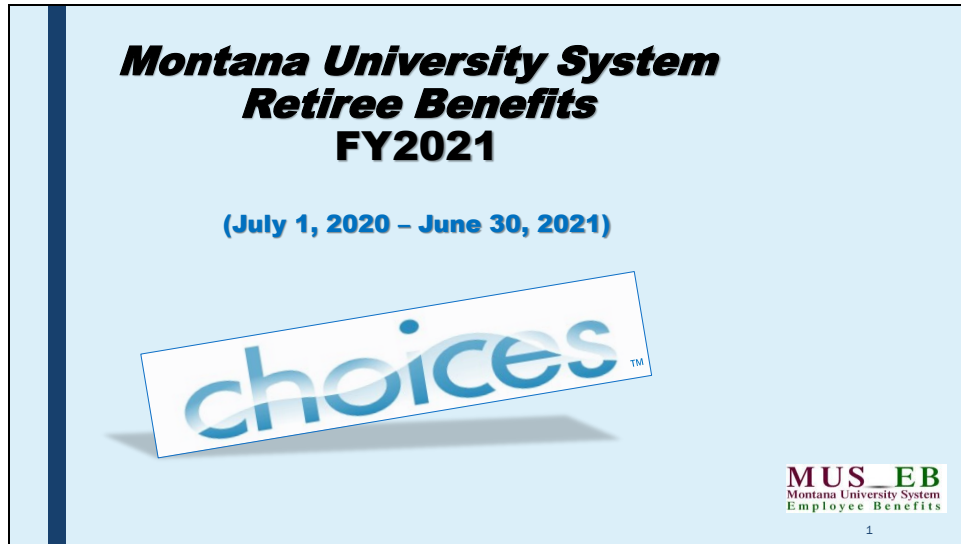


Welcome to the Retiree FY2021 Benefits Presentation

Announcements


Slide 1



Good afternoon. Thank you so much for joining us for this afternoon's retiree presentation for annual enrollment for fiscal year 21. My name is Mary Lachenbruch and I'm the director of benefits for the Montana University System. On behalf of commissioner Christian and our entire benefits staff, I want to welcome you to this year's presentation for your benefits renewal for choices for fiscal year 2021.


Agenda

- ❖ **Important Benefit Information for FY2021**
 1. Medical Benefits
 2. Pharmacy Benefits
 3. Dental Benefits
 4. Vision Hardware Benefits
- ❖ **Plan Rates for FY2021**
 1. Medical
 2. Dental
 3. Vision Hardware
- ❖ **Monthly Premium Payments**
- ❖ **Enrollment Reminders**



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Our agenda today will involve a discussion of our benefits, medical, pharmacy, dental and vision hardware benefits. Then we'll also talk about the plan rates or premiums for fiscal year 21 for medical, dental and vision hardware. And then we will also have a few reminders for your enrollment for this year.



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 MUS Plan participants who experience illness or injury.
- ❖ To keep the Plan financially sound and affordable, it is important that all Plan participants use their benefits responsibly.
- ❖ Plan Participants are expected to pay a portion of their medical costs in the form of annual deductibles, percentage coinsurance and/or flat dollar copayments.
- ❖ These cost-containment features are part of the Plan design, so Plan funds will be available should a high-cost medical emergency or a catastrophic illness strike a Plan participant.

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Before we get too far into this year's changes, I wanted to talk just a little bit and this may be a reminder for some of you, but just about the fact that the Montana University System administers a self funded health plan. And that's important to us because that means that our benefit plans, medical prescription drug, dental and vision hardware are also funded and we are all contributing our premiums into a fund which is used to pay the cost of benefits for our plan participants who experience illness. Or injury or even for those preventive things that we pay first dollar. In order to keep the plan financially sound and affordable for all of our members, it is important that all of us use our benefits responsibly. Plan participants are expected to pay a portion of the medical costs in the form of annual deductible, percentage co-insurance and flat dollar copayments. These cost containment features are part of our plan design so that plan funds are available should a high cost medical emergency or a catastrophic illness strike any of our plan participants.



MUS *Choices*
Annual Enrollment Dates
for FY2021


April 22 – May 15, 2020

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The slide features a light blue background with a dark blue vertical bar on the left. The text is centered and uses a mix of bold black and blue fonts. At the bottom center, there is a decorative graphic of a grassy field with various flowers and butterflies. A small number '4' is located in the bottom right corner of the slide frame.

As we enter into fiscal year 21 we will be opening up annual enrollment next Wednesday. Annual enrollment will run from April 22nd through May 15th. We did send out the retiree packets on April 13th so we're hoping that many of you have already received your packets with your workbooks and your enrollment forms. If you do not want to make any changes, we'll talk about that, but just as in the past, you won't have to do anything. And if you do want to make changes, please make sure that you have those forms submitted to your campus human resource offices by the end of business on May 15th.

Eligibility Information for FY2021

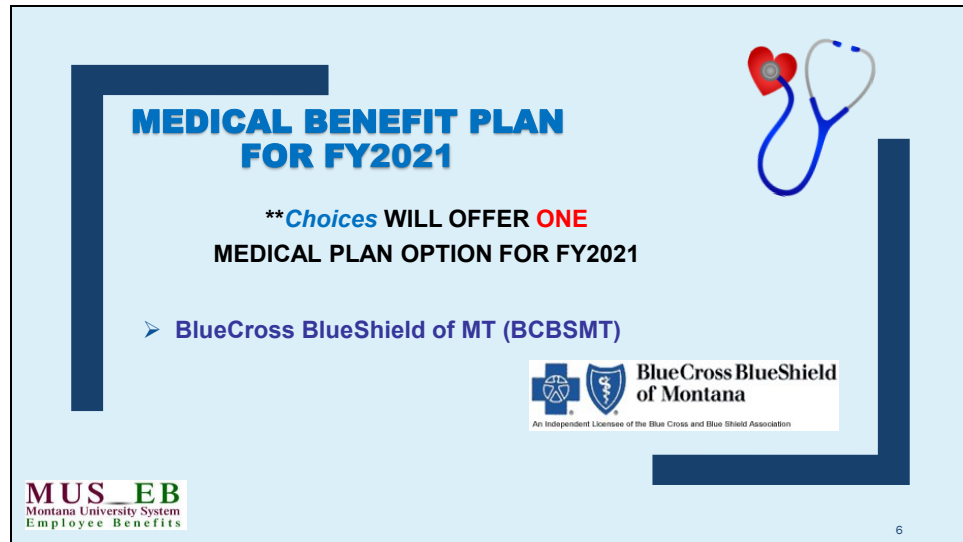


- [Dependent children, up to age 26, may be enrolled in medical, dental, and/or vision hardware benefits during annual enrollment.](#)
(MUS has a closed enrollment for spouses)
- Proof of eligibility **will be** required for all new dependent children being added to the MUS Plan for a July 1, 2020 effective date.
- Mid-year enrollment or disenrollment may only occur with a "Qualifying Event" or during a "Special Enrollment Period".
- *Such as, marriage, birth, or Medicare Open Enrollment.*

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Eligibility for the upcoming plan year is just as it has been in the past. You may enroll dependent children who are eligible, who are under the age of 26 in medical, dental and or vision hardware benefits. Please keep in mind that we continue to have a closed enrollment for your spouse. So a spouse could only be added to the plan if there is a qualifying event such as marriage or birth. Proof of eligibility will be required for all new dependents who are added to the plan for July 1, 2020 effective date. The other time during the year when you may make changes to your plan is during a special enrollment period and we offer one every October for retirees as Medicare requires that plans have a special enrollment period that allows at a minimum, for people to dis-enroll from a group plan so that they may enroll in a Medicare option.




**MEDICAL BENEFIT PLAN
FOR FY2021**

****Choices WILL OFFER ONE
MEDICAL PLAN OPTION FOR FY2021**


➤ **BlueCross BlueShield of MT (BCBSMT)**



**BlueCross BlueShield
of Montana**
An Independent Licensee of the Blue Cross and Blue Shield Association



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Employee Benefits



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This year, we will be offering only one choice for the medical benefit plan. We did go out for RFPs which are requests for proposals for all of our major benefits this last year. And we chose to go to a single third party administrator on the medical side for a variety of reasons, but the winning bidder for this plan is Blue Cross Blue Shield of Montana.


**MEDICAL BENEFIT PLAN
FOR FY2021 CONT.**

- In an effort to reduce Plan administrative costs and monthly premiums for enrollees, the MUS is moving to one Medical Plan option as of July 1, 2020 (BCBSMT).
- Plan members currently enrolled in the Allegiance or PacificSource Medical Plans will automatically be enrolled in the BCBSMT Medical Plan at the current coverage level.
- Medical Plan enrollees new to BCBSMT as of July 1, 2020 will receive new ID cards.
- Direct Bill (DB) retirees & survivors who experience benefit changes will receive new DB coupons.
- Allegiance & PacificSource will continue to process claims for services rendered prior to July 1, 2020.

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So those of you who are currently enrolled on Allegiance or PacificSource who choose to do nothing will automatically be rolled over to whatever coverage you have today at the tier level you have with Blue Cross Blue Shield of Montana effective July 1. So for example, if you currently have yourself and a spouse covered on Allegiance or PacificSource, as of July 1, if you do nothing and make no changes at all, you and your spouse will both be rolled over to Blue Cross Blue Shield of Montana with the appropriate premium amounts. One of the reasons that we chose to go to a single third-party administrator was in an effort to reduce plan administrative costs and to keep premiums as flat as possible for our plan participants. This also allows us some additional benefits for operational and administrative efficiencies, such as a single medical policy, ensuring that the same criteria are applied to all plan participants. And then for those of us who work in the benefits office here, it also assists us in the realm of the number of file feeds that have to be sent out. And we're able to do more streamlining with recording and benchmarking and our case management and disease management reporting. Those enrolling who are new to Blue Cross Blue Shield of Montana as of July 1, 2020, will receive new ID cards. No other plan participants will receive new ID cards during this enrollment period. Those of you who are in direct bill as retirees and survivors and have benefit changes, you will receive new direct bill coupons from Businessolver. and then just a reminder that for all of your services that you've received prior to July 1 of 2020, if you currently have Allegiance or PacificSource, they will continue to process claims for services rendered through June 30th of 2020. We do have run out contracts in place with Allegiance and PacificSource. So right up through June 30th, any services through that point need to be submitted to those administrators for processing.


Choices Retiree Medical Benefits for FY2021



BENEFIT DESCRIPTION	IN-NETWORK BENEFITS
PCP Office Visit	\$30 copay
Specialty Office Visit	\$50 copay
Coinsurance	30%
Emergency Room Facility Visit	\$250 copay (room charge only)
Urgent Care Visit	\$75 copay
In-Network Deductible	\$1,250 (individual) / \$2,500 (family)
In-Network Out-of-Pocket (OOP) Maximum	\$4,350 (individual) / \$8,700 (family)
Eye Exam Benefit (routine or medical)	\$0 copay/1 per plan year (with an In-Network provider)

➤ No Medical Plan benefit changes for FY2021!!!

➤ To see if your provider is a BCBSMT In-Network provider, visit the BCBSMT website provider finder at www.bcbsmt.com/find-a-doctor-or-hospital.



So some good news for you. For fiscal year 21, your medical benefits will remain the same and your premium rates will remain the same. So we've just given you a snapshot here of what your in-network benefits look like and they will remain the same as will your out of network benefits. So for an office visit there's a \$30 copay specialty visit, a \$50 copay, your co-insurance in-network is 30%, the emergency room facility visit, which is just for the room, not for any ancillary charges, that is still a \$250 copay. \$75 copay for urgent care visits, enter in-network deductible remains at \$1,250 per individual and 2,500 per family. And keep in mind that one individual can never satisfy a family deductible or a family out-of-pocket maximum. The in-network, out-of-pocket maximum is \$4,350 per individual or 8,700 per family. And again, your eye exam will remain on the medical benefit. The first one in the plan year with an in-network provider will be processed at a \$0 copay. So just as in the past, we really encourage you to get your annual eye exams. We've provided you with some information in the event that you would like to ensure that your current medical providers are in that work with Blue Cross Blue Shield of Montana. If you find yourself having some difficulty determining whether your current providers are in-network, you may reach out to Blue Cross Blue Shield or you can call our office and we will help you navigate the find a doctor or hospital site.

**Retiree Prescription Drug Plan
for FY2021**




- 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.
- **CVS/Target and Western Drug pharmacies are not participating in the pharmacy network. If you choose to use these pharmacies, you will be responsible for all charges.**
****This is not applicable to MedicareRx members.*
- 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).



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The prescription drug plan for fiscal year 21 will also remain the same. We will continue with Navitus Health Solutions as a pharmacy benefit manager and Lumicera Health Services will continue as our specialty pharmacy. For those of you who are pre-Medicare retirees, CVS, Target and Western Drug remain out of network. So if you utilize those pharmacies you will be responsible for all charges. This does not apply to our Medicare retirees as Medicare does require an open network for pharmacy. You may continue to fill your prescriptions at a participating retail pharmacy for either a one month or a three months supply, which is considered 34 days or a 90 day supply. You may also continue to utilize the mail order for prescriptions for 90 days supplies through Ridgeway, Costco or MiRx but please keep in mind that MiRx only delivers to Montana, Idaho, Washington, Wyoming, South Dakota and North Dakota.


**Retiree Prescription Drug Plan
for FY2021 cont.**



Navitus Rx Benefit as of July 1, 2020
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 FY2021!!!


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



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We do have one small change to the pharmacy plan and we'll talk about that in just a moment. It's actually a program that we will opt into, but your copays and your co-insurance will remain the same. Your out-of-pocket maximums will remain the same and keep in mind that the co-insurance tiers, so tier three, the 50% coinsurance and tier four for specialty purchased at a retail pharmacy with a 50% coinsurance. Those co-insurance tiers do not apply to the out-of-pocket maximum. But other than that, there are no real changes at all to the prescription drug except that we are going to opt in to the Copay Max Program that is administered by Navitus.

Copay Max Program – Administered by Navitus



Copay Max creates a benefit design that leverages copay assistance cards to reduce both member and Plan costs.


- This is only for certain specialty medications purchased via Lumicera specialty pharmacy.
- This is only available to Commercial Plan enrollees (employees & Non-Medicare retirees).

****This is not applicable to MedicareRx members.*

The specialty copay assistance program is for certain specialty drugs included in the specialty tier and dispensed only through the specialty pharmacy, Lumicera. This program will properly manage expenses for eligible specialty medications while lowering the Plan's overall cost if copay assistance is available. Under the program, these specialty medications are subject to a coinsurance of 30%. However, this program will cap the patient total payment at \$0 after utilization of available copay assistance. Only the amount paid out-of-pocket will apply to the out-of-pocket maximum. If a specialty drug does not qualify or is removed from the program, the copay will default to the formulary's current tiered copay.

This is another program that is not applicable to our Medicare retirees. So if Medicare is your primary insurer, this program will not apply to you. And that is because Medicare does not allow participation in these types of pharmaceutical copay assistance programs. What the Copay Max Program does, is it's really a program that's designed to leverage copay assistance cards to reduce both the member and the plan costs. It only applies to certain special specialty medications that are purchased through Lumicera specialty pharmacy. And what this does is there are some pharmaceutical manufacturer coupons that typically they will allow a patient to get a prescription with only a \$5 or a \$15 copay. So the way that this program will work is that we will set the co-insurance amount for these certain specific specialty medications at 30%. So we'll process first with that 30% coinsurance supplies, then the pharmaceutical copay coupons will be applied and then it will process back through the university system and the university system will pick up the \$5 or \$15 copay that is required with that card. And so at the end of the day, the patient will pay zero and both the patient and the plan saves money because the plan is able to get some benefit from the manufacturer assistance that is provided via the copay card.

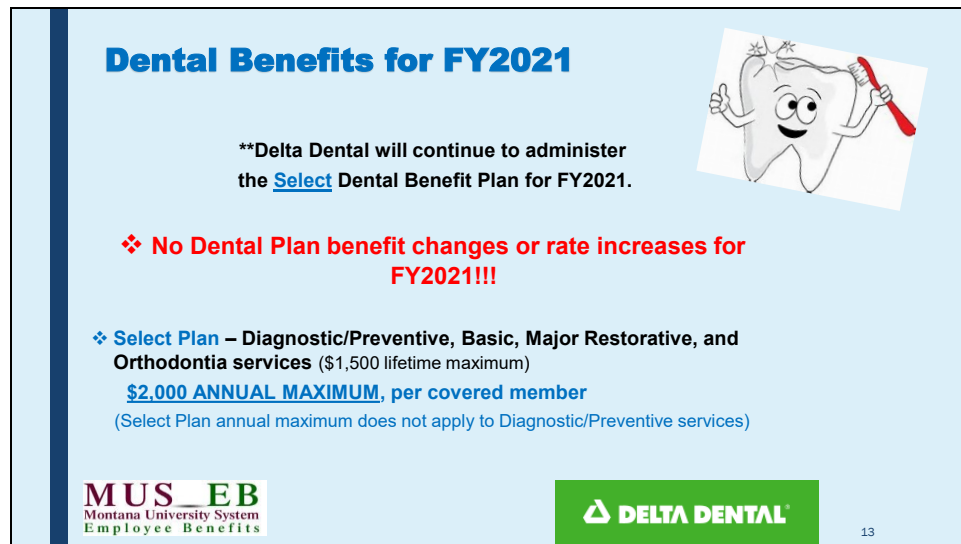
Retiree Prescription Drug Plan for FY2021 cont.



- Medicare Retirees will continue to be enrolled in the Navitus MedicareRx Part D prescription drug plan.
- Medicare Retirees **must** be enrolled in Medicare Parts A & B and **CANNOT** be enrolled in another Medicare Part D plan. If you are not enrolled in Medicare Parts A & B, [you will be disenrolled from the MUS Medical Plan.](#)
- MUS Medicare primary Retiree Plan members **CANNOT** be covered on another MUS Medicare primary Retiree Plan as a spouse (dual enrollment).
- Navitus MedicareRx eligible members are enrolled as an individual, not as a family.
- **Split family-** Medicare eligible members are enrolled in the MedicareRx Plan and non-Medicare eligible members are enrolled in the Commercial Plan.
- Accumulations for MedicareRx members are on a calendar year basis (January 1-December 31).
- The Navitus opt-out period will be October 12-October 29, 2020. If you opt-out of Navitus, [you will be disenrolled from the MUS Medical Plan.](#)


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Please keep in mind that Medicare retirees will continue to be enrolled in the Navitus Medicare RX Part D prescription drug plan. All Medicare retirees must be enrolled in both Medicare Parts A and B, and cannot be enrolled in another Medicare Part D plan. If you are not enrolled in Medicare Parts A and B, you will be dis-enrolled from the Montana University System medical plan. So that is really important for our retirees, and if you're particularly getting ready to age into Medicare, we ask that you be sure you're communicating with your human resources offices and providing copies of your Medicare card at the time you were able to age in and become Medicare primary. Montana University System Medicare primary retiree plan members cannot be covered on another MUS Medicare primary retiree plan as a spouse. So in other words, no dual enrollment is allowed. And remember that our Navitus Medicare pharmacy eligible members are enrolled as an individual and not as a family. And some of you may still be split families from a retiree perspective, meaning that you have one person who is Medicare primary and another who is not. The Medicare primary member would be enrolled in the Medicare RX plan and the non-Medicare eligible members are enrolled in our commercial plan. And then again remember that accumulators for Medicare primary members are accumulated on a calendar year basis, so January 1 through December 31, whereas your medical benefits, those accumulators run from July 1 through June 30th. This year's special enrollment period or annual opt out period will run from October 12th through October 29th. And then remember that you cannot just opt out of pharmacy benefits. If you dis-enroll you are dis-enrolled from the medical plan as well. Those are all combined together. So it's one benefit election and we just wanted to share this early this year because we have already had people asking us if they will be able to opt out when Medicare has their open enrollment in the fall. And so yes, we will run this special enrollment period where you can dis-enroll between October 12th and October 29th.



Dental Benefits for FY2021

****Delta Dental will continue to administer the Select Dental Benefit Plan for FY2021.**



❖ No Dental Plan benefit changes or rate increases for FY2021!!!

❖ **Select Plan – Diagnostic/Preventive, Basic, Major Restorative, and Orthodontia services** (\$1,500 lifetime maximum)
\$2,000 ANNUAL MAXIMUM, per covered member
(Select Plan annual maximum does not apply to Diagnostic/Preventive services)

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DELTA DENTAL

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More good news. There are no changes to your dental benefits for fiscal year 21. We did have an RFP for these benefits as well and Delta Dental will continue to administer the select dental benefit plan. There are no benefit changes and no rate increases at all for fiscal year 21. So just a reminder that your plan covers diagnostic and preventive basic, major restorative and orthodontist services under this plan. The orthodontia has a limit of \$1,500 per lifetime and the rest of your benefits have a \$2,000 annual maximum per covered member. But that maximum does not apply to diagnostic or preventive services. And that's really important for you to keep in mind because we do have situations where somebody might have a number of things happen early in the plan year, so maybe July or August, you find out that you need a bridge or some crowns and you actually meet that \$2,000 annual maximum. You can still get your semi-annual cleanings and your oral exams. Those do not apply to that \$2,000 annual maximum. So not only can you get them, we encourage you to continue getting your regularly scheduled cleanings.

Vision Hardware Benefits for FY2021

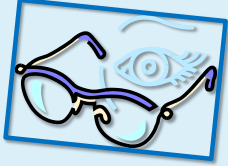

****BlueCross BlueShield will continue to administer the Optional Vision Hardware Benefit for FY2021**

❖ No Vision Hardware Plan benefit changes or rate increases for FY2021!!!

❖ *Optional* Vision Hardware Benefit covers ONLY hardware.

- Eyeglass frames and lenses, in lieu of contacts (1 pair).
UP TO \$300 ANNUAL ALLOWANCE, per covered member
- Contacts, in lieu of frames and lenses (1 purchase).
UP TO \$150 ANNUAL ALLOWANCE, per covered member

❖ Eye Exam (routine or medical) is provided as part of the medical plan (1 per plan year). (\$0 copay when using an In-Network provider)



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The vision hardware benefits for fiscal year 21 will continue to be administered by Blue Cross Blue Shield of Montana. There are no changes to the benefit and no changes to the rates for the upcoming fiscal year. Your optional vision hardware benefit only covers your hardware, so that's your glasses or your contact lenses. Remember your eye exams continue to be covered on your medical plan. So for eyeglasses, for both the frames and lenses, you can get one pair per plan year, up to a \$300 annual allowance per covered member. And should you choose contacts in lieu of glasses, so in lieu of the frames and lenses, that is a \$150 annual allowance per covered member and it is one purchase per plan year. So I know some who wear contacts will maybe buy enough for six months or nine months so that they're able to use that entire \$150 annual allowance.

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 and confidential education and support. They use a telephonic delivery method which allows the Plan member to participate from work or home and receive the individual attention specific to the Plan member's needs. The 12-month program includes one-on-one monthly phone sessions with licensed Dietitians, Exercise and Sports Science Trainers, and certified Diabetes Educators.**

The Take Control Lifestyle Management Program offers the following programs:

- **High Blood Pressure**
- **High Cholesterol**
- **Weight Loss**
- **Diabetes/Pre-Diabetes**
- **Tobacco Cessation**
- **Maternity via the WellBaby program**

**** Available to Non-Medicare Retirees only**


**** Enrollment in Take Control is confidential and voluntary.**

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We will continue to offer the Take Control Program to our non-Medicare retirees. This is a confidential program, voluntary and it is a telephonic delivery method which allows plan members to participate from work or home. For our retirees, we think it would probably be home or maybe for some of you, a second home somewhere and you can receive individual attention specific to your needs. This program runs for 12 months and it includes one-on-one monthly phone sessions with licensed dietitians, exercise and sports science trainers and certified diabetes educators. The conditions that are considered through this program are high blood pressure, high cholesterol, weight loss, diabetes or pre-diabetes, tobacco cessation, and it may or may not be relevant for our retirees but we always do include maternity for those who are in our Well-baby Program.

**MUS CHOICES FY2021 –
NON-MEDICARE RETIREE MEDICAL
MONTHLY RATES**

*(mp) = Medicare Prime



Non-Medicare Retiree Monthly Rates, as of July 1, 2020	BlueCross BlueShield
Retiree/Survivor Only	\$981
Retiree + One	\$1,962
Retiree + Two or More	\$2,452
Retiree + Spouse *(mp)	\$1,354
Retiree + Spouse *(mp) + Children	\$1,845
Survivor + Children	\$1,471

- Rates vary based on what plan you select and whether you cover dependents.
- **No increase to Medical Plan rates!!!**
- Retirees who were not enrolled on the BCBSMT Medical Plan prior to July 1st will see a reduction in their monthly Medical Plan premium amount.


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So let's move on to what your medical rates look like for fiscal year 21. Everyone will be moved to Blue Cross Blue Shield of Montana effective July 1 of 2020. So we have shown you here on this slide what the premiums will look like. There is no premium increase this year so they will stay the same for everybody currently on Blue Cross Blue Shield and those coming from Allegiance or PacificSource will see decreased rates for fiscal year 21.


**MUS CHOICES FY2021 –
MEDICARE RETIREE MEDICAL
MONTHLY RATES**

*(mp) = Medicare Prime



Medicare Retiree Monthly Rates, as of July 1, 2020	BlueCross BlueShield
Retiree/Survivor Only	\$368
Retiree + One	\$1,354
Retiree + Two or More	\$1,845
Retiree + Spouse *(mp)	\$736
Retiree + Spouse *(mp) + Children	\$1,219
Survivor + Children	\$851

- Rates vary based on what plan you select and whether you cover dependents.
- **No increase to Medical Plan rates!!!**
- Retirees who were not enrolled on the BCBSMT Medical Plan prior to July 1st will see a reduction in their monthly Medical Plan premium amount.



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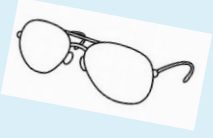

And then this is the Medicare primary rates. The first one was actually the non-Medicare rates, but again the same situation applies here. There's no change to the current rates that we have in place for fiscal year 20. Those are rolling over for fiscal year 21, and those who currently have Allegiance or PacificSource will be rolled to Blue Cross Blue Shield of Montana and will see lower premiums than you have today.

**MUS CHOICES FY2021 –
RETIREE SELECT DENTAL & VISION
HARDWARE MONTHLY RATES**

Retiree Monthly Rates, as of July 1, 2020	Select Dental	Vision Hardware
Retiree/Survivor Only	\$52	\$10.70
Retiree + Spouse	\$94	\$20.20
Retiree/Survivor + Child(ren)	\$94	\$21.26
Retiree + Family	\$156	\$31.18

➤ Rates vary based on what plan(s) you select and whether you cover dependents.


➤ **No increase to Select Dental Plan or Vision Hardware Plan rates!!!**



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Again, the vision and the dental premiums will remain the same, so these are exactly what you have in place for fiscal year 20. Those are rolling over for fiscal year 21.


Retiree Premium Payments – 

- MUS direct bill Retirees will continue to submit their monthly premium payments directly to Businessolver.
- Businessolver offers online payments (accessed from the MUS Choices Home page at www.choices.mus.edu), scheduled automated clearing house (ACH) transactions, or physical coupons.
- New monthly premium direct bill coupons for July-December 2020 will be sent out to current direct bill Retirees who have benefit changes.
- MUS Retirees who pay their monthly premiums via the Montana Teachers' Retirement System (TRS) or the Montana Public Employees' Retirement System (PERS) will automatically have their monthly premium payments adjusted if they have benefit changes.
- If you need to change your premium payments from a pension deduction to direct bill as of July 1, 2020, please contact your campus Human Resources/Benefits office to help you make this change.

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And then some reminders about retiree premium payments. If you aren't a direct bill retiree, you will need to continue submitting your monthly premium payments directly to Businessolver. If you want to use the online payment access, we've included our website here. You can go online and get to the business software platform and schedule your ACH transactions from your bank account or you can just continue mailing your checks to Businessolver. There will be new monthly premium direct sale coupons for July through December of 2020, that will be sent out to those direct bill retirees who have benefit changes. So if you have a change because you're moving from allegiance to Blue Cross or PacificSource to Blue Cross, or maybe you are dropping someone, a dependent from your coverage, if you have changes, you will get new coupons that will reflect your appropriate rates for July 1. If you are a retiree who is paying monthly premiums from the Montana Teacher's Retirement System, which we refer to as TRS or the Montana Public Employees Retirement System that we call PERS, you will automatically have your monthly premium payments adjusted if there are benefit changes. So again, if you're coming from Allegiance or PacificSource, those premium payments will be adjusted to the lower premium amounts. Or if you have changes to the dependents on your plan, those will be made as well. Those are done by your campus human resource office directly in those retirement systems. So please do watch your first retirement check after the fiscal year to make sure that everything looks correct. If you need to change your premium payments from a pension deduction to direct bill as of July 1st, please contact your campus human resources office to help you make the change. Again, they need to go in and make that change in the system and they also will need to get that set up through the business helper platform so that you get the coupons for direct bill. So if you know you want to make that change, the earlier you can let your human resource office know, the better.

CHOICES Retiree Enrollment Reminders.....




- MUS Retiree annual enrollment dates are [April 22 – May 15, 2020](#).
- All enrollment forms with any changes **must** be submitted by [May 15, 2020](#) to your campus Human Resources/Benefits office.
- If you do not submit any changes, then you will be automatically re-enrolled in the prior plan year benefit elections (with the exception of the new Medical Plan administrator).
- **Closed enrollment for spouses for FY2021 (qualifying event required). Children up to age 26 may be added at annual enrollment for a July 1, 2020 effective date.**
- Retiree benefits communications letter was mailed on April 3rd and is posted on the **Choices** website at www.choices.mus.edu.
- **Choices** Retiree benefit books and enrollment forms were mailed the week of April 13th and will be posted online on the **Choices** website on April 20th.
- Recorded live WebEx benefits presentation and benefits slide presentation will be available online on the **Choices** website at www.choices.mus.edu on April 22nd.

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So a few enrollment reminders for this year, again our annual enrollment dates are running from April 22nd through May 15th. Any changes must be submitted to your HR office by May 15th. Again, if you do not submit any changes, you will be automatically re-enrolled in whatever you currently have today with the exception of the fact that if you have Allegiance or PacificSource, you will be rolled to Blue Cross Blue Shield. Again, we do have closed enrollment for spouse for fiscal year 2021, so in order to add a spouse who would need a qualifying events. You may however, add eligible children under the age of 26 for a July 1, 2020 effective date. And then we've already mentioned it, but the letter was mailed out April 3rd and if you didn't receive it for some reason or have misplaced it, it is available on our website and the benefit books and enrollment forms were mailed out on April 13th and those will be posted online next Monday, April 20th. We will also have the recordings from today's presentation along with the slide presentation available on our website on Wednesday, April 22nd so they will be out there in time for annual enrollments opening.

Provider Network Reminders.....



- ❖ **Use In-Network Providers** – Be sure to use In-Network providers to ensure you do not incur “balance billing” charges.
- ❖ Always check - **DO NOT** assume participation “....but my doctor has always been In-Network!”
- ❖ Check with the Medical Plan claims administrator (BCBSMT), campus Human Resources/Benefits office or the MUS Benefits office if you need help finding In-Network providers.
- ❖ To see if your provider is a BCBSMT In-Network provider, visit the BCBSMT website provider finder at www.bcbsmt.com/find-a-doctor-or-hospital.

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And just a reminder to ensure that you use in-network providers whenever possible and I always encourage you to check that out before you have services. Don't make an assumption that your provider is in-network. Again, we've provided the find a doctor or hospital link for Blue Cross Blue Shield of Montana, but if you're having trouble determining if your provider is in-network, don't hesitate to reach out to Blue Cross or to our office. We would be happy to help you navigate that. And then just a final reminder that when you do choose to utilize out of network providers in addition to your separate benefit level, so you would have a separate deductible, a separate out-of-pocket maximum. In addition out of network providers may balance bill the difference between the charge and the allowable amount and in many cases those differences are substantial. So we don't want that to happen to any of our plan participants. So we encourage you, check it out ahead of time if you're having trouble or you have issues or you have questions, don't hesitate to reach out to us and let us help you navigate that.

QUESTIONS?

Thank you for your time!

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And with that, that concludes our presentation today. I'm really pleased that there are very minor changes for this upcoming fiscal year and I'm especially pleased to be able to extend no premium increases for any of the retiree benefits this year. I know that many of you have expressed the difficulty that you've had in the past when you had a premium increases. And while we know the reality is that that's not something that can be extended year over year, we really are thrilled that you will be able to see your premium stay the same or even go down a little bit if you're switching medical plans this year. So with that, we're open to your questions. We will remain on the line on mute for a little bit so that you can ask your questions. If you think of something after we've closed completely out, please don't hesitate to give us a call and thank you so much. Stay well.