

choices

2009 - 2010

Enrollment Workbook



STOP!!!!

Waiver of Health Coverage

You have the option to waive coverage with the Montana University System plan. You must sign the enrollment form stating you are waiving coverage and turn the form into your campus Human Resources Office. If you do not sign or turn in an enrollment form you will default, (see default coverage below). However, Optional Reimbursement Accounts do not continue without a new election.

If you waive coverage:

- You waive all Choices options including medical, dental, life/AD & D, and LTD,
- You cannot enroll until open enrollment for the next plan year or until you have a qualifying event and
- A waiting period for coverage of pre-existing conditions will apply if you did not have prior coverage or if there was a break of more than 63 days between the termination of your prior coverage and your effective date on this policy.

If you do not sign or turn in an enrollment form, your default coverage is:

- Existing employees during open enrollment default to present elections.
- New employees who do not enroll during the initial 31 day enrollment period default to:
 - 1). Employee Only Plan B
 - 2). Employee Only Basic Dental
 - 3). \$10,000 Basic Life Insurance/AD & D
 - 4). Long Term Disability Option 1 (60% of pay/180 day waiting period)

Waiver of Coverage Does Not Entitle the Employee to the Employer Contribution.

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Introduction to *Choices*

This workbook is your guide to Choices – Montana University System’s benefits program that lets you match your 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 benefits needs, compare them to the options available under Choices and enroll for the benefits you’ve chosen. Coverage available to you includes:

Must Choose:*

- Medical
- Dental
- Long Term Disability
- Basic Life Insurance and AD&D

* Unless you waive all coverage

Voluntary:

- Optional Accidental Death & Dismemberment Insurance
- Optional Supplemental Life
- Optional Dependent Life Insurance
- Optional Reimbursement Accounts
- Optional Vision
- Long Term Care

Please read the information in this workbook carefully. If you have any questions, please contact your campus Human Resources Department. This enrollment book is not a guarantee of benefits; please consult your group benefit plan booklets. (Summary Plan Descriptions)

Who’s Eligible

A person employed by a unit of the University System, Office of the Commissioner of Higher Education, or other agency or organization affiliated with the University System or the Board of Regents of Higher Education is eligible to enroll in the Employee Benefits Plan if qualified under one of the following categories:

1. Permanent faculty or professional staff members regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of more than six months in a 12-month period.
2. Temporary faculty or professional staff members scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of six months or more, or who actually do so regardless of schedule.
3. Seasonal faculty or professional staff members regularly scheduled to work at least 20 hours per week or 40 hours over two weeks for a continuous period of six months or more, or who actually do so regardless of schedule.
4. Academic or professional employees with an individual contract under the authority of the Board of Regents which provides for eligibility under one of the above requirements.

If you’re eligible, you may also enroll your family for certain benefits under Choices, including medical, dental, vision, life insurance and AD&D coverage. Eligible family members include your:

- Legal spouse, as defined under Montana law, or one other unrelated adult dependent as defined in the Summary Plan Description. To enroll an adult dependent other than a spouse, you will need to obtain criteria from your campus Human Resources Office and complete a Declaration of Adult Dependent form, also available there.
- Unmarried dependent children under age 25. Children include your natural children, stepchildren, and children placed in your home for adoption before age 18 or for whom you have court-ordered custody or you are the legal guardian.

Note:
Student employees who occupy positions designated as student positions by a campus are not eligible to join the Plan.

! Coverage may continue past age 25 for an unmarried dependent child who is mentally or physically disabled and incapable of self-support.

How *Choices* Works

How to Enroll

1. Each eligible faculty and/or staff member receives a monthly employer contribution. This amount is based on the Montana State legislature's allocation toward the cost of benefits for state employees.
2. Within 30 days of first becoming eligible for benefits, or during annual enrollment each year, you select or make changes from among the benefit plan options.
3. Each benefit option in Choices has a monthly cost associated with it. These costs are shown on your enrollment form or in this Enrollment Workbook.
4. Complete an enrollment form. If you have questions about the enrollment process, please contact your campus Human Resources department.
5. The enrollment form will walk you through your coverage options and monthly costs. To determine the before-tax cost of your benefits, add up the total cost of the benefits you've selected and compare it to the employer contribution provided to you by the Montana University System.

If the benefits you choose cost . . .

- The same as your employer contribution, you won't see any change in your paycheck.
- More than your employer contribution, you'll pay the difference through automatic payroll deductions.
- Less than your employer contribution, you'll either forfeit the remaining employer contribution or you may apply it to a Flexible Spending Account in your name.

Your annual Choices elections remain in effect for the entire plan benefit period following enrollment, unless you have a change in status (qualifying event). Listed here are examples of qualifying events:

- Marriage
- Birth of a child
- Adoption of a child
- Loss of eligibility for other health insurance coverage

All questions about qualifying events should be directed to your campus Human Resources Office.



Keep in Mind

The Montana University System offers a Dependent Premium Waiver Program to eligible employees.

This waiver is designed to make dependent child(ren) coverage more affordable. Please refer to page 31 of this workbook for eligibility plan details, and waiver amounts.

Notices for *Choices* Coverage

Pre-existing Condition Exclusion

Your University System Choices Group Benefit Plan (Plan) may exclude certain medical conditions 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 by 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 child(ren) 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.

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 similar documents cannot be accepted in lieu of Certificates of Creditable Coverage but may be used as evidence of prior coverage.

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

Important Terminology

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.

Prior authorization

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

In-network providers

Providers (including facilities) who contract with a plan administrator to deliver care according to the fees and other terms of the contract.

Balance Billing

The difference between the provider's charge and the plan allowance for a service. In-network providers write off this amount. Out-of-network providers can balance bill the member.

Working Families Tax Relief Act (WFTRA)

The definition of Dependent has changed in the tax law. The eligibility for enrollment of dependents in a Montana University System health plan may differ from the eligibility for tax-free health coverage under the new tax law. This means that you may continue to enroll all eligible dependents in MUS health insurance plans, but some of your premium costs may be taxable, depending on family circumstances. In addition, eligibility for dependent coverage under the Flexible Spending Accounts may differ from eligibility for coverage under our health plans. If you have a medical Flex account, our Flex Plan Administrator will closely examine your reimbursement claims to ensure they are for dependents who are eligible under current tax law. For more information, you may access details at <http://mus.edu/choices/info.asp>.

Newborns' and Mothers' Health Protection Act of 1996

Under federal law, group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following delivery by cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours, as applicable. In any case, plans and insurers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay that does not exceed 48 hours or 96 hours, as applicable.

Women's Health and Cancer Rights Acts

The MUS health plan provides coverage for medically necessary mastectomies. This coverage includes procedures to reconstruct the breast on which the mastectomy was performed, as well as the cost of necessary prostheses and treatment of any physical complications resulting from any stage of the mastectomy. The plan also provides coverage for surgery and physical complications resulting from any stage of the mastectomy. The also provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery. The following benefits are provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymphedema.

These benefits are subject to the same deductibles, coinsurance and coordination of benefits that apply to mastectomy benefits under the plan. Preauthorization is highly recommended for all surgeries.

Self Audit Award Program

Be sure to check all bills from your medical providers to ensure charges have not been duplicated or billed for services you did not receive. **When you detect billing errors that result in a claims adjustment, the plan will share the savings with you!** You may receive an award of 50 percent of the savings, up to a maximum of \$1,000.00.

The Self Audit Award Program is available to all plan members who identify medical billing errors which:

- Have not already been detected by the Plan's claims administrator or reported by the provider;
- Involve charges which are allowable and covered by the MUS Group Health Plan; and
- Total \$50 or more in errant charges.

To receive the self-audit award, the member must:

- Notify the claims administrator of the error before it is detected by the administrator or the health care provider;
- Contact the provider to verify the error and work out the correct billing;
- Have copies of the correct billing sent to the claims administrator for verification, claims adjustment and calculation of the self-audit award.



Your Medical Plan Choices

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

Traditional Plans

- Traditional Plan A – \$400 Deductible (available everywhere)
- Traditional Plan B – \$600 Deductible (available everywhere)

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 or \$600, depending on which plan you choose)
- Coinsurance – a percentage of allowable fees you pay until you reach the benefit year’s coinsurance maximum (the maximum is higher for Plan B)
- In-Network providers – Providers (including facilities) who contract with the plan administrator to deliver care according to agreed upon prices.
- Plan A Network providers – You pay 25% coinsurance for services of an in-network provider; and 35% for a non-network provider. Also, for services from an out-of-network provider in Plan A, you have a separate deductible and coinsurance maximum. Out-of-network providers can also balance bill you for any difference between their charge and the allowance.

Managed Care Plans*

- Blue Choice Managed Care Plan (available in limited towns and zip codes).
- New West Managed Care Plan (available in limited towns and zip codes)
- PEAK Managed Care Plan (available in limited towns and zip codes)
- Allegiance Managed Care Plan (available in limited towns and zip codes)

*Emergency services are covered everywhere. However, out of network providers may balance bill the difference between allowance and charge.

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 providers and specialists.
- 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. Out-of-network providers may balance bill the difference between their charge and the allowance.

Note: There is a two million dollar individual lifetime maximum and four million family lifetime maximum for reimbursement on the MUS group plan.

Medical Rates

Monthly Premiums	Plan A Traditional Plan	Plan B Traditional Plan	Blue Choice Managed Care	Peak Managed Care	New West Managed Care	Allegiance Managed Care
Employee Only	\$568	\$654	\$483	\$523	\$517	\$500
Employee & Spouse\AD	\$673	\$775	\$572	\$619	\$612	\$592
Employee & Child(ren)	\$662	\$763	\$563	\$609	\$603	\$583
Employee & Family	\$778	\$896	\$661	\$715	\$708	\$684

The employer contribution for 2009-2010 is \$679 per month for eligible active employees.

Monthly Out-of-Pocket Benefit Premium Costs

Employer Contribution for July 2009 through June 2010

Active Employees \$ 679 (a)

REQUIRED BENEFITS (unless you waive all benefits)

MEDICAL PLAN	(rates on page 5)	Traditional Plan A	\$ _____	(b)
		Traditional Plan B	\$ _____	(b)
		New West Managed Care	\$ _____	(b)
		PEAK Managed Care	\$ _____	(b)
		BCBS Managed Care	\$ _____	(b)
		Allegiance Managed Care	\$ _____	(b)
DENTAL PLAN	(rates on page 15)	Basic	\$ _____	(c)
		Premium	\$ _____	(c)
LIFE INSURANCE	(rates on page 21)	Basic Life/ AD&D \$10,000	\$ _____	(d)
		Basic Life/AD&D \$20,000	\$ _____	(d)
LONG TERM DISABILITY	(rates on page 23)	Option 1	\$ _____	(e)
		Option 2	\$ _____	(e)
		Option 3	\$ _____	(e)
TOTAL REQUIRED BENEFITS PREMIUM		Add lines b, c, d, and e	\$ _____	(f)

OPTIONAL BENEFITS - Pre tax

VISION PLAN	(rates on page 20)		\$ _____	(g)
OPTIONAL AD&D	(rates on page 22)		\$ _____	(h)
FLEXIBLE SPENDING ACCOUNT		Medical	\$ _____	(i)
		Dependent	\$ _____	(j)
TOTAL OPTIONAL BENEFITS PREMIUM (Pre-Tax)		add lines g, h, i and j	\$ _____	(k)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR BENEFITS JULY 2009 - JUNE 2010

REQUIRED BENEFITS		Enter amount from line (f)	\$ _____	(l)
OPTIONAL BENEFITS (Pre-Tax)		Enter amount from line (k)	\$ _____	(m)
TOTAL BENEFITS (Pre-Tax)		Add lines (l) and (m)	\$ _____	(n)
EMPLOYER CONTRIBUTION		Amount from line (a)	\$ 679	(o)
TOTAL MONTHLY OUT-OF-POCKET COST (Pre-Tax)		Add lines (o) and (n)	\$ _____	
SUPPLEMENTAL LIFE	(rates on page 22)		\$ _____	(p)
DEPENDENT LIFE	(rates on page 21)		\$ _____	(q)
OPTIONAL BENEFITS (Post-Tax)		Add lines (p) and (q)	\$ _____	(r)

Note: If you select the optional Long Term Care benefit, UNUM will provide the rate. This benefit has not been included on this worksheet.

***Your benefit premiums will be applied as pre-tax or post-tax based on amounts eligible for pre-tax vs. post-tax.

Schedule of Medical Plan Benefits

Medical Plan Costs You Pay:	Traditional Plan A
Annual Deductible (Applies to all services, unless otherwise noted or a copayment is indicated)	\$400/Person* \$800/Family*
Coinsurance Percentages General In-Network Facility Services	25% 25%
Non-Network Providers/Facilities	35%*
Annual Coinsurance Maximums (Maximum coinsurance paid in a benefit year; excludes deductibles and copayments)	\$1,250/Person* \$2,500/Family*
Copayment (on outpatient visits) (Deductible does not apply to services/visits with dollar copayments.)	N/A
.....	
Hospital Services (Inpatient facility charges) (Pre-certification of hospitalization is strongly recommended.)	
Room charges	25%*
Ancillary Services	25%*
Surgical Services (See Summary Plan Description for surgeries requiring prior authorization.)	25%*
Hospital Services (Outpatient facility charges)	
Outpatient Services	25%*
Outpatient Surgi-Center	25%
Physician/Professional Provider Services (not listed elsewhere)	
Office Visit	25%
Inpatient Physician Services	25%
Lab/Ancillary/Miscellaneous Charges	25%
Second Surgical Opinion	0% - (No deductible)

* Services from a non-network provider have a 35% coinsurance. In addition, there is a separate \$400/person, \$800/family deductible and a separate \$1,250/person, \$2,500/family annual coinsurance maximum. A non-network provider can also balance bill the difference between the allowance and the charge.

Benefit Year 2009-2010

Traditional Plan B Administered by Allegiance	Managed Care Plans	
	In-Network Benefits	Out-of-Network Benefits
\$600/Person \$1,200/Family	\$300/Person \$600/Family	Separate \$500/Person Separate \$1,000/Family
25%	25%	35%
25%	25%	NA
25%	N/A	35%
\$2,500/Person \$5,000/Family	\$2,000/Person \$4,000/Family	Separate \$2,000/Person Separate \$4,000/Family
N/A	\$15/visit	NA
.....		
Coinsurance	Coinsurance	Coinsurance
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	\$15/visit	35%
25%	25%	35%
25%	25%	35%
0% (No deductible)	\$15/visit	35%

Schedule of Medical Plan Benefits 2009-2010

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

Preventive Services

Adult Exams and Tests (age 19+)

Mammogram, gynecologic exam and PAP, proctoscopic, sigmoidoscopic or 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 7

Mental Illness Services

Inpatient Services (Pre-certification is strongly recommended.)

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

Outpatient Services

Chemical Dependency

Inpatient Services (Pre-certification is strongly recommended.)

Outpatient Services

**Reminder: Deductible applies to all services unless otherwise indicated or a copayment applies.
Out-of-Network providers can balance bill the difference between their charge and the allowed amount.**

Traditional Plans	In-Network Managed Care	Out-Of-Network Managed Care
25%	\$100 copay	\$100 copay
\$75/visit for room charges only- lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital)	\$75/visit for room charges only- lab, x-ray & other procedures apply deductible/coinsurance (waived if immediately admitted to hospital)	Coverage same as in-network benefit
25%	25%	25%
25%	\$25/visit	\$25 / visit
25%	25%	35%
25%	25%	35%
25%	25%	35%
25%	25% (waived if enrolled in WellBaby Program within first trimester)	35%
0% (no deductible) up to max allowable on: gynecologic exam & PAP; mammogram and prostate exam; 25% (deductible applies) on routine lab (PSA, blood panel), proctoscopy, sigmoidoscopy, and colonoscopy. Colon studies. Max: one every 10 years starting at age 50	\$15/visit physical exam and gynecologic exam-copay is for the office visit charge only - labwork 25%; \$0 copay for mammogram, PAP and PSA; 25% for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy.	35% \$75 out-of-network allowance for mammogram.
0% (no deductible) up to max Max: \$500/yr. ages 8+	\$15/visit 25% (no deductible) without office visit (up to a max of \$10)	35%
0% (no deductible) up to max Max: \$750 first 7 years of life	\$15/visit 25% (no deductible) without office visit	35%
25% Max: 30 days/yr (No maximum for severe conditions)	25% Max: 21 days/yr (No maximum for severe conditions)	35% Max: 21 days/yr (No maximum for severe conditions)
25% Max: 40 visits/yr (No maximum for severe conditions)	\$15/visit Max: 30 visits/yr (No maximum for severe conditions)	35% Max: 30 visits/yr (No maximum for severe conditions)
25% Max: Dollar limit*	25% Max: Dollar limit*	35% Max: Dollar limit*
25% Max: \$2,000/yr**	\$15/visit Max: Dollar limit**	35% Max: Dollar limit**

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

** Dollar benefit max for combined inpatient/outpatient services of \$7,000/year; \$14,000/lifetime; \$2,000/year after max is met.

Schedule of Medical Plan Benefits 2009-2010

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

*Max: 15 visits/yr in any combination for alternative health care

Acupuncture

Naturopathic

Chiropractic

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 amounts greater than \$1,000)

PKU Supplies

(Includes treatment, medical foods under Pharmacy)

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)

TMJ

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

Infertility Treatment (biological infertility only)

(Prior authorization required for all plans providing coverage)

Organ Transplants

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

Transplant Services

Travel - Out of state travel for policyholder only

Traditional Plans	Managed Care In-Network	Managed Care Out-Of-Network
25% Max: 30 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
25% Max: \$2,000/yr (or if prior authorization through case management up to \$10,000/yr)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit*	Not covered	Not covered
Members pay charges over \$25/visit* *Max: 15 visits/yr. in any combination for alternative health care	\$15/visit Max: 20 visits/yr	35% 20 visit/yr
25% Max: 90 day/yr.; 180 lifetime	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% Max: 30 days/yr.	25% Max: 30 days/yr	35% Max: 30 days/yr
25% (No deductible)	\$15/ visit 25% (no deductible) without an office visit (up to a max of \$10)	35%
Not covered (Except through campus wellness program)	\$15/ visit	35%
25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per foot)/yr	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	35%
0% (no deductible) Max: \$250/yr.	0% (no deductible) Max: \$250/yr.	Not covered
25% Max: \$25,000 on surgery/lifetime	25% Non-surgical treatment only	Not covered
25% Surgical treatment only	25% Surgical treatment 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 maximum	25% Max: \$500,000 lifetime	Not covered
25% up to \$1,500/yr. with prior authorization	25% up to \$5,000/yr. in conjunction with transplants only, with prior authorization	Not covered

Prescription Drug

Note:

The deductible does not apply to medications received from one of the mail-order pharmacies.

Administered by Caremark
1-888-347-5329 ■ www.caremark.com

Supply Amount	30-day maximum	90-day maximum
Type of Drug		
Generic	<ul style="list-style-type: none"> ■ The greater of \$10 or 20% 	<ul style="list-style-type: none"> ■ \$20
Brand formulary	<ul style="list-style-type: none"> ■ The greater of \$20 or 30% 	<ul style="list-style-type: none"> ■ \$40
Brand non-formulary	<ul style="list-style-type: none"> ■ The greater of \$30 or 40% 	<ul style="list-style-type: none"> ■ \$60
ProtoCall Specialty Drugs *	<ul style="list-style-type: none"> ■ The greater of \$40 or 50% 	<ul style="list-style-type: none"> ■ Not covered
	Retail Pharmacy Deductible \$100 per Person/Year \$300 per Family/Year	Mail Order Deductibles \$0 per Person/Year \$0 per Family/Year
	Local Pharmacy Costs (After Deductible), you pay	Mail-Order Pharmacy Costs (Caremark or Ridgeway), you pay:

The benefit year out-of-pocket maximum on pharmacy charges only (in addition to the deductible) is \$1,200/person, \$2,400 per family. *ProtoCall Specialty drugs purchased at a retail pharmacy do not apply to the out-of-pocket maximum. Copays for mail order prescriptions are included in the out-of-pocket maximum.

AT-A-GLANCE

Who Is Eligible?

The Prescription Drug Plan is a benefit for all MUS employees and dependents enrolled in a MUS medical plan. There is no separate premium for this plan.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the Caremark Preferred Network and have met your deductible, you only pay the applicable coinsurance.

Network pharmacy listings can be found on the Caremark website at: www.caremark.com.

Formulary drug listings can also be found at the Caremark website.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of most covered prescriptions with no deductible. Specialty drugs and proton pump inhibitors cannot be purchased through mail order.

Mail-order pharmacies are: Ridgeway

Pharmacy (1-800-630-3214) and Caremark Mail Service Pharmacy.

Mail-order forms are available at your campus Human Resources Office or at the Caremark website.

Prior authorizations
Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.

ProtoCall Specialty Drug Program

The ProtoCall Specialty Drug Program is designed to assist with specialty medications for certain chronic illnesses, such as: arthritis, hemophilia, hepatitis, osteoporosis, multiple sclerosis, Parkinson's Disease, and transplants.

If you currently use these specialty drugs (see list on next page), you may receive your medications through the ProtoCall program and take advantage of the following benefits:

- Free delivery to your home or physician's office of up to a 30-day supply of your medication at no cost to you with participation in the

ProtoCall program (for specialty drugs not listed as a ProtoCall medication, the retail plan copayments and deductibles will apply).

- 24/7 access to a staff of pharmacists, nurses, and care coordinators
- Educational materials, support, and home instruction
- Ancillary supplies such as syringes and needles

If you have questions about the ProtoCall program, or need to order these medications, please call:

1-888-442-9780 (press option 4).

Coverage for Proton Pump Inhibitors (PPI) such as aciphex, nexium, prevacid and protonix are available under the prescription drug plan as long as they are filled at a retail pharmacy. Due to the availability of an over-the-counter alternative (Prilosec and its generic Omeprazole), PPI drugs are not available through the mail order benefit.

ProtoCall™ Specialty Drug List

This list contains those medications that are part of ProtoCall Specialty Pharmacy program. To enroll in the ProtoCall program, please call 1-888-442-9780, option 4. The ProtoCall Specialty Drug List is periodically reviewed and subject to change.

Hemophilia		Transplant		Immuno Globulins	
ADVATE	ALPHANATE	CELLCEPT	CYCLOSPORINE	BAYGAM	PANGLOBULIN
ALPHANINE SD	BEBULIN VH	GENGRAF	MYFORTIC	CARIMUNE NF	POLYGAM S/D
BENEFIX	FEIBA VH	NEORAL	PROGRAF	FLEBOGAMMA	CARIMUNE
HELIXATE FS	HEMOFIL M	RAPAMUNE	SANDIMMUNE	GAMMARD S/D	CYTOGAM
HUMATE-P	HYATE:C	ZENAPAX		GAMMARD P IV	IVEEGAM EN
KOATE-DVI	KOGENATE FS			GAMUNEX	OCTAGAM
MONARC-M	MONOCLATE-P			IMMUNE GLOBULIN	
MONONINE	NOVOSEVEN				
PROFILNINE SD	PROPOLEX T				
RECOMBINATE	REFACTO				
Growth Hormone		Hepatitis C		Arthritis	
NORDITROPIN		PEGASYS		HUMIRA	
Multiple Sclerosis		Dermatology		Serious Mental Illness	
COPAXONE		AMEVIVE	ENBREL	CLOZAPINE	CLOZARIL
AVONEX		HUMIRA	RAPTIVA	FAZACLO	
		REMICADE			
RSV		Osteoporosis		Parkinson's Disease	
SYNAGIS		FORTEO		APOKYN	
Pulmonary Arterial Hypertension		Oncology			
REVATIO	TRACLEER	NEXAVAR	REVLIMID		
TRACLEER		TARCEVA			

Other Specialty Drugs are available through CareMark. The program offers you educational and support services, as well as direct delivery of your medications. The \$0 medications (ProtoCall) are offered through a unique contract that allows us to share in the savings with our members. You may be able to utilize a ProtoCall drug for your current regime. Please discuss this with your provider if you are interested in enrolling in the ProtoCall Program. If you have questions regarding other Specialty Drugs, call 1-888-422-9780, option 4.



Dental Plan



Administered by Delta Dental Insurance Company (Delta Dental)
 Telephone: 1-866-579-5717
 or visit us at www.deltadentalins.com/mus

Choices offers two Dental plan options:

- **Premium Plan**
- **Basic Plan**

As you decide between these dental plans, keep in mind that the Dental plan is now an annual enrollment benefit and your election will remain in effect until the next annual enrollment (unless you have a change in status).

The two Choices Dental plans have different monthly premiums and different benefits.

Dental Plans At-A-Glance

The following chart provides highlights of your Dental plan options.

	Premium Plan	Basic Plan - Preventive Coverage
Who May be Enrolled & Monthly Premium	<ul style="list-style-type: none"> ■ Employee Only \$43 ■ Employee & Spouse/Adult Dep. \$81 ■ Employee & Child(ren) \$81 ■ Employee & Family \$115 	<ul style="list-style-type: none"> ■ Employee Only \$17 ■ Employee & Spouse/Adult Dep. \$32 ■ Employee & Child(ren) \$32 ■ Employee & Family \$46
Maximum Annual Benefit	\$1,500 per covered individual	\$750 per covered individual
Preventive and Diagnostic Services	<ul style="list-style-type: none"> ■ Twice Per Benefit Year ■ Initial and Periodic oral exam ■ Cleaning ■ Complete series of intraoral X-rays 	<ul style="list-style-type: none"> ■ Twice Per Benefit Year ■ Initial and Periodic oral exam ■ Cleaning ■ Complete series of intraoral X-rays
Basic Restorative Services	<ul style="list-style-type: none"> ■ Amalgam filling ■ Endodontic treatment ■ Periodontic treatment ■ Oral surgery 	<ul style="list-style-type: none"> ■ Not covered
Major Dental Services	<ul style="list-style-type: none"> ■ Crown ■ Root canal ■ Complete lower and upper denture ■ Dental implant ■ Occlusal guards 	<ul style="list-style-type: none"> ■ Not covered
Removal of impacted teeth	<ul style="list-style-type: none"> ■ Covered benefit 	<ul style="list-style-type: none"> ■ Covered benefit
Orthodontia	<ul style="list-style-type: none"> ■ Available to covered children and adults ■ \$1,500 lifetime benefit 	<ul style="list-style-type: none"> ■ Not covered

Your Orthodontic Benefits

The Choices Premium Plan provides a \$1,500 lifetime orthodontic benefit per covered individual. Benefits are paid at 50% of the allowable charge for authorized services. Treatment plans usually include an initial down payment and ongoing monthly fees. If an initial down payment is required, Choices will pay up to 50% of the initial payment, up to 1/3 of the total treatment charge. In addition, Delta Dental (our dental plan administrator) will establish a monthly reimbursement based on your provider's monthly fee and your prescribed treatment plan.

Schedule of Benefits

Dental claims are reimbursed based on a Schedule of Benefits. The following subsets of the Premium and Basic Plan Schedules include the most commonly-used procedure codes. Please note, the Basic Plan provides coverage for a limited range of services including diagnostic, preventive, and extractions of impacted teeth. The Schedule dollar amount is the maximum reimbursement for the specified procedure code. Covered individuals are responsible for the difference (if any) between the provider's charge and the Schedule reimbursement amount.

MUS Schedule of Benefits

Shaded Codes are for the Basic Plan Only. All Codes (shaded and non-shaded) are for the Premium Plan

(Sample Codes Only - Not a Complete Listing)

Procedure Code	Description	Maximum Benefits
D0120	Periodic oral evaluation - established patient	\$36
D0140	Limited oral evaluation - problem focused	\$52
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$36
D0150	Comprehensive oral evaluation -new or established patient	\$58
D0160	Detailed and extensive oral evaluation -problem focused, by report	\$124
D0180	Comprehensive periodontal evaluation –new or established patient	\$64
D0210	Intraoral - complete series (including bitewings)	\$98
D0220	Intraoral - periapical first film	\$23
D0230	Intraoral - periapical each additional film	\$18
D0240	Intraoral - occlusal film	\$22
D0250	Extraoral - first film	\$52
D0270	Bitewings - one film	\$20
D0272	Bitewings - two films	\$33
D0273	Bitewings - three films	\$40
D0274	Bitewings – four films	\$47
D0277	Vertical Bitewings - 7 to 8 films	\$65
D0290	Posterior – anterior or lateral skull and facial bone survey film	\$92
D0320	TMJ arthrogram including injection	\$622
D0330	Panoramic film	\$81
D0340	Cephalometric film	\$78
D0350	Oral/facial photographic images	\$29
D0470	Diagnostic casts	\$81
D1110	Prophylaxis - Adult	\$74
D1120	Prophylaxis - Child	\$52
D1203	Topical application of fluoride (prophylaxis not included) child (through age 13)	\$24
D1204	Topical application of fluoride (prophylaxis not included) adult (ages 14 through 18)	\$25
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$28
D1351	Sealant – per tooth (through age 15)	\$40
D1510	Space maintainer - fixed - unilateral	\$213
D1515	Space maintainer - fixed - bilateral	\$346
D1520	Space maintainer -removable -unilateral	\$350
D1525	Space maintainer -removable -bilateral	\$479
D1550	Re-cementation of space maintainer	\$56
D1555	Removal of fixed space maintainer	\$56
D2140	Amalgam - one surface, primary or permanent	\$93
D2150	Amalgam - two surfaces, primary or permanent	\$118
D2160	Amalgam - three surfaces, primary or permanent	\$147
D2161	Amalgam - four or more surfaces, primary or permanent	\$176

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D2330	Resin-based composite - one surface, anterior	\$98
D2331	Resin-based composite - two surfaces, anterior	\$125
D2332	Resin-based composite - three surfaces, anterior	\$156
D2335	Resin-based composite - four or more surfaces involving incisal angle (anterior)	\$190
D2391	Resin-based composite -one surface, posterior	\$93
D2392	Resin-based composite -two surfaces, posterior	\$118
D2393	Resin-based composite -three surfaces, posterior	\$147
D2394	Resin-based composite - four or more surfaces, posterior	\$176
D2543	Onlay - metallic - three surfaces	\$375
D2544	Onlay - metallic - four or more surfaces	\$440
D2643	Onlay - porcelain/ceramic - three surfaces	\$375
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$440
D2740	Crown - porcelain/ceramic substrate	\$453
D2750	Crown - porcelain fused to high noble metal	\$423
D2751	Crown - porcelain fused to predominately base metal	\$410
D2752	Crown - porcelain fused to noble metal	\$414
D2780	Crown - 3/4 cast high noble metal	\$406
D2783	Crown - 3/4 porcelain/ceramic	\$410
D2790	Crown - full cast high noble metal	\$410
D2791	Crown - full cast predominately base metal	\$402
D2792	Crown - full cast noble metal	\$406
D2794	Crown - titanium	\$410
D2910	Recement inlay, onlay, or partial coverage restoration	\$60
D2920	Recement crown	\$61
D2930	Prefabricated stainless steel crown - primary tooth	\$148
D2931	Prefabricated stainless steel crown - permanent tooth	\$222
D2932	Prefabricated resin crown	\$221
D2933	Prefabricated stainless steel crown with resin window	\$222
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$222
D2940	Sedative filling	\$70
D2950	Core buildup, including any pins	\$95
D2951	Pin retention - per tooth, in addition to restoration	\$38
D2952	Post and core in addition to crown, indirectly fabricated	\$159
D2954	Prefabricated post and core in addition to crown	\$127
D2960	Labial veneer (resin laminate) - chairside	\$622
D2962	Labial veneer (porcelain laminate) - laboratory	\$452
D2980	Crown repair, by report	\$41
D3110	Pulp cap - direct (excluding final restoration)	\$43
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$105
D3310	Root canal - Anterior (excluding final restoration)	\$489
D3320	Root canal - Bicuspid (excluding final restoration)	\$566
D3330	Root canal - Molar (excluding final restoration)	\$695
D3346	Retreatment of previous root canal therapy - anterior	\$592
D3347	Retreatment of previous root canal therapy - bicuspid	\$674
D3348	Retreatment of previous root canal therapy - molar	\$814

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D3410	Apicoectomy/periradicular surgery - anterior	\$435
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$480
D3425	Apicoectomy/periradicular surgery - molar(first root)	\$520
D3430	Retrograde filling - per root	\$116
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$358
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
D4249	Clinical crown lengthening - hard tissue	\$455
D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant	\$672
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	\$511
D4271	Free soft tissue graft procedure (including donor site surgery)	\$632
D4273	Subepithelial connective tissue graft procedure per tooth	\$632
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Periodontal maintenance	\$84
D5110	Complete denture - maxillary	\$608
D5120	Complete denture - mandibular	\$608
D5130	Immediate denture - maxillary	\$666
D5140	Immediate denture - mandibular	\$666
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5213	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5510	Repair broken complete denture base	\$86
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76
D5610	Repair resin denture base	\$89
D5640	Replace broken teeth - per tooth	\$76
D5650	Add tooth to existing partial denture	\$114
D5660	Add clasp to existing partial denture	\$160
D5750	Reline complete maxillary denture (laboratory)	\$274
D5751	Reline complete mandibular denture (laboratory)	\$274
D5761	Reline mandibular partial denture (laboratory)	\$263
D5820	Interim partial denture (maxillary)	\$216
D5821	Interim partial denture (mandibular)	\$216
D5850	Tissue conditioning, maxillary	\$51
D6210	Pontic - cast high noble metal	\$399
D6212	Pontic - cast noble metal	\$365
D6240	Pontic - porcelain fused to high noble metal	\$424

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D6242	Pontic - porcelain fused to noble metal	\$408
D6245	Pontic - porcelain/ceramic	\$429
D6750	Crown - porcelain fused to high noble metal	\$423
D6751	Crown - porcelain fused to predominately base metal	\$410
D6752	Crown - porcelain fused to noble metal	\$414
D6790	Crown - full cast high noble metal	\$410
D6791	Crown - full cast predominately base metal	\$402
D6792	Crown - full cast noble metal	\$406
D6794	Crown - titanium	\$410
D6930	Recement fixed partial denture	\$54
D6973	Core build up for retainer, including any pins	\$92
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$160
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7241	Removal of impacted tooth - completely bony , with unusual surgical complications	\$305
D7280	Surgical access of an unerupted tooth	\$291
D7510	Incision and drainage of abscess - intraoral soft tissue	\$146
D7840	Condylectomy	\$1,500
D7850	Surgical discectomy, with/without implant	\$1,500
D7860	Arthrotomy	\$1,500
D7880	Occlusal orthotic device, by report	\$469
D7910	Suture of recent small wounds up to 5cm <i>(when performed in conjunction with extractions, this service is considered to be included as part of the extraction)</i>	\$192
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$69
D9220	Deep sedation/general anesthesia - first 30 minutes	\$219
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$105
D9241	Intravenous conscious sedation/analgesic - first 30 minutes	\$199
D9242	Intravenous conscious sedation/analgesic - each additional 15 minutes	\$81
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$60
D9930	Treatment of complications (post-surgical) unusual circumstances, by report	\$92
D9940	Occlusal guards, by report	\$245

The CDT codes and nomenclature are copyright of the American Dental Association. The procedures described and maximum allowances indicated on this table are subject to the terms of the contract and Delta Dental processing policies. These allowances may be further reduced due to maximums, limitations, and exclusions. **Please refer to the SPD for complete information.**

Vision Plan



Administered by EyeMed Vision Care.
 1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)
www.enrollwitheyemed.com/access (prior to enrolling)
www.eyemedvisioncare.com (after enrolling)

Rates

Member only \$7.64 ■ Member and spouse \$14.42 ■ Member and child(ren) \$15.18 ■ Member and family \$22.26

Service/Material	Coverage from an EyeMed Doctor	Out of Network Reimbursement	Rural OON Reimbursement**
Exam with dilation as necessary Once every benefit year	\$10 copay	Up to \$45	Up to \$85
Frames: Once every two years	\$125 allowance, 20% off balance over \$125	Up to \$47	Up to \$100
Standard Plastic Lenses: Single Vision Bifocal Trifocal Standard Progressives Once every benefit year in lieu of contacts	\$20 copay \$20 copay \$20 copay \$85 copay	Up to \$45 Up to \$55 Up to \$65 Up to \$55	Up to \$45 Up to \$55 Up to \$65 Up to \$55
Contact Lens Materials Conventional Disposable *Medically Necessary Once every benefit year in lieu of eyeglass lenses	\$125 allowance, 15% off balance over \$125 \$125 allowance Paid in full	Up to \$80 Up to \$80 Up to \$200	Up to \$100 Up to \$100 Up to \$200
Contact Lens Exam Fees: Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every benefit year	\$20 co-pay, paid in full fit and two follow up visits \$20 co-pay, 10% off retail price, then apply \$35 allowance	Up to \$40 Up to \$40	Up to \$40 Up to \$40
Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard A/R	\$15 copay \$15 copay \$15 copay \$40 copay \$45 copay	NA	NA

* Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e. cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

**To qualify for the enhanced rural out-of-network benefit, employees must meet the definition of rural employee, meaning any MUS employee and dependents enrolled on the vision plan who reside more than 50 miles from the nearest network provider.

AT-A-GLANCE

Who is Eligible?

Employees, spouses, adult dependents, retirees, and children are eligible if you elect to have this coverage.

Instructions

Review the premiums found above and complete the appropriate sections of the Enrollment Form.

Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

Locating your Doctor

Check the online provider locator at www.enrollwitheyemed.com/access for a listing of providers near your zip code.

Once enrolled, visit: www.eyemed-visioncare.com to view coverage and eligibility status.

Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers. Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network. Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

- 1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, www.eyemed-visioncare.com, or by calling the Customer Care Center.
- 2) Make an appointment with an out-of-network provider you trust as your choice for vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

Life Insurance/Accidental Death & Dismemberment

Administered by The Standard Insurance Company
1-800-759-8702 * www.standard.com

Basic Life/AD&D, Optional Supplemental and Optional Dependent Life Insurance

Monthly Premiums		
Basic Life / AD& D	\$10,000	\$1.55 for both
Basic Life / AD& D	\$20,000	\$3.10 for both
If you are enrolling in Choices, you must select a Basic Life Insurance.		
Optional Supplemental Life	\$25-000-\$300,000 (increments of \$25,000) (rates on next page)	
Optional Dependent Life	\$2,500 Spouse/\$1,250 Child(ren)	\$ 0.77
	\$5,000 Spouse/\$2,500 Child(ren)	\$ 1.54
	\$10,000 Spouse/\$5,000 Child(ren)	\$ 3.08
	\$25,000 Spouse/\$5,000 Child(ren)	\$ 7.71

AT-A-GLANCE

Basic Life Insurance:

Life insurance under Choices pays benefits to your beneficiary or beneficiaries if you die from most causes while coverage is in effect. Accidental Death & Dismemberment (AD&D) coverage adds low-cost accidental death protection by paying benefits in the event your death is due to accidental causes. Full or partial AD&D benefits are also payable to you following certain serious accidental injuries.

Who is Eligible for Basic Life/AD&D:

Employee Only (May increase one level of coverage during annual enrollment, if you are eligible and are in an active work status)

Who is Eligible for Optional Supplemental Life Insurance:

This is an employee only benefit. If you enroll for Optional Supplemental Life

Insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in the following table. Remember, this cost is paid on an after-tax basis.

If you are not enrolling for the first time, other than new employees, you may increase one level of coverage during annual enrollment without having to submit evidence of good health - if you are eligible and are in an active work status. You may also increase coverage more than one levels however, you will need to submit evidence of good health to the insurance company for the increase above more than one level.

Who is Eligible for Optional Dependent Life Insurance

Your spouse and unmarried child(ren) from live birth to age 25. Optional Dependent Life Insurance is designed to protect you against certain financial burdens (such as funeral expenses) in the event a covered dependent dies.

You are automatically the beneficiary of any benefits that become payable. This benefit is paid with after-tax dollars. Employees may NOT cover other MUS employed family members. In addition, dependent children may not be insured by more than one member.

If you are not enrolling for the first time, other than new employees, you may increase one level of coverage during annual enrollment without having your dependent spouse submit evidence of good health, if you are in an active work status. You may increase coverage more than one level; however, your dependent spouse will need to submit evidence of good health to the insurance company for increases above more than one level.

Cost of Optional Supplemental Life Insurance (After-Tax)

If you enroll for Optional Supplemental Life Insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in the following table. Remember, this cost is paid on an after-tax basis. Employees may NOT cover other MUS employed family members.

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000	\$275,000	\$300,000
under 30	\$1.43	\$2.85	\$4.28	\$5.70	\$7.13	\$8.55	\$9.98	\$11.40	\$12.83	\$14.25	\$15.68	\$17.10
30-34	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	\$22.00	\$24.00
35-39	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50	\$15.75	\$18.00	\$20.25	\$22.50	\$24.75	\$27.00
40-44	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00	\$34.10	\$37.20
45-49	\$5.30	\$10.60	\$15.90	\$21.20	\$26.50	\$31.80	\$37.10	\$42.40	\$47.70	\$53.00	\$58.30	\$63.60
50-54	\$8.03	\$16.05	\$24.08	\$32.10	\$40.13	\$48.15	\$56.18	\$62.20	\$70.23	\$78.25	\$86.28	\$94.30
55-59	\$13.43	\$26.85	\$40.28	\$53.70	\$67.13	\$80.55	\$93.98	\$107.40	\$120.83	\$134.25	\$147.68	\$161.10
60-64	\$16.50	\$33.00	\$49.50	\$66.00	\$82.50	\$99.00	\$115.50	\$132.00	\$148.50	\$165.00	\$181.50	\$198.00
65-69	\$32.50	\$65.00	\$97.50	\$130.00	\$162.50	\$195.00	\$227.50	\$260.00	\$292.50	\$325.00	\$357.50	\$390.00
over 70	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00	\$450.00	\$525.00	\$600.00	\$675.00	\$750.00	\$825.00	\$900.00

Optional AD&D Coverage

Administered by The Hartford ■ www.thehartford.com

Monthly Premiums	Employee Only	Employee & Family
\$25,000	\$0.63	\$1.18
\$50,000	\$1.25	\$2.35
\$75,000	\$1.88	\$3.53
\$100,000	\$2.50	\$4.70
\$150,000	\$3.75	\$7.05
\$200,000	\$5.00	\$9.40
\$250,000	\$6.25	\$11.75
\$300,000	\$7.50	\$14.10

AT-A-GLANCE

Optional Accidental Death & Dismemberment (AD&D) coverage can be a relatively inexpensive way to provide additional protection in the event of certain serious injuries or death in an accident. Optional AD&D benefits that become payable are in addition to any other life insurance or AD&D benefits which may be paid.

If you decide to enroll in Optional AD&D coverage, you may choose from the following coverage categories:

- Employee Only
- Employee & Family Coverage

Your before-tax cost for Optional AD&D coverage will depend on the coverage category you select and the amount of coverage you choose. Employees may NOT cover other MUS employed family members.

Who May Be Enrolled

Employee only or Employee and Family (employee, spouse, and child(ren) to age 25)

Family Benefits are paid accordingly:

- Your spouse only: he or she is covered for 60% of the amount you have chosen.
- Child(ren) only: each child is covered for 20% of the amount you have chosen.
- Spouse and children: your spouse is covered for 50% and each child is covered for 15% of the amount you have chosen.
- Cannot exceed 10x annual salary.

Long Term Disability

Administered by The Standard Insurance Company
 1-800-759-8702 ■ www.standard.com

Monthly Premiums		
Option 1	60% of pay/180 days waiting period	\$ 6.35
Option 2	66 2/3 of pay/180 days waiting period	\$11.75
Option 3	66 2/3 of pay/120 days waiting period	\$14.66

AT-A-GLANCE

Long Term Disability (LTD) coverage can help protect your income in the event you become disabled and unable to work. Choices includes three LTD options designed to supplement other sources of disability income that may be available to you:

- 60% of pay, following six months of disability
- 66-2/3% of pay, following six months of disability
- 66-2/3% of pay, following four months of disability

The three LTD options differ in terms of the amount of your pay they replace; when benefits become payable; and premium costs. Employees may increase coverage during annual enrollment. However, the increase in coverage will be subject to a pre-existing condition exclusion for disabilities occurring during the first 12 months that the increase in insurance is effective. Any coverage existing for at least 12 months prior to the increase will not be subject to the pre-existing condition exclusion.

Employees on a leave status may not be eligible for long term disability coverage. Please consult with your Human Resources Department.

Important!

This is a brief summary provided to help you understand your coverage. Please review the group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. This information can be found on the **Choices** website: www.montana.edu/choices. The controlling provisions will be in the group policy issued by Standard Insurance Company. Neither the certificate nor the information presented here modifies the group policy or the insurance coverage in any way.

Who May Enroll

Employee Only

Amount of Benefit

Option 1: 60% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is the greater of \$100 or 10% of your LTD benefit before reduction by deductible income.

Option 2: 66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100 or 10% of your LTD benefit before reduction by deductible income.

Option 3: 66-2/3% of pre-disability earnings, to a maximum benefit of \$9,200 per month. The minimum monthly benefit is \$100 or 10% of your LTD benefit before reduction by deductible income.

If You Have Other Disability Income

The level of LTD coverage you select ensures that you will continue to receive a percentage of your base pay each month if you become totally disabled.

Some of the money you receive may come from other sources, such as Social Security, Workers' Compensation, or other group disability benefits. Your Choices LTD benefit will be offset by any amounts you receive from these sources. The total combined income will equal the benefit level you selected.

Long Term Care Insurance

Provided by UNUM Life Insurance Company
1-800-227-4165 ■ www.unum.com

Options	Choices
Care Type	
Plan 1	Facility (nursing home or assisted living)
Plan 2	Facility + Professional Home Care (Provided by a licensed home health organization)
Plan 3	Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)
Monthly Benefit	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
Duration	
3 years	3 years Nursing Home or 5 years Assisted Living or 6 years Home Care
6 years	6 years Nursing Home or 10 years Assisted Living or 12 years Home Care
Unlimited	Unlimited Nursing Home or Unlimited Assisted Living or Unlimited Home Care
Inflation Protection	
Yes	5% compounded annually
No	No protections will be provided

AT-A-GLANCE

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.** You may never need long term care. However, this year about nine million men and women will need long term care. By 2020, 12 million Americans will need long term care. Most will be cared for at home. A study by the US Department of Health and Human Services indicates that people who reach age 65 have a 40 percent chance of entering a nursing home. About 10

percent of the people who enter a nursing home stay there five years or longer. The Montana University System offers the opportunity to purchase Long Term Care Insurance from Unum Life Insurance Company of America a subsidiary of Unum Provident.

New employees can enroll in LTC within 30 days of employment without demonstrating evidence of insurability. Continuing employees, spouses, retirees, and grandparents can enroll in our group LTC insurance with medical underwriting at any time. During this open enrollment period, employees who missed the opportunity when they were hired may purchase for the first time.

Who is Eligible

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.

Enrollment

If you would like to sign up for the Long Term Care Plan, contact your campus Human Resource Department for an enrollment kit.

Flexible Spending Accounts

Administered by FlexConnect - Insurance Coordinators of Montana
 Phone: 1-866-640-FLEX (3539) ■ www.insurancecoordinators.com
 Email: flex@icmont.com

Account Types	Annual Amount	Qualifying Expense Examples
Medical	Minimum : \$120 Maximum: \$6,000/Employee	Doctor visits, copays and deductibles, dental exams and services, eye exams, contact lenses and solution, glasses, chiropractic care, prescription drugs and insulin, hearing aids and exams and some over the counter medications.
Dependent Care	Minimum: \$120 Maximum: \$5,000	Day care centers (must comply with state and local law), babysitters, preschools, and general-purpose day camps.

AT A GLANCE

Who is Eligible

Active employees eligible for MUS benefits are eligible for the Flexible Spending Account (FSA) Program (Optional Reimbursement Accounts).

After your initial enrollment (within 31 days of hire), there are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage
- divorce
- birth/adoption of a baby
- death of spouse/dependent child, or
- a change in employment status

Important!
 The change must be consistent with the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change must be made within 63 days of the qualifying event.

How FSAs Work

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance and a Dependent Care FSA to pay for day-care expenses.

Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount.

Your selected amount is deducted from your paychecks in equal installments, first from any unused employer contribution, and then from gross pay (before taxes) and deposited into your FSA.

After you have incurred a qualifying expense, you will file a claim with FlexConnect, who will then reimburse you for the claimed amount. FlexConnect processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided.

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the “use it or lose it” provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice versa.

! Left over employer contributions can be deposited in a medical flex account.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt(s) (ex: Explanation of Benefits or day care provider receipt) to FlexConnect either by fax or mail at the address listed on the claim form. FlexConnect will send reimbursement within 3 days of receiving your expense claim. Forms are available on the FlexConnect website.

Tax Issues

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5% of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

Important!
 You must re-enroll each year to participate in a Flexible Spending Account.
 Enrollment is NOT automatic!

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. Any amounts reimbursed through the plan cannot be claimed through Child Care Credit.

Will a Medical FSA Account Help You?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available at any time during the plan year, even though the full amount is not yet collected.

If you answer “yes” to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

- Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?
- Do you expect to pay deductible, coinsurance, or copayments under your medical and prescription drug insurance plans?
- Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?
- Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, glasses,
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs
- Hearing aids and exams
- Routine doctor visits
- Copays & deductibles
- Over the counter medications such as Prilosec, aspirin, and antacids.

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

Do You Qualify for a Dependent Care FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

- The amount to be reimbursed must not be greater than you or your spouse’s annual earnings, whichever is lower.
- A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your dependent for income tax purposes, such as an older child.
- A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

Benny™ Debit Card

Participants in the Medical Optional Reimbursement Account may now choose to use a debit card to pay for services at the “point of sale”. FlexConnect provides the Benny™ Card to use with the medical flex account.

When you use the debit card, the funds are automatically deducted from your Medical Optional Reimbursement Account. You are required to keep all itemized bills and/or receipts. If the item cannot be automatically substantiated, FlexConnect may contact you for a copy of the receipt.



There is a \$10 set up fee for the card and **NO** monthly processing fee. In year one, the charge for use of the card will be \$10. (If you already have a card, there is no fee this year!) Indicate your interest at the time of benefit enrollment or you may elect to get a card at any time during the year. The total annual charge for the card will be deducted from your flex account at the beginning of the plan year or at any other time you choose to get a card.

FlexConnect!

Visit our Website:
www.insurancecoordinators.com for more information!
Fax or mail your claim forms to:
FlexConnect
Fax: 406-495-3669
P.O. Box 2019, Helena, MT 59624



WELLNESS

MONTANA UNIVERSITY SYSTEM

“Our mission is to help our plan members stay healthy by providing preventive health screenings, healthy lifestyle education and support, and disease prevention/management programs.”

Overview

The Montana University System (MUS) Benefits Plan offers Wellness services to insured adult plan members (faculty, staff, retirees, and spouses) regardless of which medical plan you choose (Allegiance, BCBSMT, New West, or Peak). Each of the twelve campuses has a Wellness director/coordinator and some offer classes or services in addition to those listed below. New programs or services are added annually.



Preventive Health Screenings

WellCheck: Every campus conducts annual, semi-annual, or every other year health fairs, called WellChecks. The lab tests listed below are always available at WellCheck, as well as a variety of additional free or discounted health screenings. See next page for the 2009/2010 WellCheck schedules.

- **Online Registration:** Online registration is now required on all campuses for WellCheck appointments. Website: www.montana.edu/wellness, select Online Registration. No computer - call campus Wellness.

Drop-In Blood Draws: Lab tests are available in Bozeman and Missoula by making an appointment via online registration; and Billings, Butte, and Havre by calling Wellness office for appointment. Subject to \$5 lab fee.

Lab Tests:

- Chemistry Screen: \$20 at WellCheck (\$25 at Drop-in Blood Draws - see above)
- PSA (Prostate Specific Antigen): FREE every plan year to men over 50 or \$25
- CBC (Complete Blood Count): \$16
- Cardio C-Reactive Protein: \$34
- Hemoglobin A1c: \$30

The costs incurred for Wellness lab tests cannot be submitted for insurance reimbursement. They can, however, be submitted to your MUS flexible spending account or Montana medical savings account.

- **Blood Pressure Screenings** are available FREE to any plan member. Call your campus Wellness office for dates and locations (most offer at WellCheck and on-campus).

Wise Consumer Tip:

Getting the above blood tests through Wellness is both cost-effective and smart! You save yourself and our self-funded insurance plan money by taking advantage of the discounts and can earn WellAwards credit. You can also optimize your own personal health care by taking or sending your results to your primary care provider.

- **Colon Cancer Screenings** are recommended annually to those 50 and older. New and improved colon cancer kits are available on each campus (FREE this plan year only).

- **Flu Shots** are offered FREE in the fall, subject to national vaccine availability. Contact your campus Wellness office for dates and locations.



*Wellness...
the choice that lasts a lifetime!*

Website: www.montana.edu/wellness

See the website for specific campus classes/services, special programs and more detailed information.



WellCheck Schedule &

... Campus Wellness Contacts

Campus	2009/2010	Phone
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 10, 2009	896-5836
Billings COT	March 23, 2010	896-5836
Bozeman (MSU)	November 4 & 5, 2009; March 30 & 31, 2009	994-6348
Butte (MT Tech)	October 1, 2009	496-4323
Butte (COT)	October 2, 2009	496-4323
Dillon (UM Western)	October 6, 2009; April 13, 2010	683-7441
Glendive (DCC)	October 7 & 8, 2009; April 14 & 15, 2010	377-9450
Great Falls (COT)	October 21, 2009	268-3717
Havre (MSU Northern)	October 20, 2009	265-4147
Helena (COT & OCHE)	October 22, 2009	COT: 444-6877 OCHE: 444-2574
Kalispell (FVCC)	September 29, 2009	756-3804
Miles City (MCC)	October 14, 2009	874-6186
Missoula (UM)	October 27 & 28, 2009; April 20 & 21, 2010	243-2027/243-2025
Missoula (COT)	October 29, 2009	243-2027/243-2025



Healthy Lifestyle Education & Support

The Life Connection (TLC) Program

"Because everyone needs a little TLC"

The Montana University System recognizes the challenges of balancing work and the demands of everyday life. That's why you and your household members can have free access to any of the TLC services listed below. When you call the toll-free number, you will be assisted by a qualified consultant who will respond to your request thoroughly and promptly. When you log onto the TLC link, you'll find an abundance of useful resources, articles, links and interactive tools.

Services provided by TLC:

- Free, confidential counseling visits for such things as anxiety, grief, marital/family issues
- Crisis help available 24 hours a day
- Telephonic and online access to legal and financial professionals
- Telephonic and online referrals to child and elder care professionals
- Online information and resources (link below) Online Services: Includes articles, tips, audio tapes, resources, skill-builders, etc.

View services at: www.montana.edu/wellness select "TLC" (company code: MUS), or call 1-866-248-4532

Ask an Expert

Adult plan members are eligible for one FREE annual personalized telephone diet and/or exercise consultation with a Registered Dietitian and/or Exercise Specialist. Email contact:

lisa.hofman@umontana.edu, or call toll free 1-866-644-2025 or 243-2025 (Missoula).

Telephonic and Online Workshops

Classes taught over the phone or via the internet. See newsletter and website below for current listing.

Online DesktopSpa

A database of unique, brief and highly effective audio and video wellness exercises led by respected health practitioners using yoga, relaxation, acupuncture, tai chi, guided imagery and ergonomics. It integrates "mini-treatments" to reduce stress and illness, and increase effectiveness, energy and performance. Go to website: www.montana.edu/wellness Select: DesktopSpa, Enter DesktopSpa, Register as New User, follow all prompts, Corporate Code: MUS (disregard User ID)



Disease Prevention/ Management Programs

Metabolic Syndrome

Available to adult plan members with related risk factors.

For details, see website below or contact:

lisa.hofman@umontana.edu or call 866-644-2025.

Take Control "Diabetes Support Program"

Available to plan members with diabetes. For details see website below or call 1-800-746-2970

Recovering from Depression

Confidential program available to adult plan members with depression. View services at: www.montana.edu/wellness select "TLC" (company code: MUS), or call 1-866-248-4532

Wellness Website: www.montana.edu/wellness

WellBaby

*Healthy Moms,
Healthy Babies...*

A World of Difference



*“As soon as you know you are pregnant,
enroll in WellBaby and see your doctor.”*



WellBaBy Eligibility Requirements:

Montana University System medical plan members must enroll within the First Trimester of their pregnancy. Sign up by calling 1-866-644-2025 or 243-2025 (Missoula or Bozeman campus only).

WellBaby Program Benefits:

- Managed Care plan members only: Doctor's visits for duration of pregnancy and 1 ultrasound (all out-of-pocket expenses, such as your deductible and co-payments, are waived for in-network doctor's visits)
- Telephonic support from your WellBaby Coordinator throughout your pregnancy
- Question and Answer support provided by the WellBaby physician, Elaine Brown, MD
- Free Prenatal vitamins
- One book of your choice from the following selections: *What to Expect When You're Expecting*, *Great Expectations: Your All-In-One Resource for Pregnancy and Childbirth*, and *Your Over-35 Week-by-Week Pregnancy Guide*
- \$50 Savings Bond for your baby after your post-delivery call with the WellBaby coordinator

1-866-644-2025



WELLNESS
MONTANA UNIVERSITY SYSTEM



WellAwards

It pays to be healthy.



Invest in yourself.
Sign up for
WellAwards

earn a \$100 award

Sign up for the 2009-10 WellAwards during your campus Benefits Open-Enrollment. Here's what you need to know:

What is WellAwards?

- WellAwards is a program introduced by MUS Wellness to offer a \$100 cash incentive for improving your personal health.

Who's eligible?

- WellAwards is open to employees and spouses enrolled in the MUS Medical Benefits Plan.
- New employees should contact their campus wellness coordinator to sign up for the program.

What do I have to do?

- Sign up online at: www.montana.edu/wellness; click on WellAwards button.
- Over the course of a year you just have to earn 15 credits for taking care of yourself. Credits can be earned by getting routine check-ups, eating right, exercising and much more.

It's easy.

Earn credits for participating in health-related activities:

- Preventative Health Screenings, such as:
 - Routine Medical Check-ups
 - Teeth Cleaning
 - Eye Exam
- Balanced Nutrition
- Physical Activity
- Restful Sleep
- Healthy Lifestyle Education and Support
- Emotional Health and Well Being
- Work Life Balance

prevention
pays **WellAwards**
Montana University System

Go to:

montana.edu/wellness
click on WellAwards button

- Sign up for 2009-10 during your campus Benefits Open-Enrollment.

It's easy.



No computer access? Call your campus wellness coordinator.

MONTANA UNIVERSITY
SYSTEM

Dependent Premium Waiver (DPW)

Purpose

These guidelines are placed in the Enrollment Workbook to assure consistent application of the dependent premium waiver program for eligible plan members.

Eligibility

All employees who are eligible for benefits under the MUS health insurance plan and who enroll their qualifying dependent child(ren) for medical coverage may elect to receive the dependent premium waiver provided they meet the following requirements:

- the employee’s annualized salary paid to them by the Employer is no more than \$28,314.00. Annualized salary is determined either by multiplying the base hourly wage plus any longevity increment by 2,080 or by multiplying the monthly salary by 12 and dividing by the employee’s established full time equivalent (FTE); and
- the employee is in a pay status or the employee is in a leave without pay status wherein the Employer’s contribution towards health insurance is continued.

Application

An eligible employee will normally elect to receive the dependent premium waiver benefit during the annual open enrollment period. An employee who becomes eligible for the waiver outside the annual open enrollment period because of a qualifying change in status or due to a change in salary may receive the benefit provided the employee makes the change in circumstance known to the Campus Human Resources Office.

An employee receiving the benefit must maintain coverage for the eligible dependent child(ren). If the child or children do not meet the requirements for dependent status as outlined in this document, the dependent premium waiver benefit will be immediately discontinued. In no case can the dependent premium waiver be applied to the spousal/adult dependent premium.

An employee who receives an adjustment to wages which results in the annualized salary exceeding the established threshold amount will remain eligible to receive the dependent premium waiver for the remainder of the benefit year in which the wage adjustment takes place.

Waiver Amount

Medical Plan	Employee & Children	Employee & Spouse/AD & Children
Plan A	\$ 94.00	\$ 105.00
Plan B	\$ 109.00	\$ 121.00
Blue Choice	\$ 80.00	\$ 89.00
New West	\$ 86.00	\$ 96.00
Peak	\$ 86.00	\$ 96.00

The dependent premium waiver may be applied to medical coverage only.

On your Enrollment Form

Check the box next to “Accept Dependent Child(ren) Premium Waiver” if you are eligible and wish to accept the waiver. Enter the waiver amount (from above) in the

appropriate box on the Enrollment Form. Subtract the waiver amount from the Total Cost to get your Costs after Fee Waiver.

Choices

Listings of Managed Care Plan Service Areas

Traditional Plan - Hospitals/Facilities

In-Network Hospitals – Managed Care Plans

BCBSMT Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee.....	59001	Crow Agency	59022	Huntley.....	59037	Proctor.....	59929
Acton.....	59002	Custer	59024	Huson	59846	Pryor	59066
Alberton	59820	Cut Bank	59427	Inverness	59530	Ramsay.....	59748
Alder.....	59710	Darby	59829	Jackson.....	59736	Ravalli	59863
Anaconda.....	59711	Dayton.....	59914	Jefferson City	59638	Raynesford.....	59469
Arlée.....	59821	DeBorgia.....	59830	Joliet	59041	Red Lodge	59068
Augusta	59410	Deer Lodge	59722	Joplin.....	59531	Rexford	59930
Avon.....	59713	Dell.....	59724	Judith Gap.....	59453	Ringling.....	59642
Ballantine	59006	Dillon	59725	Kalispell	59901	Roberts.....	59070
Basin.....	59631	Divide.....	59727		59902	Rollins.....	59931
Bearcreek.....	59007	Dixon.....	59831		59903	Ronan	59864
Belfry.....	59008	Drummond.....	59832		59904	Roscoe.....	59071
Belgrade.....	59714	Dupuyer.....	59432	Kevin.....	59454	Roundup	59072
Belt.....	59412	Dutton	59433	Kila.....	59920	Rudyard	59540
Big Arm.....	59910	East Helena	59635	Kremlin	59532	Ryegate	59074
Bigfork	59911	East Missoula.....	59801	Lake McDonald	59921	Saltese	59867
Big Sky.....	59716	Edgar	59026	Lakeside	59922	Sand Coulee	59472
Big Timber.....	59011	Elliston	59728	Laurel	59044	Sand Springs	59077
Billings	59101	Elmo.....	59915	Lavina	59046	Santa Rita	59473
	59102	Emigrant.....	59027	Ledger.....	59456	Shawmut	59078
	59103	Ennis	59729	Lima	59739	Seeley Lake	59868
	59104	Ethridge.....	59435	Lincoln.....	59639	Shelby	59474
	59105	Eureka	59917	Livingston.....	59047	Shepherd	59079
	59106	Fairfield	59436	Lloyd.....	59535	Sheridan	59749
	59107	Fishtail.....	59028	Lodge Grass	59050	Silver Star.....	59751
	59108	Florence.....	59833	Lolo	59847	Simms	59477
	59111	Floweree.....	59440	Loma	59460	Silverbow-Butte	59750
	59112	Fort Benton	59442	Lonepine	59848	Somers	59932
	59114	Fort Harrison.....	59636	Lothair.....	59461	Springdale	59082
	59115	Fort Shaw	59443	Malmstrom AFB	59402	St. Ignatius	59865
	59116	Fortune	59918	Manhattan	59741	St. Regis	59866
	59117	Frenchtown	59834	Marion.....	59925	St. Xavier	59075
Black Eagle.....	59414	Fromberg.....	59029	Martin City.....	59926	Stevensville	59870
Bonner.....	59823	Galata	59444	Martinsdale	59053	Stockett	59480
Boulder	59632	Gallatin Gateway	59730	Marysville.....	59640	Styker	59933
Box Elder	59521	Garneil	59445	McAllister.....	59740	Sula	59871
Boyd.....	59013	Garrison.....	59731	McLeon	59052	Sunburst	59482
Bozeman	59715	Garryowen.....	59031	Melrose	59743	Sun River	59483
	59717	Geraldine.....	59446	Melville.....	59055	Superior	59872
	59718	Geyser	59447	Milltown.....	59851	Swan Lake.....	59911
	59719	Gildford.....	59525	Missoula	59801	Thompson Falls	59873
	59771	Glen.....	59732		59802	Three Forks	59752
	59772	Gold Creek.....	59733		59803	Trego	59934
	59773	Grantsdale	59835		59804	Trout Creek	59874
Brady.....	59416	Great Falls	59401		59806	Twin Bridges.....	59754
Bridger	59014		59402		59807	Two Dot	59085
Broadview	59015		59403		59808	Ulm	59485
Buffalo	59418		59404		59812	Valier	59486
Butte	59701		59405	Molt.....	59057	Vaughn	59487
	59702		59406	Monarch.....	59463	Victor	59875
	59703	Greenough.....	59836	Musselshell	59059	Virginia City.....	59755
	59707	Hamilton	59840	Neihart.....	59465	Warm Springs.....	59756
Bynum.....	59419	Hardin	59034	Norris	59745	West Glacier	59936
Canyon Creek	59633	Harlowton	59036	Noxon.....	59853	White Sulphur Springs.....	59645
Cardwell.....	59721	Harrison.....	59735	Oilmont	59466	Whitefish	59937
Carter.....	59420	Haugen	59842	Olney	59927	Whitehall	59759
Cascade	59421	Havre	59501	Ovando	59854	Whitelash	59545
Charlo.....	59824	Helena	59601	Pablo	59855	Wilsall	59086
Chester	59522		59602	Paradise.....	59856	Winston	59647
Chinook	59523		59604	Park City	59063	Wisdom	59761
Choteau	59422		59620	Pendroy	59467	Wise River.....	59762
Clancy	59634		59623	Philipsburg.....	59858	Wolf Creek	59648
Clinton.....	59825		59624	Pinesdale	59841	Worden	59088
Clyde Park.....	59018		59625	Plains	59859	Zurich.....	59547
Columbia Falls	59912		59626	Polaris	59746		
Condon	59826	Helmville.....	59843	Pole Bridge.....	59928		
Connor.....	59827	Heron.....	59844	Polson	59860		
Conrad	59425	Highwood.....	59450	Pompeys Pillar	59064		
Coram	59913	Hingham.....	59528	Pony	59747		
Corvallis	59828	Hot Springs	59845	Power	59468		
Creston.....	59902	Hungry Horse.....	59919	Pray	59065		

New West Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	Columbus	59019	Heron	59844	Pinesdale	59841
Acton	59002	Colstrip	59323	Highwood	59450	Plains	59859
Alberton	59820	Condon	59826	Hilger	59451	Plentywood	59254
Alder	59710	Conrad	59425	Hingham	59528	Polaris	59746
Anaconda	59711	Coram	59913	Hobson	59452	Polebridge	59928
Angela	59312	Corvalis	59828	Hotsprings	59845	Polson	59860
Antelope	59211	Crane	59217	Hungry Horse	59919	Pompeys Pillar	59064
Arlee	59821	Crow Agency	59022	Huntley	59037	Power	59468
Augusta	59410	Custer	59024	Huson	59846	Pray	59065
Avon	59713	Dagmar	59219	Hysham	59038	Proctor	59929
Bainville	59212	Darby	59829	Jefferson City	59638	Pryor	59066
Ballantine	59006	Dayton	59914	Joliet	59041	Radersburg	59641
Basin	59631	Deer Lodge	59722	Jordan	59337	Ramsey	59748
Bearcreek	59007	Denton	59430	Judith Gap	59453	Rapelje	59067
Belfry	59008	Dillon	59725	Iverness	59530	Ravalli	59863
Belgrade	59714	Divide	59727	Joplin	59531	Raymond	59256
Belt	59412	Dixon	59831	Kalispell	59901	Raynesford	59469
Big Arm	59910	Dodson	59524	Kalispell	59902	Red Lodge	59068
Bigfork	59911	Drummond	59832	Kalispell	59903	Redstone	59257
Big Sandy	59420	Dupuyer	59432	Kalispell	59904	Reed Point	59069
Big Sky	59716	Dutton	59433	Kevin	59454	Ringling	59642
Big Timber	59011	East Helena	59635	Kila	59920	Roberts	59070
Billings	59101	Edgar	59026	Kinsey	59338	Rollins	59931
Billings	59102	Ellston	59728	Kremlin	59532	Ronan	59864
Billings	59103	Elmo	59915	Lake McDonald	59921	Roscoe	59071
Billings	59104	Emigrant	59027	Lakeside	59922	Rosebud	59347
Billings	59105	Ethridge	59435	Lambert	59243	Roundup	59072
Billings	59106	Fairfield	59436	Laurel	59044	Roundup	59073
Billings	59107	Fairview	59221	Lavina	59046	Roy	59471
Billings	59108	Fallon	59326	Ledger	59456	Rudyard	59540
Billings	59111	Fishtail	59028	Lewistown	59457	Ryegate	59074
Billings	59112	Flaxville	59222	Libby	59923	Saco	59261
Billings	59114	Florence	59833	Livingston	59047	Saint Ignatius	59865
Billings	59115	Floweree	59440	Lloyd	59535	Saint Regi	59866
Billings	59116	Forest Grove	59441	Lodge Grass	59050	Saint Xavier	59075
Billings	59117	Forsyth	59327	Lolo	59847	Sand Coulee	59472
Black Eagle	59414	Fort Benton	59442	Loma	59460	Sanders	59076
Bonner	59823	Fort Harrison	59636	Lonepine	59848	Shawmut	59078
Boulder	59632	Fort Shaw	59443	Loring	59537	Shelby	59474
Boyd	59013	Frenchtown	59834	Manhattan	59741	Shepherd	59079
Bozeman	59715	Fromberg	59029	Marion	59925	Sidney	59270
Bozeman	59717	Galata	59444	Martin City	59926	Silver Star	59751
Bozeman	59718	Gallatin Gateway	59730	Marysville	59640	Simms	59477
Bozeman	59719	Garneill	59445	McLeod	59052	Somers	59932
Bozeman	59771	Garrison	59731	Malstrom AFB	59402	Springdale	59082
Bozeman	59772	Garryowen	59031	Malta	59538	Stevensville	59870
Bozeman	59773	Geraldine	59446	Martinsdale	59053	Stockett	59480
Box Elder	59521	Gilford	59525	Melville	59055	Stryker	59933
Brady	59416	Glen	59732	Mildred	59341	Sula	59871
Bridger	59014	Gold Creek	59733	Miles City	59301	Sunburst	59482
Broadview	59015	Grantsdale	59835	Milltown	59851	Sun River	59483
Brusett	59318	Grass Range	59032	Missoula	59801	Superior	59872
Buffalo	59418	Great Falls	59401	Missoula	59802	Terry	59349
Butte	59701	Great Falls	59403	Missoula	59803	Thompson Falls	59873
Butte	59702	Great Falls	59404	Missoula	59804	Three Forks	59752
Butte	59703	Great Falls	59405	Missoula	59806	Toston	59643
Butte	59707	Great Falls	59406	Missoula	59807	Townsend	59644
Butte	59750	Greenough	59836	Missoula	59808	Troy	59935
Bynum	59419	Hall	59837	Missoula	59812	Twin Bridges	59754
Canyon Creek	59633	Hamilton	59840	Moccasin	59462	Two Dot	59085
Cardwell	59721	Hardin	59034	Molt	59057	Ulm	59485
Carter	59420	Harlowton	59036	Moore	59464	Vaughn	59487
Cascade	59421	Hathaway	59333	Musselshell	59059	Victor	59875
Charlo	59824	Havre	59501	Neihart	59465	Warm Springs	59756
Chester	59522	Helena	59601	Noxon	59853	Westby	59275
Chinook	59523	Helena	59602	Oilmont	59466	West Glacier	59936
Choteau	59422	Helena	59604	Outlook	59252	Whitefish	59937
Clancy	59634	Helena	59620	Pablo	59855	Whitehall	59759
Clinton	59825	Helena	59623	Paradise	59856	White Sulphur Springs	59645
Clyde Park	59018	Helena	59624	Park City	59063	Whitetail	59276
Cohagen	59322	Helena	59625	Pendroy	59467	Whitewater	59544
Columbia Falls	59912	Helena	59626	Phillipsburg	59858	Wilsall	59086

Peak Managed Care Plan Service Areas

City	Zip Code
(New West continued)	
Winston	59647
Wolf Creek	59648
Worden	59088
Wyola	59089
Yellowtail	59035
Zortman	59546
Zurich	59547

Peak Managed Care Plan Service Areas

Acton	59002
Anaconda	59711
Angela	59312
Ashland	59003
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Birney	59012
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Hathaway	59333
Huntley	59037
Hysham	59038
Ingomar	59039
Ismay	59336
Joliet	59041
Kinsey	59338
Lame Deer	59043
Laurel	59044
Lavina	59046
Lodge Grass	59050
Melrose	59743

City	Zip Code
Miles City	59301
Pompeys Pillar	59064
Pryor	59066
Ramsay	59748
Red Lodge	59068
Roberts	59070
Roscoe	59071
Rosebud	59347
Ryegate	59074
Saint Xavier	59075
Sanders	59076
Sawmut	59078
Sheherd	59079
Sumatra	59083
Volborg	59351
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

Allegiance Managed Care Plan Service Areas

City	Zip Code
Absarokee	59001
Acton	59002
Alberton	59820
Alder	59710
Amsterdam	59741
Anaconda	59711
	59771
Arlee	59821
Ashland	59003
Augusta	59410
Avon	59713
Ballantine	59006
Basin	59631
Bearcreek	59007
Belfry	59008
Belgrade	59714
Belt	59412
Big Arm	59910
Big Sandy	59520
Big Sky	59716
Big Timber	59011
Bigfork	59911
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Black Eagle	59414
Bonner	59823
Boulder	59632
Boyd	59013
Bozeman	59715
	59717
	59718

Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code
	59719	Fort Harrison	59636
	59771	Fort Shaw	59443
	59772	Frenchtown	59834
	59773	Fromberg	59029
Brady	59416	Galata	59444
Bridger	59014	Gallatin Gateway	59730
Broadus	59317	Gardiner	59030
Broadview	59015	Garnelli	59445
Buffalo	59418	Garrison	59731
Butte	59701	Garryowen	59031
	59702	Geraldine	59446
	59703	Geyser	59447
	59707	Gildford	59525
Bynum	59419	Glasgow	59230
Canyon Creek	59633		59231
Cardwell	59721	Glen	59732
Carter	59420	Glendive	59330
Cascade	59421	Gold Creek	59733
Charlo	59824	Grantsdale	59835
Chester	59522	Great Falls	59401
Chinook	59523		59402
Choteau	59422		59403
Clancy	59634		59404
Clinton	59825		59405
Clyde Park	59018		59406
Colstrip	59323	Greenough	59836
Columbia Falls	59912	Hall	59837
Columbus	59019	Hamilton	59840
Condon	59826		59849
Conner	59827	Hardin	59034
Conrad	59425	Harrison	59735
Coram	59913	Haugan	59842
Corvallis	59828	Havre	59501
Creston	59902	Hays	59527
Cushman	59046	Helena	59601
Custer	59024		59602
Cutbank	59427		59604
Darby	59829		59620
Dayton	59914		59623
DeBorgia	59830		59624
Deer Lodge	59722		59625
Dell	59724		59626
Denton	59430	Helmville	59843
Dillon	59275	Heron	59844
	59721	Highwood	59450
	59725	Hilger	59451
Divide	59727	Hingham	59528
Dixon	59831	Hobson	59452
Drummond	59732	Hot Springs	59845
Dupuyer	59432	Hungry Horse	59919
Dutton	59433	Huntley	59037
East Helena	59635	Huson	59846
East Missoula	59801	Inverness	59530
Edgar	59026	Ismay	59336
Elliston	59728	Jackson	59736
Elmo	59915	Jefferson City	59638
Emigrant	59027	Joliet	59041
Ennis	59729	Joplin	59531
Ethridge	59435	Judith Gap	59453
Eureka	59917	Kalipsell	59901
	59918		59902
Fairfield	59436		59903
Fairview	59221		59904
Fallon	59326	Kevin	59454
Fishtail	59028	Kila	59920
Florence	59833	Kinsey	59338
Flowerree	59440	Kremlin	59532
Forsyth	59327	Lake McDonald	59921
Fortine	59918	Lakeside	59922
Fort Benton	59442	Lame Deer	59043

Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code
Laurel	59044	Roberts	59070
Lavina	59046	Rollins	59931
Ledger	59456	Ronan	59824
Lewistown	59457		59864
Libby	59923	Roscoe	59071
Lima	59739	Roundup	59072
Lincoln	59639	Rudyard	59540
Livingston	59047	Ryegate	59074
Lloyd	59535	Saltese	59867
Lodge Grass	59050	Sand Coulee	59472
Lolo	59847	Sand Springs	59077
Loma	59460	Santa Rita	59473
Lonepine	59848	Seeley Lake	59864
Lothair	59461	Scobey	59263
Malmstrom AFB	59402	Shawmut	59078
Malta	59538	Shelby	59474
Marion	59925	Shepherd	59079
Martin City	59926	Sheridan	59749
Martinsdale	59053	Sidney	59270
Marysville	59640	Silver Star	59751
McAllister	59740	Silverbow-Butte	59750
McLeod	59052	Simms	59477
Melrose	59743	Somers	59932
Melville	59055	Springdale	59082
Miles City	59301	St. Ignatius	59865
Milltown	59851	St. Regis	59866
Missoula	59801	St. Xavier	59075
	59802	Stanford	59479
	59803	Stevensville	59870
	59804	Stockett	59480
	59806	Styker	59933
	59807	Sula	59871
	59808	Sun River	59483
	59812	Sunburst	59482
	59825	Superior	59872
	59834	Terry	59349
Moccasin	59462	Thompson Falls	59873
Molt	59057	Three Forks	59752
Monarch	59463	Toston	59643
Mussellshell	59059	Townsend	59644
Neilhart	59465	Trego	59934
Norris	59745	Trout Creek	59874
Noxon	59853	Troy	59935
Nye	59061	Twin Bridges	59754
Oilmont	59466	Two Dot	59085
Olney	59927	Ulm	59485
Ovando	59854	Valier	59486
Pablo	59855	Vaughn	59487
Paradise	59856	Victor	59875
Park City	59063	West Glacier	59936
Pendroy	59467	Whitefish	59937
Philipsburg	59858	White Sulphur Springs	59645
Pinesdale	59841	Whitehall	59759
Plains	59859	Whitelash	59545
		Wibaux	59353
Polaris	59746	Willow Creek	59760
Pole Bridge	59928	Wilsall	59086
Pompeys Pillar	59064	Winston	58647
Polson	59860	Wisdom	59761
Pony	59747	Wise River	59762
Power	59468	Wolf Creek	59648
Pray	59065	Worden	59088
Proctor	59929	Zurich	59547
Ramsay	58748		
Ravalli	59863		
Raynesford	59469		
Red Lodge	59068		
Rexford	59930		
Ringling	59642		


HIPAA




THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED.

Full HIPAA Policy Available on Web Site or by contacting Campus HR.

The Montana University System self-insured employee health benefit plan has a duty to safeguard and protect the privacy of all plan members' personally identifiable health information that is created, maintained, sent or received by plan employees or persons under our control.

 The Montana University System self-insured health plan has contracts with multiple business associates. Business associates do claims processing and perform other health-related services associated with the plan such as counseling, psychological services and pharmaceutical services, etc. The MUS self-insured plans business associates and health care provider(s) must also protect a plan member's personally identifiable health information from inadvertent, improper or illegal disclosure.

 The Montana University System self-insured health plan, in administering plan benefits shares, and receives personally identifiable medical information concerning plan members as required by law and for routine transactions concerning eligibility, treatment, payment(s), wellness program (including WellChecks), disease management programs (i.e. TLC, Take Control, etc.) healthcare operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection and compliance. Information concerning those areas may be shared between MUS authorized benefit employees, their supervisors and our business associate(s), members' provider(s) or legally authorized governmental entities without a member's written consent.



TRADITIONAL PLAN A - HOSPITALS/FACILITIES

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

Anaconda	Community Hospital of Anaconda	Malta	Phillips County Hospital
Big Sandy	Big Sandy Medical Center	Miles City	Holy Rosary Healthcare
Big Timber	Pioneer Medical Center	Missoula	St. Patrick Hospital
Billings	St. Vincent's Healthcare Center	Philipsburg	Granite County Medical Center
Bozeman	Bozeman Deaconess Hospital	Plains	Clark Fork Valley Hospital
Butte	St. James Healthcare & Nursing Home	Plentywood	Sheridan Memorial Hospital
Chester	Liberty County Hospital	Polson	St. Joseph Hospital
Choteau	Teton Medical Center	Red Lodge	Beartooth Hospital and Health Center
Columbus	Stillwater Community Hospital	Ronan	St. Luke Community Hospital
Conrad	Pondera Medical Center	Roundup	Roundup Memorial Health Care
Cutbank	Northern Rockies Medical Center, Inc.	Scobey	Daniels Memorial Hospital
Deer Lodge	Powell County Memorial Hospital	Shelby	Marias Medical Center
Dillon	Barrett Hospital and Health Care	Sheridan	Ruby Valley Hospital
Forsyth	Rosebud Health Care Center	Sidney	Sidney Health Center
Fort Benton	Missouri River Medical Center	Superior	Mineral Community Hospital
Glasgow	Frances Mahon Deaconess Hospital	Terry	Prairie Community Health Center
Glendive	Glendive Medical Center	Townsend	Broadwater Health Center
Great Falls	Benefis Health Care	Whitefish	North Valley Hospital
	Central Montana Surgery Center	White Sulphur Springs	Mountain View Medical Center
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		
Lewistown	Central Montana Medical Center		
Libby	St. John's Lutheran Hospital		

Out of State

There is a specific travel network for elective/non-emergent services. Please contact Allegiance Customer Service at 1-877-778-8600 for assistance with this travel network.

Traditional Plan A Members Keep in Mind

Members who have selected the Plan A option must be aware that the facilities listed above are the in-network facilities. Non-emergent services received at any other facility will be processed as out-of-network, subject to a separate deductible and a separate coinsurance maximum. **Prior to receiving services, check with Allegiance, as some professional providers (doctors, therapists, etc.) may have elected not to participate in-network and, as a result, those services would also be processed as out-of-network.** Remember that in addition to the separate deductible and separate coinsurance maximum, out-of-network providers may balance bill for any differences between allowance and charge. Emergency services and services that are not offered by an in-network provider will be covered on the in-network benefit.

TRADITIONAL PLAN B - HOSPITALS/FACILITIES

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

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess
Butte	St. James Healthcare & Nursing Home
Chester	Liberty County Hospital & Nursing Home
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cutbank	Northern Rockies Medical Center, Inc.
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Health Care
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care Central Montana Surgery Center
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
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Healthcare
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital
Missoula	Community Medical Center
Philipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital and Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Health Care
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View 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
Big Timber	Pioneer Medical Center
Billings	Advanced Care Hospital
Billings	Billings Clinic Hospital
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
Great Falls	Central Montana Surgical Center
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Children's Hospital
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Medical Center
Kalispell	HealthCenter Northwest
Livingston	Livingston Memorial hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital
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
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

Allegiance Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	St. Vincent Healthcare
Billings	Billings Clinic
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Medical Center
Dillon	Barrett Hospital and Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Francis Mahon Deaconess Hospital
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care
Great Falls	Central Montana Surgery Center
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
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Health Care
Malta	Phillips County Hospital
Miles City	Holy Rosary Health Care

Allegiance Network Hospitals

City	Hospital
Missoula	Community Medical Center
Missoula	St. Patrick Hospital Phillipsburg
Phillipsburg	Granite County Medical Center
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Care
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View Medical Center

New West Network Hospitals

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical 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 Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Phillipsburg	Granite Co. Medical Center Hospital
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Healthcare
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital
White Sulphur Springs	Mountain View Medical Center

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



It is a good idea to contact the claims administrator for the plan you've chosen to make sure your provider is in-network prior to receiving services. This will help you avoid unanticipated out of pocket expenses.

Availability of the MUS Summary Plan Description

All Montana University System (MUS) plan participants have the right to obtain a current copy of the Summary Plan Description (SPD). Despite the use of “summary” in the title, this document is the full legal description of our medical, dental, and pharmacy plans and should always be consulted when a specific question arises about the plan.

Participants may request a hardcopy of the SPD and amendments describing the MUS managed care plans by visiting, writing, or calling their campus benefits office, or by writing to MUS Benefits, P.O. Box 203203, Helena, MT 59620-3201, or by calling the MUS Benefits Office at 406-444-2574. Participants should know which medical plan they are enrolled in when calling or writing so that the correct amendment, if any, can be sent. An easier way to access this information for many participants is to visit the MUS website at www.mus.edu/choices. Using the

FIND function on your computer will help you to locate the section you need quickly.

All participants are given or mailed a copy of the CHOICES Enrollment Workbook or Retiree Workbook each spring during the annual enrollment period. These workbooks list the various required and optional programs available, and their premiums. We encourage participants to retain this book until it is replaced the following year, as it provides most of the information needed by participants and their families to properly utilize their benefit plans. If additional information is needed after referring to CHOICES enrollment book or the SPD, either the campus benefit office or the MUS Benefits Office should be able to help. Also, many problems can be resolved by contacting the customer service department of the appropriate program administrator.

RESOURCES

MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION
(406) 444-2574 Phone (406) 444-0222 Fax
www.mus.edu/choices

Traditional Plans & Allegiance Managed Care Plan Contacts

ALLEGIANCE

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

Managed Care Plan 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.healthinfonet.com

Dental Contact

DELTA DENTAL INSURANCE COMPANY

Customer Service 1-866-579-5717
www.deltadentalins.com/MUS

CAREMARK

Customer Service 1-888-645-9303
Prescription Drug Program mail order service 1-888-645-9303
www.caremark.com

RIDGEWAY MAIL ORDER PRESCRIPTION DRUG PROGRAM

Customer Service 1-800-630-3214
Prescription drug refills, customer service, prior authorizations, and quantity overrides

EYEMED VISION CARE

Customer Service 1-866-723-0513
www.enrollwiththeyemed.com/access (prior to enrollment)
www.eyemedvisioncare.com (after enrollment)
Eye exam, related services, and benefits

THE LIFE CONNECTION (TLC)

1-866-248-4532
www.montana.edu/wellness

WELLBABY

1-866-644-2025
www.montana.edu/wellness
Maternity Case Management (call during first trimester)

STANDARD LIFE INSURANCE

1-800-759-8702
www.standard.com
Life and Disability

UNUM LIFE INSURANCE

1-800-822-9103
www.unum.com
Long Term Care claims and information.

FLEXCONNECT

Flex Plan Administrator
1-866-640-3539
www.insurancecoordinators.com
Reimbursement Accounts claims, eligible expenses, account status, and IRS rules.