Montana University System
Employee Benefits – FY2022

(July 1, 2021 – June 30, 2022)

TO JOIN ONLINE:

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Q&A and Participants icons look like this:

If you are on a mobile device (iPhone, iPad, Android, etc) tap the three dots (...) below and then tap “Q&A”.

Thank you for joining!!
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2. Annual Enrollment Dates
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MUS is a Self-Funded Plan –
What does this mean?

- All MUS benefit plans (medical, prescription drug, dental, vision hardware, and flexible spending accounts) 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 MUS Plan design, so Plan funds will be available should a high-cost medical emergency or a catastrophic illness strike a Plan participant.
MUS Choices
Annual Enrollment Dates for FY2022

April 26 – May 14, 2021
Eligibility Information for FY2022

- 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 spouses*

- Proof of eligibility **will be** required for all new dependent children being added to the MUS Plan for a July 1, 2021 effective date.

- Mid-year enrollment or disenrollment may **only** occur with a “Qualifying Event” or during a “Special Enrollment Period”.
  - Such as, marriage, birth, loss or gain of eligibility for other health coverage.
# Medical Plan Benefits – Choices

**NEW** Telemedicine Visits – medical benefits will apply.

**NEW** Outpatient Rehabilitative Services – visit maximum increased from 30 to 60 visits.

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](http://www.bcbsmt.com/find-a-doctor-or-hospital).

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>IN-NETWORK BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Office Visit</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialty Office Visit</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>25%</td>
</tr>
<tr>
<td>Emergency Room Facility Visit</td>
<td>$250 copay (room charge only)</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$75 copay</td>
</tr>
<tr>
<td>In-Network Deductible</td>
<td>$750 (individual) / $1,500 (family)</td>
</tr>
<tr>
<td>In-Network Out-of-Pocket (OOP) Maximum</td>
<td>$4,000 (individual) / $8,000 (family)</td>
</tr>
<tr>
<td>Eye Exam Benefit (routine or medical)</td>
<td>$0 copay/1 per benefit plan year (with an In-Network provider)</td>
</tr>
</tbody>
</table>
Prescription Drug Plan –

➢ Navitus Health Solutions will continue as the Pharmacy Benefit Manager for the MUS Plan.

➢ Luminera Health Services will continue as the Specialty Pharmacy for the MUS Plan.

➢ All CVS/Target and Western Drug (Bozeman only) 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 (only delivers to the contiguous United States, Washington, Wyoming, S. Dakota, and N. Dakota).
### Prescription Drug Plan cont.

<table>
<thead>
<tr>
<th>Tier</th>
<th>(34-day supply/90-day supply)</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier $0</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$15 / $30</td>
<td>$15 / $30</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$50 / $100</td>
<td>$50 / $100</td>
</tr>
<tr>
<td>Tier 3</td>
<td>50% coinsurance</td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>Tier 4 (Specialty)</td>
<td>$200 copay (50% coinsurance - retail)</td>
<td>$200 copay (50% coinsurance - retail)</td>
</tr>
</tbody>
</table>

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

- **No Pharmacy Plan benefit changes for FY2022!!!**

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

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.
Sempre Health is a SMS-based (short message service or text messaging) program that improves adherence and affordability for chronic disease medications by lowering copays when members fill their prescriptions consistently and on time.

- Members can text, call or visit the dedicated Navitus landing page to enroll using their unique enrollment code.
- Visit navitus.semprehealth.com for more information and to enroll.
- Once enrolled, the program is entirely SMS-based.
- Once enrolled, members will immediately start saving on their copay.
- Discounts and reminders are sent automatically via SMS and are designed to drive on-time refills.
- Discounts can also decrease if members do not refill on time; members will not pay more than their default copay.
- This is only available to Commercial Plan enrollees (employees & Non-Medicare retirees).
**Delta Dental will continue to administer the Basic & Select Dental Benefit Plans for FY2022.**

- **No Dental Plan benefit changes for FY2022!!**

  - MUS is increasing the fee schedule reimbursement maximums for many dental codes for FY2022 without increasing premiums.

  - **Basic Plan** – Diagnostic/Preventive services only.
    - **$750 ANNUAL MAXIMUM**, per covered member

  - **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)
**BlueCross BlueShield will continue to administer the Optional Vision Hardware Benefit for FY2022**

- **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). **NEW** **UP TO $200 ANNUAL ALLOWANCE**, per covered member (increased from $150 annual allowance)
  - Eye Exam (routine or medical) is provided as part of the Medical Plan (1 per benefit plan year). ($0 copay when using an In-Network provider)
**MUS CHOICES FY2022 – MONTHLY RATES**

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Medical Plan</th>
<th>Basic Dental Plan</th>
<th>Select Dental Plan</th>
<th>Vision Hardware Plan</th>
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<tbody>
<tr>
<td>Employee/Survivor Only</td>
<td>$748</td>
<td>$18</td>
<td>$43</td>
<td>$10.70</td>
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<tr>
<td>Employee + Spouse</td>
<td>$1,075</td>
<td>$34</td>
<td>$82</td>
<td>$20.20</td>
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<tr>
<td>Employee/Survivor + Child(ren)</td>
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<td>$34</td>
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<tr>
<td>Employee + Family</td>
<td>$1,327</td>
<td>$49</td>
<td>$116</td>
<td>$31.18</td>
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</tbody>
</table>

Employer contribution remains at $1,054/month for FY2022.

- **No increase to Medical, Dental, or Vision Hardware Plan rates for FY2022!!!**
- Rates vary based on what plan(s) you select and whether you cover dependents.
In 2020, UNUM notified the MUS that there would be a significant premium rate increase for participants as of 7/1/20. The MUS and UNUM agreed to close the Long Term Care plan to new participants, allowing current enrollees to remain on the plan at the current premium rate.

Due to UNUM increasing premium rates substantially (83.4%) for current LTC plan participants as of July 1, 2021, the MUS will no longer offer the UNUM Long Term Care benefit.

All current LTC participants will be provided the option to convert their current MUS group-sponsored LTC plan to an individual LTC plan with UNUM.

All current LTC participants will be sent a LTC portability (conversion) application form by UNUM to allow participants the option to elect continuous coverage and convert their plan.
Dependent Premium Hardship Waiver

• The MUS Benefit Plan offers a Dependent Premium Hardship Waiver to assist families who have a financial hardship with the cost of medical health care coverage for children (ages 0-26) who are covered on the MUS medical plan.

• The family must first apply for Healthy Montana Kids (HMK) for all children under the age of 19. If HMK denies coverage and the family has a financial hardship, an application may be submitted to the MUS Benefits office requesting the Dependent Premium Hardship Waiver. If the total household income is not more than 120% of the HMK guidelines, covered dependent children will be eligible for the waiver for the Plan year.

• The family **must** re-apply for HMK and the Dependent Premium Hardship Waiver **each** Plan year in order to be eligible for the waiver.

• Visit [choices.mus.edu/dependent_hardship.html](http://choices.mus.edu/dependent_hardship.html) or contact the MUS Benefits Office at 1-877-501-1722 for more information.
MUS Wellness Incentives for 2021

*Incentive Program began on January 26th*

** LimeadeOne is the Wellness Incentive Platform for the Wellness Program for 2021!!

❖ WELLNESS INCENTIVES –

** Scout Level (1,000 pts.) – Fitbit Health Tracker

** Explorer Level (2,000 pts.) – $35 Amazon Gift Card

** Trailblazer Level (3,000 pts.) – $35 Amazon Gift Card

** Expedition Leader Level (4,060 pts.) – Camp Hammock

(Claiming gift cards will result in payroll taxation)

❖ Participation in a MUS WellCheck continues to be a requirement!

✓ Look for the LimeadeOne app in your mobile device app store to download !!! Use code MUS!!
MUS Wellness Program Highlights for 2021

- Two **FREE** MUS WellChecks per benefit period (provided by It Starts With Me)
- Live Fitness & Nutrition Webinars (recordings available)
- Live Fitness & Nutrition Workshops
- Montana Moves & Montana Meals Blogs
- WellBaby Program ~ Enroll within the 1st trimester to be eligible for all benefits
- Take Control Lifestyle Management Program (12-month program)
- Campus Wellness Champions ~ **Get Involved!!!**
- Quick Help (Q & A support regarding health, fitness, and/or nutrition)
- **Whil** – 250+ digital training videos available through the LimeadeOne Wellness Incentive Platform focusing on mindfulness, sleep, yoga and more!

*For more information, visit ........www.wellness.mus.edu*
Eligibility Requirements:

Montana University System covered medical plan members (employees, spouses, and dependents) 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).

❖ Benefits include:
  • Copay waivers (pre-natal/post-partum office visits, ultrasounds, routine maternity labwork, physician delivery charges)
  • Prescription generic pre-natal vitamins @ zero copay
  • Pregnancy books
  • Enrollment in the Take Control Lifestyle Management Program

❖ Enrollment in WellBaby (just like all MUS Wellness programs) is confidential and voluntary.
Enroll by calling 406-660-0082 or email: wellbaby@umwestern.edu
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

** Enrollment in Take Control is confidential and voluntary.
MUS Employee Assistance Program (EAP) -

➢ EAP provided by Reliant Behavioral Health –
A free, confidential employee benefit program that assists employees with personal problems and/or work-related problems that may impact their job performance, health, mental and emotional well-being.

• Services available to:
  o Employees
  o Dependents
  o Household members

➢ EAP services include:
  o 24-hour Crisis Help: toll-free access for you or a family member experiencing a crisis.
  o In-person Counseling: up to 6 face-to-face counseling sessions per issue for relationship and family issues, stress, anxiety, and other common challenges.
  o RBH eAccess: convenient access to online consultations with licensed counselors.
MUS Employee Assistance Program (EAP) cont.

➢ The EAP includes access to online Work-Life tools and educational resources to help make life easier.

- Webinars
- Monthly newsletters
- Wellness resources
- Self-directed courses
- Articles
- Stress tools
- Financial calculators
- Legal resources
- Retirement planning resources
- Child/elder care locators
- Lunch & Learn webinars

Balancing Life at Work and Home

Access Counseling and Benefit Information

CALL 866-750-1327
WEBSITE ibhsolutions.com
- Select Members from the top right corner
- Click on the RBH logo
- Enter your Access Code: MUS
- Click the My Benefits button
Flexible Spending Accounts (FSA)

• **No Automatic Enrollment**: Employees must enroll each Plan Year to participate in a Flexible Spending Account (HCFSA, LPFSA, or DCFSA) (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.

• **To be eligible for reimbursement**: All FY2022 FSA claims must be received by WageWorks by September 30, 2022.

• MUS will continue to pay all FSA administrative fees.

• WageWorks is transitioning to HealthEquity (Spring 2021).
  - HealthEquity/WageWorks co-branding.
  - Current website links are still applicable.
  - WageWorks links will redirect members to HealthEquity webpages.
Health Care Flexible Spending Accounts (FSA) –

❖ **Health Care FSA (HCFSA)** – During the annual enrollment period, you may elect amounts to be withheld from your earnings to pay 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 signed by your doctor or a prescription from your doctor, visit www.wageworks.com/employees/eligible-expenses/.

If you and/or your spouse are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are **not** eligible to elect the MUS standard health care FSA (Flexible Spending Account).

❖ **HSA-Compatible Limited Purpose FSA (LPFSA)** – If you and/or your spouse have a HSA, you may choose to elect a HSA-Compatible LPFSA (Limited Purpose Flexible Spending Account), which you can use to pay for eligible dental and vision expenses **only** (including, but not limited to, dental exams, dentures, contacts, eyeglass frame and prescription lenses).
  - The LPFSA guidelines are the same as the HCFSA, with the exception of eligible expenses.
  - For a comprehensive list of eligible LPFSA expenses, visit www.wageworks.com/employees/support-center/support-and-faqs-eligible-expenses.
Additional Information

- If you and/or your spouse are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are not eligible to elect the MUS standard health care FSA (Flexible Spending Account).

- If you and/or your spouse have a HSA, you may choose to elect a HSA-Compatible LPFSA (Limited Purpose Flexible Spending Account), which you can use to pay for eligible dental and vision expenses only.

I acknowledge I have read the qualifying language for the LPFSA plan: *

Please Select One

I DO NOT agree to elect the LPFSA
I agree to elect the LPFSA
The minimum amount an employee can contribute to a HCFSA or LPFSA for FY2022 is $120 and the maximum amount an employee can contribute is $2,750.

Health Care FSA balance: If an employee doesn’t enroll in an FSA for FY2022 and has unused FSA funds in the amount of $50 or less that are not expended by June 30, 2022, the FSA will be closed and the remaining unused funds will be forfeited.

New health care FSA participants will automatically receive debit cards at no cost to the employee.

Reimbursement Options:
- Direct Deposit
- WageWorks Healthcare© Card (debit card)
- 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 FSA Store which houses one of the largest selections of eligible Health FSA products. You can use your Healthcare Card to conveniently order and pay for these items online!
The minimum amount an employee can contribute to a DCFSA for FY2022 is $120 and the maximum amount an employee can contribute is $5,000.

DCFSA 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.

Reimbursement Options:
- Direct Deposit
- Pay Me Back or Pay My Provider
Flexible Spending Accounts
Rollover Funds –

**FSA Rollover Funds** – Be sure not to elect more than you will need to cover expenses incurred by you and/or your family members during the benefit plan year. Under the “use it – or – lose it” rule, any money not used by the end of the benefit plan year will be forfeited. The IRS permits health FSAs to allow rollover from one benefit plan year to the next.

**Temporary Changes** – The Consolidated Appropriations Act, 2021 allows the MUS to temporarily amend the HCFSA, LPFSA, and DCFSA to provide enhanced benefits for a limited time. This means that unused funds from HCFSA, LPFSA, and DCFSA from FY2020 (July 1, 2019 – June 30, 2020) from Allegiance Flex Advantage and from FY2021 (July 1, 2020 - June 30, 2021) from WageWorks will be rolled over to the new benefit plan year that begins July 1, 2021 (FY2022). The rollover for FY2022 is only applicable for active MUS benefits eligible members and does not include employees who have terminated employment with MUS.

**Important Reminders:**

If an employee does not enroll in an FSA for FY2022 and has unused FSA funds in the amount of $50 or less that are not expended by June 30, 2022, the FSA will be closed and the remaining unused funds will be forfeited. Claims must be received by WageWorks by September 30, 2022 for reimbursement.
Health Care FSA Mobile App

• The EZ Receipts mobile app by WageWorks allows you to check your balances, submit claims, snap photos of receipts, and manage your account from anywhere.

• Snap and submit photos of your receipts.
• File claims, view transactions, and check account balances on the go.
• Simplify processes – let day care providers, for example, sign eligible expenses directly within the app.
• Sign up for email and text alerts to stay on top of your account(s).

Learn more at: wageworks.com/myezreceipts
Wondr Health® is a behavioral counseling program for metabolic syndrome reversal, weight management, and diabetes prevention. 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 for on-the-go access, skill reinforcement and habit formation).
- Interactions with health coaches and online community for social support.
- Available at no cost to all MUS Medical Plan participants over age 18.
- Enrollment opens 7/1/21, visit www.naturallyslim.com/mus for more information!
Conquer your back, knee, hip, shoulder, or neck pain with Hinge Health.

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

- A tablet computer and wearable sensors.
- Unlimited 1:1 health coaching.
- Personalized exercise therapy.

- The program is delivered remotely using mobile and wearable technology.
- Available at no cost to all MUS Medical Plan participants over age 18.

Enrollment opens 7/1/21, visit www.hingehealth.com/mus for more information!
1. **My Coverage**: Review benefit details for you and your covered dependents
2. **Claims Center**: View and organize details such as payments, claims status and more
3. **My Health**: Make more informed health care decisions by reading about health and wellness topics and specific conditions
4. **Doctors & Hospitals**: Use Provider Finder to locate a network doctor, hospital or other health care provider
5. **Forms & Documents**: Use the Form Finder to get medical, dental, pharmacy and other forms quickly and easily
6. **Quick Links**: For easy access to member discounts, replacement ID cards and more
7. **Go Digital**: Get your plan info the way YOU want it! Update your contact info and preferences.
Well onTarget®
Empowering, engaging and motivating members
HOW TO ACCESS THE PORTAL

Use your Blue Access for MembersSM (BAMSM) account:

◦ Have your medical ID ready to register with your subscriber ID number.

◦ Log in to BAM at www.bcbsmt.com/members. If you are New User, you will need to register your account. Click “Register Now” on the login screen.
• Once you are in BAM, click on the “Well onTarget” link on the right side of the screen and you will be taken to the portal.
**Well onTarget® Member Portal**

**Portal Highlights**

- Health Assessment
- Member dashboard
- Explore your wellbeing
- My Journey recommended activities
- Digital self-management programs
- Trackers and tools
- Interactive symptom checker
- Health and wellness content
- Blue Points rewards
- Personal wellness challenges
- Fitness and nutrition tracking and device integration
Blue Points℠ – Built-In Rewards

Offerings that earn points:
• Health Assessment completion
• Digital self-management program engagement
• Fitness Program 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.
Our Fitness Services

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, one near work, or visit locations while traveling.

Other program perks include:
- Flexible Gym Network: A choice of gym networks to fit your budget and preferences.
- Studio Class Network: Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- Family Friendly: Expands gym network access to your covered dependents at a bundled price discount.
- Convenient Payment: Monthly fees are paid via automatic credit card or bank account withdrawals.
- Blue Points: Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.
- Web resources: You can go online to find fitness locations and track your visits.
- Mobile App: Allows members to access location search, studio class registration, location check-in and activity history.
- Real-time Data: Provided to the mobile app and Well onTarget portals.

<table>
<thead>
<tr>
<th>Options</th>
<th>Base</th>
<th>Core</th>
<th>Power</th>
<th>Elite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Fee</td>
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<td>$29</td>
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<td>$99</td>
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<tr>
<td>Gym Facility Size</td>
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<td>12,000</td>
<td>12,400</td>
</tr>
</tbody>
</table>

$19 Initiation Fee
AlwaysOn Mobile App

Mobile App Features
• Mobile Health Assessment.
• Health dashboard and trackers.
• Blue Points balance.
• Sync a fitness and nutrition device or app.

Fitness Integration
• Member can choose a fitness device to connect and monitor their activity.
• Metrics include steps, miles, minutes and calories.
• Samsung Health and Apple Health are available via the AlwaysOn mobile app.

Nutrition Integration
• Member can choose a nutrition app to connect to and monitor their intake.
• Metrics include calorie target, carbs, fats, protein and more.
• Apps include Fitbit® and MyFitnessPal
• Nutrition app FAQs available.
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 www.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. There are no claims to file and no referrals or preauthorizations.

Blue365 is a discount program only for BCBSMT members. This is NOT insurance. BCBSMT does not guarantee or make any claims or recommendations about the program’s services or products and reserves the right to stop or change this program at any time without notice.

Register for Blue365 on Blue Access for Members or visit blue365deals.com/bcbsmt
Choosing Quality Care for You and Your Family

Under your plan, you have access to designated specialty care facilities that have met national measures for quality and cost-efficient care. When you use a Blue Distinction® Center doctor or hospital, you will receive the most from your benefits and know that the doctor or hospital has a record of providing proven, effective specialty care.

Blue Distinction® Specialty Care services include:

- **Blue Distinction® Centers for Bariatric Surgery:** Postoperative care, follow-up and patient education
- **Blue Distinction® Centers for Cardiac Care:** Cardiac rehabilitation, cardiac catheterization and cardiac surgery
- **Blue Distinction® Centers for Knee and Hip Replacement:** Knee and hip replacement surgeries and services
- **Blue Distinction® Centers for Maternity Care:** Childbirth services, including both vaginal and cesarean deliveries
- **Blue Distinction® Centers for Spine Surgery:** Spine surgery services, including discectomy, fusion and decompression procedures
- **Blue Distinction® Centers for Transplants:** Transplant and support services

*Blue Distinction Centers (BDC):* Doctors or hospitals recognized for their expertise in delivering specialty care.

*Blue Distinction Centers+ (BDC+):* Doctors or hospitals recognized for their expertise and efficiency in delivering specialty care.
High Quality, Lower Cost
At a BDC or a BDC+ facility, you may get a better outcome and may have lower out-of-pocket costs. Although your plan may require you to get treatment at a BDC or BDC+ facility, you may still be covered at a non-BDC facility, but your out-of-pocket costs will usually be higher.

Nationwide Access
There are approximately 1,900 BDCs nationwide. To find a BDC near you, log in to Blue Access for Members\textsuperscript{SM} (BAM\textsuperscript{SM}) at bcbsmt.com/member. To register for a BAM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use. When you search for providers in BAM, it will take you directly to network providers only.

By logging in to BAM you can also use Provider Finder\textsuperscript{®} to:
- Estimate the cost of up to 1,600 procedures, treatments and tests, including your out-of-pocket expenses.
- View patient reviews.
- See how industry experts rate your doctor.
- Review providers’ certifications and recognitions.
- Rate your doctor or hospital after your visit.

For basic provider searches, you can also access Provider Finder without logging in to BAM. Just visit bcbsmt.com and click on the Find a Doctor or Hospital tab.
Or, download the BCBSMT app at the App Store or Google Play.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.

Learn more about Blue Distinction.
Visit bcbs.com/why-bcbs/blue-distinction/or call the Customer Service number on the back of your member ID card.
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.
<table>
<thead>
<tr>
<th><strong>Amplifon</strong></th>
<th><strong>QualSight</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Products and services</strong></td>
<td>Discount on LASIK eye surgery, including pre- and post-operative visits</td>
</tr>
<tr>
<td>Discounts on hearing aids and one year of free follow-up care</td>
<td></td>
</tr>
<tr>
<td><strong>Savings</strong></td>
<td>40 to 50% off the national average price of traditional LASIK eye surgery</td>
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<tr>
<td>62% average savings off retail hearing aid pricing(^2), with a best-price guarantee of 5%(^3)</td>
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<tr>
<td><strong>Access</strong></td>
<td>Over 1,000 LASIK locations nationwide(^5)</td>
</tr>
<tr>
<td>Nationwide network of providers</td>
<td></td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>Experienced LASIK surgeons who have collectively performed over 7.5 million procedures(^6)</td>
</tr>
<tr>
<td>Leading brands featuring the latest hearing aid technology and a three-year product warranty</td>
<td></td>
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<tr>
<td><strong>Get started</strong></td>
<td><strong>Get started</strong></td>
</tr>
<tr>
<td>2. A patient care advocate will explain the discount process, help you find a hearing care provider and help you make an appointment.</td>
<td>2. 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.</td>
</tr>
<tr>
<td>3. Amplifon will send you and your provider the details to activate your discounts.</td>
<td>3. Receive written confirmation, including pricing information and directions to your provider’s office.</td>
</tr>
<tr>
<td>4. Save on hearing aids, and receive complimentary batteries for two years.</td>
<td>4. Pay a discounted price for LASIK services.</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td></td>
</tr>
<tr>
<td>amplifonusa.com/deltadentalins</td>
<td>qualsight.com/-delta-dental</td>
</tr>
</tbody>
</table>
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 HR/Benefits staff approval)

• Ability to upload new hire and qualifying event proof of eligibility.

• Benefitsolver stores enrollment and benefit elections information.

• Benefitsolver® MyChoice™ Mobile App

Enroll at www.choices.mus.edu!!

** For questions about enrolling in the Benefitsolver system, contact your campus HR/Benefits Office.
Welcome to Choices

This website is your guide to Choices -- the Montana University System's employee benefits program that lets you match our benefits to your individual and family situation. To get the most out of this opportunity to design your own benefits package, you need to consider your benefit needs, compare them against the options available under Choices and enroll for the benefits you've chosen.

Montana University System
Online Enrollment System

Benefisolver Login

igate Benefits Enrollment  Make a Payment

Campus NetID Login

igate UM Campuses Login  MSU Campuses Login

MUS Choices
Benefits Bulletin

2020-2021 Choices Active Workbook
2020-2021 Choices Active Workbook Flip Book
2020-2021 Choices Retiree Workbook
2020-2021 Choices Retiree Workbook Flip Book

Summary Plan Documents
MUS Summary Plan Description (effective 7/1/2020)
Flexible Spending Account Summary Plan Description (effective 7/1/2020)

Enroll at
www.choices.mus.edu
❖ First time users must register by creating a User Name and Password.
Benefitsolver – Member Home Screen

2021-2022 Annual Enrollment is Here!
2021-2022 Annual Enrollment Ends May 14th.

37 Days Left

To Do 1
2021-2022 Annual Enrollment

Start Here
CHOICES Enrollment Reminders……..

➢ **Closed enrollment for spouses** (for medical and dental coverage) for FY2022 (qualifying event required). Dependent children up to age 26 may be added at annual enrollment for a July 1, 2021 effective date.

➢ If you do not submit any changes, then you will be automatically re-enrolled in your prior Plan Year benefit elections (*with the exception of Flexible Spending Accounts*).

➢ Flexible Spending Account (FSA) enrollment – You **must** enroll in an FSA each Plan Year and specify the dollars you wish to go into your account(s).

➢ Verify your Beneficiaries for your Life and AD&D coverages.

➢ **Choices** benefit books will be posted online on the **Choices** website on April 22nd.

➢ Recorded live WebEx **Choices** benefits presentation and benefits slide presentation will be available online on the **Choices** website at [www.choices.mus.edu](http://www.choices.mus.edu) by April 28th.
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 Plan claims administrators, campus HRs/Benefits office, 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.

*** Use a Blue Distinction Center® for your Specialty Care needs.
QUESTIONS?

Thank you for your time!

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