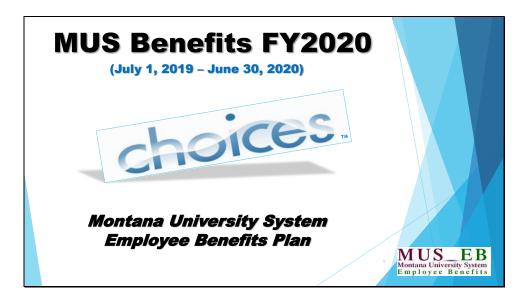
#### 2019-2020 Benefits Spring Presentation – ACTIVES

Slide 1- Welcome



Good morning from the Office of the Commissioner of Higher Education. My name is Mary Lachenbruch and I am the Director of Benefits for the Montana University System, and I'm thrilled to welcome you this morning to our livestream presentation for our annual enrollment for fiscal year 2020.



This morning we will talk through some important benefit information that you'll want to know as you and your family make your decisions for benefits for the upcoming fiscal year. We'll talk about your medical benefits, pharmacy benefits, dental and vision benefits, our 2019 Wellness programs, the Medical Flex and Tax Advantaged Accounts, and your Life and Accidental Death & Dismemberment insurance benefits. We'll also discuss your plan rates or premiums for fiscal year 2020, and that will include medical, dental, and vision, and then we have a few enrollment reminders for you.

## MUS is a Self-Funded Plan – What does this mean?

- All MUS benefit plans (medical, prescription drug, dental, and vision hardware) are self-insured (self-funded).
- Premium contributions go directly into a fund, which is used to pay the cost of benefits for Plan participants who experience illness or injury.

MUS\_EB

Many of you are already aware of the fact that the Montana University System runs a public self-funded plan, but I think it's always important to express just a little bit about what that means to all of us. All of our Montana University System plans for medical, prescription drugs, dental and vision hardware, are self-funded, and what that means is our premiums are pooled directly into a fund, which is used to pay the cost of benefits and claims for all plan participants who experience an illness or injury or any covered service under the plan, so sometimes that may be some preventive services as well. At its core, our self-funded plan is a tax vehicle, which allows for your benefits to be paid on a pretax basis.



As we open up our annual enrollment for fiscal year 2020, the system dates run from April 22nd, which was Monday, through May 15th of 2019. You will want to check with your campus Human Resources Office for specific enrollment dates for your campus. It's really important for you to understand that after May 15th your annual elections for fiscal year 2020 are irrevocable.

# □ 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 spouses) □ Proof of eligibility will be required for all new dependent children being added to the MUS Plan for a July 1, 2019 effective date. □ Mid-year enrollment or disenrollment may only occur with a "Qualifying Event" or during a "Special Enrollment Period".

As we enter fiscal year 2020 enrollment, you may add dependent children up to age 26 for your medical, dental, or vision hardware benefits, but keep in mind we do have closed enrollment for spouses. So a spouse may not be added to the plan unless you have a qualifying event, and that is outlined in the plan documents. Proof of eligibility is required for all new dependent children who are added to the Montana University System plan with the July 1, 2019 effective date. So as you're working through the new system for enrollment, you may see that if you've added dependents to the plan, that they are pending approval from your HR Office, and that is because they do need to see that proof of eligibility. And then, keep in mind that major enrollment or disenrollment only occurs with a qualifying event or during a special enrollment period.



Let's begin with your medical benefit plans for fiscal year 2020. We will continue to offer three medical plan options through Allegiance, BlueCross BlueShield, and PacificSource.

Slide 7- Medical Benefit Copay Information

BENEFIT DESCRIPTION	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS		
PCP Office Visit	\$25 copay	Subject to deductible/coinsurance		
Specialty Office Visit	\$40 copay	Subject to deductible/coinsurance		
Emergency Room Facility Visit	\$250 copay (room charge only)	\$250 copay (room charge only)		
Urgent Care Visit	\$75 copay	\$75 copay		
In-Network Deductible	\$750 (individual) / \$1,500 (family)	Separate \$750 (individual) / \$1,750 (family)		
In-Network Out-of-Pocket (OOP) Maximum	\$4,000 (individual) / \$8,000 (family)	Separate \$6,000 (individual) / \$12,000 (family)		
Eye Exam Benefit (routine or medical)	\$0 copay/1 per plan year (with an In-Network provider)	Subject to deductible/coinsurance		
➤ The plans provide the same med	elect the Medical Plan that best fits dical benefits but have differences	your needs.		
premiums and provider network	S.			

Your medical benefits for the active employees are not changing for fiscal year 2020, and we're really thrilled to tell you that there also will be no rate increases for fiscal year 2020 on the medical benefit. We're just showing you what your copays and your benefits look like, what you have today will be what you have as of July 1 as well. Please take the time to research and select the medical plan that best fits the needs of you and your family members, and keep in mind that all three plans provide the same medical benefits, but they do have differences in the premium amounts and the provider networks.

## Prescription Drug Plan for FY2020





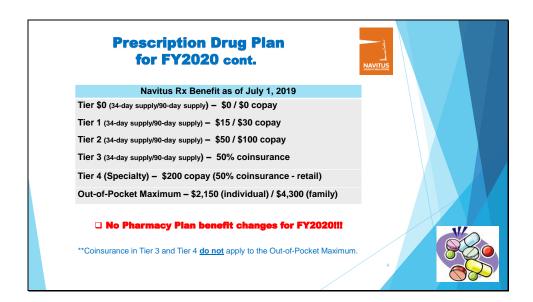
- > Navitus Health Solutions will continue as the Pharmacy Benefit Manager for the MUS Plan.
- Lumicera Health Services will continue as the Specialty Pharmacy for the MUS Plan.
- <u>CVS/Target and Western Drug pharmacies are not participating in the pharmacy network.</u>
  If you choose to use these 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 (only delivers to Montana, Idaho, Washington, Wyoming, S. Dakota, and N. Dakota).



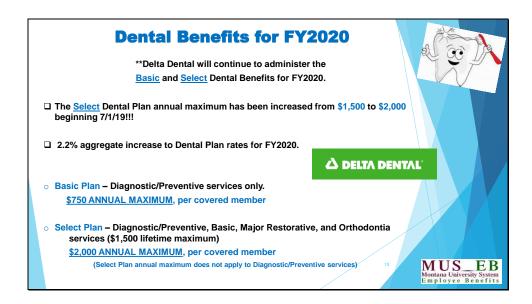




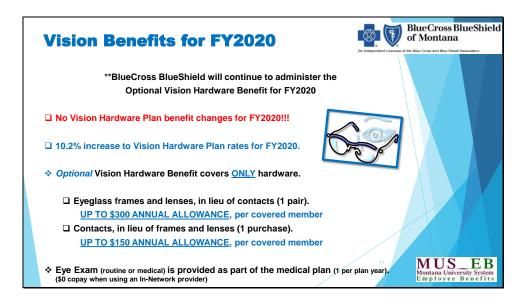
The prescription drug plan for fiscal year 2020 also has no changes. Navitus Health Solutions will continue as our Pharmacy Benefit Manager, and Lumicera Health Services will continue as our Specialty Pharmacy. CVS, Target and Western Drug pharmacies continue to be out-of-network pharmacies. That's important for you because if you choose to use these pharmacies, you are responsible for all charges. Prescriptions can be filled at a participating retail pharmacy for a 34 day or a 90 day supply. Remember that was a change that we made a couple of years ago, and it seems to be very popular that we can get our 90 day fills at a retail pharmacy. As well, you may continue to utilize mail order pharmacies for your 90 day supplies of your maintenance medications, and those can be filled at Ridgeway, Costco, or miRx. Keep in mind that miRx does have a limited delivery area that includes Montana, Idaho, Washington, Wyoming, South Dakota, and North Dakota.



Your prescription drug plan benefits will continue with the same copays that are in place today. And I just wanted to call your attention to tier three and tier four as a reminder that those benefits that have a 50% co-insurance do not apply to the out-of-pocket maximum. So on tier four, which is your specialty medications, that only applies if you're filling a specialty medication at a retail pharmacy.



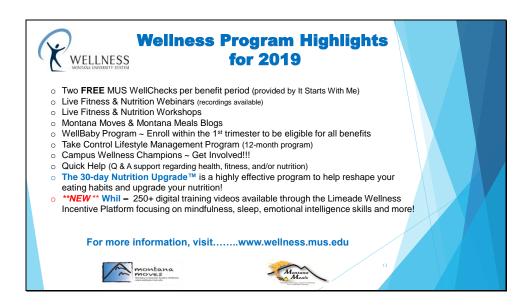
The dental benefits for fiscal year 2020, we have some minor changes to the dental benefits. I think most of our plan members will be happy with the change. On the Select Dental Plan, the annual maximum is increasing from \$1,500 to \$2,000 beginning July 1 of 2019. With that change, you will see a 2.2% aggregate premium increase to the dental plan for fiscal year 2020. A little bit later on when we're talking about premiums I will show you what that difference is, but it ranges from \$1 to \$3 depending on who you're covering under the plan. The Basic Plan will remain as it is today with a \$750 annual maximum per covered plan member. Remember that the Select Plan covers comprehensive services, including diagnostic and preventive, basic, major restorative, and we also have a separate orthodontia benefit which has a \$1,500 lifetime maximum. The \$2,000 annual maximum per member will not apply to your Select Plan diagnostic and preventive services, so you will continue to receive those even if you've exhausted that \$2,000 annual maximum.



The vision plan for fiscal year 2020 does not change with regard to benefits. There is a 10.2% premium increase for the vision hardware, and that increase is solely based on the claims experience. Remember that the optional vision hardware benefit only covers hardware, so that's your eyeglasses and frames, lenses, and that's a \$300 annual allowance per covered member, or contact lenses in lieu of frames and lenses, and that's \$150 annual allowance per covered member. Your eye exam is covered under your medical benefit. You receive one per plan year with a \$0 copay if you're utilizing services with an innetwork provider.



We're excited to talk about the Wellness Incentive Program for 2019. Remember while our benefits run on a fiscal year, the Incentive Plan runs on a calendar year, so our Incentive Program began on January 15th. We are continuing to use Limeade as our Wellness Incentive platform, and we have four levels of incentives this year. The first level requires 1,000 points and it mandates a WellCheck and completion of the Limeade platform wellness assessment and 1,000 points, and at that level you receive a Fitbit health tracker. At level two, you receive a \$30 Amazon gift card. At level three, a \$50 Amazon gift card. And at level four, a \$30 Amazon gift card. And just a reminder that claiming gift cards does result in payroll taxation. There is also a mobile app for Limeade, so if you're interested in downloading that Limeade app, you can have the app at your fingertips wherever you're at, and our code is MUS in order to download that device app.



Some of our Wellness Program highlights for 2019. The plan continues to offer two free MUS WellChecks, so that means that the plan provides the benefit and pays the fees associated with the WellCheck services. So, it is a basic panel. There are some extra services that you may choose and selfpay. We have live fitness and nutrition webinars, and there are recordings available any time the Wellness staff do one of those live webinars. We also have live fitness and nutrition workshops. If you are interested in any of these, please reach out to Neal Andrews or Cristin Stokes and they can work with you to get those set up on your campuses. We also have the Montana Moves and the Montana Meals blogs. Cristin and Neal do some really exceptional educational blogs and I would encourage you to check that out if you're not already following. Our WellBaby Program, we continue to offer this maternity benefit for moms on the plan. If you enroll within the first trimester, you're eligible for all benefits of the plan. If you enroll after the first trimester, you are eligible for the benefits with the exception of the copay waivers. We also utilize campus Wellness Champions to keep folks motivated and provide special programs on each of our campus sites. We would encourage you to reach out to Neal and Cristin and get involved in this program as well. We offer a Quick Help Program, which is a Q&A, a question and answer support, regarding health, fitness, and nutrition, and we're also working to add some things like financial wellness and some other holistic wellness programs to this Q&A. But for 2019, Cristin and Neal are available for health, fitness, and nutrition. We've been offering the 30-Day Nutrition Upgrade, which is a highly effective program that helps you reshape your eating habits and

upgrade your nutrition. If you haven't enrolled, there will be another opportunity coming up soon, and I would encourage you to investigate and see if that might be something you're interested in. And then, a great addition to our Wellness Program this year is the Whil Program. This is digital training videos that are available through the Limeade Wellness Incentive platform. They focus on mindfulness, sleep, emotional intelligence skills, and much more. If you have not checked those out yet, I would encourage you to do so. And as always you can get more information by visiting our Wellness website at www.wellness.mus.edu.



A few requirements for the WellBaby Program and a highlight of some of the benefits that this program provides. In order to be eligible, you must be covered under the medical plan. So this would be employees, spouses, and dependent children are eligible for these benefits if they're enrolled during the first trimester of the pregnancy. Again, if you enroll during the second or third trimester, the enrollee is eligible for all benefits except the copay waiver. Benefits begin the day the participant enrolls. It is not backdated, and benefits include copay waivers if you enrolled during the first trimester. The waivers apply to your office visits for prenatal and postpartum care, ultrasounds, two of those per pregnancies, lab work, and the physician delivery charges. Hospital services are not included in the copay waiver. And again, this is also routine services. It is not if you have some kind of high risk medical situation, that is not included in the copay waiver either. You also receive prescription generic prenatal vitamins at a \$0 copay, pregnancy books, and you do get a choice, and enrollment in the Take Control Lifestyle Management Program. And enrollment in Take Control for the maternity benefit does offer some benefits specific to our pregnant moms. And of course, enrollment in WellBaby is just like any of the MUS Wellness programs, it is confidential and it is voluntary.



We also continue to offer the Take Control Lifestyle Management Program. This is a comprehensive and confidential education and support program. It's delivered via telephonic delivery, which allows you to participate from work or home and receive individual attention and individualized goals. So, it really is designed to meet individual member needs. It's a 12 month program with one-on-one monthly phone sessions with licensed dietitians, exercise and sport science trainers, and certified diabetes educators. The Lifestyle Management Program offers benefits for high blood pressure, high cholesterol, weight loss, diabetes, and prediabetes, tobacco cessation, and of course the maternity program that you access via WellBaby. Enrollment in Take Control, like any of our Wellness programs, is confidential and it is voluntary.

### Healthcare Flexible Spending Account (FSA) Information for FY2020

- The minimum amount an employee can contribute to a medical FSA for FY2020 is \$120 and the maximum amount an employee can contribute is \$2,700.
- You <u>must</u> re-enroll each plan year to participate in a medical FSA.

#### (NO AUTOMATIC ENROLLMENT)

- If an employee doesn't enroll in an FSA for FY2020 and has <u>unused FSA funds in the amount of \$50 or less that are not expended by June 30, 2019 for services incurred during FY2019</u>, the FSA will be closed and the remaining funds will be forfeited.
- FY2019 funds <u>must</u> be expended by June 30, 2019 and claims <u>must</u> be received by Allegiance by September 30, 2019.

\$500 Annual FSA Roll-Over - If you have funds remaining in your FSA account as of June 30, 2019, the rollover provision allows you to carry up to \$500 forward into your FSA for FY2020. These funds will be placed in your FSA on July 1, 2019 and you may expend these funds on qualifying medical expenses incurred during FY2020.

- Medical FSAs are coordinated with your Tax Advantaged Account (TAA). Funds are expended from the FSA first (since FSAs are "use-it-or-lose-it") and then from the TAA.
- MUS will continue to pay administrative and debit card fees.

Let's switch now to the healthcare Flexible Spending Accounts for fiscal year 2020. Just a reminder that there is no automatic reenrollment into the Flexible Spending Accounts. So while you can forego any enrollment activity and have your medical, and dental, and vision, and all of those benefits rollover automatically for Year 2020, there is no automatic enrollment for flex. So if you want a medical or dependent care flexible main account, you need to make an active enrollment and get onto the BusinessSolver system and make sure that you make your flex enrollment election. The minimum amount you can contribute to a Medical Flexible Spending Account for fiscal year 2020 remains the same. It is \$120, and the maximum amount for fiscal year 2020 is \$2,700. You may recall that for fiscal year '19 the maximum was \$2,650, but the IRS did increase that to \$2,700, so they let us go up \$50 for fiscal year 2020. If you do not enroll in a Flexible Spending Account for fiscal year 2020 and you have unused Flexible Spending Account funds in the amount of \$50 or less and you do not have services by June 30 of 2019, that Flexible Spending Account will be closed and those funds less than \$50 will be forfeited. We have that requirement under this plan because, as you may recall several years ago, the MUS benefit plan began paying the administrative fees on behalf of our employees, and so because we are paying for the fees for those accounts, we don't allow you to keep an account that would have less money than we're going to pay out in administrative fees over the plan year. Then remember the Montana University System plan does have a \$500 annual Flexible Spending Account rollover. So if you have funds remaining in your Medical Flexible Spending Account as of June 30, 2019, you can carry over \$500 into the next Flexible Spending Account year, which would be fiscal year 2020. These funds will be placed in the new plan on July 1, 2019, and you can expend these through fiscal year 2020, so that would end on June 30 of 2020. And then, for those of you who were with the Montana University System at the time that we had the Tax Advantaged Accounts, and you may still have one in place today, remember that Medical Flexible Spending Accounts are coordinated with Tax Advantaged Accounts. So funds are utilized first from your Flexible Spending Account, and then from the Tax Advantaged Account. So in order to utilize any funds that are remaining in a Tax Advantaged Account, you must receive services by June 30 of 2019 and claims must be received by Allegiance by September 30th of 2019, otherwise those Tax Advantaged Accounts will be closed and your funds are forfeited. The Montana University System will continue to pay the administrative fees for the flex Flexible Spending Accounts and also the debit card fees for those of you who want to have debit cards for your Flexible Spending Account.

#### Tax Advantaged Account (TAA)

- Any TAA balance not expended by June 30, 2019, will be forfeited as MUS is no longer contributing to the TAA. Claims <u>must</u> be received by Allegiance Flex Advantage by <u>September 30, 2019</u> for reimbursement.

#### No exceptions will be made!

- Medical FSAs are coordinated with your Tax Advantaged Account (TAA). Funds are expended from the FSA first (since FSAs are "use-it-or-lose-it") and then from the TAA.
- Contact Allegiance Flex Advantage at 1-877-778-8600 or visit <u>www.abpmtpa.com/mus</u> if you have questions about your remaining TAA funds.



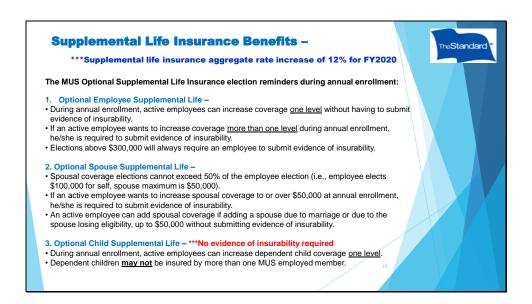
We've already talked a bit about the Tax Advantaged Account, but I want to reemphasize this because all expenses must be incurred by June 30, 2019 for the Tax Advantaged Account, and claims must be received by Allegiance by September 30th for reimbursement. No exceptions will be made on these Tax Advantaged Accounts. And again, there is coordination between the Flexible Spending Account and the Tax Advantaged Account, and Flexible Spending Account monies must be utilized first. If you have any questions about whether or not you have funds remaining in a Tax Advantaged Account, please reach out directly to Allegiance Flex Advantage, either via their toll-free phone number or their website.

# Dependent Care Flexible Spending Account (FSA) & Adoption Assistance Information for FY2020

- ❖ No changes for Dependent Care FSA for FY2020.
- The minimum amount an employee can contribute to a Dependent Care FSA for FY2020 is \$120 and the maximum amount an employee can contribute is \$5,000.
- You <u>must</u> re-enroll each plan year to participate in a Dependent Care FSA.
   (NO AUTOMATIC ENROLLMENT)
- ❖ You must complete a new Day Care Reimbursement Contract each plan year.
- Adoption Assistance will no longer be offered as of 7/1/19.



Dependent care Flexible Spending Accounts will go forward into fiscal year 2020. We will continue to offer those accounts. The Adoption Assistance Program is going away as of July 1, 2019. That was a benefit that was not utilized. There probably are a number of reasons why, but we will no longer offer that as of July 1 of 2019. If you are electing a Flexible Spending Account for dependent care for fiscal year 2020, the minimum is \$120 and the maximum is \$5,000. Just like the Medical Flexible Spending Account you must reenroll each year, so you must make an active election if you want to have a dependent care Flexible Spending Account for fiscal year 2020. And in addition, you must complete a new Day Care Reimbursement Contract each plan year.



Talk a little bit about the Supplemental Life Insurance benefits. We've had a number of questions about life insurance throughout the course of the past year, and so I apologize that our slide is so busy. You may have trouble reading it, but we will post these so you'll have the opportunity to go back and look again if you'd like to. Our staff here at the University System Benefits Office has also done a great job of updating the Enrollment Workbook with this information, but we thought we would provide it due to the number of questions that we've had about life insurance. So, we'll start first with your Supplemental Life Insurance rates for fiscal year 2020. You will notice that overall there's an aggregate rate increase of 12%. This is strictly due to utilization and claims experiencing. Keep in mind we have gone many years without an increase to our Supplemental Life Insurance rates. The reason that we're seeing an aggregate rate increase, and not across the board, is because there is a requirement in terms of... And I'm not going to go into a great deal of explanation. If you want more information, you can certainly reach out to me, but there are some requirements that have to be met to ensure that there is not a requirement for imputed income for employees, and that's why some of the rate tables had to be updated more than others, and so it is overall an aggregate rate increase of 12%. So, a few reminders about your optional Supplemental Life Insurance selections. First of all, for the Employee Supplemental Life, during this annual enrollment period, active employees can increase coverage one level without submitting evidence of insurability. So for example, today if you have \$100,000 of life insurance on yourself and you want to increase that, you can increase it to \$125,000. That's one level. If you wanted to go up, say to

\$250,000, that would require evidence of insurability. And elections above \$300,000 for an employee always require submission of evidence of insurability. The optional Spouse Supplemental Life, these elections cannot exceed 50% of the employee election. So for instance, if you have \$100,000 on yourself as the active employee, the maximum you can have on a spouse is \$50,000. There are some additional limits though on the Spouse Supplemental Life, and these can get confusing to folks, so we really wanted to make sure we were outlining them clearly. If an active employee wants to increase spousal coverage to \$50,000 or above \$50,000 at annual enrollment, the spouse must submit evidence of insurability. So, this is a little bit different than the active employee. The active employee can go up one level, so \$100,000 to \$125,000, but if you had only put during the initial period... So, as a new hire you had put \$25,000 on your spouse and during annual enrollment you want to increase that to \$50,000, that does require evidence of insurability. An active employee can add spousal coverage if you're adding your spouse due to marriage or due to the spouse losing eligibility for other coverage up to \$50,000 without submitting evidence of insurability. So, that \$50,000 of guaranteed issue for a spouse is during the initial new hire period or during a mid-year qualifying event. And then, finally the optional Child Supplemental Life. First of all, there's never a requirement for evidence of insurability for a child. You may insure your dependent children up to age 26 as long as they are not married, and during annual enrollment you may increase the dependent child coverage one level. Dependent children may not be insured by more than one Montana University System employed member. So if there are two employees, whether it's two spouses, or whether the child is employed by the University System and also has a parent employed by the University System, they may not be insured by more than one person that is an employee of the University System. Hopefully that makes sense. We have had a number of questions on this, so if you do have questions let us know. And this might be a good time to let you know that we do have staff here answering questions, so you may submit your questions at any time throughout this presentation, and we will allow you time at the end as well, but we are answering questions throughout the presentation.



Then the Supplemental Accidental Death & Dismemberment Insurance benefits. These also have an aggregate rate increase of 12% for fiscal year 2020. Again, this is based on the experience that the plan has received. So, it's just based on the claims that have been paid out by the standard. During annual enrollment the employee may increase coverage one level, and you may decrease your coverage to any level or drop completely during annual enrollment. For your spouse, again, the election for a spouse may not exceed 50% of the employee's election for him or herself, and the spouse coverage may be increased one level during annual enrollment. Again, you can drop your spouse's coverage completely or drop it any level throughout the options available during annual enrollment. And the child AD&D may also be increased one level during annual enrollment. You may drop it completely or go down, however you'd like to do that, during annual enrollment. And again, for the Accidental Death & Dismemberment, dependent children may not be insured by more than one Montana University System employed member.

MU		ICES FY	/2020 – es			MUS   Montana University Employee Ben
Monthly Premium	Allegiance	BlueCross BlueShield	PacificSource	Basic Dental	Select Dental	Vision Hardware
Employee/Survivor Only	\$798	\$748	\$837	<b>\$18</b> (\$0)	<b>\$43</b> (\$1)	<b>\$10.70</b> (\$.99)
Employee + Spouse	\$1,169	\$1,075	\$1,225	<b>\$34</b> (-\$1)	<b>\$82</b> (\$2)	<b>\$20.20</b> (\$1.86)
Employee/Survivor + Child(ren)	\$1,045	\$994	\$1,096	<b>\$34</b> (-\$1)	<b>\$82</b> (\$2)	<b>\$21.26</b> (\$1.96)
Employee + Family	\$1,415	\$1,327	\$1,484	<b>\$49</b> (\$0)	<b>\$116</b> (\$3)	<b>\$31.18</b> (\$2.87)
<ul><li>Employer contribution r</li><li>No Increase to Med</li></ul>						
2.2% aggregate increas	se to Dental Pla	an rates for FY2	020.			110
> 10.2% increase to Visio				. /	21	SB 197
Rates vary based on wl	nat plan(s) you	select and whe	ther you cover dep	endents.		

Okay, onto the question of the day. This is what we've had the most questions about since people have started preparing for annual enrollment. And that is, what's happening to our premiums for fiscal year 2020? I think that you'll be pleasantly surprised to hear that the Inter Unit Benefits Committee and the Commissioner of Higher Education have agreed to keep the medical rates flat for fiscal year 2020. That means you will not see any increase in your medical premiums. On the dental on the Basic side, there is a small decrease for the employees plus spouse or the employee or survivor plus children. That is decreasing by \$1. That's simply due to the claims trend on the basic dental. It decreased this year, and that allowed for the decrease in the premium. On the Select Dental, there's an aggregate 2.2% increase for fiscal year 2020, and as we've already discussed, that is based on the fact that we are increasing the annual maximum on that plan from \$1,500 to \$2,000. So for an employee only, you will see a \$1 monthly increase, employee plus spouse or employee plus children will see a \$2 monthly increase, and an employee plus family will see a \$3 monthly increase. The Vision Hardware, that is a 10.2% increase, and as we discussed, that increase is due to the claims utilization, so strictly based on the plan's experience. 10.2%, when we say that, it tends to get people a little bit anxious, so we've also indicated what that increase reflects in terms of dollars. So for an employee only it's 99 cents per month, for an employee plus spouse it's \$1.86, for employee plus children it's \$1.96 per month, and for an employee plus family it's a \$2.87 increase per month.



# Benefits Enrollment Benefits Administration (BEBA) System –

- Centralized, online benefits enrollment system, Benefitsolver, for all campus employees.
- Online mid-year changes, such as a marriage or birth. (subject to Human Resources/Benefits staff approval)
- · Ability to upload new hire and qualifying event proof of eligibility.
- Targeted communications.
- Stores enrollment and benefit elections information.
- · Eligibility and enrollment reporting.

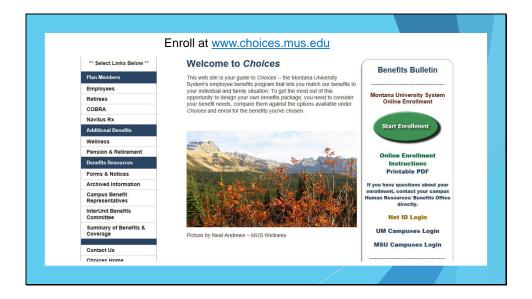
\*\* For questions about enrolling in the

Benefitsolver system, contact your campus HR/Benefits Office.

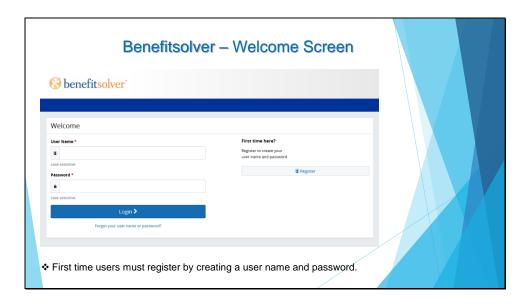
**benefitsolver** 

Enroll at www.mus.choices.edu!!

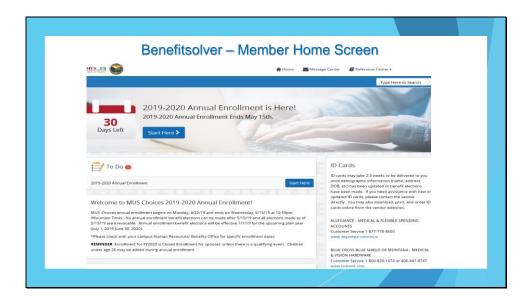
Then we'd like to spend the majority of our time today talking about our new Benefits Enrollment Benefits Administration System. It's what we who have been working on implementation... And by "we" I don't just mean the Commissioner's Office, but I would also extend a hearty thanks to the campuses across the State. This has been a Herculean effort and everyone has come to the table and really done the heavy lifting to ensure that we could roll this out during this annual enrollment period. So I just want to extend my thanks and also on behalf of the Commissioner. We're all very grateful for all the work that's been done on this project, and we've already heard feedback from many of you who are utilizing this system and have been able to get through it and complete your enrollment. We do have staff both in the HR Offices and here at the Commissioner's Office ready to jump in and help you if you have questions, if you have problems, or issues, or just need some basic help walking through the system. So we're thrilled that the system is up, it's operational. Again, we have called it the Benefits Enrollment Benefits Administration System. Probably it will become known as we move forward throughout the next few years as the Benefitsolver System. So, the name of our vendor partner is BuisnesSsolver. The platform name is Benefitsolver. This is the system now that replaces any paper enrollment form, so it's not just our online benefits enrollment system for everyone throughout the Montana University System, but it's also where you will go to make any mid-year changes. So if you have a life event that is considered a qualifying event under the terms of the plan, that would include things like marriage, birth, divorce, loss of eligibility for other health coverage, those things that you've always gone to your Human Resources Office to do in the past, you will actually start those through this system, and then any verification of approval is done through the Human Resources Office. So we're excited because this brings consistency to the system, we're all doing the same process, we're able to build plan rules into the system to ensure that we're consistently providing those rules across all of us as plan members. So consistent system, it allows you to upload any documentation that's needed by the plan right into the system. It will allow us to target communications, so we'll be able to send benefits, information, and communications out through this system. It stores the enrollment and benefits election information. So, it has been time consuming in the past for our campuses to have to go through a number of different formats, depending on what campus you might be employed on, to get enrollment information when your benefit elections need to be verified or provided maybe to the standard because there's been a death claim or a long term disability claim. It's also allowing us to have eligibility and enrollment reporting, and we'll be able to do some financial reconciliation in the system as well. So I think that as it gets completely implemented, it will be beneficial to all of us. I would tell you though, in my nearly 30 years in this industry, I've seen many, many system implementations, and unfortunately it's just like real life, nothing is ever perfect. So if you do think there's something wrong, please reach out to your campus Human Resource Office or to us here at the Commissioner's Office so that we can make sure that we either, if there is an issue get it resolved, or if there's an educational explanation, that we're able to provide that to you as well.



So to enroll this year, if you have not already done your annual enrollment, you can go to www.choices.mus.edu. That is the plans' website. And on the right-hand side you will see a large oval that says, "Start Enrollment." You can click on that oval and it will take you right to the Benefitsolver platform and give you online enrollment instructions. If you are an employee of one of the University of Montana campuses or one of the Montana State University campuses, you will see down at the bottom on the right-hand side there is a link that says, "UM Campuses Login," or, "MSU Campuses Login." This is a single sign-on login, so it uses the same net ID that you use to access whatever you access on your individual campuses. You can use the single sign-on or you can click the green Start Enrollment button. For any of us who are not employed by the University of Montana, or one of their campuses, or one of the MSU campuses, all of us need to use that green Start Enrollment oval.



Then we wanted to show you just a few of the screens that you'll see as you walk through your annual enrollment on Benefitsolver. This is the welcome screen. This is where, if it's your first time here, you'll see on the right-hand side it says, "First time here?" That is where you will sign up. You will register and create a username and password. If you've already done that, on the left-hand side it will just ask you to fill in your username and password, and then click Login.

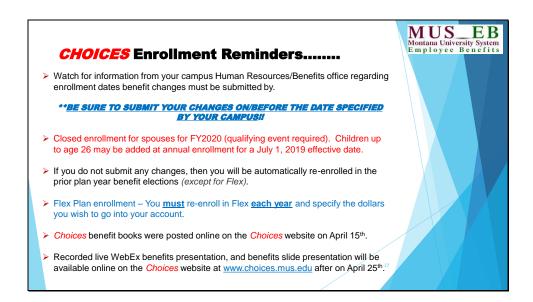


Then it will bring you to the Benefitsolver home screen. Some of the nice things about this screen, you can see it says, "The 2019-2020 annual enrollment is here." Now of course this screenshot Kelly put together for us before annual enrollment had actually opened, but up in the left-hand side it does tell you how many days are left. If you log in today it's not 30 because we actually opened enrollment on Monday, but we wanted to be able to show you what it looks like. And that's great because if you're wondering how much time you have left, it is a reminder every time that you log in there. There are some other informative pieces here, and we don't have the entire screen here, but it does provide you with a great deal of information. On the To Do in the center of the screen, it shows you that you need to do your 2019-2020 annual enrollment, and if you have started it... For instance, I started mine on Monday, but I didn't complete it on Tuesday, when I logged in on Tuesday, under that To Do it said, "In progress 2019-2020 annual enrollment." So if you're ever wondering if you've completed your enrollment, you do have the opportunity to log in and you'll get some information that tells you you're still in progress, or that you've haven't begun, or you've completed your enrollment.



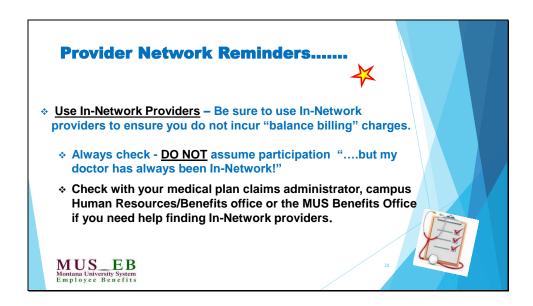
So, that's just a brief overview of the Benefitsolver platform. Again, we do encourage you to reach out if you have questions that you need answered. It's new for everybody across the system, so we're all working together to get you what you need to make sure that this enrollment is successful and that you actually get the benefits that you intend based on whatever decisions you and your family are making. Then I just wanted to give you a heads up of a couple coming attractions. These are benefits that we have had in play for quite some time. Our Inter Unit Benefits Committee has been working to bring these to life, so to speak. The first one is a virtual medicine benefit. You will sometimes hear it called the telemedicine benefit. This is a benefit that we're really excited about, and it's actually in the procurement stage right now, but when we go live with this benefit, which we are hoping will be in the fall, it will allow you to access both medical and behavioral health or psychiatric benefits via a virtual medicine platform. That vendor has not been determined yet because we are just at the initial stages of procurement, but when the time comes we will get information out to you about how to access that benefit and of course the details that go along with it as well, like what kind of visits you can have, and what the providers look like, and how to access the platform, and any other questions that you may have, what your out-of-pocket cost may be, and all of those kinds of things. And then, we're also excited to let you know that we will be implementing an Employee Assistance Program. Again, this is something that our Inter Unit Benefit Committee members have been asking us to procure, and it turned out that we were able to do some work and attach to another public contract that has actually been procured by

the State of Montana. So, we will be utilizing Reliant Behavioral Health to offer free confidential employee benefit programs to assist our employees with personal problems, work related problems or issues that may be impacting their job performance, health, or mental and emotional wellbeing. These services will be available to employees, dependents, and anyone who lives in your household. So, we will be rolling out some more details. We are still in the final phases of getting the memorandum of understanding and the participation agreement done with the State of Montana, but as soon as that is complete we will be rolling out more information to both the campus Human Resource offices, and then of course to all employees.



So, just a few final reminders to you. Be sure to check with your Human Resources Office regarding your enrollment dates for benefit changes. Make sure that you submit all of your changes through the Benefitsolver platform by the date your campus has specified, and remember that the campus will not be able to make any changes for you after May 15th as that is when the system is closing enrollment. Again, it is closed enrollment for spouses for fiscal year 2020, so in order to add a spouse to your medical or your dental plan, you would have to have a qualifying event. Children up to age 26 may be added during this annual enrollment period, but keep in mind their effective date of coverage will be July 1 of 2019. If you don't submit any changes through the Benefitsolver platform, you will automatically be reenrolled in what you had this current fiscal year. I would encourage all of you, even if you don't want to make changes, I think it would be great for you to get into the Benefitsolver platform just so that you can see what it looks like, so you can verify that the benefits that are loaded in there are truly the benefits you have or intend to have. And also, we're just making a plea for everybody to please get in and load your beneficiary information for your life insurance and Accidental Death & Dismemberment if you have that. And of course, just a reminder to always... Any time you have a life event, make sure that you're updating your beneficiaries as well. Unfortunately we don't think about beneficiaries as often as we probably should, but in the event that there is a death, those become very critical, and I can't tell you the number of examples that we've had over the course of the last two years where people have... Maybe an employee's been divorced for an extended period of time, they never

changed the ex-spouse, they're still listed as the beneficiary. There are just a number of circumstances that can change in your life that may deem it necessary for you to change your beneficiaries. So if you don't do anything else, just humor me and get on and load your beneficiary information and make sure the benefits that are in there are correct. Then if you do want a Flexible Spending Account, you must get in and make an active election. That's for both the Medical Flexible Spending Account and the dependent care account. We did post the Choices benefit books on the website on April 15th, so those are out there and available to you, and this live presentation will also be posted some time after Friday. So, we will be posting both the audio and video of this live presentation.



One final reminder, I know we remind you of this every year, but it's very, very important. You want to utilize in-network providers on your medical plan. If you go out-of-network, you will get balance billed, and what that means is that an out-of-network provider can balance bill you the difference between the allowance and the charge and any out-of-pocket costs. So it's more than just your deductible, and your co-insurance, and your out-of-pocket maximum. Any difference between the allowance and charge with an out-of-network provider is patient responsibility as well, and those can be very large, so I just would encourage you utilize in-network providers. If you find yourself or a family member facing a situation where you're struggling to find an in-network provider, reach out to us here at the Commissioner's Office. We will help you walk through those kinds of situations. Sometimes there are specialized services where there may not be accessibility, and we may need to do some work to see if we can get a single case agreement or get an out-of-network provider to agree to accept an in-network allowance. But those things have to be done in advance. After the fact, it's very difficult for us to have much negotiating power on your behalf, and we really do want to help you through those kinds of situations. We know that when you or a family member is sick that you have enough on your plate without having all of the confusion and the frustration that can go along with the insurance side of things, so we are here to help you, but I just cannot emphasize strongly enough to make sure your providers are in-network before you receive services. Don't assume that your provider is in-network. Provider networks do change. Sometimes a provider will decide they don't want to participate in a network and they will leave that

network, and there's nothing that the University System can do about that but really encourage you to not assume that because your doctor has always been in-network that they're going to be in-network now. You can check with your medical plan claims administrator. That's the first place I always encourage you to go. So if you utilize Allegiance, check with Allegiance, if you utilize BlueCross, check with BlueCross, or with PacificSource if your health coverage is through PacificSource. Then the next level would be your campus HR Office or finally our office here, the Commissioner's Office if you do need help accessing in-network providers.



We're just providing you some information so that if you do need to check on the network status. We're providing information for Allegiance, BlueCross, PacificSource, and Delta Dental. Just a reminder though that our dental plan will remain an indemnified fee schedule plan, and what that means is that the plan has outlined the benefits for each covered service under the plan, so it is a specific fee that the University System pays for dental services. You can find a summarized version of that in the Enrollment Workbook or the full version, the complete schedule, in the summary planned description.



And with that, we conclude our annual enrollment presentation...