

Montana University System's Flexible Benefits Program

choices

2006 – 2007

Retiree Workbook

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New and Continuing Retirees:

This booklet contains information about your options for continuing with the Montana University System (MUS) Group Benefits Plan upon retirement or, if already retired, your available options in the 2006-2007 plan year. **Retirees have new health plan options available for the 2006-2007 plan year.**

Your options, explanations, and description of required forms are described in detail below.

ELIGIBILITY: A person retiring from a unit of the University System including the Office of the Commissioner of Higher Education, or other agency or organization affiliated with the University System or Board of Regents of Higher Education may continue certain group insurance benefits as described below. To be eligible as a Retiree, the individual must be eligible to receive a State Retirement Benefit from the Teachers Retirement System or the Public Employee Retirement System at the time he or she leaves employment with the University System. Retirees who are in the Optional Retirement Plan (TIAACREF) or any other defined contribution plan must have worked five or more years and be age 50 or have worked 25 years with the University System to be eligible for Retiree insurance benefits. It does not matter whether you decide to actually draw a monthly benefit, elect the defined benefit lump sum distribution, or postpone withdrawal of your benefit.

CONTINUATION OF COVERAGE: An eligible Retiree must make arrangements with his or her Human Resources/Benefits Office to continue coverage as a Retiree on a self-pay basis within 63 days of retirement. ***There is no Employer contribution toward Retiree benefits.*** The right to continue coverage under the Plan is a onetime opportunity. **RETIRES WHO FAIL TO CONTINUE COVERAGE WITHIN 63 DAYS OR WHO ALLOW COVERAGE TO LAPSE DUE TO NONPAYMENT OF PREMIUM MAY NOT LATER REJOIN THE PLAN — with one exception:**

EXCEPTION: A Retiree with the right to continue coverage under the MUS Plan, who chooses to continue coverage under spousal coverage in either the MUS Plan or the State of Montana Employee Benefit Health Plan, may be reinstated to the MUS Plan with Retiree coverage upon the retirement, death, divorce, or any other event which causes ineligibility for spousal coverage. This exception applies only to a Retiree who has maintained continuous coverage under either the MUS Plan or the State of Montana Employee Benefit Health Plan.

PREMIUM PAYMENT: An Eligible Retiree may be able to apply payout of final pay toward Retiree premiums through the end of the calendar year or the Benefit Year, whichever comes first, on a pre-tax basis. Discuss this option with your campus Human Resources/ Benefits office. Other payment options are:

1. Automatic Deductions – When possible, the Retiree should arrange automatic deductions from the retirement annuity received from the Teachers Retirement System, Public Employees Retirement System, optional retirement plan, or other retirement program
2. Timely Schedule of Payments – When automatic deductions are not possible, Retirees must arrange a schedule of timely premium payments with the campus Human Resources/Benefits office.

Premium rates vary depending on Dependents covered, the medical plan selected and whether the Retiree and/or spouse are Medicare eligible so Medicare is the primary payer of claims. Retiree coverage may be canceled by the University System for nonpayment of premium on the first day of the month following the month for which the premium was due. ***Cancelled or lapsed coverage cannot be restored.***

COVERAGE OPTIONS

Non-Medicare Retirees may continue medical coverage under the Basic Traditional (\$575 deductible) Plan, one of the Managed Care Plans, or the High-Deductible (\$1,500 deductible) Traditional Plan designed to provide Retirees with a low-cost option.

Medicare Retirees may continue coverage under the Premium Traditional (\$400 deductible) Plan, one of the Managed Care Plans, or the High-Deductible Traditional Plan (\$1500 deductible). If you are not Medicare eligible now but become eligible in the future, you must notify your campus HR/Benefits office of the change in status.

Availability of the Managed Care Plans is new for the 2006-2007 plan year. In the past, a Retiree who selected the High Deductible Plan was not allowed to return to the lower deductible plan. However, since the Managed Care plans were not available when retirees selected the High Deductible Plan, a Retiree who elected the high-Deductible Plan may select one of the Managed Care Plans for the 2006-2007 plan year.

Retirees who select one of the Managed Care Plans will have the option to return to their traditional plan during next year's enrollment period in the spring.

All plans include the Prescription Drug Plan.

MEDICARE PART D: Medicare Part D is prescription drug coverage available from Medicare beginning in 2006. You may have already received information from Medicare regarding the specific benefits of this prescription drug coverage along with the cost and enrollment information. The Montana University System has determined that the prescription drug coverage offered through the employee group health plan it sponsors is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare Part D coverage.

People with Medicare can enroll in a Medicare prescription drug plan from November 15, 2005 through May 15, 2006. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later. Each year after that, you will have the opportunity to enroll in a Medicare prescription drug plan between November 15th through December 31st.

If you decide to enroll in a Medicare prescription drug plan and drop your coverage through the prescription drug coverage offered through the plan sponsored by the Montana University System, be aware that you will not be able to get this coverage back.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Please refer to your Summary Plan Description, or contact your campus for this information.

You should also know that if you drop or lose your coverage through the employee health benefit plan sponsored by the Montana University System and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If after May 15, 2006, you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage; your monthly premium will go up at least 1% per month for every month after May 15, 2006 that you did not have that coverage. For example, if you go nineteen (19) months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next November to enroll.

For more information about your options under Medicare prescription drug coverage . . .

Visit www.medicare.gov or
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Other Coverage Options

The voluntary **Vision Plan** is available to retirees and can be added upon retirement, or during the annual change period. The premium is \$3.43 per month for individual or family coverage.

Dental coverage is not available except as described Other Coverage Options under COBRA when you retire.

Long Term Care Insurance: If you have Long Term Care Insurance through UNUM, contact your campus HR/Benefits office for conversion information upon retirement. Current retirees can add Long Term Care Insurance with medical underwriting at any time. Medical underwriting means that UNUM can reject an application due to your medical condition.

Long Term Disability Coverage: You will lose long term disability coverage on the date you retire.

Dependent Coverage Options: Continuing existing Medical and Vision coverage on dependents is optional, but you must elect to continue existing Medical coverage for your dependent within the enrollment period after your employee coverage ends. New dependents can be added to Medical if the request is made within 63 days of the qualifying event (marriage, birth or adoption/guardianship). Existing dependents can only be added to Medical if they are losing eligibility for other group coverage (or if there is a substantial decrease in the level of existing coverage), as determined in an individual basis by the campus HR/Benefits office and the request is made within 63 days of the termination of the other coverage.

2006 Retiree Benefits at a Glance

Non-Medicare Retirees

Medical (Including Prescription Drug Plan)

- Basic Indemnity (\$575 deductible)
- High Deductible Indemnity (\$1,500 deductible)
- Any Managed Care Plan available in your area:
 - New West Managed Care
 - Blue Choice Managed Care administered by Blue Cross Blue Shield of Montana
 - PEAK Managed Care
 - CHO Managed Care administered by Allegiance Benefit Plan Management

Optional: Vision Plan through VSP

Medicare Retirees

Medical (Including Prescription Drug Plan)

- Premium Indemnity (\$400 Deductible)
- High Deductible Indemnity (\$1,500 deductible)
- Any Managed Care Plan available in your area:
 - New West Managed Care
 - Blue Choice Managed Care administered by Blue Cross Blue Shield of Montana
 - PEAK Managed Care
 - CHO Managed Care administered by Allegiance Benefit Plan Management

Optional: Vision Plan through VSP

Cancelled for all retirees:

- Life Insurance/AD&D (can convert to individual only)
- Long Term Disability
- Long Term Care (can convert to individual only)
- Optional Reimbursement Accounts

Annual Spring Enrollment Period

If you have no changes there is no need to send in your annual enrollment form. You will default to the same coverage.

2006-2007 Retiree Monthly Premiums

Non-Medicare Retirees

	\$575 deductible	\$1500 deductible	Any Managed Care Plan
Retiree Only	\$425	\$361	\$391
Retiree + One	\$573	\$487	\$527
Retiree + Two	\$595	\$506	\$547
Retiree + Spouse (mp)	\$471	\$400	\$433
Retiree + Spouse (mp) + Child(ren)	\$603	\$513	\$555
Survivor	\$425	\$361	\$391
Survivor + Child(ren)	\$560	\$476	\$515

Medicare Retirees

	\$400 deductible	\$1500 deductible	Any Managed Care Plan
Retiree Only	\$247	\$210	\$223
Retiree + One	\$386	\$328	\$349
Retiree + Two	\$468	\$398	\$423
Retiree + Spouse (mp)	\$313	\$267	\$283
Retiree + Spouse (mp) + Child(ren)	\$375	\$318	\$338
Survivor	\$247	\$210	\$223
Survivor + Child(ren)	\$365	\$310	\$329

Choices Benefit Plan Options

The following table provides highlights of your *Choices* enrollment options.

Medical

- \$400 Deductible Plan – Prem. (Medicare Eligible)
- \$575 Deductible Plan – Basic (Under 65)
- \$1,500 Deductible Plan – High Deductible
- Blue Choice Managed Care Plan admin. by Blue Cross Blue Shield
- New West Managed Care Plan
- PEAK Managed Care Plan
- CHO Managed Care Plan admin. by Allegiance Benefit Plan Management

Vision

- VSP (Vision Service Plan)

Prescription Drug Plan

***Note — All Plans have the same Prescription Drug Plan - administered by Pharma Care (formerly EHS).**

At a Network Pharmacy, after a \$100/person; \$200/family deductible, (Pharmacare or Ridgeway)
You Pay:

Thru Mail Order: (Pharmacare or Ridgeway)
You Pay:

- | | |
|--|--------------------------|
| <input type="checkbox"/> Generic The greater of \$10 or 20% – 30 day supply | \$20 for – 90 day supply |
| <input type="checkbox"/> Formulary The greater of \$20 or 30% – 30 day supply | \$40 for – 90 day supply |
| <input type="checkbox"/> Brand-Non-Form. The greater of \$30 or 40% – 30 day supply | \$60 for – 90 day supply |

*** The benefit year out-of-pocket max on pharmacy charges only (excluding deductible) is \$800/person \$1,600/family. There is no deductible or out-of-pocket maximum on mail order charges.

Your **Choices** Medical

Choices gives you the opportunity to choose from two traditional plans and up to four managed care plans (depending on availability in your area):

- Basic - \$575 Deductible - Plan** (available everywhere) Under 65
- Premium - \$400 Deductible - Plan** (available everywhere) Medicare Eligible
- \$1,500 Deductible - Plan** (available everywhere)
- Blue Cross & Blue Shield Managed Care Plan** (available in the towns zip codes listed on page 19)*
- New West Managed Care Plan** (available in the towns and zip codes listed on page 20 & 21)*
- PEAK Managed Care Plan** (available in the towns and zip codes listed on page 21)*
- CHO Managed Care Plan** administered by Allegiance (available in the towns and zip codes listed on page 22)

*Emergency services are covered everywhere.

***See the Schedule of Benefits (next page)
for Premium Costs and Benefits***

Note -The Traditional Plans cover the same services and have:

- An annual deductible** - the amount you pay each benefit year before the plan begins to pay (\$400 , \$575 or \$1500 depending on which plan you are in).
- Coinsurance** - a percentage of allowable fees you pay until you reach the benefit year's coinsurance maximum (the maximum is higher for the Basic Plan)
- Preferred hospitals** - You pay 20% coinsurance for services of a preferred hospital; and 25% for other hospital, *See page 23 for a listing.*

Note - The Managed Care Plans cover the same services and have:

- Network Providers** - Providers who have contracted with the managed care plan to manage and deliver care at agreed upon prices. Members may self-refer to In-Network specialists.

While it is no longer necessary to select a Primary Care Provider (PCP) to enroll in a managed care medical plan, it is important that you utilize member providers, and usually better medical care is realized in the long run, if you coordinate your medical care through a Primary Care Provider.

- Better Benefits for services received In-Network than for services Out-of-Network** - You pay a \$15 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services. You pay 35% of allowable fees (after a separate deductible) for most services received Out-of-Network.

SCHEDULE OF BENEFITS

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MEDICAL PLAN

Traditional Plans-Allegiance • 1-877-778-8600 • Pre-certification 1-800-342-6510
www.abpmtpa.com • See Plan Description for prior authorization requirements.

Blue Cross/Blue Shield of MT Managed Care Plan • 1-800-820-1674 or 447-8747
www.bluecrossmontana.com • See Plan Description for prior authorization requirements.

New West Managed Care Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com • See Plan Description for prior authorization requirements.

Peak Managed Care Plan • 1-866-368-7325 • Pre-certification/prior auth. 1-866-275-7646
www.healthinonetmt.com • See Plan Description for prior authorization requirements.

CHO Managed Care Plan • Admin. by Allegiance • 1-877-778-8600 • Pre-certification 1-800-342-6510
www.abpmtpa.com • See Plan Description for prior authorization requirements.

TRADITIONAL
Administered by

Life time maximum benefit- \$2,000,000 individual, \$4,000,000 family.

MEDICAL PLAN COSTS YOU PAY:	Premium Plan
Annual Deductible* <i>(Applies to all services, unless otherwise noted or a copayment is indicated)</i>	\$400/Member \$800/Family
Coinsurance Percentages*	
General (Including facilities that are neither preferred or nonpreferred)	25%
Preferred Facility Services <i>(See page 23 for a list of preferred facilities)</i>	20%
Annual Coinsurance Maximums <i>(Maximum coinsurance paid in the benefit year; excludes deductibles and copayments)</i>	Average of \$1,250/Member <i>(20%-25% of \$5,000 in allowable fees)</i> Average of \$2,500/Family <i>(20%-25% of \$10,000 in allowable fees)</i>
Copayment* (on outpatient visits) <i>* You pay deductible, coinsurance, and copayment on allowable fees only (See Glossary page 26.)</i>	NA
MEDICAL PLAN SERVICE	Coinsurance is same as Basic Plan
Hospital Services <i>(Inpatient facility charges)</i> <i>(Pre-certification of hospitalization is strongly recommended.)</i>	
Room Charges	
Ancillary Services	
Surgical Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
Hospital and Surgi-Center	
Outpatient Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
Physician/Professional Provider Services (not listed elsewhere)	
Office Visit	
Inpatient Physician Services <i>(See Plan Description for surgeries requiring prior authorization)</i>	
Lab/Ancillary/Miscellaneous Charges	
Second Surgical Opinion	

BENEFIT YEAR 2006-2007

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	MANAGED CARE BENEFIT PLANS		
PLANS Allegiance	BCBSMT – Administered by Blue Cross/Blue Shield of MT NEW WEST – Administered by New West Health Plan PEAK – Administered by Peak Health Plan/Allegiance CHO – Managed Care Plan- Administered by Allegiance		
Basic Plan	In-Network Benefits	Out-of-Network Benefits	
\$575 / Member \$1,150 / Family	\$300 / Member \$600 / Family	Separate \$500 / Member Separate \$1,000 / Family	
	<small>(deductible does not apply to out patient services / visits with dollar copays)</small>		
25%	25%	35%	
20%			
Average of \$2,500 / Member (20%-25% of \$10,000 in allowable fees) Average of \$5,000 / Family (20%-25% of \$20,000 in allowable fees)	\$2,000 / Member \$4,000 / Family	Separate \$2,000 / Member Separate \$4,000 / Family	
NA (See exceptions below)	\$15 / visit (See exceptions below)	NA (See exceptions below)	
Coinsurance	Coinsurance	Coinsurance	
20% – 25% (depending on whether a preferred, or other facility see above)	25%	35%	
20% – 25%	25%	35%	
20% – 25%	25%	35%	
20% – 25%	25%	35%	
25%	\$15 / visit	35%	
25%	25%	35%	
25%	25%	35%	
0% (Plan pays 100% of allowable fee, no deductible)	\$15 / visit	35%	

SCHEDULE OF BENEFITS



MEDICAL PLAN COSTS YOU PAY:

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room
Facility Charges

Professional Charges

Urgent Care Services

Facility/professional Charges

Lab & Diagnostic Charges

Maternity Services

Hospital Charges

Physician Charges (delivery and inpatient)

Prenatal Office Visits

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services

Adult Exams and Tests (age 19+)

Mammogram, gyn exam and pap, proctoscopic, sigmoidoscopic and colonoscopic exams, limited routine lab work, such as PSA tests, and basic blood panel.
For managed care plans only, bone density tests.

Immunizations and Pneumonia and Flu shots

Child Checkups through age 2

Mental Illness Services

Inpatient Services

(Pre-certification is strongly recommended)

Max: One inpatient day may be exchanged for two partial hospitalization days.

Outpatient Services

Chemical Dependency

Inpatient Services

(Pre-certification is strongly recommended.)

Outpatient Services

* Dollar benefit max for inpatient services of \$7,000/year, \$14,000/lifetime

** Dollar benefit max for combined inpatient/outpatient services of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

BENEFIT YEAR 2006-2007

TRADITIONAL PLANS	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25%	\$100 copay	\$100 copay
\$25 / visit (waived if immediately admitted to hospital) deductible and coinsurance apply	\$75 / visit (waived if inpatient hospital or patient surgery coinsurance applies)	\$75 / visit (same waiver as In-Network)
25%	25%	25%
25%	\$25 / visit	\$25 / visit
25%	25%	35%
20% – 25%	25%	35%
25%	25%	35%
25%	\$50 global copay for: non facility professional services	35%
25 – 25%	25%	35%
0% (no deductible) up to max allowable on: gyno exam & PAP mammogram and prostrate exam 25% (deductible applies) on: routine lab (PSA, blood panel), proctoscopy, sigmoidoscopy, and colonoscopy Max: one / year starting at age 50	\$15 / visit for periodic physicals (including PSA gyn exam & PAP, basic blood panel and other routine limited lab work) \$0 copay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy	35% \$75 out of network allowance for mamogram. Expenses above allowance subject to deductible and coinsurance.
0% (no deductible) up to max Max: \$250 / yr. up to age 19 \$75 / yr. age 19 + \$50 / yr. on pneumonia and flu shots	\$15 / visit 25% (no deductible) without office visit	\$35%
0% (no deductible) up to max Max: \$500 first 2 years of life	\$15 / visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% – 25% Max: 30 days / yr. (No max for severe conditions)	25% Max: 21 days / yr. (No max for severe conditions)	35% Max: 21 days / yr. (No max for severe conditions)
20% – 25% Max: 40 visits / yr. (No max for severe conditions)	\$15/visit Max: 30 days / yr. (No max for severe conditions)	35% Max: 30 days / yr. (No max for severe conditions)
25% – 25% Max: Dollar limit*	25%	35%
25% Max: \$2,000 / year	\$15 / visit Max: Dollar Limit**	35% Max: Dollar Limit**

SCHEDULE OF BENEFITS

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MEDICAL PLAN COSTS YOU PAY:

Rehabilitative Services

Physical, Occupational, Cardiac, Respiratory, Pulmonary and Speech Therapy

Inpatient Services

(Pre-certification is strongly recommended.)

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

(Prior authorization required for managed care plans)

Extended Care Services

Home Health Care

[Physician ordered / prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions]

Hospice

Skilled Nursing

[Prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions]

Miscellaneous Services

Allergy Shots

Dietary / Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Prosthetic Appliances and Orthotics

(Prior authorization required for most managed care plans for amounts > \$500)

(Prior authorization required for traditional plans for amounts > \$1,000)

PKU Supplies

(Includes treatment and medical foods)

Education Programs on Disease Processes (when ordered by a physician)

(Prior authorization required for managed care plans and strongly recommended for traditional plans)

Obesity Management

(Prior authorization required by all plans)

Infertility Treatment (biological infertility only)

(Prior authorization required for all plans with coverage)

Organ Transplants

(Prior authorization required for managed care plans and strongly recommended for traditional plans)

Transplant Services

Travel

Out of State Travel for members only.

BENEFIT YEAR 2006-2007

TRADITIONAL PLANS	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% – 35% Max: 30 days / yr. Respiratory & Pulmonary rehab. not subject to max	25% Max: 60 days / yr	35% Max: 60 days / yr
25% limit \$2000/yr. or if prior Auth through case management, up to \$10,000/yr	\$15 / visit Max: 30 visits / yr	35% Max: 30 visits / yr
Member pays charges over \$25 / visit	Not covered	Not Covered
Member pays charges over \$25 / visit	Not covered	Not Covered
Member pays charges over \$25 / visit Max: 15 visits / yr. in any combination for alternative health care	\$15 / visit Max: 20 visits / yr	Not Covered
25% Max: 90 day / yr.; 180 / lifetime	\$15 / visit Max: 30 visits / yr	35% Max: 30 visits / yr
25% (20% – 25% if hospital-based) Max: 180 days	25% Max: 6 months	35% Max: 6 months
25% (20% – 25% if hospital-based) Max: 70 days/yr	25% Max: 30 days / confinement	35% Max: 30 days / confinement
25% (no deductible)	\$15 / visit 25% (no deductible) without office visit	35%
Not covered (except through campus wellness program)	\$15 / visit	35%
25% Max: \$100 for foot orthotics (per foot) / yr. Rent allowed up to purchase Price	25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot) / yr.	35% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot) / yr.
25%	0% (no deductible) Plan pays 100% of allowable fees for services required under State mandate	35%
0% (no deductible) up to max (Plan pays 100% of allowable fees) Max: \$250 / yr.	0% (no deductible) up to max (Plan pays 100% of allowable fees) Max: \$250 / yr.	Not Covered
Not covered (Except bariatric surgery and through campus Wellness Program) Max: \$25,000 on surgery / lifetime	25% Non-surgical treatment plan only	Not Covered
Not covered	25% Max: 3 artificial inseminations / lifetime	Not Covered
25% See Summary Plan Description Max: \$500,000 lifetime. Liver \$200,000; Heart \$125,000; Lung \$160,000; pancreas \$68,000; cornea/kidney- no max	25% Max: \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility	Not Covered
up to \$1,500/yr with prior auth see Summary Plan Description	Up to \$5,000 in conjunction with Transplants	

Optional Vision Plan Administrated by VSP 1-800-877-7195 www.vsp.com

The optional vision plan offers over 50 providers throughout the state. There is a \$10 co-pay for an eye exam and a 20% discount on frames and lenses when purchased from a participating provider in conjunction with the eye exam. The plan offers a 15% discount on professional fees only, for contact lenses. There is a schedule for out of network exams, see your plan description for details.

The things to consider are:

- Are you or any of your family members going to need corrective lenses in the next year.
- Are you or a family member in need of updating your present prescription for corrective lenses.

If so consider this low cost supplemental coverage.

- The cost is \$3.43 per month for you or your entire family.

Long Term Care Insurance

Unexpected events, such as accidents or illness, can catch us off guard at any age, any time. This can often lead to financial and emotional hardship. Many believe that our health insurance covers long term care situations when, in most cases, it does not. We may be left thinking we should have planned better. Long Term Care Insurance is designed to pick up where our health insurance leaves off. The Montana University System offers the opportunity to purchase Long Term Care Insurance from Unum Life Insurance Company of America- a subsidiary of UnumProvident. Retirees can enroll in our group LTD insurance with medical underwriting at any time.

Long Term Care Insurance At-A-Glance

The following chart provides highlights of your Long Term Care Insurance.

Who May Be Enrolled	Employees, retirees spouses, parents, and parents-in-law are eligible for the Long Term Care Insurance Plan. This Plan may be elected, changed, or dropped at anytime.		
Options	Choices		
Care Type <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	Facility (Nursing Home or Assisted Living) Facility + Professional Home Care (Provided by a licensed home health organization) Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)		
Monthly Benefits <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Care	\$1,000 - \$6,000 60% of the selected nursing home amount 50% of the Selected nursing home amount		
Duration <input type="checkbox"/> 3 year <input type="checkbox"/> 6 year <input type="checkbox"/> Unlimited	3 years Nursing Home 6 years Nursing Home Unlimited Nursing Home	or 5 years Assisted Living or 10 years Assisted Living or Unlimited Assisted Living	or 6 years Home Care or 12 years home Care or Unlimited Home Care
Inflation Protection <input type="checkbox"/> Yes <input type="checkbox"/> No	5% compounded annually No Protection		

Why Enroll in Long Term Care Insurance Now

There is a very good reason why *now* is a good time for you to buy. Buying now at your current age helps keep your costs lower. The younger you are when you buy this insurance, the lower the cost.

How to Enroll in *Choices*

To select **Choices** options you must complete and return an enrollment form:

- a. within 63 days of first becoming eligible for retiree benefits,
- b. during annual open enrollment,
If you do not enroll, you will default to prior coverage
- c. when you have a mid-year qualifying event and want to make an allowed mid-year change in elections. *This change must be made within 63 days of event.*

This section of your enrollment workbook provides a step-by-step summary of the **Choices** enrollment process.

Step 1— Review This Workbook Carefully

- Read through the information provided in this workbook.
- Share and discuss this information with your spouse or other family members.
- Determine your benefit needs for the coming benefit year if you are enrolling during open enrollment or for the remainder of the current benefit year if a new enrollee. You may want to review the Issues to Consider section under Your choices Benefit Options.

Step 2— Complete the Front Side of Your Enrollment Form

Your enrollment form should be included with this workbook. In the event your enrollment form is missing or you need another, please contact the Human Resources Department at your campus. If your campus provides On-line open enrollment, you may enroll on-line.

Medical

For Medical Coverage, you must make two elections: a plan and a coverage category. Note that there are coverage categories as shown to the right. If you fail to enroll, you will default as described above.

- Check the boxes corresponding to the plan you have selected and the coverage category you want.
- When you have selected a plan and coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, next to the (A).
- See pages 27 through 29 for the service areas of managed care plans. See pages 6 – 11 for a comparison of benefits.

Information About Other Group Coverage

This section asks for information about any other group medical or dental coverage you or any enrolled dependents may have. If this doesn't apply to you, check the box next to "no" and continue to the next section. If you check "yes", you will need to provide the requested information.

Signature

Finally, read the authorization paragraph and sign and date this side of the form where indicated. You may also want to review your completed form for accuracy before submitting the form.

BCBSMT MANAGED CARE PLAN SERVICE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Columbia Falls	59912		59620	Ovando	59854
Acton	59002	Condon	59826		59623	Pablo	59855
Alberton	59820	Connor	59827		59624	Paradise	59856
Alder	59710	Conrad	59425		59625	Park City	59063
Anaconda	59711	Coram	59913		59626	Pendroy	59467
Arlee	59821	Corvallis	59828	Helmville	59843	Philipsburg	59858
Augusta	59410	Craig	59648	Heron	59844	Pinesdale	59841
Avon	59713	Creston	59902	Highwood	59450	Plains	59859
Ballantine	59006	Crow Agency	59022	Hingham	59528	Polaris	59746
Basin	59631	Custer	59024	Hot Springs	59845	Pole Bridge	59928
Bearcreek	59007	Darby	59829	Hungry Horse	59919	Polson	59860
Belfry	59008	Dayton	59914	Huntley	59037	Pompeys Pillar	59064
Belgrade	59714	DeBorgia	59830	Huson	59846	Pony	59747
Belt	59412	Deer Lodge	59722	Inverness	59530	Potomac	59823
Big Arm	59910	Dell	59724	Jackson	59736	Power	59468
Bigfork	59911	Dillon	59725	Jefferson City	59638	Pray	59065
Big Sky	59716	Divide	59727	Joliet	59041	Proctor	59929
Billings	59101	Dixon	59831	Joplin	59531	Pryor	59066
	59102	Drummond	59832	Judith Gap	59453	Ramsay	59748
	59103	Dupuyer	59432	Kalispell	59901	Ravalli	59863
	59104	Dutton	59433		59902	Raynesford	59469
	59105	East Helena	59635		59903	Red Lodge	59068
	59106	Edgar	59026		59904	Rexford	59930
	59107	Elliston	59728	Kila	59920	Ringling	59642
	59108	Elmo	59915	Kremlin	59532	Roberts	59070
	59111	Emigrant	59027	Lake McDonald	59921	Rollins	59931
	59112	Ennis	59729	Lakeside	59922	Ronan	59864
	59113	Eureka	59917	Laurel	59044	Roscoe	59071
	59114	Fairfield	59436	Lavina	59046	Roundup	59072
	59115	Fishtail	59028	Lima	59739	Rudyard	59540
	59116	Florence	59833	Lincoln	59639	Ryegate	59074
	59117	Floweree	59440	Lloyd	59535	Saltese	59867
Black Eagle	59414	Fort Benton	59442	Lodge Grass	59050	Sand Coulee	59472
Bonner	59823	Fort Harrison	59636	Lolo	59847	Seeley Lake	59868
Boulder	59632	Fort Shaw	59443	Loma	59460	Shawmut	59078
Box Elder	59521	Fortine	59918	Lonepine	59848	Shepherd	59079
Boyd	59013	Frenchtown	59834	Lothair	59461	Sheridan	59749
Bozeman	59715	Fromberg	59029	Luther	59068	Shonkin	59450
	59717	Galata	59444	Manhattan	59741	Silesia	59041
	59718	Gallatin Gateway	59730	Marion	59925	Silver Star	59751
	59719	Garneill	59445	Martin City	59926	Simms	59477
	59771	Garrison	59731	Martinsdale	59053	Somers	59932
	59772	Garryowen	59031	Marysville	59640	St. Ignatius	59865
	59773	Geraldine	59446	McAllister	59740	St. Regis	59866
Brady	59416	Geyser	59447	Melrose	59743	St. Xavier	59075
Bridger	59014	Gildford	59525	Melville	59055	Stevensville	59870
Broadview	59015	Glen	59732	Milltown	59851	Stockett	59480
Buffalo	59418	Gold Creek	59733	Missoula	59801	Styker	59933
Butte	59701	Grantsdale	59835		59802	Sula	59871
	59702	Great Falls	59401		59803	Sun River	59483
	59703		59402		59804	Superior	59872
	59707		59403		59806	Swan Lake	59911
	59750		59404		59807	Thompson Falls	59873
Bynum	59419		59405		59808	Three Forks	59752
Canyon Creek	59633		59406		59812	Tracy	59472
Cardwell	59721	Greenough	59836	Moiese	59824	Trego	59934
Carter	59420	Hamilton	59840	Molt	59057	Trout Creek	59874
Cascade	59421	Hardin	59034	Monarch	59463	Twin Bridges	59754
Charlo	59824	Harlowton	59036	Montana City	59634	Two Dot	59085
Chester	59522	Harrison	59735	Musselshell	59059	Ulm	59485
Chinook	59523	Haugen	59842	Neihart	59465	Vaughn	59487
Choteau	59422	Havre	59501	Niarada	59845	Victor	59875
Clancy	59634	Helena	59601	Norris	59745	Virginia City	59755
Clinton	59825		59602	Noxon	59853		
Clyde Park	59018		59604	Olney	59927		

NEW WEST MANAGED CARE PLAN AR-

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Walkerville	59701	Absarokee	59001	Clinton	59825	Haugan	59842
Warm Springs	59756	Acton	59002	Clyde Park	59018	Havre	59501
West Glacier	59936	Alberton	59820	Cohagen	59322	Hays	59527
White Splhr Sprgs	59645	Amsterdam	59741	Colstrip	59323	Helena	59601
Whitefish	59937	Angela	59312	Columbia Falls	59912		59602
Whitehall	59759	Arlee	59821	Columbus	59019		59604
Whitelash	59545	Ashland	59003	Condon	59826		59620
Wilsall	59086		59004	Conner	59827		59623
Winston	59647	Augusta	59410	Cooke City	59020		59624
Wisdom	59761	Avon	59713	Coram	59913		59625
Wise River	59762	Ballantine	59006	Corvallis	59828		59626
Wolf Creek	59648	Basin	59631	Crow Agency	59022	Helmville	59843
Worden	59088	Bearcreek	59007	Cushman	59046	Heron	59844
Zurich	59547	Belfry	59008	Custer	59024	Highwood	59450
		Belgrade	59714	Darby	59829	Hingham	59528
		Belt	59412	Dayton	59914	Hogeland	59529
		Big Arm	59910	De Borgia	59830	Hot Springs	59845
		Big Sandy	59520	Decker	59025	Hungry Horse	59919
		Big Sky	59716	Deer Lodge	59722	Huntley	59037
		Big Timber	59011	Dell	59724	Huson	59846
		Bigfork	59911	Dillon	59725	Hysham	59038
		Bighorn	59010	Dixon	59831	Ingomar	59039
		Billings	59101	Dodson	59524	Iverness	59530
			59102	Drummond	59832	Ismay	59336
			59103	East Helena	59635	Jackson	59736
			59104	Edgar	59026	Jefferson City	59638
			59105	Elliston	59728	Joliet	59041
			59106	Elmo	59915	Jordan	59337
			59107	Emigrant	59027	Judith Gap	59453
			59108	Essex	59916	Kalipsell	59901
			59111	Fishtail	59028		59902
			59112	Florence	59833		59903
			59114	Floweree	59440		59904
			59115	Forsyth	59327	Kila	59920
			59116	Fort Benton	59442	Kinsey	59338
			59117	Fort Harrison	59636	Kremlin	59532
		Birney	59012	Fort Shaw	59443	Lame Deer	59043
		Black Eagle	59414	Frenchtown	59834	Laurel	59044
		Bonner	59823	Fromberg	59029	Lavina	59046
		Boulder	59632	Gallatin Gateway	59730	Libby	59923
		Box Elder	59521	Gardiner	59030	Lima	59739
		Boyd	59013	Garrison	59731	Lincoln	59639
		Bozeman	59715	Garryowen	59031	Livingston	59047
			59717	Geraldine	59446	Lloyd	59535
			59718	Gildford	59525	Lodge Grass	59050
			59719	Glen	59732	Lolo	59847
			59771	Gold Creek	59733	Loma	59460
			59772	Grantsdale	59835	Lonepine	59848
			59773	Great Falls	59401	Loring	59537
		Bridger	59014		59403	Malmstrom AFB	59402
		Broadview	59015		59404	Malta	59538
		Brusett	59318		59405	Manhattan	59741
		Busby	59016		59406	Martin Ctiy	59926
		Canyon Creek	59633	Greenough	59836	Martinsdale	59053
		Cardwell	59721	Greycliff	59033	Marysville	59640
		Carter	59420	Hall	59837	McLeod	59052
		Cascade	59421	Hamilton	59840	Melstone	59054
		Charlo	59824	Hardin	59034	Melville	59055
		Chinook	59523	Harlem	59526	Miles City	59301
		Churchill	59741	Harlowton	59036	Milltown	59851
		Clancy	59634	Hathaway	59333		

**NEW WEST MANAGED CARE PLAN
SERVICE AREA CONT.**

**PEAK MANAGED CARE
PLAN SERVICE AREAS***

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Missoula	59801	Thompson Falls	59873	Acton	59002	Red Lodge	59068
	59802	Three Forks	59752	Anaconda	59711	Roberts	59070
	59803	Toston	59643	Angela	59312	Roscoe	59071
	59804	Townsend	59644	Ashland	59003	Rosebud	59347
	59806	Trout Creek	59874	Ballantine	59006	Ryegate	59074
	59807	Troy	59935	Bearcreek	59007	Saint Xavier	59075
	59808	Turner	59542	Belfry	59008	Sanders	59076
	59812	Two Dot	59085	Bighorn	59010	Sawmut	59078
Molt	59057	Ulm	59485	Billings	59101	Shepherd	59079
Mosby	59058	Vaughn	59487		59102	Sumatra	59083
Musselshell	59059	Victor	59875		59103	Volborg	59351
Noxon	59853	Volberg	59351		59104	Warm Springs	59756
Nye	59061	West Glacier	59936		59105	Whitehall	59759
Ovando	59854	Whitefish	59937		59106	Worden	59088
Pablo	59855	White Splhr Sprngs	59645		59107	Wyola	59089
Paradise	59856	Whitehall	59759		59108	Yellowtail	59035
Park City	59063	Whitewater	59544		59111		
Philipsburg	59858	Willow Creek	59760		59112		
Pinesdale	59841	Wilsall	59086		59114		
Plains	59859	Winston	59647		59115		
Polaris	59746	Wisdom	59761		59116		
Polson	59860	Wise River	59762		59117		
Pompeys Pillar	59064	Wolf Creek	59648	Birney	59012		
Pray	59065	Worden	59088	Boyd	59013		
Proctor	59929	Wyola	59089	Bridger	59014		
Pryor	59066	Yellowtail	59035	Broadview	59015		
Radersburg	59641	Zortman	59546	Busby	59016		
Rapelje	59067	Zurich	59547	Butte	59701		
Ravalli	59863				59702		
Red Lodge	59068				59703		
Reed Point	59069				59707		
Ringling	59642				59750		
Roberts	59070			Cardwell	59721		
Rollins	59931			Colstrip	59323		
Ronan	59864			Crow Agency	59022		
Roscoe	59071			Custer	59024		
Rosebud	59347			Decker	59025		
Roundup	59072			Deer Lodge	59722		
	59073			Divide	59727		
Rudyard	59540			Edgar	59026		
Ryegate	59074			Forsyth	59327		
Saco	59261			Fromberg	59029		
Saint Ignatius	59865			Garrison	59731		
Saint Regis	59866			Garryowen	59031		
Saint Xavier	59075			Gold Creek	59733		
Saltese	59867			Hardin	59034		
Sand Coulee	59472			Hathaway	59333		
Sand Springs	59077			Huntley	59037		
Sanders	59076			Hysham	59038		
Seeley Lake	59868			Ingomar	59039		
Shawmut	59078			Ismay	59336		
Shepherd	59079			Joliet	59041		
Somers	59932			Kinsey	59338		
Springdale	59082			Lame Deer	59043		
Stevensville	59870			Laurel	59044		
Stockett	59480			Lavina	59046		
Sula	59871			Lodge Grass	59050		
Sumatra	59083			Melrose	59743		
Sun River	59483			Miles City	59301		
Superior	59872			Pompeys Pillar	59064		
				Pryor	59066		
				Ramsay	59748		

*Areas in which Plan Members need to receive their routine medical care.

MANAGED CARE PLAN Admin. By Allegiance AREAS

City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Helena	59601		
Anaconda	59711		59602		
	59771		59604		
Arlee	59821		59620		
Ashland	59003		59623		
Augusta	59410		59624		
Avon	59713		59625		
Basin	59631	Helmville	59843		
Belgrade	59714	Highwood	59450		
Belt	59412	Hot Springs	59845		
Big Arm	59910	Hungry Horse	59919		
Big Sandy	59520	Jackson	59736		
Big Sky	59716	Jefferson City	59638		
Bigfork	59911	Judith Gap	59453		
Black Eagle	59414	Kalipsell	59901		
Boulder	59632		59902		
Bozeman	59715		59903		
	59717	Kremlin	59532		
	59718	Lake McDonald	59921		
	59719	Lakeside	59922		
Canyon Creek	59633	Laurel	59044		
Cardwell	59721	Lewistown	59457		
Cascade	59421	Libby	59923		
Charlo	59824	Lima	59739		
Chester	59522	Lincoln	59639		
Chinook	59523	Livingston	59047		
Choteau	59422	Malta	59538		
Clancy	59634	Manhattan	59714		
Colstrip	59323	Martin City	59926		
Columbia Falls	59912	Marysville	59640		
Conrad	59425	McAllister	59740		
Corvallis	59828	Miles City	59301		
Craig	57648	Monarch	59463		
DeBorgia	59830	Montana City	59634		
Deer Lodge	59722	Neihart	59465		
Denton	59430	Norris	59745		
Dillon	59275	Ovando	59854		
Divide	59727	Pablo	59855		
East Helena	59635	Paradise	59856		
Elliston	59728	Philipsburg	59858		
Ennis	59729	Plains	59859		
Eureka	59917	Polson	59860		
Fairfield	59436	Power	59468		
Florance	59833	Red Lodge	59068		
Fort Harrison	59636	Ronan	59864		
Fort Shaw	59443	Roundup	59072		
Gardiner	59030	Sidney	59270		
Garrison	59731	St. Ignatius	59865		
Geraldine	59446	St. Regis	59866		
Glendive	59330	Stanford	59479		
Great Falls	59401	Sunburst	59482		
	59402	Superior	59872		
	59403	Thompson Falls	59873		
	59404	Townsend	59644		
	59405	Troy	59935		
	59406	Valier	59486		
Hamilton	59840	Vaughn	59487		
Hardin	59034	West Glacier	59936		
Harlowtown	59036	Whitefish	59937		
Harrison	59735		59938		
Havre	59501	Worden	59088		

PREFERRED HOSPITALS/FACILITIES – TRADITIONAL PLAN

This is subject to change. See www.abpmtpa.com for updates.

The Montana Association of Health Care Purchasers (MAHCP), a consortium of large employers, the largest being the Montana University System (MUS), State of Montana, and North Western Energy, has used the collective purchasing power of its members to negotiate favorable rates with Montana hospitals and surgery centers. In addition, Allegiance Benefit Plan Management and its contracting networks have also negotiated favorable rates with hospitals. Using these hospitals and surgery centers guarantees the lowest charges to our health plan and lower coinsurance for you.

This is a feature of the MUS indemnity plans (the Basic and Premium Plans) and not the Managed Care Plans. (Our Managed Care Plans, in some cases, have a discount arrangement with other hospitals.) It establishes a Preferred Provider Organization (PPO) with different coinsurance and out-of-pocket maximums depending on whether you use a preferred hospital, a non-preferred hospital, or other hospital or facility which is neither preferred or non-preferred.

Preferred	20% Coinsurance	:	Central Montana Surgery Center
Anaconda	Community Hospital of Anaconda	:	Libby
Big Timber	Pioneer Medical Center	:	Livingston
Billings	Health South Surgery Center	:	Malta
	St. Vincent's Healthcare Center	:	Miles City
	Deaconess Billings Clinic	:	Missoula
	Yellowstone Surgery Center	:	Community Medical Center (Maternity Services - 25%)
Bozeman	Bozeman Deaconess Hospital	:	Providence Surgery Center
	Rocky Mountain Surgical Center	:	St. Patrick's Hospital and Health Sciences
Butte	St. James Community Hospital	:	Philipsburg
	Summit Surgery Center	:	Plains
Choteau	Teton Medical Center	:	Polson
Columbus	Stillwater Community Hospital	:	Red Lodge
Conrad	Pondera Medical Center	:	Ronan
Deer Lodge	Powell County Memorial Hospital	:	Roundup
Dillon	Barrett Hospital and Health Care	:	Sheridan
Glasgow	Frances Mahon Deaconess Hospital	:	Superior
Great Falls	Benefis Health Care	:	Whitefish
	Great Falls Clinic Surgery Center	:	Billings
Hamilton	Marcus Daly Memorial Hospital	:	Missoula
Hardin	Big Horn County Memorial Hospital	:	Deaconess Billings Clinic
Harlowton	Bair Memorial Clinic	:	Community Medical Center (Maternity Services – 25%)
	Wheatland Memorial Hospital	:	
Havre	Northern Montana Hospital	:	All other
Helena	Helena Surgi Center	:	25% Coinsurance
	St. Peter's Community hospital	:	(General)
	Montana Childrens Hospital & Home	:	
Kalispell	Heathcenter Northwest	:	
	Kalispell Regional Medical Center	:	

IN-NETWORK HOSPITALS – MANAGED CARE PLANS

This is subject to change. See plan websites for updates.

BCBSMT (BLUE CHOICE) NETWORK HOSPITALS

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Kalispell	Health Center Northwest
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital and Health Sciences
Missoula	Community Medical Center
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur	Mountainview Medical Center Springs
Whitefish	North Valley Hospital

ALLEGIANCE NETWORK HOSPITALS

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Bozeman	Bozeman Deaconness Hospital
Chester	Liberty County Hospital & Nursing Home
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cut Bank	Northen Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Memorial Hospital
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Kalispell	Health Center Northwest
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Health Care
Miles City	Holy Rosary Health Center
Phillipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital & Family Practice Clinic
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Whitefish	North Valley Hospital

NEW WEST NETWORK HOSPITALS

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
Bozeman	Bozeman Deaconness Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Helena	Shodair Childrens Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Kalispell	Northwest Horizons Inc.
Libby	St. John's Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Missoula	Community Medical Center
Missoula	St. Patrick Hospital*
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital

PEAK NETWORK HOSPITALS

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

* For selected services only
(cardio surgery, emergency services
and mental health services)
Contact New West Customer Service for information

NOTICES

Pre-existing Condition Exclusion. Your University System Choices Group Benefit Plan may exclude certain medical conditions (either physical or mental) from coverage, if you or an eligible dependent received medical advice, diagnosis, treatment or care for that condition, including prescription medication, within a six (6) month period immediately preceding your enrollment. The enrollment date means the date you or your dependent becomes eligible for University System Group Benefits coverage.

Such pre-existing conditions may be excluded from coverage or be subject to a pre-existing condition limitation for a period of twelve (12) consecutive months beginning on your enrollment date.

Special Enrollment Periods. If you are waiving coverage for yourself or your eligible dependents as defined by your Choices Group Plan and this Enrollment Booklet (including your spouse) because you or they are currently covered under other health insurance or another health care plan, you may be able to enroll yourself or your dependents for coverage under the Plan in the future, provided that you request such coverage within sixty-three (63) days after such other coverage ends. Also, if you acquire an eligible dependent, as defined by your Plan, as a result of marriage, birth, adoption or placement for adoption of a child under the age of 18, you may enroll yourself and your newly acquired dependent children or spouse for coverage under the Plan, provided that such enrollment occurs within sixty-three (63) days after marriage, birth, adoption or placement for adoption.

Creditable Coverage. You or your eligible dependent, as defined by the Plan, may submit to the Plan Administrator, certification of Creditable Coverage from any prior health insurance or health care plan under which you or your eligible dependent had coverage, for the purpose of reducing, on a day-for-day basis, the pre-existing condition exclusion or limitation imposed by the Plan for any pre-existing condition for which you or your eligible dependent had applicable Creditable Coverage.

You or your eligible dependent have a right to request and receive a Certificate of Creditable Coverage from any insurance carrier or health care plan under which you or your eligible dependent had coverage.

If you are unable to obtain a Certificate of Creditable Coverage from your prior insurance carrier or health plan, the Plan Administrator will provide assistance to obtain the same from your prior carrier or health plan. The Plan also has written procedures to determine Creditable Coverage if you are unable to obtain a Certificate of Creditable Coverage. Please consult the Plan Administrator for more information regarding this procedure.

“Creditable Coverage” means health or medical coverage under which you or your eligible dependent was covered, prior to your enrollment date under the Plan, which prior coverage was under any of the following:

1. A group health plan
2. Health insurance coverage
3. Medicare Part A or Part B
4. Medicaid
5. TRICARE
6. A medical care program of the Indian Health Service or a tribal organization
7. A state health benefits risk pool
8. Federal Employees Health Benefits Program
9. A public health plan
10. A health benefit plan under the Peace Corps Act
11. State Children’s Health Insurance Program

A “**Certificate of Creditable Coverage**” must include the following information in order for us to determine the exact number of days to be reduced from the **pre-existing condition exclusionary or limitation period**.

1. The name or names of the individuals who were previously covered.
2. The date the previous health coverage began.
3. The date the previous health coverage ended.

INSURANCE ID CARDS AND OTHER LIKE DOCUMENTS CANNOT BE ACCEPTED IN LIEU OF CERTIFICATES OF CREDIBLE COVERAGE BUT MAY BE USED AS EVIDENCE OF ANY PRIOR COVERAGE.

All questions about the Pre-existing Condition Exclusion or Limitation and Credible Coverage should be directed to your Campus Human Resources Office.

Glossary

Allowable fees

A set dollar allowance for procedures/services that are covered by a medical or dental plan.

Benefit year/year

The period starting July 1 and ending June 30 of each year.

Certification/pre-certification

A determination by the appropriate medical plan claims administrator that an inpatient hospital stay is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan claims administrator.

Coinsurance

A percentage of allowable and covered fees that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable fees.

Copayment

A fixed dollar amount for allowable and covered fees that a member is responsible for paying. The medical plan pays the remaining allowable fees. This type of cost-sharing method is typically used by managed care medical plans.

Covered medical expenses or fees

Fees for medical services that are determined to be medically necessary, covered by the plan and within allowable fees.

Deductible

A set dollar amount of allowable and covered fees that a member and family must pay each benefit year before the medical plan begins to share the costs. Deductible does not apply to services for which there is a copayment nor to a few other specified services.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

In-network providers

Providers (including facilities) who (which) contract with a managed care plan to manage and/or deliver care according to the fees and other terms of the contract. Managed Care Plan benefits for services of an in-network provider are higher than for those of an out-of-network provider.

Managed care medical plan

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Out-of-network provider

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

Coinsurance maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the coinsurance maximum has been paid, the member or family is not responsible for paying any further coinsurance for the remainder of the benefit year.

Participating provider (called extended network provider in the PEAK plan)

A provider who has a contract with a health plan administrator to accept allowable fees as payment in full and not bill members for amounts above allowable fees. A participating provider of a managed care plan can be either an in-network provider (whose allowable fees are paid at the higher in-network level) or an out-of-network provider (whose allowable fees are paid at the lower out-of-network level).

Preferred hospital or facility

A hospital or other licensed medical facility that has contractually agreed to lower fees for traditional plan members. Traditional plan members pay a lower coinsurance for these services, 20%, compared to 35% for services of a non-preferred hospital and 25% for services of a hospital/facility that is neither preferred or non-preferred.

Primary Care Provider

A provider that coordinates medical care for a member of a managed care plan.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

RESOURCES

**MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION**

(406) 444-6570 Phone (406) 444-0222 Fax
www.montana.edu/choices/

General benefits information and contacts.

ALLEGIANCE

Customer service, prior authorization and claims processing 1-877-778-8600
Precertification 1-800-342-6510
www.abpmtpa.com

Traditional Plans and CHO Managed Care Contacts

BLUE CROSS AND BLUE SHIELD OF MONTANA

1-800-820-1674 or 447-8747
www.bcbsmt.com

NEW WEST HEALTH PLAN

1-800-290-3657 or 457-2200
www.newwesthealth.com

PEAK HEALTH PLAN

Customer service and claims processing questions 1-866-368-7325
Precertification/prior authorization 1-866-275-7646
www.healthinfont.com

Managed Care Plans Contacts

PHARMACARE (FORMERLY ECKERD) MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-888-645-9303
www.ehs.com

RIDGEWAY MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-800-630-3214

Prescription drug refills, customer service, prior authorizations, and quantity overrides

VISION SERVICE PLAN (VSP)

Customer Service 1-800-228-1018
www.vsp.com

APS HEALTH CARE

EMPLOYEE ASSISTANCE PROGRAM

Appointment 1-800-999-1077 24 Hour Crisis Counseling 1-800-833-3031 Ask a Nurse 1-800-821-6222

STANDARD LIFE INSURANCE

1-800-759-8702

Life and Disability

UNUM LIFE INSURANCE 1-800-822-9103

www.unum.com

Long Term Care claims and information.

MEDICARE PRESCRIPTION DRUG

1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048

Visit www.medicare.gov for personalized help