

# choices

MONTANA UNIVERSITY SYSTEM



**2010 - 2011**

## **Retiree Enrollment Workbook**

# 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 decline retiree medical or dental coverage, you and your dependents will NOT be allowed to enroll in the future. If you are waiving coverage for your eligible dependents (including your spouse) as defined by your Choices Group Plan and this Enrollment Booklet because they are currently covered by other health insurance or another health care plan, you may be able to enroll 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. If you acquire an eligible dependent, as defined by the MUS Plan, as a result of marriage, birth, adoption or placement for adoption of a child under the age of 18, you may enroll your newly acquired dependent child(ren) or spouse for coverage under the Plan, provided that such enrollment occurs within sixty-three (63) days after the 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.

# Choices

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## Director's Note: Important Changes for 2010-2011

We are pleased to present the CHOICES Retiree Workbook for the 2010-2011 Plan Year. The booklet contains information about Retiree options for continuing with the Montana University System (MUS) Group Benefits Plan upon retirement, or if already retired, the available options for Retirees for the next fiscal year. Plan descriptions and related explanations are provided in detail in this booklet, on our web site [www.mus.edu/choices/](http://www.mus.edu/choices/), and on the Retiree enrollment form.

**All Retirees should review this booklet carefully, even if enrollment updates are not needed for the next plan year.** There are some changes in this year's offerings, especially to the pharmacy plan, which may influence the medical plan you choose for the 2010-2011 plan year. You may choose to switch medical plans for other reasons or to add eligible dependents if desired. The MAPP program will be continued as an option for Medicare-eligible Retirees. If you do not submit a new enrollment form by **May 21, 2010**, your current enrollment will continue as is until June 30, 2011, with appropriate premium changes. **All medical plans except MAPP will convert to the URx Pharmacy Plan on July 1, 2010.** Please pay attention to information in this booklet and as sent to you by mail about URx. This is a significant change in how the MUS Pharmacy Plan operates!

The only other time you can change your enrollment (besides the annual enrollment period) is when a qualifying event occurs in your family. For retired employees, qualifying events usually entail one of these occurrences: becoming Medicare eligible and/or turning 65; a death in the family; a change in marital status; a dependent's 25<sup>th</sup> birthday; or a change in other insurance coverage.

### Eligibility:

A person retiring from a unit of the MUS or any agency or organization affiliated with the MUS or the Board of Regents of Higher Education may continue certain group insurance benefits as described below. To be eligible as a Retiree, the individual must be eligible to receive a retirement benefit from the Teachers Retirement System (TRS) or the Public Employees Retirement System (MPERA) at the time s/he leaves his/her employment with the MUS. Retirees who are in the Optional Retirement Plan (ORP, through TIAA-CREF) or any other defined contribution plan associated with their employer must have worked five or more years and be age 50 or have worked 25 years with a MUS-related employer to be eligible for Retiree insurance benefits. It does not matter whether the Retiree decides to actually draw a monthly benefit; elects to take the defined benefit lump sum distribution; or postpones withdrawal of retirement benefits until a later date.

### Continuation of Coverage:

An eligible Retiree must make arrangements with his/her campus human resources benefits office (HR) to continue coverage as a Retiree on self-pay basis within 63 days of retirement. The right to continue coverage under the Plan is a one-time opportunity. **Cancelled or lapsed coverage cannot be restored!** Retirees who fail to continue coverage within 63 days of retirement or who allow coverage to lapse due to nonpayment of premiums may not later rejoin the plan, with one **EXCEPTION**: a Retiree with the right to continue coverage under the MUS Plan who chooses to continue coverage under spousal coverage in either the MUS Plan or the State of Montana Employee Benefit Health Plan may be reinstated to the MUS Plan with Retiree coverage upon the retirement, death, divorce, or any other event which causes ineligibility for spousal coverage. This exception applies only to a Retiree who has maintained continuous coverage under either the MUS Plan or the State of Montana Plan.

### Premium Payments:

An eligible Retiree may be able to apply payout of final pay toward Retiree premiums through the end of the calendar year or the benefit year, whichever comes first, on a pretax basis. Discuss this option with your campus HR office.

**Note: There is NO employer contribution toward Retiree benefits.**

Other payment options are:

1. Automatic Deductions – when possible, the Retiree should arrange for automatic deductions from his/her monthly retirement benefit received from TRS, MPERA, ORP, or any other retirement benefit, or directly from a checking or savings account if permitted by his/her campus.
2. When automatic deductions are not possible, Retirees must arrange a schedule of timely premium payments with their former campus HR office.

### **Medicare Enrollment Status:**

**Retirees and/or spouses who are or become Medicare-eligible are required to be enrolled in both MEDICARE PART A AND MEDICARE PART B as of the first of the month that they become eligible.** All Medicare status changes must be reported to the campus HR office to facilitate premium and enrollment adjustments. Any person not correctly enrolled in Medicare will be given 63 days to obtain the missing coverage. After 63 days, the non-enrolled person's status will be changed to non-Medicare-enrolled and premiums will revert to non-Medicare premiums until Medicare enrollment is properly completed and the MUS Benefits Office is notified. **Enrollment in Medicare Part D (drug plan) is NOT permitted.** Responsibility for proper Medicare enrollment belongs to the Retiree or spouse; proof of Medicare enrollment may be required by MUS and/or the Retiree's former campus at any time.

### **Medical Coverage Options:**

**Medical coverage is required for all participating MUS Retirees.** Premium rates vary, depending upon the number of persons covered, the plan(s) selected, and whether the Retiree and/or spouse are Medicare-enrolled. Retiree coverage will be cancelled by the Retiree's campus for nonpayment of premiums on the first day of the month following the month for which the premium was due, retroactive to the first unpaid date.

**Plan A:** \$450 Deductible for Medicare-primary Retirees (usually 65 and older)  
\$650 Deductible for Pre-65 Retirees (not on Medicare)

Additional Deductibles and Out-of-Pocket costs will be assessed for out-of-network medical care. This traditional indemnity plan is administered by Allegiance Benefit Plan Management. An extensive nationwide network of providers is available. Within Montana, some hospital providers/facilities have negotiated preferred provider contracts for this plan and will be the provider/facility of choice for care in certain cities. Preferred hospitals are listed in the back of the workbook. After the deductible is satisfied, copayment amounts are generally 25% until the annual out-of-pocket maximum is met. Non-preferred (out-of-network) provider/facility copayments will be counted toward an additional, separate deductible and an additional, separate out-of-pocket maximum, similar to how the managed care plans operate.

**Plan B:** \$1500 Deductible regardless of Medicare status

This traditional indemnity plan has no restrictions on facility access within Montana and has the same national network of providers as Plan A has. Because there are no restrictions or limitations placed on provider/facility access for this plan, the costs to participants – deductibles and out-of-pocket maximums – are higher. Since the 2007-2008 Plan Year, Retirees on this plan have not been required to stay on the plan indefinitely, and in fact, are encouraged to move to another plan if desired, during annual enrollment or when a qualifying family event occurs.

**Managed Care Plans:** \$350 Deductible in-network, additional \$350 Deductible out-of-network

MUS offers Managed Care Plans through:

- Allegiance Managed Care (Allegiance Benefits Plan Management)
- Blue Choice Manage Care (Blue Cross Blue Shield of Montana)
- New West Manage Care (New West Health Plan)
- Peak Manage Care (Peak Health Plan)

The managed care plans are available to all Retirees, regardless of age. We encourage all Retirees who are Montana residents to consider using a managed care option. Managed care plans are designed for use in Montana, with limited care access outside Montana except by referral or in an emergency situation. Enrollees must work closely with their managed care plan when using out-of-network or out-of-state providers. Service area lists for each managed care plan are in the back of this booklet. Enrollees are not required to declare a primary care physician, but should use providers within their specific managed care plan provider list to obtain the best reimbursement rates.

### **MAPP (Medicare Advantage Pilot Program):**

This program has been offered since 2008-2009 and is being offered to all eligible Retirees for the 2010-2011 Plan Year who live in Montana at least six months out of the year. Benefits will be better if the Retirees receive services from providers and facilities in the New West Provider Network. To be eligible, all enrolled family members MUST be eligible for and enrolled in both Medicare Part A and Part B; documentation will be required.

The MAPP plan combines Medicare and MUS secondary coverage into one plan and eliminates most of the billing paperwork associated with Medicare claims. **It includes its own, traditional-style pharmacy plan through**

**Express Scripts.** MAPP does not have an annual deductible (except for a \$100 deductible for retail drug purchases) and has fixed copays for most services. **ADDITIONAL FORMS ARE REQUIRED FOR ENROLLMENT**, which are included in the Retiree annual enrollment packet and are available at all HR offices. Enrollees must commit to a one-year enrollment period, but may change plans during the following Annual Enrollment as long as MAPP is a pilot program.

**NOTE: MAPP ENROLLEES ARE NOT INCLUDED IN MOST MUS WELLNESS PROGRAMS!** Enrollment in Delta Dental or EyeMed may be maintained or suspended while on MAPP without penalty. **Contact New West Health Services at 1-888-873-8049 for more information.**

### **Prescription Drug Coverage:**

**All medical plans include the MUS prescription drug plan called URx, except the MAPP plan which has its own, traditional-style pharmacy plan.** Medicare-eligible Retirees may NOT enroll in a Medicare Part D plan. More information about URx is provided later in this workbook and was mailed in detail during the month of February 2010. URx is a significant change when compared to MUS's previous pharmacy plan. All Retirees and their dependents are strongly urged to become familiar with URx before the beginning of the 2010-2011 Plan Year.

### **Dental Coverage:**

CHOICES offers Retirees a one-time opportunity to enroll in Delta Premium Dental Plan coverage. If you are currently enrolled for dental coverage and wish to keep that coverage, you do not have to complete an enrollment form unless you are changing other portions of your enrollment. If you are enrolled for dental coverage and wish to drop that coverage, you must complete the entire enrollment form and **submit it to your HR office by May 21, 2010.** You will not be allowed to reenroll in the Retiree dental insurance program if you cancel your enrollment! If you did not enroll previously in the Retiree dental insurance program, you may not enroll now, unless a qualifying event occurs or you are a new Retiree.

New Retirees may sign up for Premium Dental coverage during their initial Retiree enrollment or if experiencing a qualifying event. Information and rates for the Delta Premium Dental Plan can be seen within this workbook and on the Retiree enrollment form. Remember: if you do not enroll in Retiree Dental Coverage when it's first offered or you drop your dental coverage, you are not allowed to reenroll unless a qualifying event occurs.

### **Vision Care Coverage:**

MUS has contracted with EyeMed, a national vision care coordinator, to facilitate its vision care plan. More information and rates can be found in this booklet. If you are not currently enrolled for vision care coverage and want to add that coverage, you must complete the entire enrollment form and **submit it to your HR office by May 21, 2010.** You may add or drop vision coverage with each annual enrollment.

**Long Term Care Insurance:** If a retiring Employee has UNUM Long Term Care Insurance, s/he should contact his/her HR office for personal payment conversion within 30 days of retirement. Current Retirees can add Long Term Care insurance with medical underwriting at any time. Medical underwriting means that UNUM can reject an application or increase rates due to existing medical conditions.

**Long Term Disability Coverage:** This MUS coverage ceases as of the date of retirement.

**Life Insurance Coverage:** Employees may be able to convert their active status policy(s) within 30 days of retirement. MUS does not offer any other life insurance coverage to Retirees.

### **Dependent Coverage Options:**

Continuing existing Medical and Dental coverage for dependents is optional, but a Retiree must elect to continue coverage(s) with the 63-day enrollment period following his/her retirement. New dependents can be added to Medical and/or Dental coverage if the request is made with 63 days of the qualifying event (marriage, birth, adoption/guardianship, new qualifying dependent, etc.). Existing dependents can only be added to medical or dental coverage if they are losing eligibility for other group coverage or if there is a substantial decrease in the level of existing coverage, as determined on an individual basis by the campus HR office and if the request is made within 63 days of the termination of the other coverage.

# How to Enroll in *Choices* as a Retiree

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

- a. within 63 days of first becoming eligible for Retiree benefits.

*If you do not enroll with the 63-day period, you will permanently forfeit your eligibility for all Retiree insurance coverage.*

- b. during annual enrollment by the stated deadline.

*If you do not enroll, you will default to prior coverage or to the stated default coverage if your existing plan(s) is/are changing.*

- c. when you have a mid-year qualifying event and want to make an allowed mid-year change in elections. *This change must be made within 63 days of the event.*

Please follow this step-by-step process in completing your Retiree **Choices** enrollment.

## Step 1:

**Review this workbook carefully and read the back of the form.**

- Discuss this information with your spouse and/or other family members.
- Determine your benefit needs for the coming benefit year if you are enrolling during annual enrollment or for the remainder of the current benefit year if a new Retiree.
- You may want to review the Director's Note section for helpful information about your enrollment options.

## Step 2:

**Complete the Front Side of Your Enrollment Form.**

Your Retiree enrollment form should be included with this workbook. In the event your form is missing or you need another, please contact your campus HR/Benefits Office. If your campus provides on-line annual enrollment, you may enroll on-line at the campus's discretion.

### Demographic and Dependent Coverage Sections:

Please fill in these sections completely **every** time you fill out this form.

### Medical:

Medical coverage is mandatory for all MUS retirees. For Medical Coverage, you must make two elections: a plan and a coverage category. If you fail to correctly enroll, you will default as described above.

- Review the medical schedule pages to compare benefits

between plans.

- Review the service area lists of managed care plans before choosing a managed care plan. You may want to check with your doctor's office as well.
- Check the boxes corresponding to the selected plan and the coverage category you want.
- When you have selected a plan and coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, by Medical Premium. Premium amounts are listed in the Workbook. If you choose to enroll MAPP (Medicare Advantage Pilot Plan), you will have an additional form to complete, found in a New West envelope in your Retiree packet or supplied by your campus HR office. Be sure that you follow all directions and forward all materials to your campus.

### Optional Dental:

For Dental coverage, you must be qualified to enroll (see back of form). Choose a coverage category. Retirees are offered enrollment in the Premium Dental Plan only. If you do not make an election when you first retire, you will permanently forfeit your dental coverage eligibility unless a qualifying event occurs.

- Check the box corresponding to the coverage category you want.
- When you have selected a coverage category, fill in the corresponding monthly cost in the space provided on the right-hand side of the form, by Dental Premium.
- OR check the box that "opts out" of Dental coverage entirely.

### Optional Vision:

Check the correct box if you want optional Vision coverage for the person(s) you want covered and enter the dollar amount in the space provided next to Vision Premium. At this time, you may add or delete vision coverage each year. OR choose the "opt out" box.

### Total Your Costs:

Add up the premium amounts and enter the total on the Total Monthly Premium line. If you have not arranged with your campus HR/Benefits Office for automatic payment of your premiums through your pension or bank account, we strongly recommend you consider doing so.

(Continued next page)



*How to Enroll in CHOICES as a Retiree, continued:*

**Information about Other Group Coverage:**

If you or any of your dependents have any other medical, dental, or vision coverage, including Medicare or Medicaid, check “Yes” and complete this section. If no one has any other coverage, check “No” and leave the section blank.

**NOTE:** Any insured person eligible for Medicare and receiving Medicare Prime (mp) premium rates must be enrolled in **BOTH** Medicare Part A and Medicare Part B. Enrollment in Medicare Part D is **NOT** permitted.



**Read the Authorizing Paragraph, then Sign and Date the Form.**

Sign on the line that corresponds to your family situation and **return the form by the stated deadline to your campus HR/Benefits Office. For Spring 2009, the deadline is May 15, 2009**, but earlier submissions would be appreciated.

Please call your campus office (numbers below) or call Sue at 406-444-0614 if you have any questions.

**Please send your form to the appropriate address below.**

MSU-Bozeman Human Resources	PO Box 172520, Bozeman, MT 59717-2520	406-994-3651
MSU-Billings Human Resources	1500 University Dr., Billings, MT 59101	406-657-2278
MSU-Northern Human Resources	PO Box 7751, Havre, MT 59501-7751	406-265-4147
MSU-Great Falls Human Resources	2100 16th Ave. S., Great Falls, MT 59405	406-771-4308
UM-Missoula Human Resources	LO 252, 32 Campus Dr., Missoula, MT 59812	406-243-6766
UM-Helena Human Resources	1115 N. Roberts, Helena MT 59601	406-444-0845
UM-Western Human Resources	710 S. Atlantic St., Dillon, MT 59725	406-638-7010
MT Tech (UM) Human Resources	1300 W. Park St., Butte, MT 59701	406-496-4380
OCHE/GSL, MUS Benefits Office	PO Box 203203, Helena, MT 59620-3203	406-444-0614
Dawson Comm. College Human Resources	300 College Dr., Glendive, MT 59330	406-377-9403
Flathead Valley Comm. College Human Resources	777 Grandview Dr., Kalispell, MT 59901	406-756-3804
Miles Comm. College Human Resources	2715 Dickinson St., Miles City, MT 59301	406-874-6292
State Bar of MT, attn: Mary Ann Murray	PO Box 577, Helena, MT 59624-0577	406-442-7660



Dawson Community College



Dawson Community College



MSU Billings



MSU Bozeman



Miles City Community College



## 2010-2011 Retiree Medical Plan Options and Monthly Premium Schedules

### Non-Medicare Retirees (generally under age 65)

	Plan A \$650 Deductible	Plan B \$1500 Deductible	Any Managed Care \$350 Deductible
Retiree Only	608	547	517
Retiree + One	858	772	729
Retiree + Two or more	982	884	835
Retiree + Spouse*(mp)	735	662	625
Retiree + Spouse*(mp) + Child(ren)	860	774	731
Survivor	608	547	517
Survivor + Child(ren)	695	626	591

### Medicare-enrolled\* Retirees (generally 65 and older)

	Plan A \$450 Deductible	Plan B \$1500 Deductible	Any Managed Care \$350 Deductible	<b>MAPP</b> Copay Plan
Retiree Only*	310	279	263	140
Retiree* + One	560	504	476	n/a
Retiree* + Two or more	685	616	582	n/a
Retiree* + Spouse*(mp)	437	394	372	280
Retiree* + Spouse*(mp) + Child(ren)	562	506	478	n/a
Survivor*	310	279	263	140
Survivor* + Child(ren)	397	358	338	n/a



#### **Important Reminders:**

**Plan A** has preferred facilities and providers in some Montana cities. Using non-preferred facilities or providers may cost you more out-of-pocket and balance billing may be allowed.

**Plan B** does not have preferred facilities. If you choose the \$1500 deductible plan this year, you may change to Plan A, a Managed Care Plan, or MAPP in subsequent years if offered.

**Managed Care Plans and MAPP** have member providers/facilities and specific services areas. You must use them to get the lowest rates. Contact your Managed Care Plan before using non-member providers.

# Schedule of Medical Plan Benefits 2010-2011

## Medical Plan Costs You Pay:

## Traditional Plan A

Administered by Allegiance

### Annual Deductible

**(Applies to all services, unless otherwise noted or a copayment is indicated)**

Non Medicare \$650/Person, \$1300/Family  
Medicare \$450/Person, \$900/Family

### Coinsurance Percentages

General	25%
In-Network Facility Services	25%

### Non-Network Providers/Facilities\*\*\*

35%

### Annual Coinsurance Maximums

(Maximum coinsurance paid in a benefit year; excludes deductibles and copayments)

\$2,250/Person  
\$4,500/Family

### Copayment (on outpatient visits)

N/A

## Medical Plan Service

## Coinsurance

### 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)
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\*\*\*Services from a non-network provider have a 35% coinsurance. In addition, there is a separate \$450/person, \$900/family (or \$650/\$1300) deductible and a separate \$2,250/person, \$4,500/family annual coinsurance maximum. A non-network provider can also balance bill the difference between the allowance and the charge.

# Benefit Year 2010-2011

<b>Traditional Plan B</b> Administered by Allegiance	<b>Managed Care Plans</b>	
	<b>In-Network Benefits</b>	<b>Out-of-Network Benefits</b>
\$1500/Person \$3,000/Family	\$350/Person \$700/Family	Separate \$550/Person Separate \$1,100/Family
25%	25%	35%
25%	25%	NA
25%	N/A	35%
\$3,500/Person \$7,000/Family	\$2,250/Person \$4,500/Family	Separate \$3,000/Person Separate \$6,000/Family
N/A	\$15/visit	NA
.....		
<b>Coinsurance</b>	<b>Coinsurance</b>	<b>Coinsurance</b>
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 2010-2011

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## Emergency Services

Ambulance Services for Medical Emergency

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Emergency Room  
Facility Charges

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Professional Charges

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## Urgent Care Services

Facility/professional Charges

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Lab & Diagnostic Charges

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## Maternity Services

Hospital Charges

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Physician Charges (delivery and inpatient)

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Prenatal Office Visits

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## 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.

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Child Checkups through age 7

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Immunizations and Pneumonia and Flu shots

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## Mental Illness Services

Inpatient Services (Pre-certification is strongly recommended.)  
Note: One inpatient day may be exchanged for two partial hospitalization days.

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Outpatient Services

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## Chemical Dependency

Inpatient Services (Pre-certification is strongly recommended.)

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Outpatient Services

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\*\*\* Services from an out-of-network provider have a 35% coinsurance. In addition, there is a separate \$450/person, \$900/family deductible and a separate \$2,250/person, \$4,500/family coinsurance maximum. Out-of-network providers can also balance bill the difference between allowance and the charge.

**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***	Managed Care In-Network	Managed Care Out-Of-Network
25%	\$200 copay	\$200 copay
25%	\$125/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%	\$50 for office visit charge only. Labwork & other charges 25%	\$50 for office visit charge only. Labwork & other charges 25%
25%	25%	35%
25%	25%	35%
25%	25% (waived if enrolled in WellBaby)	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.
Max: \$750 first 7 years of life (deductible and coinsurance waived)	\$15/visit 25% (no deductible) without office visit	35%
Max: \$500/yr. ages 8+ (deductible and coinsurance waived)	\$15/visit 25% (no deductible) without office visit	35%
25% Max: 30 visits/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 2010-2011

## Medical Plan Costs You Pay:

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### Rehabilitative Services

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

Inpatient Services  
(Pre-certification is strongly recommended)

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Outpatient Services

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### Alternative Health Care Services

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

Acupuncture

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Naturopathic

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Chiropractic

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### Extended Care Services

Home Health Care  
(Physician ordered/prior authorization is strongly recommended (or required) by most plans. See Plan Descriptions)

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Hospice

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

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### Miscellaneous Services

Allergy Shots

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Dietary/Nutritional Counseling  
(When medically necessary and physician ordered)

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Durable Medical Equipment, Prosthetic Appliances, and Orthotics  
(Prior authorization required for amounts greater than \$1,000)

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PKU Supplies  
(Includes treatment and medical foods)

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Education Programs on Disease Processes (when ordered by a physician)  
(Prior authorization required for managed care plans and strongly recommended for traditional plans)

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Obesity Management  
(Prior authorization required by all plans)

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

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Infertility Treatment (biological infertility only)  
(Prior authorization required for all plans providing coverage)

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### Organ Transplants

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

Transplant Services

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**Travel** - Out of state travel for policyholder only

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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

# MAPP - Medicare Advantage Pilot Program



- \* All enrolled members under the Retiree's name must be enrolled in both Medicare Part A & Part B.
- \* In order to enroll, additional forms must be completed and Medicare qualifying time is needed (about 10 days).
- \* **This is a fully insured product. You must contact New West Health Services for information and assistance.**

Call 1-888-873-8049, TTY 1-888-290-3658.

- \* MUS Wellness programs are **NOT** available to MAPP enrollees. See \$0 preventive benefits below.
- \* Member's permanent address must be in Montana. You may not live elsewhere for more than 6 months per year.

Medical Plan Costs You Pay	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Coinsurance/Copayment Maximums <i>(Maximum per person out-of-pocket coinsurance/co-payments paid in a benefit year)</i>	\$3,400	
Co-Payments/Coinsurance for:	In-network	Out-of-Network
<b>Hospital Services -- Inpatient facility charges per admission</b> <i>Prior authorization required, unless an emergency. Includes room charges, ancillary &amp; surgical services</i>	\$400	\$600
<b>Hospital Services -- Outpatient facility charges</b> Outpatient Services	\$10*	\$30**
Outpatient Surgery	\$10*	\$30**
Outpatient Surgery – Ambulatory Surgery Center	\$50	\$150
<b>Physician/Professional Provider Services</b> <i>(not listed elsewhere)</i> Office Visit	\$10*	\$30**
Lab/X-ray/Ancillary/Miscellaneous Charges	\$10*	\$30**
Inpatient Physician Services	Included in Facility copayment	
Second Surgical Opinion	\$10*	\$30**
<b>Emergency Services</b> Ambulance Services for Medical Emergency <i>(per segment)</i>	\$100	\$100
Emergency Room - Facility Charges	\$50	\$50
Professional Charges	Included in Facility copayment	
<b>Urgent Care Services</b> Facility/Professional Charges	\$30	\$30
Lab & Diagnostic Charges	Included in Facility copayment	
<b>Preventative Services</b> - each exam Abdominal Aortic Aneurysm Screening, Bone Mass Measurement, Colorectal Screening, Mammogram, Prostate Cancer Screening, Cardiovascular Disease Testing	\$0	\$30**
Routine Physical Exam (one per year), PAP Test/Pelvic Exam	\$0	\$30**
Immunizations - Flu and Pneumonia (each)	\$0	\$30**
Part B Immunizations - other (each)	\$0	\$30**
<b>Mental Illness Services</b> Inpatient Services - per admission; 190 day lifetime limit <i>(Prior authorization required, unless in an emergency).</i>	\$400	\$600
Outpatient Services	\$10	\$30**
Outpatient Substance Abuse Care Visit	\$10	\$30**
<b>Rehabilitative Services</b> <i>(per visit)</i> Physical, Occupational, Cardiac, Speech, and certain other Medicare-allowed therapies	\$10	\$30**
<b>Chiropractic Services</b> - Medicare covered services	\$10	\$30**

\* One in-network copayment per day applies to these services. \*\* One out-of-network copayment per day applies to these services.



<b>Co-Payments/Coinsurance for:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Extended Care Services</b>		
Home Health Care <i>(Prior authorization required)</i>	\$0	\$30**
Hospice	covered by Original Medicare	
Skilled Nursing Facility Care <i>(Prior authorization required)</i>	\$0/day-days 1-20; \$75/day- days 21-100	\$100/day- days 1-100
No prior hospital stay required. Covered for 100 days each benefit period.		
<b>Miscellaneous Services</b>		
Diabetes Supply Item	20%	50%
Radiology Services - CT, MRI or PET Scan <i>(Prior authorization required for PET Scans)</i>	\$50	\$150
Dialysis (Kidney)	20%	20%
<b>Durable Medical Equipment and Prosthetic Devices</b>	20%	50%
<i>(Prior authorization required for items over \$500)</i>		
<b>Health and Wellness Education Programs</b>	\$0	\$30**
Smoking Cessation Programs - Eight (8) counseling sessions covered per year		
<b>Medicare Part B Prescription Drugs</b>		
Includes prescription drugs such as those you get in a hospital outpatient department under certain circumstances, injected drugs you get in a doctor's office, certain oral cancer drugs, and drugs used with some types of durable medical equipment. <i>(Prior authorization required for certain drugs)</i>		
	10%	20%
<b>Vision Services - Vision Exam</b>	\$10	\$30**
<b>Eyewear</b>	\$100 Allowance per year	
Eyewear after cataract surgery One pair of conventional eyeglasses with standard frames or contact lenses after each Medicare-covered cataract surgery that includes insertion of an intraocular lens.	You pay \$0	
<b>Hearing Services</b>		
Hearing Exam	\$10	\$30**
Hearing Aid	Not Covered	
<b>Dental Services-</b>		
Preventative care (oral exam, cleaning, periodontal exam, fluoride treatment and dental x-rays)	\$200 Allowance per year	
Other Dental Treatment	Not Covered	

\* One in-network copayment per day applies to these services. \*\* One out-of-network copayment per day applies to these services.

### SCHEDULE OF PRESCRIPTION DRUG PLAN BENEFITS

<b>Medicare Part D (Prior authorization required for certain Part D Drugs)</b>	<b>Retail</b> (30-day Supply)	<b>Mail Order</b> (ESI or Ridgeway)
<b>Annual Deductible - per person</b>	\$100	\$0
<b>Co-Payments/Coinsurance</b>	The greater of:	(30-day/90-day)
Formulary Generic	\$10 or 20%	\$10/\$20
Formulary Preferred Brand	\$20 or 30%	\$20/\$40
Formulary Non-Preferred Brand	\$30 or 40%	\$30/\$60
	<b>Retail</b>	<b>Specialty Pharmacy</b>
Specialty Drugs <i>(co-payments/co-insurance do not apply to out-of-pocket maximum or the \$100 deductible)</i>	\$40 or 50%	\$0
<b>Annual Coinsurance/Copayment Maximums - per person, in addition to the annual deductible (Maximum out-of-pocket coinsurance/co-payments paid in a benefit year)</b>	\$1200 includes retail & mail order	
<b>Formulary (includes all Medicare Part D covered drugs)</b>	4 Tier Open	

# Vision Plan

Administered by EyeMed Vision Care  
 1-866-723-0596 (prior to enrolling) 1-866-723-0513 (after enrolling)  
[www.enrollwiththeyemed.com/access](http://www.enrollwiththeyemed.com/access) (prior to enrolling)  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) (after enrolling)

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**
<b>Exam with dilation as necessary:</b> Once every benefit year	\$10 copay	Up to \$45	Up to \$85
<b>Frames:</b> Once every two years	\$125 allowance, 20% off balance over \$125	Up to \$52	Up to \$100
<b>Standard Plastic Lenses:</b> 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
<b>Contact Lens Materials:</b> 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
<b>Contact Lens Exam Fees:</b> Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every benefit year	\$20 copay, paid in full fit and two follow up visits \$20 copay, 10% off retail price, then apply \$35 allowance	Up to \$40 Up to \$40	Up to \$40 Up to \$40
<b>Lens Options:</b> 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.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

At [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), choose the ACCESS network for a provider near your zip code.

Once enrolled, visit: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), register by entering your email address and choosing a password 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.eyemedvisioncare.com](http://www.eyemedvisioncare.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.

# Dental Plan



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

Choices offers one Dental plan option for Retirees:

**■ Premium Plan**

Retiree enrollment in the dental plan is a one-time opportunity. See the back of the enrollment form for details. If you do not enroll in a timely manner, you will lose your right for coverage unless a qualifying event occurs.

## 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"> <li>■ Retiree Only \$52</li> <li>■ Retiree &amp; Spouse/Adult Dep. \$94</li> <li>■ Retiree &amp; Child(ren) \$94</li> <li>■ Retiree &amp; Family \$156</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Maximum Annual Benefit	\$1,500 per covered individual	
Preventive and Diagnostic Services	<ul style="list-style-type: none"> <li>■ Twice Per Benefit Year</li> <li>■ Initial and Periodic oral exam</li> <li>■ Cleaning</li> <li>■ Complete series of intraoral X-rays</li> <li>■ Topical application of fluoride</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Basic Restorative Services	<ul style="list-style-type: none"> <li>■ Amalgam filling</li> <li>■ Endodontic treatment</li> <li>■ Periodontic treatment</li> <li>■ Oral surgery</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Major Dental Services	<ul style="list-style-type: none"> <li>■ Crown</li> <li>■ Root canal</li> <li>■ Complete lower and upper denture</li> <li>■ Dental implant</li> <li>■ Occusal Guards</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Removal of impacted teeth	<ul style="list-style-type: none"> <li>■ Covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Orthodontia	<ul style="list-style-type: none"> <li>■ Available to covered children and adults</li> <li>■ \$1,500 lifetime benefit</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>
Implants	<ul style="list-style-type: none"> <li>■ Included in annual benefit</li> </ul>	<ul style="list-style-type: none"> <li>■ Not Available to Retirees</li> </ul>

## 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 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*

(See SPD for 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	Peridontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Peridontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Peridontal 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	Pallative (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.**



# Prescription Drug

Administered by MedImpact  
1-888-648-6764 ■ www.urx.mus.edu

## There is no deductible for Prescription Drugs in 2010



OUT-OF-POCKET MAXIMUMS FOR 2010  
Individual: \$ 1,650/year Family: \$3,300/year

### AT-A-GLANCE

#### WHAT IS URx?

URx is a prescription drug management program developed by the Montana University System. URx used the prescription process as a mechanism to manage overall care of a member by focusing on producing better clinical outcomes by making sure members get the best drug to treat their condition.

#### HOW DOES URx WORK?

One component of the URx program is the Pharmacy & Therapeutics Committee (PTAC). Under the Montana University System's oversight, this committee is responsible for evaluating drugs based on their proven clinical results. The PTAC committee is charged with developing the formulary (the list of preferred drugs covered by the plan) that will make the most effective drugs the least expensive to the member, regardless of the drug's actual cost.

With URx there will be no deductible and Class A, B, and C prescriptions will accumulate toward an out-of-pocket maximum.

#### WHO IS ELIGIBLE?

The Prescription Drug Plan is a benefit for all benefits eligible Montana University System employees, Retirees except those on MAPP, and COBRA members and their eligible dependents. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

#### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply). Members who use maintenance medications can experience significant savings by utilizing a mail order pharmacy.

Under URx, the plan's administrative responsibilities are divided among four vendors:

**MedImpact** will be the pharmacy benefit administrator. MedImpact will serve as the claims processor. They will have a dedicated customer service telephone line for the Montana University System to answer any questions that you may have regarding your benefits or claims processing.

**MedVantx** and **Ridgeway** will administer the mail-order drug program. MedVantx and Ridgeway will provide mail-order pharmacy services to plan members, based on URx pricing and plan design.

#### SPECIALTY PHARMACY

**Diplomat Specialty Pharmacy**, 1-877-319-6337, is the new administrator of the specialty pharmacy program. Diplomat will provide assistance and resources to members who are prescribed high dollar oral, intravenous, or injectable medications.

#### URx Disease Management Programs

Enrolling in one of the URx disease management programs will allow eligible Plan members to receive information, support, assistance with medications, and case management services.

Diabetes - Take Control	1-800-746-2970
Tobacco Cessation	1-877-501-1722
Weight Management (Managed Care Plan members)	1-877-501-1722
Infertility Program (Managed Care Plan members)	1-877-501-1722



# URx Specialty Drug Program

## SPECIALTY DRUGS:

Specialty drugs are defined as high cost prescription drugs that may require special handling and/or administration to treat chronic, complex conditions. These drugs may be taken orally but often are injectables with complex manufacturing process or may be limited distribution status.

The URx Specialty Drug program offers a variety of medications at \$0 copay. Other Specialty Drugs are available through the URx specialty program with a \$150 copay.

If members prefer to receive specialty drugs at retail pharmacies (if available), then the copay is 50% of the total cost of the drug.

Some drugs are limited distribution drugs and may not be available at Diplomat. For these prescriptions, Diplomat will transfer them to specialty pharmacies that are able to dispense these drugs.

Because of the complexity of the medical condition, many of these drugs will require PA to ensure appropriate use and to maximize the effectiveness of the drug by encouraging careful adherence to treatment protocols.

Diplomat Specialty Pharmacy is the chosen provider for specialty drug services. To enroll or for any questions regarding the specialty drug program, please contact Diplomat at 1-877-319-6337.



## Specialty Drug Classes Key

S-\$0 Specialty Copay at Diplomat

S-\$150 Specialty Copay at Diplomat

Note: Specialty drugs are allowed at retail pharmacies with a 50% copay.

Agents to Treat Multiple Sclerosis	
S-\$0	Copaxone, Rebif
S-\$150	Avonex, Betaseron, Extavia, Ampyra
Anti-Hemophilic Factors	
S-\$0	All Factors including: Alphanate, Alphanine SD, Bebulin VH, Feiba/-VH, Helixate FS, Hemofil-M, Humate-P, Hyate:C, Kogenate FS, Monarc-M, Monoclate P, Mononine, Novoseven, Proplex T, Recombinate, Refacto
Anti-Inflammatory (Rheumatoid Arthritis/Psoriasis)	
S-\$0	Humira (PA), Simponi (PA)
S-\$150	Amevive, Cimzia (PA), Enbrel (PA), gold sodium thiomalate, Myochrysine, Orencia, Raptiva, Remicade, Stelara
Anti-Inflammatory (Anti-Arthritics)	
S-\$0	Hyalgan, Supartz
S-\$150	Euflexxa, Orthovisc, Synvisc
Antineoplastics	
S-\$0	Arimidex, Revlimid, Nexavar, Tarceva
S-\$150	All antineoplastics including: Afinitor, Alkeran, Aromasin, Avastin, Bicnu, Busulfex, carboplatin, Ceenu, cisplatin, Campath, cyclophosphamide, Depocyt, Eligard, Erbitux, etoposide, Gemar, Gleevac, Herceptin, Iressa, Lupron/- Depot, mercaptopurine, Sprycel, Sutent, Trelstar Depot/-LA, Tykerb, Vectibix, Vumon, Xeloda, Zolanza
Growth Hormones/Insulin-Like Growth Factor Hormones	
S-\$0	Increlex, Norditropin (PA), Tev-Tropin (PA)
S-\$150 (PA)	Genotropin, Humatrope, Nutropin/-AQ, Omnitrope, Saizen, Serostim, Zorbtive
Hepatitis Agents	
S-\$0	Epivir HBV, Copegus (PA), Infergen (PA), Peg-Intron, Pegasys (PA), Rebetol (PA), Rebetron, Roferon-A
S-\$150	Intron-A
Immunosuppressive Agents	
S-\$0	Cellcept, cyclosporine (oral and inj), Gengraf, Myfortic, Prograf (oral and inj), Rapamune, Sandimmune
S-\$150	Simulect, Zenapax
Osteoporosis	
S-\$0	Reclast
S-\$150 (inj)	Aredia, Boniva, Forteo (PA), Miacalcin, pamidronate, Zometa
Pulmonary Arterial Hypertension	
S-\$0	Tracleer, Revatio
S-\$150	Flolan, Letairis, Remodulin, Tyvaso, Ventavis





Call 1-888-5-ASK-URx (527-5879) and discuss question(s) with pharmacy experts from the University of Montana Pharmacy School. You can ask questions about your prescriptions or alternative

<b>URx Drug Classification</b> (Based on medical evidence of impact to health and overall net cost)	<b>Drug Class</b>	<b>Deductible</b>	<b>Retail Rx</b> (30-day supply)	<b>Mail Rx</b> (90-day supply)
<u>Excellent level of value</u> based on best medical evidence, best opportunity for improved health outcomes via disease management, and best overall net cost.	<b>Tier A</b>	<b>\$0</b>	\$0 Copayment †	\$0 Copayment †
<u>High level of value</u> based on medical evidence of outcomes and lower overall net cost savings. Includes generic and brand drugs compared to higher cost brand name counterparts.	<b>Tier B</b>	<b>\$0</b>	\$15 Copayment †	\$30 Copayment †
<u>Good level of value</u> based on fair medical evidence grading, but displaying higher overall net cost relative to generic counterparts and less expensive brand name drug or clinical alternatives.	<b>Tier C</b>	<b>\$0</b>	\$40 Copayment †	\$80 Copayment †
<u>Lower level of value</u> based on evidence of outcomes relative to other clinical alternatives. Generally have much higher overall net costs. [Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.]	<b>Tier D</b>	<b>\$0</b>	50% Coinsurance †* (You will pay half of the discounted price)	50% Coinsurance †* (You will pay half of the discounted price)
These drugs have <u>the lowest level of value</u> (based on clinical evidence) or the highest overall net cost in relation to generic or other brand alternatives. Tier F drugs may also include drugs that were not previously covered, allowing members to purchase them at a substantial discount. [Coinsurance is calculated on the discounted	<b>Tier F</b>	<b>\$0</b>	100% Coinsurance †* (You will pay 100% of the discounted price)	100% Coinsurance †* (You will pay 100% of the discounted price)
If you take a specialty drug, you are encouraged to use the URx Specialty Pharmacy program to qualify for a \$150 copayment. If you fill your prescription at a retail pharmacy, you will have to pay 50% coinsurance. Specialty drugs are not covered through the mail-order program. Certain <u>preferred</u> specialty drugs will be available at no cost to the member through the URx Specialty Pharmacy program.	<b>Tier S</b>	<b>\$0</b>	50% Coinsurance †* if purchased through standard retail pharmacy	Not Covered
<b>*The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.</b>				
<b>† A copayment is a flat dollar amount you pay for Rx services. Coinsurance is a percentage of the total discounted cost you pay for Rx services.</b>				

A copayment is a flat dollar amount you pay for Rx services. Coinsurance is a percentage of the total discounted prices you pay for Rx services. Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.  
\* The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.

### WHAT CLASS ARE YOU IN?

What grade would you get when it comes to ordering your prescription drugs? Would you get an A, B, or F? Most people don't realize that just because a drug costs more...doesn't mean it's better. Drug manufacturers spend billions of dollars each year on advertising - so if you see six commercials for a particular drug, that drug may cost you a lot! Currently the Montana University System plan spends more on prescription drugs than on doctor visits!

### HOW DO I DETERMINE WHAT CLASS MY DRUG IS?

You can look up which class your drug is at [www.urx.mus.edu](http://www.urx.mus.edu) or by calling Montana University System Benefits. If you are unsatisfied with the class or the 'grade' your drug(s) makes, other therapeutically equivalent drugs that are more cost effective will be displayed that you can discuss with your physician. We encourage you to take this information to your physician to determine if you are able to use the therapeutically equivalent drug.

### WHAT DOES IT MEAN THAT MOST DRUGS ARE COVERED?

The Montana University System's Pharmacy Benefit Administrator negotiates discounts with pharmaceutical companies. These discounts will be passed on to you regardless of the class of your drug. All drugs, including those that were formerly not covered, will have a discount. This savings will be passed on to you as a member of the Montana University System benefit plan.

# Long Term Care Insurance

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

Options	Choices
<b>Care Type</b>	
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)
<b>Monthly Benefit</b>	
Nursing Home	\$1,000-\$6,000
Assisted Living	60% of the selected nursing home amount
Home Care	50% of the selected nursing home amount
<b>Duration</b>	
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
<b>Inflation Protection</b>	
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.



MSU Northern



UM Helena COT



.....  
*Our mission is to help our plan members stay healthy by providing and incentivizing 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 2010/2011 WellCheck schedules.

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

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

### Lab Tests:

- Chemistry Screen: \$20 at WellCheck (\$25 at Year-round 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
- NEW** • Vitamin D: \$39

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 Coordinator for dates and locations (most offer at WellCheck and on-campus).

### Wise Consumer Tip:

Getting 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 at WellCheck only. Colon Kits: \$10.

• **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](http://www.montana.edu/wellness)

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

**MAPP PLAN MEMBERS ARE NOT INCLUDED IN THE MUS WELLNESS PROGRAM**



# WellCheck Schedule &

## .... Campus Wellness Contacts

WellCheck Site	2010/2011	Phone (406)
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule	994-6348
Billings (MSU)	November 18, 2010	657-2221
Billings COT	April 5, 2011	657-2221
Bozeman (MSU) MSU Extension	November 9 & 10, 2010; March 30 & 31, 2011 October 19, 2010	994-6348
Butte (MT Tech)	September 30, 2010	496-4217
Butte (COT)	October 1, 2010	496-4217
Dillon (UM Western)	October 12, 2010; April 12, 2011	683-7441
Glendive (DCC)	October 7, 2010	377-9447
Great Falls (COT)	October 20, 2010	771-5123
Havre (MSU Northern)	October 21, 2010	265-3599
Helena (COT & OCHE)	October 19, 2010	465-6367
Kalispell (FVCC)	September 28, 2010	756-3804
Miles City (MCC)	October 6, 2010	874-6211
Missoula (UM)	October 26 & 27, 2010; April 19 & 20, 2011	243-2027
Missoula (COT)	October 28, 2010	243-2027



### Healthy Lifestyle Education & Support

#### The Life Connection (TLC) Program

FREE and confidential EAP counseling and online services. View services at: [www.montana.edu/wellness](http://www.montana.edu/wellness) select "TLC" (company code: MUS), or call 1-866-248-4532 (toll-free).

#### Ask an Expert

This program provides FREE telephone consultations with a registered dietitian and/or exercise specialist. Email contact: [lisa.hofman@umontana.edu](mailto:lisa.hofman@umontana.edu), or call toll free 1-866-644-2025 or 243-2025 (Missoula). Online application: visit our website, select Lifestyle Education/Support.

#### Classes

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

#### Wellness/Benefits Newsletter

Mailed to home addresses three to four times each plan year. Archived editions can be accessed via the website below.

#### Fitness Products

All campuses sell quality pedometers and some sell other fitness products.

#### Online DesktopSpa

This is an interactive, web-based "holistic health jukebox" of complimentary health interventions for stress, eye strain, neck and shoulder pain etc. With 24/7 accessibility from any computer or handheld device, Desktop Spa streams three to five minute audio and video wellness exercises including yoga and ergonomics. Go to website: [www.montana.edu/wellness](http://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 for application or contact: [lisa.hofman@umontana.edu](mailto:lisa.hofman@umontana.edu) or call 866-644-2025 (toll-free).

#### Take Control "Diabetes Support Program"

Available to plan members with diabetes. For details call 1-800-746-2970 (toll-free)

#### Recovering from Depression

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

Wellness Website: [www.montana.edu/wellness](http://www.montana.edu/wellness)

MAPP PLAN MEMBERS ARE NOT INCLUDED IN THE MUS WELLNESS PROGRAM

# 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 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 via the Wellness website, you'll find an abundance of useful resources, articles, links and interactive tools.

**FREE ■ CONFIDENTIAL**

## Employee Assistance Program (EAP) Counseling Services

- 4 free 1-on-1 counseling visits per issue
- Available to any member of your household
- Available 24 hours/day, 7/days per week
- 24 hour crisis support

1-866-248-4532

## Recovering From Depression

- Voluntary program for plan members (adult & children) with a diagnosis of depression wanting to feel better
- 1-on-1 counseling and support
- Health Education
- Assisted access to online resources

1-866-248-4532

## TLC Online Work-Life Services

- **Family and Care Giving**
  - Parenting; child and adult-care
  - Online assisted searches
- **Emotional Well-Being**
  - Mental health and personal growth
- **Health & Wellness**
  - Health-related tools
- **Working Smarter**
  - Career and Workplace
- **Daily Living**
  - Legal and Financial documents
  - Tax ACT - tax preparation software
  - Consumer tips
- **International**
  - Living or relocating abroad
- **Learning Center**
  - Assessments; trainings
- **Savings Center**
  - Merchandise discounts

## Legal Services

- 30 minute free consult with an attorney
- 25% discount for extended legal consults
- Online downloadable legal documents

1-866-248-4532

## Financial Services

- 30 minute free consult with a financial advisor
- Online downloadable financial forms

1-866-248-4532

All of the listed services of the TLC Program can be accessed on our website:

**[www.montana.edu/wellness](http://www.montana.edu/wellness):**

select "TLC Program"(Company Code: MUS)





# 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
Arlee	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	Fortine	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	Garneill	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	City	Zip Code	City	Zip Code	City	Zip Code
<b>(New West continued)</b>							
Winston	59647		59703	Garneill	59445	Lindsay	59339
Wolf Creek	59648		59707	Garrison	59731	Lloyd	59535
Worden	59088		59750	Garryowen	59031	Lodge Grass	59050
Wyola	59089	Bynum	59419	Geraldine	59446	Loma	59460
Yellowtail	59035	Cameron	59720	Geyser	59447	Loring	59537
Zortman	59546	Capitol	59319	Gildford	59525	Lothair	59461
Zurich	59547	Cardwell	59721	Glasgow	59230	Luther	59051
		Carter	59420	Glen	59732	Malta	59538
		Cascade	59421	Glendive	59330	Marion	59925
		Cat Creek	59017	Glentana	59240	Martin City	59926
		Charlo	59824	Gold Creek	59733	Martinsdale	59053
		Chester	59522	Grantsdale	59835	McAllister	59740
		Chinook	59523	Grass Range	59032	McCabe	59245
		Choteau	59422	Great Falls	59401	McLeod	59052
		Circle	59215	Great Falls	59402	Medicine Lake	59247
		Clancy	59634	Great Falls	59403	Melrose	59743
		Coffee Creek	59424	Great Falls	59404	Melstone	59054
		Cohagen	59322	Great Falls	59405	Melville	59055
		Colstrip	59323	Great Falls	59406	Mildred	59341
		Columbia Falls	59912	Greycliff	59033	Miles City	59301
		Columbus	59019	Hall	59837	Mill Iron	59342
		Conner	59827	Hamilton	59840	Moccasin	59462
		Conrad	59425	Hammond	59332	Molt	59057
		Coram	59913	Hardin	59034	Monarch	59463
		Corvallis	59828	Harlem	59526	Moore	59464
		Crane	59217	Harlowton	59036	Mosby	59058
		Crow Agency	59022	Harrison	59735	Musselshell	59059
		Culbertson	59218	Hathaway	59333	Nashua	59248
		Custer	59024	Havre	59501	Neihart	59465
		Cutbank	59427	Hayes	59527	Norris	59745
		Dagmar	59219	Heart Butte	59448	Nye	59061
		Darby	59829	Helmville	59843	Oilmont	59466
		Dayton	59914	Highwood	59450	Olive	59343
		Decker	59025	Hilger	59451	Olney	59927
		Deer Lodge	59722	Hingham	59528	Opheim	59250
		Dell	59724	Hinsdale	59241	Otter	59062
		Denton	59430	Hobson	59452	Outlock	59252
		Dillon	59725	Hogeland	59529	Ovando	59854
		Divide	59727	Homestead	59242	Pablo	59855
		Dodson	59524	Hungry Horse	59919	Park City	59063
		Drummond	59832	Huntley	59037	Peerless	59253
		Dupuyer	59432	Hysham	59038	Pendroy	59467
		Dutton	59433	Ingomar	59039	Philipsburg	59858
		East Glacier	59434	Iverness	59530	Pinesdale	59841
		Edgar	59026	Ismay	59336	Plentywood	59254
		Ekalaka	59324	Jackson	59736	Plevna	59344
		Elliston	59728	Jefferson City	59638	Polaris	59746
		Elmo	59915	Joliet	59041	Polebridge	59928
		Ennis	59729	Joplin	59531	Polson	59860
		Essex	59916	Jordan	59337	Pompeys Pillar	59064
		Ethridge	59435	Judith Gap	59453	Pony	59747
		Eureka	59917	Kalispell	59901	Poplar	59255
		Fairfield	59436	Kalispell	59902	Powderville	59345
		Fairview	59221	Kalispell	59903	Power	59468
		Fallon	59326	Kalispell	59904	Proctor	59929
		Fishtail	59028	Kevin	59733	Pryor	59066
		Flaxville	59222	Kila	59733	Ramsay	59748
		Florence	59833	Kinsey	59338	Rapelje	59067
		Floweree	59440	Kremlin	59532	Ravalli	59863
		Forestgrove	59441	Lake McDonald	59921	Raymond	59256
		Forsyth	59327	Lakeside	59922	Raynesford	59469
		Fort Benton	59442	Lambert	59243	Red Lodge	59068
		Fort Peck	59223	Lame Deer	59043	Redstone	59257
		Fort Shaw	59443	Larslan	59244	Reedpoint	59069
		Fortine	59918	Laurel	59044	Reserve	59258
		Frazier	59225	Lavina	59046	Rexford	59930
		Froid	59226	Ledger	59456	Richey	59259
		Fromberg	59029	Lewistown	59457	Richland	59260
		Emigrant	59027	Libby	59923	Ringling	59642
		Galata	59444	Lima	59739		

## Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
<b>Peak Managed Care Plan Service Areas</b>							
Roberts.....	59070	Winnifred.....	59489		59703	Geraldine.....	59446
Rollins.....	59931	Winnett.....	59087		59707	Geysers.....	59447
Ronan.....	59864	Wisdom.....	59761	Bynum.....	59419	Gildford.....	59525
Roscoe.....	59071	Wise River.....	59762	Canyon Creek.....	59633	Glasgow.....	59230
Rosebud.....	59347	Wolf Point.....	59201	Cardwell.....	59721		59231
Roundup.....	59072	Worden.....	59088	Carter.....	59420	Glen.....	59732
Roundup.....	59073	Wyola.....	59089	Cascade.....	59421	Glendive.....	59330
Roy.....	59471	Yellowtail.....	59035	Charlo.....	59824	Gold Creek.....	59733
Rudyard.....	59540	Zortman.....	59546	Chester.....	59522	Grantsdale.....	59835
Ryegate.....	59074	Zurich.....	59547	Chinook.....	59523	Great Falls.....	59401
Saco.....	59261			Choteau.....	59422		59402
Saint Ignatius.....	59865	<b>Allegiance Managed Care Plan</b>		Clancy.....	59634		59403
Saint Marie.....	59231	Absarokee.....	59001	Clinton.....	59825		59404
Saint Xavier.....	59075	Acton.....	59002	Clyde Park.....	59018		59405
Sand Coulee.....	59472	Alberton.....	59820	Colstrip.....	59323		59406
Sand Springs.....	59077	Alder.....	59710	Columbia Falls.....	59912	Greenough.....	59836
Sanders.....	59076	Amsterdam.....	59741	Columbus.....	59019	Hall.....	59837
Santa Rita.....	59473	Anaconda.....	59711	Condon.....	59826	Hamilton.....	59840
Savage.....	59262		59771	Conner.....	59827		59849
Scobey.....	59263	Arlee.....	59821	Conrad.....	59425	Hardin.....	59034
Sawmut.....	59078	Ashland.....	59003	Coram.....	59913	Harrison.....	59735
Shelby.....	59474	Augusta.....	59410	Corvallis.....	59828	Haugan.....	59842
Shepherd.....	59079	Avon.....	59713	Creston.....	59902	Havre.....	59501
Sheridan.....	59749	Ballantine.....	59006	Cushman.....	59046	Hays.....	59527
Sidney.....	59270	Basin.....	59631	Custer.....	59024	Helena.....	59601
Silver Star.....	59751	Bearcreek.....	59007	Cutbank.....	59427		59602
Simms.....	59477	Belfry.....	59008	Darby.....	59829		59604
Somers.....	59932	Belgrade.....	59714	Dayton.....	59914		59620
Sonnette.....	59348	Belt.....	59412	DeBorgia.....	59830		59623
Stanford.....	59479	Big Arm.....	59910	Deer Lodge.....	59722		59624
Stevensville.....	59870	Big Sandy.....	59520	Dell.....	59724		59625
Stockett.....	59480	Big Sky.....	59716	Denton.....	59430		59626
Stryker.....	59933	Big Timber.....	59011	Dillon.....	59275		59843
Sula.....	59871	Bigfork.....	59911		59721	Helmville.....	59844
Sumatra.....	59083	Billings.....	59101	Divide.....	59727	Heron.....	59844
Sun River.....	59483		59102	Dixon.....	59831	Highwood.....	59450
Sunburst.....	59482		59103	Drummond.....	59732	Hilger.....	59451
Sweetgrass.....	59484		59104	Dupuyer.....	59432	Hingham.....	59528
Teigen.....	59084		59105	Dutton.....	59433	Hobson.....	59452
Terry.....	59349		59106	East Helena.....	59635	Hot Springs.....	59845
Trego.....	59934		59107	East Missoula.....	59801	Hungry Horse.....	59919
Troy.....	59935		59108	Edgar.....	59026	Huntley.....	59037
Tuner.....	59542		59111	Elliston.....	59728	Huson.....	59846
Twin Bridges.....	59754		59112	Elmo.....	59915	Inverness.....	59530
Twodot.....	59085		59114	Emigrant.....	59027	Ismay.....	59336
Ulm.....	59485		59115	Ennis.....	59729	Jackson.....	59736
Valier.....	59486		59116	Ethridge.....	59435	Jefferson City.....	59638
Vandalia.....	59273	Black Eagle.....	59414	Eureka.....	59917	Joliet.....	59041
Vaughn.....	59487	Bonner.....	59823	Fairfield.....	59918	Joplin.....	59531
Victor.....	59875	Boulder.....	59632	Fairview.....	59221	Judith Gap.....	59453
Vida.....	59274	Boyd.....	59013	Fallon.....	59326	Kalipsell.....	59901
Virginia City.....	59755	Bozeman.....	59715	Fishtail.....	59028		59902
Volborg.....	59351		59717	Florence.....	59833		59903
Warm Springs.....	59756		59718	Flowerree.....	59440	Kevin.....	59454
West Glacier.....	59936		59719	Forsyth.....	59327	Kila.....	59920
Westby.....	59275		59771	Fortine.....	59918	Kinsey.....	59338
White Sulphur Springs.....	59645		59772	Fort Benton.....	59442	Kremlin.....	59532
Whitefish.....	59937		59773	Fort Harrison.....	59636	Lake McDonald.....	59921
Whitehall.....	59759	Brady.....	59416	Fort Shaw.....	59443	Lakeside.....	59922
Whitetail.....	59759	Bridger.....	59014	Frenchtown.....	59834	Lame Deer.....	59043
Whitewater.....	59544	Broadus.....	59317	Fromberg.....	59029	Laurel.....	59044
Whitlash.....	59545	Broadview.....	59015	Galata.....	59444	Lavina.....	59046
Wibaux.....	59353	Buffalo.....	59418	Gallatin Gateway.....	59730	Ledger.....	59456
Willard.....	59354	Butte.....	59701	Gardiner.....	59030	Lewistown.....	59457
			59702	Garnelli.....	59445	Libby.....	59923
				Garrison.....	59731	Lima.....	59739
				Garryowen.....	59031	Lincoln.....	59639
						Livingston.....	59047



## Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code
Lloyd	59535	Saltse	59535
Lodge Grass	59050	Sand Coulee	59050
Lolo	59847	Sand Springs	59847
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
Roberts	59070		
Rollins	59931		
Ronan	59824		
	59864		
Roscoe	59071		
Ramsay	58748		
Ravalli	59863		
Raynesford	59469		
Red Lodge	59068		
Rexford	59930		
Ringling	59642		
Roundup	59072		
Rudyard	59540		
Ryegate	59074		



### 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.

### 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.



Dawson Community College



Flathead Valley Community College

## HOSPITALS/FACILITIES

This is subject to change. See [www.abpmtpa.com](http://www.abpmtpa.com) for updates.

### TRADITIONAL PLAN A

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	St. Vincent's Healthcare Center
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare & Nursing Home
Chester	Liberty County Hospital
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 and 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
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital
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

### TRADITIONAL PLAN B

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
Chester	Liberty County Hospital & Nursing Home
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Cutbank	Northern Rockies Medical Center
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 Healthcare 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	Mountainview Medical Center

**In-Network Hospitals – Managed Care Plans**  
**This is subject to change. See plan websites for updates.**

**Allegiance Network Hospitals**

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  
 Malta Phillips County Hospital  
 Miles City Holy Rosary Health Care  
 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

**BCBSMT (Blue Choice)**

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 Mountain View Medical Center  
 Whitefish North Valley Hospital

**New West Network Hospitals**

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**

Anaconda Community Hospital of Anaconda  
 Baker Fallon Medical Complex  
 Big Sandy Big Sandy Medical Center  
 Big Timber Pioneer Medical Center  
 Billings St. Vincent Healthcare  
 Billings Advanced Care Hospital of Montana  
 Browning Blackfeet Community Hospital  
 Butte St. James Healthcare  
 Chester Liberty Medical Center  
 Choteau Teton Medical Center  
 Columbus Stillwater Community Hospital  
 Conrad Pondera Medical Center  
 Crow Agency Crow Hospital  
 Cut Bank Northern Rockies Medical Center  
 Deer Lodge Powell County Memorial Hospital  
 Dillon Barrett Memorial Hospital  
 Forsyth Rosebud Healthcare Center  
 Fort Benton Missouri River Medical Center  
 Glasgow Frances Mahon Deaconess Hospital  
 Great Falls Great Falls Clinic Medical Center  
 Great Falls Benefis Hospital - West Campus  
 Great Falls Benefis Hospital - East Campus  
 Hamilton Marcus Daly Memorial Hospital  
 Hardin Big Horn County Memorial Hospital  
 Harlem Harlem IHS Hospital  
 Harlowton Wheatland Memorial Hospital  
 Havre Northern Montana Hospital  
 Kalispell Kalispell Regional Medical Center  
 Lewistown Central Montana Medical Center  
 Libby St. Johns Lutheran Hospital  
 Malta Phillips County Hospital  
 Miles City Holy Rosary Health Center  
 Phillipsburg Granite County Medical Center  
 Plentywood Sheridan Memorial Hospital  
 Polson St. Joseph Medical Center  
 Poplar Poplar Community Hospital  
 Red Lodge Beartooth Hospital and Health Center  
 Ronan St. Luke Community Hospital  
 Roundup Roundup Memorial Healthcare  
 Scobey Daniels Memorial Healthcare Center  
 Shelby Marias Medical Center  
 Sheridan Ruby Valley Hospital  
 Sidney Sidney Health Center  
 Terry Prairie Community Health Center  
 White Sulphur Springs Mountainview Medical Center  
 Whitefish North Valley Hospital  
 Wolf Point Trinity Hospital

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.

On October 1, 2009, the letter that follows was sent to all members who were 64 or older, whether active or retired, and to all members on Medicare.

**MONTANA UNIVERSITY SYSTEM**  
**Office of the Commissioner of Higher Education**  
**Montana University System Employee Benefits Office**

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100 N. Park, Suite 115 ♦ PO Box 203203 ♦ Helena, Montana 59620-3203  
(406) 444-2574 Benefits Division ♦ FAX (406) 444-0222 ♦ New! 1-877-501-1722

**OCTOBER 1, 2009**

**IMPORTANT NOTICE FROM THE MONTANA UNIVERSITY SYSTEM  
ABOUT YOUR PRESCRIPTION DRUG COVERAGE and MEDICARE PART D**

Please read this notice carefully and keep it where you can find it. This notice has information about your current or potential prescription drug coverage with the Montana University System's group health plan and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage. Please note that you may receive this notice again, prior to annual enrollment periods and if either the Montana University System Insurance Plan or Medicare Part D changes. This notice will also be sent to you prior to your 65<sup>th</sup> birthday if you have retired before that date.

Beginning January 1, 2006, all Medicare participants had access to Medicare Part D, providing insurance coverage for prescription drugs. All Medicare prescription drug plans must provide at least a minimum standard level of coverage. Because the Montana University System Insurance Plan (MUS Plan) already provides prescription drug coverage that is, on average for all plan participants, at least as good as standard Medicare Part D coverage, **you do not need to enroll in a separate Medicare Part D plan and are able to continue purchasing your prescription drugs through the MUS Plan.**

The MUS Plan provides prescription drug coverage that has been determined to be *Creditable Coverage* (at least as good as the Medicare standard), so you will not be penalized for late enrollment, should you ever decide to switch to a separate Medicare Part D plan. However, you may not have a separate Medicare Part D plan at the same time that you have coverage on the MUS Plan. If you do sign up for a separate Part D plan, we will notify you that you have to choose between the separate Medicare Part D plan and the MUS Plan. If you choose to remain on the separate Part D plan, your enrollment in the MUS Plan will be cancelled and you will not be allowed to reenroll in the MUS Plan. Please consider this decision very carefully, as the MUS Plan covers not only your prescription drug purchases but also many of your other health expenses, as secondary payer to your Medicare coverage for hospital, physician, and other related medical costs. **Remember: if you sign up for a separate Medicare Part D plan, your MUS Plan will be cancelled and you will not have an opportunity to get the coverage back.**

People with Medicare can enroll or make enrollment changes in a Medicare prescription drug plan during open enrollment from November 15 through December 31 each year. You will probably receive several mailings in the next few weeks concerning the 2009 Part D open enrollment period. You should compare your current cost and coverage, including which drugs are covered, to the coverage and cost of the Medicare Plan D offerings you receive. Please remember that Medicare Part D only covers the cost of prescription drugs and does not cover any of your hospital, physician, or other related medical care. The MUS Plan covers prescription drugs as well as many of your other medical costs, secondary to Medicare Parts A & B coverage.

If you drop or lose your MUS Plan coverage and don't enroll in a Medicare Part D plan after your current coverage ends, you may have to pay more to enroll in Medicare prescription drug coverage at a later date. If you let 63 or more days pass without prescription drug coverage that is at least as good as standard Medicare



Part D, your monthly premium will go up at least 1% per month for every month that you do not have prescription drug coverage. You will have to pay a higher premium for as long as you have Medicare Part D coverage. You may also have to wait until the next open enrollment period to enroll.

For more detailed information about Medicare, Medicare supplements, and Medicare Part D, please refer to your copy of Medicare and You 2009, which you should have received in the mail last fall or when you became eligible for Medicare this year. If you don't have a copy of the handbook or can't find the answers you need, you may find help from the resources listed at the bottom of this notice.

NOTE: If you are currently enrolled in the MUS Medicare Advantage Pilot Program (MAPP) offered through New West Health Services, you may disregard this notice, as it does not pertain to your current prescription coverage. If you change to a traditional or managed care medical plan through MUS during an annual enrollment period or due to a qualifying event, the contents of this notice will again apply to you. The current year's notice is published annually in the Retiree Enrollment Workbook (CHOICES) for your convenience.

For information and assistance concerning Medicare Part D, please contact:

the Medicare website at [www.medicare.gov](http://www.medicare.gov)

the Social Security website at [www.ssa.gov](http://www.ssa.gov) or [www.socialsecurity.gov](http://www.socialsecurity.gov)

your State Health Insurance Assistance Program. Phone numbers are listed in

Medicare and You 2009.

or call Medicare's national hotline at 1-800-633-4227. TTY users should call 1-877-486-2048.

People with limited income and resources may receive extra help to pay for a Medicare prescription drug plan. Information about this extra help is available online from Medicare and Social Security at the above websites, the Medicare hotlines listed above, or by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778). However, if you enroll in a Medicare Part D plan, even one that is free, you may lose your MUS insurance coverage including MUS prescription drug coverage.

The Montana University System encourages you to contact your campus benefits representative if you have any questions concerning the MUS Plan. You may also call the Benefits Office in Helena, MT, at 406-444-0614 or 406-444-2574. Our website is <http://mus.edu/che/che.asp>. Look in the "Benefits and Insurance" section. You can also access MUS Benefits and Insurance at [www.montana.edu/choices/](http://www.montana.edu/choices/).

## **Availability of the MUS Summary Plan Document**

All MUS plan participants have the right to obtain a current copy of the Summary Plan Document (SPD) with any Plan Amendments requested. 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 59620-3203, or by calling the MUS Benefits Office at 406-444-6570. 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 <http://www.montana.edu/wochebn/groupplans.htm>. 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, a summary of eligibility requirements and coverages, and plan 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 or the SPD, either the campus benefit office or the MUS Benefits Office should be able to help. Many problems can also be resolved by contacting the customer service department of the appropriate health care insurance provider.



## Miscellaneous Legal Information and References

**Eligibility and Enrollment** for coverage by the Montana University System Insurance Plan for persons (and their dependents) who are NOT active employees within MUS:

Detailed rules are published in the MUS Summary Plan Document in these sections:

- Eligibility
- Enrollment, Changes in Enrollment, Effective Dates of Coverage
- Leave, Layoff, Coverage Termination, Re-Enrollment, Surviving Spouse, and Retirement Options
- Continuation of Coverage—COBRA and Conversion Rights

It is the responsibility of each employee and former employee to know his (and his dependents') rights and responsibilities for maintaining enrollment in the MUS Plan. You can obtain a copy of the Summary Plan Document from your campus benefits office, by calling the MUS Benefits office at 406-444-0614, or by logging onto [www.montana.edu/choices/groupplans.htm](http://www.montana.edu/choices/groupplans.htm).

**Coordination of Benefits:** Persons covered by any health care plan through the Montana University System AND also by any other health care coverage, whether private, employer-based, governmental (including Medicare and Medicaid), or through any other type of insurance (including automobile, homeowners, third party liability) are subject to coordination of benefits rules as generally accepted by the insurance industry and as specified in the MUS Summary Plan Document, Coordination of Benefits section (see access information above). Rules vary from case to case by the circumstances surrounding the claim and by the active or retiree status of the participant. In no case will more than 100% of a claim's allowed amount be paid by the sum of all payments from all applicable insurances.

**Note to Retirees eligible for Medicare coverage:** All claims are subject to coordination of benefits with Medicare whether or not the covered person is actually receiving Medicare benefits. Retirees eligible for Medicare and paying Medicare Retiree premium rates as published in the CHOICES Retiree Workbook are expected to be continuously enrolled in BOTH Medicare Part A and Medicare Part B. Due to MUS participation in the Medicare Retiree Drug Subsidy Program, enrollment in Medicare Part D is not permitted.



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## Zero Dollar (Ø) Network

All Plan members are eligible to utilize the Quality Care Choices programs, regardless of which medical plan choice the member made (Allegiance, Blue Cross, New West, Peak). Quality Care Choices programs are designed around the specific needs of our Plan members. For more information regarding specific Quality Care Choices programs and enrollment processes, please access our Choices website at [www.mus.edu/choices](http://www.mus.edu/choices) or call the Montana University Systems Benefit office at 1-877-501-1722.

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## 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 plan 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.

For more information, log onto:

<http://www.dol.gov/ebsa/Publications/whcra.html>

## 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.



MSU Billings

## Newborns' and Mothers' Health Protection Act of 1996

The following excerpt is taken from the MUS Summary Plan Document, Medical Plan Description:

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 issuers 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.

For more information, log onto:

<http://library.findlaw.com/1999/Jan/6/127039.html>

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

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.) health-care 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.

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

## Glossary

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

**Benefit year/year** The period starting July 1 and ending June 30 of the following year.

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

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

**Coinsurance maximum** The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the coinsurance maximum has been paid, the member or family is not responsible for paying any further coinsurance for the remainder of the benefit year. Also known as out-of-pocket (OOP) maximum.

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

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

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

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

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

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

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

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

**Preferred hospital or facility** A hospital or other licensed medical facility that has contractually agreed to lower fees for traditional plan members.

**Primary Care Provider** A provider who coordinates medical care for a member of a managed care plan.

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