subject to Out-of-Network benefits.

Choices Employee Dental Plan Benefits –



Delta Dental will continue to administer the Basic & Select Dental Plans.

No Dental Plan benefit changes or rate changes for FY2024!!

Basic Plan - Diagnostic/Preventive services only.

✓ \$750 ANNUAL MAXIMUM, per covered Plan member



Orthodontia services (\$1,500 lifetime maximum, per covered Plan member)

✓ \$2,000 ANNUAL BENEFIT MAXIMUM, per covered Plan member

(Select Plan annual maximum does not apply to Diagnostic/Preventive services)



Employee Long Term Disability Plan -



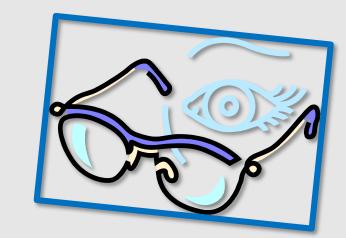
Long Term Disability Insurance monthly rate changes for FY2024:

Option 1	60% of pay / 180 day waiting period	\$5.40/month
Option 2	66 2/3% of pay / 180 day waiting period	\$10.78/month
Option 3	66 2/3% of pay / 120 day waiting period	\$13.46/month

Choices Employee Vision Hardware Plan Benefits -

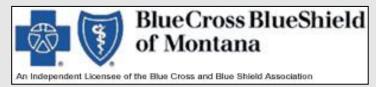
BCBSMT will continue to administer the Vision Hardware Plan. (Vision Hardware Plan covers hardware ONLY)

No Vision Hardware Plan benefit changes or rate changes for FY2024!!



- ✓ Eyeglass frames and prescription lenses, in lieu of contacts (1 pair).

 <u>UP TO \$300 ANNUAL ALLOWANCE</u>, per covered Plan member
- ✓ Prescription Contacts, in lieu of frames and lenses (1 purchase).
 <u>UP TO \$200 ANNUAL ALLOWANCE</u>, per covered Plan member
- * Eye Exam (routine or medical) is provided as part of the Medical Plan (1/Plan Year). (\$0 copay when using an In-Network provider)



Flexible Spending Accounts (FSA) –

* MUS will continue to pay FSA administrative fees.

The MUS Choices Plan offers three optional Flexible Spending Accounts (FSA) through HealthEquity/WageWorks –

- Health Care FSA Medical, Rx, Dental, and Vision expenses.
- o Limited Purpose FSA Dental and Vision expenses <u>only</u>.
- Dependent Care (Day Care) FSA Day Care expenses <u>only</u>.





These optional reimbursement accounts (FSAs) allow you to set aside a portion of your earnings (pre-tax) in equal installments throughout the Plan Year (July 1 – June 30) to pay for qualified out-of-pocket expenses for health care and dependent care (day care) services. FSA funds may **only** be used for expenses incurred on or after your FSA effective date (includes debit card transactions).

~ No Automatic Enrollment ~

Employees <u>must</u> re-enroll during each Annual Enrollment to participate in a Flexible Spending Account and to continue contributions.

(no exceptions can be made on late enrollment)

Irrevocable Elections:

- After Annual Enrollment, FSA participants have until their first paycheck after July 1st to identify any issues or enrollment errors in their FSA election(s).
- No changes to FSA elections will be allowed after a new hires first paycheck or the first paycheck after a qualifying event.

Health Care Flexible Spending Accounts (FSA) –



- ❖ Health Care FSA (HCFSA) (general purpose) You may elect amounts to be withheld from your earnings to assist you with paying for your out-of-pocket Medical, Rx, Dental, and/or Vision expenses (including, but not limited to: deductibles, copays, coinsurance).
 - For a comprehensive list of HCFSA eligible expenses, including a list of expenses that may require a letter of Medical Necessity or a prescription from your doctor, visit healthequity.com/fsa-qme.
 - ** If you and/or your legal spouse are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are **not** eligible to elect the MUS general purpose Health Care FSA.
- * HSA-Compatible Limited Purpose FSA (LPFSA) If you and/or your legal spouse have a HSA, you may choose to elect a HSA-Compatible LPFSA, which you can use to pay for eligible Dental and Vision expenses <u>only</u> (including, but not limited to: dental exams, dentures, contacts, eyeglass frames and prescription lenses).
 - The LPFSA guidelines are the same as the HCFSA, with the exception of eligible expenses.
 - For a comprehensive list of LPFSA eligible expenses, visit healthequity.com/lpfsa-qme.

Health Care Flexible Spending Accounts (FSA) cont. –

- ❖ The minimum amount an employee can contribute to a HCFSA or LPFSA for FY2024 is \$120 and the maximum amount an employee can contribute is \$3,050.
- * Health Care FSA balance: If an employee doesn't enroll in an FSA for FY2024 and has unused FSA funds in the amount of \$50 or less that are not expended by June 30, 2024, the FSA will be closed and the remaining unused funds will be forfeited.
- * New HCFSA/LPFSA participants will <u>automatically</u> receive a VISA Healthcare Card (debit card) at no additional cost.
- **Reimbursement Options:**
 - o Direct Deposit
 - o VISA Healthcare© Card (debit card)
 - o Pay Me Back or Pay My Provider
- * FSA Store: Have FSA funds you need to spend before the end of the Plan Year? WageWorks partners with the FSA Store which houses one of the largest selections of eligible HCFSA products. You can use your Healthcare Card to conveniently order and pay for these items online at fsastore.com/!

HCFSA Rollover Funds –

The IRS permits health care FSAs to rollover a limited amount of unused FSA contributions from one benefit Plan Year to the next. This means that HCFSA/LPFSA balances, <u>up to \$610</u> from the current benefit Plan Year, can be rolled over to the next benefit Plan Year that begins July 1st. Be sure not to elect more than you will need to cover expenses incurred by you and/or your eligible dependents during the benefit Plan Year. Under the "use it – or – lose it" rule, any remaining contribution balance over <u>\$610</u> not used by the end of the benefit Plan Year will be forfeited.

* HCFSA/LPFSA participants <u>may</u> rollover up to \$610 in unused funds from FY2024 (July 1, 2023 - June 30, 2024).

Important Reminders:

If an employee does not enroll in an FSA for FY2024 and has unused FSA funds in the amount of \$50 or less that are not expended by June 30, 2024, the FSA will be closed and the remaining unused funds will be forfeited.

** FY2024 claims <u>must</u> be received by HealthEquity/WageWorks by September 30, 2024 for reimbursement.

Dependent Care (Day Care) Flexible Spending Account (DCFSA) –

~ Dependent Care (Day Care) FSA is <u>not</u> used for reimbursement of health care expenses. ~

~ DCFSA is used for day care expenses only. ~

- You may elect amounts to be withheld from your earnings to assist you with paying for your out-of-pocket **Dependent**Care (Day Care) expenses.
- The minimum amount an employee can contribute to a DCFSA for FY2024 is **\$120** and the maximum amount an employee can contribute is **\$5,000**.
- DCFSA (Day Care) eligible expenses include: live-in care, babysitters, licensed day care/preschool centers, and after school care for children under age 14 or for individuals unable to care for themselves. Schooling expenses at the kindergarten level and above, overnight camps, and nursing home care are not reimbursable. For a comprehensive list of eligible DCFSA expenses, visit healthequity.com/dcfsa-qme.
- **Reimbursement Options:**
 - Direct Deposit
 - O Pay Me Back or Pay My Provider

* Unused DCFSA (Day Care) contribution balances cannot be rolled over to the next benefit Plan Year.

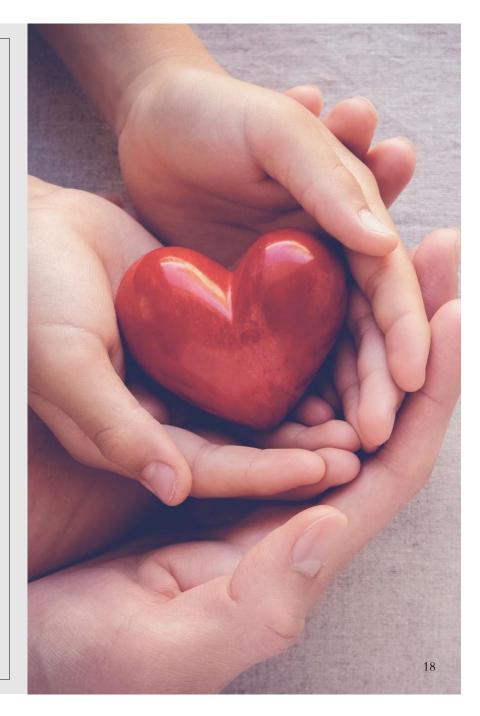
Health Care FSA Claims Submission



- FSA funds may <u>only</u> be used for expenses incurred on or after the FSA AE effective date (7/1/23) and can be used at any time during the benefit Plan year (includes debit card transactions).
- All FSA claims incurred during FY2023 (July 1, 2022 June 30, 2023) <u>must</u> be received by September 30, 2023 by HealthEquity/WageWorks to be eligible for reimbursement.
- All FSA claims incurred during FY2024 (July 1, 2023 June 30, 2024) must be received by September 30, 2024 by HealthEquity/WageWorks to be eligible for reimbursement.

Choices Dependent Premium Hardship Waiver –

- MUS offers a Dependent Premium Hardship Waiver to assist employee families who have a financial hardship with the cost of medical coverage for children (ages 0-26) who are covered on the MUS *Choices* Medical Plan.
- The dependent's family <u>must</u> first apply for Healthy Montana Kids (HMK) for all children under the age of 19. If HMK denies coverage due to not meeting HMK income guidelines and the family has a financial hardship, a waiver application may be submitted to the MUS Benefits office to request the premium waiver. If the total household income is not more than 125% of the HMK income guidelines, covered dependent children will be eligible for the waiver for the Plan Year.
- The family <u>must</u> re-apply for HMK and submit a waiver application <u>each</u> Plan Year prior to Annual Enrollment in order to be eligible for the premium waiver.
- Visit choices.mus.edu/forms.html to apply or contact the MUS Benefits Office at 1-877-501-1722 for more information.



MUS Wellness Program Highlights -

- ✓ MUS WellChecks (2/Plan Year)
- ✓ Live Fitness & Nutrition Workshops and Webinars
- ✓ Montana Moves & Montana Meals Blog
- ✓ WellBaby Program
- ✓ Take Control Lifestyle Management Program
- ✓ Wondr Health, Hinge Health, Well on Target, and Blue 365 Discount Program via BCBSMT
- ✓ Amplifon and Qualsight via Delta Dental
- ✓ Wellness Incentive Program via Wellness Incentive Program via
- ✓ Employee Assistance Program (EAP)









WellBaby - Healthy Moms, Healthy Babies.... a world of difference

Eligibility Requirements:

Montana University System covered Choices Medical Plan members are eligible for ALL of the benefits, if enrolled within the 1st trimester of pregnancy. If enrolled during the 2nd or 3rd trimester, the enrollee is eligible for all of the benefits EXCEPT the copay waiver benefit.



- * Benefits begin the day the participant enrolls (enrollment cannot be backdated).
- ***** Program benefits include:
 - Copay waivers (pre-natal/post-partum office visits, ultrasounds, routine maternity lab work, physician delivery charges)
 - Generic prescription pre-natal vitamins (\$0 copay)
 - Pregnancy books or exercise video
 - Enrollment in the Take Control Lifestyle Management Program
 - Breast Pump (purchase or rental of one standard breast pump, to a maximum of \$300)
- * Enrollment in the WellBaby program is confidential and voluntary.

Lifestyle Management Program



SIGN UP ONLINE: takecontrolmt.com

Contact Take Control @ 1-800-746-2970 or email info@takecontrolmt.com

TAKE CONTROL

Eat Well, Stay Active, Reduce Your Risks.

** Take Control offers comprehensive, confidential education and support using a telephonic delivery method, which allows the participant to engage from anywhere and receive the individual attention specific to their needs. The program includes one-on-one monthly health coaching telephonic sessions with licensed Dietitians, Exercise and Sports Science Trainers, and certified Diabetes Educators.

The Take Control Lifestyle Management Program offers the following health coaching programs:

- ➤ High Blood Pressure
- ➤ High Cholesterol
- ➤ Weight Loss
- ➤ Diabetes/Pre-Diabetes
- > Tobacco Cessation
- > Maternal

** Enrollment in Take Control is confidential and voluntary.



Wondr Health is a digital behavioral counseling program for metabolic syndrome reversal, weight management, and diabetes prevention.

Program features include:

- 10 weeks of counseling, personalized for skill building;
 10 weeks customized for skill reinforcement;
 32 weeks customized for skill maintenance.
- Weekly, self-paced, informative online video sessions (including mobile app, skill reinforcement, and habit formation).
- Interactions with health coaches and online community for social support.
- Available at no cost to <u>all</u> MUS Medical Plan enrollees over age 18.

Visit wondrhealth.com/mus for more information!

Expect skills, not rules.

Learn weight loss skills based on behavioral science.



Metabolic Syndrome Reversal Program



Conquer pain, recover from an injury, and regain an active lifestyle with Hinge Health!



Musculoskeletal Management Solution

Hinge Health provides a 12-week digital program, which includes:

- Unlimited 1:1 health coaching.
- Personalized exercise therapy.
- The program is delivered remotely using mobile and wearable technology.
- Available at no cost to <u>all</u> MUS Medical Plan enrollees over age 18.

Visit hingehealth.com/mus for more information!

Neck & Upper Back

Shoulders

Elbows, Forearms, Wrists & Hands

Lower Back & Hips

Thighs & Knees

Shins & Calves

Ankles & Feet





Care for everybody and every body part

A one-stop-shop Digital MSK Clinic™

Well on Target® Member Portal

Portal Highlights

- Health Assessment
- Member dashboard
- Explore your wellbeing
- My Journey recommended activities
- Digital self-management programs
- Interactive symptom checker
- Blue Points rewards
- Personal wellness challenges
- Fitness/nutrition tracking

ACCESS WELL ONTARGET

Log into your Blue Access for Members account at bcbsmt.com/members

Offerings that earn Blue Points:

- Health Assessment completion.
- Digital self-management program engagement.
- Fitness Program visits: Get points for joining the Program. Earn additional points for weekly visits.
- Use of Online Trackers.
- Connecting and syncing a fitness or nutrition device or app.

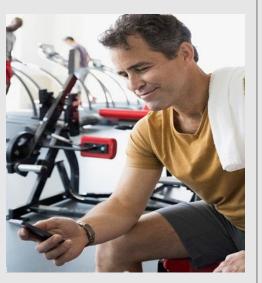
** Blue Points monetary value are considered taxable income by the IRS once redeemed.

Fitness Program

• The Fitness Program is available to you and your covered dependents (age 16 and older). The program gives you access to a nationwide network of fitness locations. Choose one location close to home, near work, or visit locations while traveling.

Fitness Program perks include:

- Convenient payment methods.
- Earn Blue Points for joining the Fitness Program. Earn additional points for weekly visits. Redeem points for apparel, books, electronics, health/personal care items, music, sporting goods, and so much more.
- The Always On Mobile App and Well on Target portal track fitness activity in real-time.



Blue365[®] Member Discount Program

Members and covered dependents can save money on value-added health and wellness products and services not usually covered by a medical benefit plan.

Visit bcbsmt.com/member/advantages-of-membership/blue365-discount-program.

Discounts available in these categories:



Apparel and Footwear



Fitness



Hearing and Vision



Home and Family



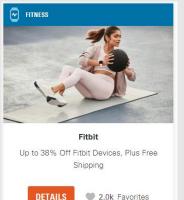
Nutrition

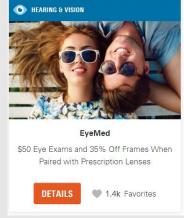


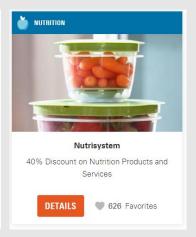
Personal Care



Save on fitness gear, gym memberships, healthy eating, dental, vision, hearing aids and more, from top national and local retailers.







Register for Blue365 on Blue Access for Members or visit blue365deals.com/bcbsmt







Savings You Can See and Hear

Get exclusive discounts on LASIK eye surgery and Amplifon hearing aids



Your wellness is more than oral health

That's why, as a Delta Dental enrollee, you have access to preferred pricing on hearing aids and LASIK vision services through Amplifon Hearing Services and QualSight.¹

How do I get the discounts?

It's easy. Just give Amplifon or QualSight a call. A dedicated representative will walk you through the program and help you pick a provider, make an appointment and receive your discount.

	Amplifon	QualSight
Products and services	Discounts on hearing aids and one year of free follow-up care	Discount on LASIK eye surgery, including pre- and post-operative visits
Savings	62% average savings off retail hearing aid pricing ² , with a best-price guarantee of 5% ³	40 to 50% off the national average price of traditional LASIK eye surgery ⁴
Access	Nationwide network of providers	Over 1,000 LASIK locations nationwide⁵
Quality	Leading brands featuring the latest hearing aid technology and a three-year product warranty	Experienced LASIK surgeons who have collectively performed over 7.5 million procedures ⁶
Get started	 Call Amplifon. A patient care advocate will explain the discount process, help you find a hearing care provider and help you make an appointment. Amplifon will send you and your provider the details to activate your discounts. Save on hearing aids, and receive complimentary batteries for two years. 	 Call QualSight. A care manager will explain the program, answer any questions, help you pick a provider and set up a free consultation to see if you're eligible for LASIK eye surgery. Receive written confirmation, including pricing information and directions to your provider's office. Pay a discounted price for LASIK services.
Website	amplifonusa.com/deltadentalins	qualsight.com/-delta-dental

Choices Wellness Incentive Program for 2023!!

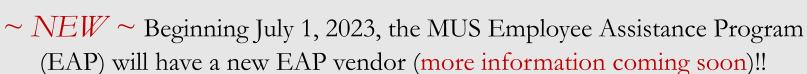


- MUS has partnered with Wilse to offer the MUS Wellness Incentive Program.
- MUS Employees and their legal spouses who are enrolled in the *Choices* Medical Plan are eligible for enrollment in the program.
- Earn reward points by participating in wellness challenges and redeem Pulse Cash for items in the Virgin Pulse Store.
- Earn additional Pulse Cash by attending a MUS WellCheck (1/Plan Year).

For more information, visit wellness.mus.edu/Incentive_Program.html Visit join.virginpulse.com/muswell to enroll today!







The MUS EAP offers confidential advice, support, and practical solutions to real-life issues by assisting with personal and/or work-related problems that may impact job performance, health, mental and emotional well-being.

• EAP services are available to <u>ALL</u> MUS employees <u>and</u> their household members at no additional cost.



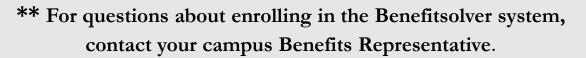
Benefits Enrollment Benefits Administration (BEBA) System –



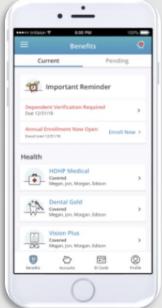
- MUS has a centralized, online benefits enrollment system, Benefitsolver, for all campus benefits eligible employees.
- Complete your online mid-year changes, such as a marriage or birth. (subject to campus Benefits Representative approval)
- Upload your new hire and qualifying event proof of dependent eligibility. (subject to campus Benefits Representative approval)



- Benefitsolver stores historical enrollment and benefit elections information.
- Use the Benefitsolver MyChoice Mobile App for easy access on the go.



Enroll at choices.mus.edu!!



Montana University System Online Benefits Enrollment

DCC, FVCC, MCC, OCHE Login



UM Campus Login

UM NetID Login

MSU Campus Login

MSU NetID Login

Retiree/COBRA Login & Direct Bill Payments

Retiree/COBRA Login



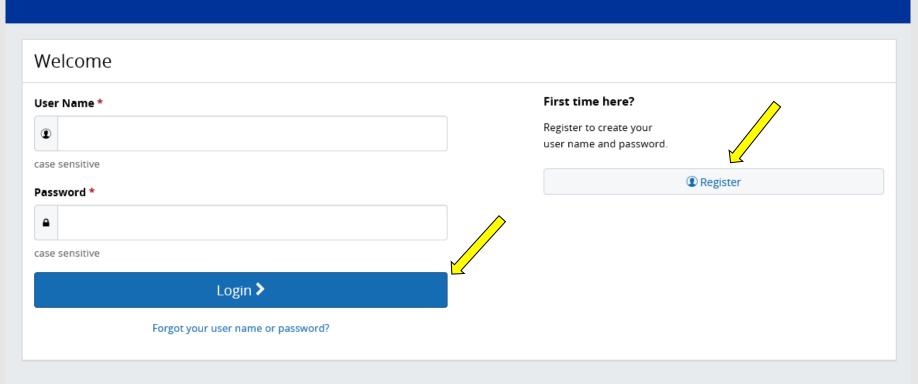
To enroll in MUS *Choices* benefits, visit

choices.mus.edu

** UM/MSU campuses use NetID single sign-on

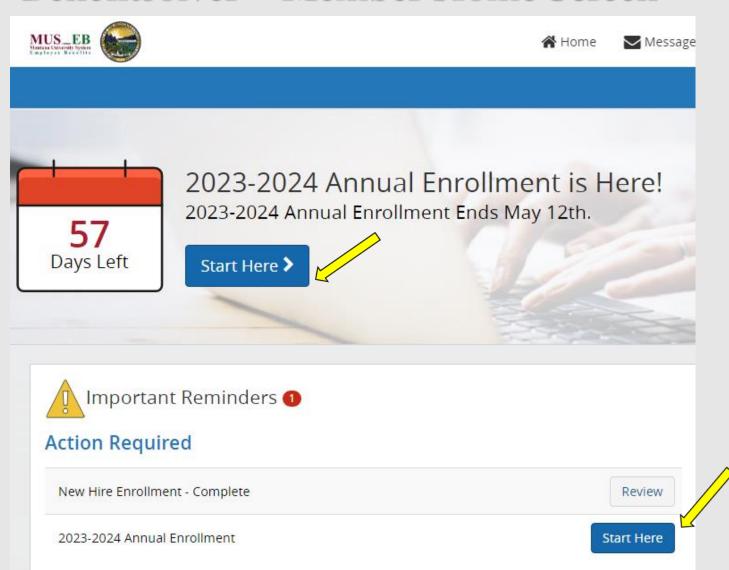
Benefitsolver – Welcome/Login Screen





First time DCC, FVCC, MCC, and OCHE users must register by creating a User Name and Password.

Benefitsolver – Member Home Screen





Provider Network Reminders.....



<u>Use In-Network Providers</u> – Be sure to use In-Network providers to ensure you do not incur "balance billing" charges.



Always check - **<u>DO NOT</u>** assume participation "....but my doctor has always been In-Network!"



Check with the Plan claims administrator or the MUS Benefits office if you need help finding In-Network providers.



To see if your provider is an In-Network provider, visit the Plan claims administrators' website provider finder.

- To see if your provider is a BCBSMT In-Network provider, visit <u>bcbsmt.com/find-a-doctor-or-hospital</u>.
- To see if your provider is a Delta Dental PPO or Premier Network provider, visit <u>deltadentalins.com/mus</u>

CHOICES Employee Enrollment Reminders.....

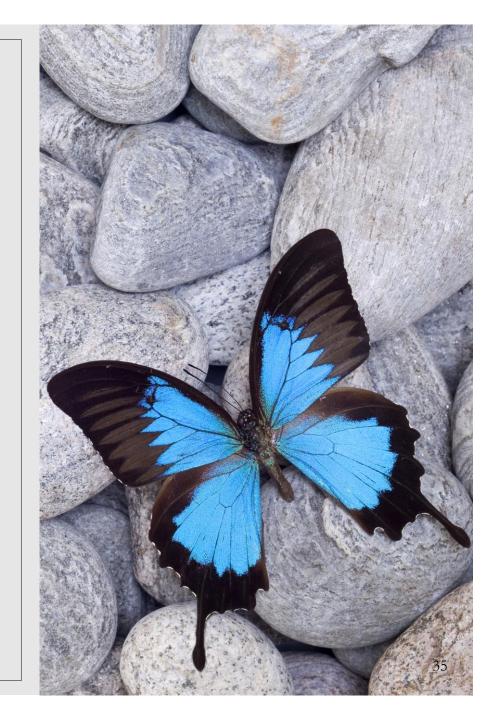
MUS Choices Annual Enrollment

April 24 – May 12, 2023

- o <u>Closed enrollment for a legal spouse</u> (for Medical and Dental coverage) for FY2024 (qualifying event required). Dependent children up to age 26 may be added at Annual Enrollment for a July 1, 2023 effective date.
- o If you do not submit any changes, then you will be <u>automatically</u> reenrolled in your prior Plan Year benefit elections.

(with the exception of Flexible Spending Accounts)

- o Flexible Spending Account (FSA) enrollment You <u>must</u> enroll in an FSA <u>each</u> Plan Year and specify the dollars you wish to go into your account(s).
- o Verify your Beneficiaries for your Life and AD&D coverages.
- o *Choices* Employee benefits workbooks will be posted online on the *Choices* website on April 21st.
- o The recorded *Choices* benefits presentation and slides will be available online on the *Choices* website by April 26th.





QUESTIONS?

choices.mus.edu 1-877-501-1722

