

choices

MONTANA UNIVERSITY SYSTEM



2011 - 2012

Enrollment Workbook



STOP!!!!

Waiver of Health Coverage

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

If you waive coverage:

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

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

- Existing employees during open enrollment default to present elections or to the Traditional Plan if presently on Plan A or Plan B.
- New employees who do not enroll during the initial 30 day enrollment period default to:
 - 1) Employee Only Traditional Plan
 - 2) Employee Only Basic Dental
 - 3) \$10,000 Basic Life Insurance/AD & D
 - 4) Long Term Disability Option 1 (60% of pay/180 day waiting period)

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

Choices

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UM Western



MT Tech



UM Missoula



MSU Bozeman



MSU Billings

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Introduction to *Choices*

This workbook is your guide to Choices – Montana University System’s benefits program that lets you match your benefits to your individual and family situation. To get the most out of this opportunity to design your own benefits package, you need to consider your benefits needs, compare them to the options available under Choices and enroll for the benefits you’ve chosen. Coverage available to you includes:

Must Choose:*

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

* Unless you waive all coverage

Voluntary:

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

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

Who’s Eligible

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

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

Note:

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

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

- Legal spouse, as defined under Montana law, or one other unrelated adult dependent as defined in the Summary Plan Description. To enroll an adult dependent other than a spouse, you will need to obtain criteria from your campus Human Resources Office and complete a Declaration of Adult Dependent form, also available there.
- Dependent children under age 26. Children include your natural children, stepchildren, and children placed in your home for adoption before age 18 or for whom you have court-ordered custody or you are the legal guardian.
- Coverage may continue past age 26 for an unmarried dependent child who is mentally or physically disabled and incapable of self-support.

How *Choices* Works

How to Enroll

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



MSU Bozeman

If the benefits you choose cost . . .

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

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

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

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



Miles City Community College

Notices for *Choices* Coverage

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. The Montana University System (MUS) Employee Group Benefit Plan, which is a non-federal, self-funded plan, has elected to exempt MUS from #5 and #7 of the following requirements:

- 1. Limitations on preexisting condition exclusion periods.
- 2. Special enrollment periods.
- 3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
- 4. Standards relating to benefits for mothers and newborns.
- 5. Parity in the application of certain limits to mental health benefits.
- 6. Required coverage for reconstructive surgery following mastectomies.
- 7. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the FY 2012 Plan Year which begins July 1, 2011 and ends June 30, 2012. The election may be renewed for subsequent plan years.

The MUS Plan presently provides dependent coverage independent of student status.

HIPAA also requires the Plan to provide covered employees and dependents with “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion of you joining another employer’s health plan, or if you wish to purchase an individual health insurance policy. Please contact your chosen health plan administrator identified on your MUS insurance card for more information regarding a certification of creditable coverage.

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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. Take Control, WellAwards, etc.) healthcare operations, claims processing, including review of payments or claims denied and appeals of payments or claims denied, premiums paid, liens and other reimbursements, health care fraud and abuse detection and compliance. Information concerning those areas may be shared between MUS authorized benefit employees, their supervisors and our business associate(s), members’ provider(s) or legally authorized governmental entities without a member’s written consent.

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

GLOSSARY

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Allowable Charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit Year/Plan Year

The period starting July 1 and ending June 30.

Certification/Pre-certification

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

Coinsurance

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

Coinsurance Maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a plan year. Once the coinsurance maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year unless specified for a particular benefit such as Durable Medical Equipment (DME). The coinsurance maximum applies to the plan year July 1 through June 30, regardless of hire date.

Copayment

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

Covered Charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs. The deductible applies to the plan July 1 through June 30.

In-network Providers

Providers who contract with a plan to manage the delivery of care for plan members.

Managed Care Medical Plan

Plans that offer first dollar coverage for services such as office visits that are exempt from deductible. These plans also provide differing levels of benefits for in-network and out-of-network providers.

Out-of-network Provider

Any provider who renders services to a member but is not a participant in the plan's network.

Participating Provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

Prior Authorization

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

URx

A prescription drug management program developed by the Montana University System.

Your Medical Plan Choices

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

Traditional Plan

- ☐ Traditional Plan – \$1000 Deductible (available everywhere)
- ☐ An annual deductible – the amount you pay each benefit year before the plan begins to pay.
- ☐ Coinsurance – a percentage of allowable fees you pay until you reach the benefit year's coinsurance maximum.
- ☐ In-Network providers – Providers (including facilities) who contract with the plan administrator to deliver care according to agreed upon prices.
- ☐ Out of Network providers – You pay 25% coinsurance for services of an in-network provider; and 35% for a non-network provider. **Out-of-network providers can also balance bill you for any difference between their charge and the allowance.**



Managed Care Plans*

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

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

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

- ☐ Network Providers – Providers who have contracted with the managed care plan to manage and deliver care at agreed upon prices. Members may self-refer to In-Network providers and specialists.
- ☐ Better benefits for services received In-Network than for services Out-of-Network – You pay a \$15 copayment for most visits to In-Network providers (no deductible) and 25% (after deductible) for most In-Network hospital/facility services. You pay 35% of allowable fees (after a separate deductible) for most services received Out-of-Network. Out-of-network providers may balance bill the difference between their charge and the allowance.

Medical Rates

Monthly Premiums	Traditional Plan	Blue Choice Managed Care	Peak Managed Care	New West Managed Care	Allegiance Managed Care
Employee Only	\$669	\$598	\$632	\$612	\$632
Employee & Spouse\AD	\$865	\$775	\$818	\$792	\$818
Employee & Child(ren)	\$846	\$757	\$799	\$774	\$799
Employee & Family	\$1062	\$951	\$1004	\$972	\$1004

The employer contribution for 2011-2012 is \$733 per month for eligible active employees.

Monthly Out-of-Pocket Benefit Premium Costs

Employer Contribution for July 2011 through June 2012

Active Employees \$ 733 (a)

REQUIRED BENEFITS (unless you waive all benefits)

MEDICAL PLAN	(rates on page 5)	Traditional Plan	\$_____ (b)
		New West Managed Care	\$_____ (b)
		PEAK Managed Care	\$_____ (b)
		BCBS Managed Care	\$_____ (b)
		Allegiance Managed Care	\$_____ (b)
DENTAL PLAN	(rates on page 17)	Basic	\$_____ (c)
		Premium	\$_____ (c)
LIFE INSURANCE	(rates on page 23)	Basic Life/AD&D \$10,000	\$_____ (d)
		Basic Life/AD&D \$20,000	\$_____ (d)
LONG TERM DISABILITY	(rates on page 28)	Option 1	\$_____ (e)
		Option 2	\$_____ (e)
		Option 3	\$_____ (e)
TOTAL REQUIRED BENEFITS PREMIUM		Add lines b,c,d, and e	\$_____ (f)

OPTIONAL BENEFITS - Pre tax

VISION PLAN	(rates on page 22)		\$_____ (g)
OPTIONAL AD&D	(rates on page 24)		\$_____ (h)
FLEXIBLE SPENDING ACCOUNT		Medical	\$_____ (i)
		Dependent	\$_____ (j)
TOTAL OPTIONAL BENEFITS PREMIUM (Pre-Tax)		Add lines g,h,i and j	\$_____ (k)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR BENEFITS JULY 2011 – JUNE 2012

REQUIRED BENEFITS		Enter amount from line (f)	\$_____ (l)
OPTIONAL BENEFITS		Enter amount from line (k)	\$_____ (m)
TOTAL BENEFITS		Add lines (l) and (m)	\$_____ (n)
EMPLOYER CONTRIBUTION		Amount from line (a)	\$ <u>733</u> (o)
TOTAL MONTHLY OUT-OF-POCKET COST (Pre-Tax)		Add lines (o) and (n)	\$_____
SUPPLEMENTAL LIFE	(rates on page 24)		\$_____ (p)
DEPENDENT LIFE	(rates on page 23)		\$_____ (q)
OPTIONAL BENEFITS	(Post-Tax)	Add lines (p) and (q)	\$_____ (r)

Note: If you select the optional Long Term Care benefit, UNUM will provide the rate. This benefit has not been included on this worksheet.
 ****Your benefit premiums will be applied as pre-tax or post-tax based on amounts eligible for pre-tax vs. post-tax.

Schedule of Medical Plan Benefits 2011-2012

Medical Plan Costs You Pay:

Traditional Plan *In Network*

Annual Deductible

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

\$1,000/Person
\$2250/Family

Coinsurance Percentages

General	25%
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Annual Coinsurance Maximums

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

\$5,000/Person
\$11,250/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%
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Ancillary Services	25%
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Surgical Services (See Summary Plan Description for surgeries requiring prior authorization.)	25%
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Hospital Services (Outpatient facility charges)

Outpatient Services	25%
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Outpatient Surgi-Center	25%
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Physician/Professional Provider Services (not listed elsewhere)

Office Visit	25%
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Inpatient Physician Services	25%
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Lab/Ancillary/Miscellaneous Charges	25%
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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 deductible and an annual coinsurance maximum. A non-network provider can balance bill the difference between the allowance and the charge.**

Benefit Year 2011-2012

Traditional Plan <i>Out of Network</i>	Managed Care Plans	
	<i>In-Network Benefits</i>	<i>Out-of-Network *** Benefits</i>
\$1,000/Person \$2,250/Family	\$500/Person \$1,000/Family	Separate \$750/Person Separate \$1,750/Family
35%	25%	35%
\$5,000/Person \$11,250/Family	\$2,500/Person \$5,000/Family	Separate \$4,250/Person Separate \$9,500/Family
N/A	\$15/visit	NA
<hr/>		
Coinsurance	Coinsurance	Coinsurance
35%	25%	35%
35%	25%	35%
35%	25%	35%
35%	25%	35%
35%	25%	35%
35%	\$15/visit	35%
35%	25%	35%
35%	25%	35%
0% (No deductible)	\$15/visit	35%

Schedule of Medical Plan Benefits 2011-2012

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room
Facility Charges

Professional Charges

Urgent Care Services

Facility/professional Charges

Lab & Diagnostic Charges

Maternity Services

Hospital Charges

Physician Charges (delivery and inpatient)

Prenatal Office Visits

Preventive Services

Exams and Tests (age 8 and over) (Limited to one per plan year)
Mammogram, gynecologic exam and PAP, proctoscopic, sigmoidoscopic or colonoscopic exams, limited routine lab work, such as PSA tests, lipid screening, and chlamydia screening.
See Summary Plan Description for complete listing.

Well child care

Immunizations and Pneumonia and Flu shots

Mental Illness Services

Inpatient Services (Pre-certification is strongly recommended.)

Note: One inpatient day may be exchanged for two partial hospitalization days. No maximum for Severe Mental Illness diagnosis (SMI)

Outpatient Services
No maximum for Severe Mental Illness diagnosis (SMI)

Chemical Dependency

Inpatient Services (Pre-certification is strongly recommended.)

Outpatient Services

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

Traditional Plan <i>In-Network</i> <i>Out-of-Network</i>		Managed Care <i>In-Network</i>	Managed Care <i>Out-Of-Network</i>
25%	25%	\$200 copay	\$200 copay
25%	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%
25%	25%	\$50 copay for office visit charge only	\$50 copay for office visit charge only
25%	25%	25%	25%
25%	35%	25%	35%
25%	35%	25% (waived if enrolled in WellBaby Program within first trimester)	35%
25%	35%	\$15/visit (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; proctoscopy, sigmoidoscopy, and colonoscopy. Colon studies. Limited routine labwork (Lipid screen; chlamydia screen)		Physical exam and gynecologic exam; \$0 copay for mammogram, PAP and PSA; for bone density scan, sigmoidoscopy, colonoscopy, and proctoscopy. Limited routine labwork.	35% \$75 out-of-network allowance for mammogram
0%	35%	0% (deductible and coinsurance waived)	35%
0%	35%	0% (deductible and coinsurance waived)	35%
25% Max: 30 days/yr	35% Max: 30 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
25% First 4 visits 0% coinsurance then Max: 40 visits/yr	35%	\$15/visit First 4 visits \$0 copay then Max: 40 visits/yr	35% Max: 40 visits/yr
25% Max: 30 days/yr	35% Max: 30 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
25% First 4 visits 0% coinsurance then Max: 40 visits/yr	35% Max: 40 visits/yr	\$15/visit First 4 visits \$0 copay then Max: 40 visits/yr	35% Max: 40 visits/yr

Schedule of Medical Plan Benefits 2011-2012

Medical Plan Costs You Pay:

Rehabilitative Services

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

Inpatient Services

(Pre-certification is strongly recommended)

Outpatient Services

Alternative Health Care Services

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

Acupuncture

Naturopathic

Chiropractic

Extended Care Services

Home Health Care

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

Hospice

Skilled Nursing

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

Miscellaneous Services

Allergy Shots

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Prosthetic Appliances, and Orthotics

(Prior authorization required for amounts greater than \$2,500)

PKU Supplies

(Includes treatment and medical foods)

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

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

Obesity Management

(Prior authorization required by all plans)

TMJ

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

Infertility Treatment (biological infertility only)

(Prior authorization required for all plans providing coverage)

Organ Transplants

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

Transplant Services

Travel - Out of state travel for patient only

Traditional Plan			Managed Care		Managed Care	
In-Network		Out-of-Network	In-Network		Out-Of-Network	
25%	Max: 30 days/yr	35%	25%	Max: 30 days/yr	35%	Max: 30 days/yr
25%	Max: 30 visits/yr	35%	\$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% Max: 20 visits/yr	
25%	Max: 90 day/yr.	35%	\$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.	35%	25%	Max: 30 days/yr	35%	Max: 30 days/yr
25%	(No deductible)	35%	\$15/ visit		35%	
25%		Not covered	\$15/ visit Max: 4 visits/yr		Not covered	
25%	(Not applied to coinsurance max) Max: \$100 for foot orthotics (per ft)/yr		25% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per ft)/yr		35% (Not applied to coinsurance max) Max: \$100 for foot orthotics (per ft)/yr	
25%			0% (no deductible)		35%	
0% (no deductible) Max: 4 visits/yr			0% (no deductible) Max: 4 visits/yr		Not covered	
25% OON not covered. Must be enrolled in WellWeight for non-surgical treatment			25% Non-surgical treatment only. Must be enrolled in WellWeight		Not covered	
25% Surgical treatment only			25% Surgical treatment only		Not covered	
Not covered			25% Max: 3 artificial inseminations/lifetime		Not covered	
25%			25%		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	

Self Audit Award Program

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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



Dawson Community College



Flathead Valley Community College

Dependent Fee Waiver Discontinued Effective July 1, 2011

The dependent premium waiver program will be discontinued. However, Healthy Montana Kids is now available to children of Montana University System employees who meet the program criteria. You may apply for Healthy Montana Kids online at www.hmk.mt.gov or call 1-877-543-7669.



Prescription Drug

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

There is no deductible for Prescription Drugs in 2011

OUT-OF-POCKET MAXIMUMS FOR 2011
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, 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.



You should receive a separate pharmacy card for the plan year beginning July 1, 2011

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
WellWeight	1-877-501-1722
Infertility Program (Managed Care Plan members)	1-877-501-1722



QUESTIONS

Call MedImpact 1-888-648-6764



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	Genotropin, Humatrope, Nutropin/-AQ, (PA) Omnitrope, Saizen, Serostim, Zorbtive
Hepatitis Agents	
S-\$0	Epivir HBV, Copegus (PA), Infergen (PA), Peg-Intron, Pegasys (PA), Rebetol (PA), Rebetrone, 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	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

URx Drug Classification (Based on medical evidence of impact to health and overall net cost)	Drug Class	Deductible	Retail Rx (30-day supply)	Mail Rx (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.	Tier A	\$0	\$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.	Tier B	\$0	\$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.	Tier C	\$0	\$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. <i>[Coinsurance is calculated on the discounted cost of drugs. Discounts have been negotiated for most drugs purchased through URx.]</i>	Tier D	\$0	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. <i>[Coinsurance is calculated on the discounted</i>	Tier F	\$0	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.	Tier S	\$0	50% Coinsurance †* if purchased through standard retail pharmacy	Not Covered
*The amounts you pay in these categories do not count toward your annual out-of-pocket prescription maximum.				
† 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.				

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 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.

Dental Plan

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

Choices offers two Dental plan options:

- Premium Plan
- Basic Plan

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

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

Dental Plans At-A-Glance

The following chart provides highlights of your Dental plan options.

	Premium Plan	Basic Plan - Preventive Coverage
Who May be Enrolled & Monthly Premium	<ul style="list-style-type: none"> Employee Only \$44 Employee & Spouse/Adult Dep. \$84 Employee & Child(ren) \$84 Employee & Family \$119 	<ul style="list-style-type: none"> Employee Only \$17 Employee & Spouse/Adult Dep. \$32 Employee & Child(ren) \$32 Employee & Family \$46
Maximum Annual Benefit	\$1,500 per covered individual	\$750 per covered individual
Preventive and Diagnostic Services	<ul style="list-style-type: none"> Twice Per Benefit Year Initial and Periodic oral exam Cleaning Complete series of intraoral X-rays 	<ul style="list-style-type: none"> Twice Per Benefit Year Initial and Periodic oral exam Cleaning Complete series of intraoral X-rays
Basic Restorative Services	<ul style="list-style-type: none"> Amalgam filling Endodontic treatment Periodontic treatment Oral surgery 	<ul style="list-style-type: none"> Not covered
Major Dental Services	<ul style="list-style-type: none"> Crown Root canal Complete lower and upper denture Dental implant Occlusal guards 	<ul style="list-style-type: none"> Not covered
Removal of impacted teeth	<ul style="list-style-type: none"> Covered benefit 	<ul style="list-style-type: none"> Covered benefit
Orthodontia	<ul style="list-style-type: none"> Available to covered children and adults \$1,500 lifetime benefit 	<ul style="list-style-type: none"> Not covered

Your Orthodontic Benefits

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

Schedule of Benefits

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

MUS Schedule of Benefits

Shaded Codes are for the Basic Plan Only. All Codes (shaded and non-shaded) are for the Premium Plan
(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	Periodontal scaling and root planing - four or more teeth per quadrant	\$154
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$97
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$59
D4910	Periodontal maintenance	\$84
D5110	Complete denture - maxillary	\$608
D5120	Complete denture - mandibular	\$608
D5130	Immediate denture - maxillary	\$666
D5140	Immediate denture - mandibular	\$666
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$436
D5213	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$650
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$488
D5510	Repair broken complete denture base	\$86
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76
D5610	Repair resin denture base	\$89
D5640	Replace broken teeth - per tooth	\$76
D5650	Add tooth to existing partial denture	\$114
D5660	Add clasp to existing partial denture	\$160
D5750	Reline complete maxillary denture (laboratory)	\$274
D5751	Reline complete mandibular denture (laboratory)	\$274
D5761	Reline mandibular partial denture (laboratory)	\$263
D5820	Interim partial denture (maxillary)	\$216
D5821	Interim partial denture (mandibular)	\$216
D5850	Tissue conditioning, maxillary	\$51
D6210	Pontic - cast high noble metal	\$399
D6212	Pontic - cast noble metal	\$365
D6240	Pontic - porcelain fused to high noble metal	\$424

MUS Schedule of Benefits

Procedure Code	Description	Maximum Benefits
D6242	Pontic - porcelain fused to noble metal	\$408
D6245	Pontic - porcelain/ceramic	\$429
D6750	Crown - porcelain fused to high noble metal	\$423
D6751	Crown - porcelain fused to predominately base metal	\$410
D6752	Crown - porcelain fused to noble metal	\$414
D6790	Crown - full cast high noble metal	\$410
D6791	Crown - full cast predominately base metal	\$402
D6792	Crown - full cast noble metal	\$406
D6794	Crown - titanium	\$410
D6930	Recement fixed partial denture	\$54
D6973	Core build up for retainer, including any pins	\$92
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$160
D7220	Removal of impacted tooth - soft tissue	\$176
D7230	Removal of impacted tooth - partially bony	\$215
D7240	Removal of impacted tooth - completely bony	\$255
D7241	Removal of impacted tooth - completely bony , with unusual surgical complications	\$305
D7280	Surgical access of an unerupted tooth	\$291
D7510	Incision and drainage of abscess - intraoral soft tissue	\$146
D7840	Condylectomy	\$1,500
D7850	Surgical discectomy, with/without implant	\$1,500
D7860	Arthrotomy	\$1,500
D7880	Occlusal orthotic device, by report	\$469
D7910	Suture of recent small wounds up to 5cm <i>(when performed in conjunction with extractions, this service is considered to be included as part of the extraction)</i>	\$192
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$210
D7971	Excision of pericoronal gingiva	\$120
D9110	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.**

Vision Plan

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

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

Service/Material	Coverage from an EyeMed Doctor	Out of Network Reimbursement	Rural OON Reimbursement**
Exam with dilation as necessary: Once every benefit year	\$10 copay	Up to \$45	Up to \$85
Frames: Once every two years	\$125 allowance, 20% off balance over \$125	Up to \$52	Up to \$100
Standard Plastic Lenses: Single Vision Bifocal Trifocal Standard Progressives Once every benefit year in lieu of contacts	\$20 copay \$20 copay \$20 copay \$85 copay	Up to \$45 Up to \$55 Up to \$65 Up to \$55	Up to \$45 Up to \$55 Up to \$65 Up to \$55
Contact Lens Materials: Conventional Disposable *Medically Necessary Once every benefit year in lieu of eyeglass lenses	\$125 allowance, 15% off balance over \$125 \$125 allowance Paid in full	Up to \$80 Up to \$80 Up to \$200	Up to \$100 Up to \$100 Up to \$200
Contact Lens Exam Fees: Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up Once every benefit year	\$20 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
Lens Options: UV Coating Tint (Solid and Gradient) Standard Scratch Resistance Standard Polycarbonate Standard A/R	\$15 copay \$15 copay \$15 copay \$40 copay \$45 copay	NA	NA

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

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

AT-A-GLANCE

Who is Eligible?

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

Instructions

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

Using Your EyeMed Benefit

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

Locating Your Doctor

Check the online provider locator at www.eyemedvisioncare.com, choose the ACCESS network for a provider near your zip code.

Once enrolled, visit: 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, or by calling the Customer Care Center.

- 2) Make an appointment with an out-of-network provider you trust as your choice for vision care provider.
- 3) Pay for all services at the point of care and receive an itemized receipt from the provider office.
- 4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

Life Insurance/Accidental Death & Dismemberment

Administered by The Standard Insurance Company

1-800-759-8702 * www.standard.com

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

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

AT-A-GLANCE

Basic Life Insurance:

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

Who is Eligible for Basic Life/AD&D:

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

Who is Eligible for optional Supplemental Life Insurance:

This is an employee only benefit. If you enroll for Optional Supplemental Life Insurance, your cost depends on your age as of July 1 and the amount of coverage you select, as shown in

the following table. Remember, this cost is paid on an after-tax basis.

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

Who is Eligible for Optional Dependent Life Insurance

Your spouse and unmarried child(ren) from live birth to age 25. Optional Dependent Life Insurance is designed to protect you against certain financial burdens (such as funeral expenses) in the event a covered dependent dies. You are automatically the beneficiary of any benefits that become payable. This benefit is paid with after-tax dollars. Employees may NOT cover other

MUS employed family members. In addition, dependent children may not be insured by more than one member.

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



Dawson Community College

Cost of Optional Supplemental Life Insurance (After-Tax)

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

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

Optional AD&D Coverage

Administered by The Hartford * www.thehartford.com

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



MSU Billings

AT-A-GLANCE

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

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

- Employee Only
- Employee & Family Coverage

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

Who May Be Enrolled

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

Family Benefits are paid accordingly:

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

Flexible Spending Accounts

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

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

ATTENTION!
All claims must be received by Flex Connect by September 30 to be eligible for reimbursement.

AT-A-GLANCE

Who is Eligible

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

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

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

Important!

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

How FSAs Work

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

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

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

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

After you have incurred a qualifying expense, you will file a claim with FlexConnect, who will then reimburse you for the claimed amount. FlexConnect processes claims daily. An expense is considered incurred when the services are provided.

Use It or Lose It!

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

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

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

Getting Reimbursed

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

Sign up for claims rollover with Delta Dental - any amount remaining after Delta Dental processes your dental claim, can automatically be transferred to ICMI to process through your medical FSA!

Tax Issues

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

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

Important!

You must re-enroll each year to participate in a Flexible Spending Account.

Enrollment is **NOT** automatic!

Dependent FSA or Child Care Credit?

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

Will a Medical FSA Account Help You?

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

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

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

Qualifying Health Care Expenses

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

- Eye exams, contact lenses, glasses,
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs
- Hearing aids and exams
- Routine doctor visits
- Copays & deductibles

Ineligible Health Care Expenses

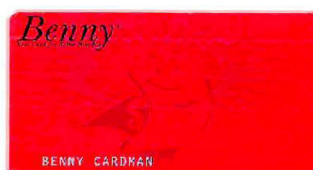
- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs
- Over-the-counter medications

Do You Qualify for a Dependent Care FSA?

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

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

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



Qualifying Day Care Expenses

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

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

Ineligible Day Care Expenses

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

Benny™ Debit Card

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

Keep your card!! It is reloaded at the beginning of the year with your new Medical FSA election amount.

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

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

Log onto and view your account balance, claims, and deposit activity 24/7 on our website at: www.insurancecoordinators.com for more information!

Fax, email or mail your claim forms to:

FlexConnect

Fax: 406-495-3669

P.O. Box 2019, Helena, MT 59624

Long Term Care Insurance

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

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

AT-A-GLANCE

Unexpected events, such as accidents or illness, can catch us off guard at any age, any time. This can often lead to financial and emotional hardship. Many believe that our health insurance covers long term care situations when, in most cases, it does not. We may be left thinking we should have planned better. **Long Term Care Insurance is designed to pick up where our health insurance leaves off.** You may never need long term care. However, this year about nine million men and women will need long term care. By 2020, 12 million Americans will need long term care. Most will be cared for at home. A study by the US Department of Health and Human Services indicates that people who reach age 65 have a 40 percent chance of entering a nursing home. About 10 percent of the people who enter a nursing home stay there five years or longer. The Montana University System offers the opportunity to purchase Long Term Care

Insurance from Unum Life Insurance Company of America a subsidiary of Unum Provident.

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

Who is Eligible

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

Enrollment

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



MSU Northern



UM Helena COT

Long Term Disability

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

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

AT-A-GLANCE

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

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

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

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

Important!

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

Who May Enroll

Employee Only

Amount of Benefit

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

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

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

If You Have Other Disability Income

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

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



Dawson Community College



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).



Preventive Health Screenings

WellCheck: Every campus conducts annual health fairs, called WellChecks. The lab tests listed below are available at WellCheck, as well as a variety of additional free or discounted health screenings. See next page for the 2011/2012 WellCheck schedules.

- **Online Registration:** Online registration is required on all campuses for WellCheck appointments. Website: www.montana.edu/wellness, select Online Registration. Call your campus Wellness Coordinator if you need assistance.

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 the Wellness Coordinator for an appointment. Subject to \$5 lab fee.

Lab Tests:

- Chemistry Screen
- PSA (Prostate Specific Antigen)
- CBC (Complete Blood Count)
- Cardio C-Reactive Protein
- Hemoglobin A1c:
- Vitamin D

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. 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.

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

Website: www.montana.edu/wellness

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



WellCheck Schedule & Campus Wellness Contacts

WellCheck Site	2011/2012
Ag Stations/Research Centers	Contact MSU Bozeman for Schedule
Billings (MSU)	November 10, 2011
Bozeman (MSU)	November 1 & 2, 2011; April 4, 2012
Butte (MT Tech)	November 3, 2011
Butte (COT)	November 4, 2011
Dillon (UM Western)	October 12, 2011; March 27, 2012
Glendive (DCC)	November 8, 2011
Great Falls (COT)	October 19, 2011
Havre (MSU Northern)	October 20, 2011
Helena (COT & OCHE)	October 18, 2011
Kalispell (FVCC)	October 11, 2011
Miles City (MCC)	November 9, 2011
Missoula (UM)	October 25 & 26, 2011; April 17 & 18, 2012
Missoula (COT)	October 27, 2011



Healthy Lifestyle Education & Support

The Life Connection (TLC) Program

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

Ask an Expert

This program provides FREE telephone consultation with a registered dietitian and/or exercise specialist. 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 or the Choices website at: www.mus.edu/choices

Fitness Products

Campuses sell quality pedometers and other fitness products.

Online DesktopSpa

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



Disease Prevention/ Management Programs

WellHeart

Available to adult plan members with related risk factors. For details, see website below or call 866-644-2025.

Take Control “Diabetes Support Program”

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

WellWeight

A weight management program designed to assist employees with BMI of 30 or higher. For details call 1-877-501-1722

Wellness Website: www.montana.edu/wellness



QCC *Quality Care Choices*

What is Quality Care Choices:

In collaboration with local providers, the MUS employee benefit plan has been working to establish several Quality Care Choices programs to help employees and their enrolled dependents living with certain serious diseases. MUS recently initiated two new Quality Care Choices programs: Infusion Therapy and Oncology Services (Autism Care Program and Orthopedic Services are presently under development).

Infusion Therapy Program

The Infusion Therapy Program is offered in partnership with the Walgreens-OptionCare stores in Helena, Billings, Bozeman, and Butte. This program was designed for patients who need medication administered through a needle or catheter, to treat such diseases as congestive heart failure, immune deficiencies, multiple sclerosis, and rheumatoid arthritis. The participating Walgreens stores operate infusion suites, where patients can have their IV drugs administered under the care of medical professionals. (Note: Medicare-primary retirees and disabled retirees should continue to obtain infusion therapy from Medicare-approved facilities, usually at a hospital.)

Oncology Program

The Cancer Services Program is offered in partnership with the Billings Clinic and is available to members in certain geographic areas. Billings Clinic Cancer Center offers comprehensive cancer care, with unique multi-disciplinary teams of physicians, specially trained nurses, patient care navigators, social workers, dietitians, a genetic counselor, and a naturopathic physician. In addition to its new outpatient Cancer Center, Billings Clinic has an Inpatient Cancer Care Unit which gives patients coordinated care from the same team of physicians and providers for both inpatient and outpatient care. The Cancer Services program is available to members living or working in Yellowstone, Gallatin, Lewis and Clark, Jefferson, Custer, Big Horn, Carbon, Rosebud, Powder River, Musselshell, Golden Valley, Wheatland, Sweet Grass or Stillwater County.

The Benefits:

Plan members who participate in these programs receive their treatment at **no charge** - no deductibles, no copayments, and no coinsurance. The programs are easy to use as well, with no prior authorization requirements; they work seamlessly with the MUS medical plans.

Contacts:

To learn more about the Infusion Program call 1-800-287-8266, for the Oncology Program call 1-877-537-6421. Or you may contact the Director of the MUS benefits plan, Connie Welsh, at (406) 444-0614. For additional information go to: www.mus.edu/choices.

***“The real bottom
line is the
value that comes
from good
savings plus
good
service”***



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	Pray.....	59065
Acton.....	59002	Custer.....	59024	Huson.....	59846	Proctor.....	59929
Alberton.....	59820	Cut Bank.....	59427	Inverness.....	59530	Pryor.....	59066
Alder.....	59710	Darby.....	59829	Jackson.....	59736	Ramsay.....	59748
Anaconda.....	59711	Dayton.....	59914	Jefferson City.....	59638	Ravalli.....	59863
Arlee.....	59821	DeBorgia.....	59830	Joliet.....	59041	Raynesford.....	59469
Augusta.....	59410	Deer Lodge.....	59722	Joplin.....	59531	Red Lodge.....	59068
Avon.....	59713	Dell.....	59724	Judith Gap.....	59453	Rexford.....	59930
Ballantine.....	59006	Dillon.....	59725	Kalispell.....	59901	Ringling.....	59642
Basin.....	59631	Divide.....	59727		59902	Roberts.....	59070
Bearcreek.....	59007	Dixon.....	59831		59903	Rollins.....	59931
Belfry.....	59008	Drummond.....	59832		59904	Ronan.....	59864
Belgrade.....	59714	Dupuyer.....	59432	Kevin.....	59454	Roscoe.....	59071
Belt.....	59412	Dutton.....	59433	Kila.....	59920	Roundup.....	59072
Big Arm.....	59910	East Helena.....	59635	Kremlin.....	59532	Rudyard.....	59540
Bigfork.....	59911	East Missoula.....	59801	Lake McDonald.....	59921	Ryegate.....	59074
Big Sky.....	59716	Edgar.....	59026	Lakeside.....	59922	Saltese.....	59867
Big Timber.....	59011	Elliston.....	59728	Laurel.....	59044	Sand Coulee.....	59472
Billings.....	59101	Elmo.....	59915	Lavina.....	59046	Sand Springs.....	59077
	59102	Emigrant.....	59027	Ledger.....	59456	Santa Rita.....	59473
	59103	Ennis.....	59729	Lima.....	59739	Shawmut.....	59078
	59104	Ethridge.....	59435	Lincoln.....	59639	Seeley Lake.....	59868
	59105	Eureka.....	59917	Livingston.....	59047	Shelby.....	59474
	59106	Fairfield.....	59436	Lloyd.....	59535	Shepherd.....	59079
	59107	Fishtail.....	59028	Lodge Grass.....	59050	Sheridan.....	59749
	59108	Florence.....	59833	Lolo.....	59847	Sidney.....	59270
	59111	Flowerree.....	59440	Loma.....	59460	Silver Star.....	59751
	59112	Fort Benton.....	59442	Lonepine.....	59848	Simms.....	59477
	59114	Fort Harrison.....	59636	Lothair.....	59461	Silverbow-Butte.....	59750
	59115	Fort Shaw.....	59443	Malmstrom AFB.....	59402	Somers.....	59932
	59116	Fortine.....	59918	Manhattan.....	59741	Springdale.....	59082
	59117	Frenchtown.....	59834	Marion.....	59925	St. Ignatius.....	59865
Black Eagle.....	59414	Fromberg.....	59029	Martin City.....	59926	St. Regis.....	59866
Bonner.....	59823	Galata.....	59444	Martinsdale.....	59053	St. Xavier.....	59075
Boulder.....	59632	Gallatin Gateway.....	59730	Marysville.....	59640	Stevensville.....	59870
Box Elder.....	59521	Garneill.....	59445	McAllister.....	59740	Stockett.....	59480
Boyd.....	59013	Garrison.....	59731	McLeon.....	59052	Styker.....	59933
Bozeman.....	59715	Garryowen.....	59031	Melrose.....	59743	Sula.....	59871
	59717	Geraldine.....	59446	Melville.....	59055	Sunburst.....	59482
	59718	Geyser.....	59447	Milltown.....	59851	Sun River.....	59483
	59719	Gildford.....	59525	Miles City.....	59301	Superior.....	59872
	59771	Glen.....	59732	Missoula.....	59801	Swan Lake.....	59911
	59772	Gold Creek.....	59733		59802	Thompson Falls.....	59873
	59773	Grantsdale.....	59835		59803	Three Forks.....	59752
Brady.....	59416	Great Falls.....	59401		59804	Trego.....	59934
Bridger.....	59014		59402		59806	Trout Creek.....	59874
Broadview.....	59015		59403		59807	Twin Bridges.....	59754
Buffalo.....	59418		59404		59808	Two Dot.....	59085
Butte.....	59701		59405		59812	Ulm.....	59485
	59702		59406	Molt.....	59057	Valier.....	59486
	59703	Greenough.....	59836	Monarch.....	59463	Vaughn.....	59487
	59707	Hamilton.....	59840	Musselshell.....	59059	Victor.....	59875
Bynum.....	59419	Hardin.....	59034	Neihart.....	59465	Virginia City.....	59755
Canyon Creek.....	59633	Harlowton.....	59036	Norris.....	59745	Warm Springs.....	59756
Cardwell.....	59721	Harrison.....	59735	Noxon.....	59853	West Glacier.....	59936
Carter.....	59420	Haugen.....	59842	Oilmont.....	59466	White Sulphur Springs.....	59645
Cascade.....	59421	Havre.....	59501	Olney.....	59927	Whitefish.....	59937
Charlo.....	59824	Helena.....	59601	Ovando.....	59854	Whitehall.....	59759
Chester.....	59522		59602	Pablo.....	59855	Whitelash.....	59545
Chinook.....	59523		59604	Paradise.....	59856	Wilsall.....	59086
Choteau.....	59422		59620	Park City.....	59063	Winston.....	59647
Clancy.....	59634		59623	Pendroy.....	59467	Wisdom.....	59761
Clinton.....	59825		59624	Philipsburg.....	59858	Wise River.....	59762
Clyde Park.....	59018		59625	Pinesdale.....	59841	Wolf Creek.....	59648
Columbia Falls.....	59912		59626	Plains.....	59859	Worden.....	59088
Condon.....	59826	Helmville.....	59843	Polaris.....	59746	Zurich.....	59547
Connor.....	59827	Heron.....	59844	Pole Bridge.....	59928		
Conrad.....	59425	Highwood.....	59450	Polson.....	59860		
Coram.....	59913	Hingham.....	59528	Pompeys Pillar.....	59064		
Corvallis.....	59828	Hot Springs.....	59845	Pony.....	59747		
Creston.....	59902	Hungry Horse.....	59919	Power.....	59468		

Blue Cross members are now able to access (In-Network) benefits while traveling or living out of the state of Montana. For more information go to: <http://provider.bcbs.com>

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
Arlene	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	Iverson	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 Regis	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
(New West continued)							
Winston	59647	Cat Creek	59017	Hinsdale	59241	Polaris	59746
Wolf Creek	59648	Charlo	59824	Hogeland	59529	Polebridge	59928
Worden	59088	Chester	59522	Homestead	59242	Polson	59860
Wyola	59089	Chinook	59523	Hungry Horse	59919	Pompeys Pillar	59064
Yellowtail	59035	Circle	59215	Huntley	59037	Pony	59747
Zortman	59546	Clancy	59634	Hysham	59038	Poplar	59255
Zurich	59547	Cohagen	59322	Ingomar	59039	Powderville	59345
		Colstrip	59323	Iverness	59530	Proctor	59929
		Columbia Falls	59912	Ismay	59336	Pryor	59066
		Columbus	59019	Jackson	59736	Ramsay	59748
		Conner	59827	Jefferson City	59638	Rapelje	59067
		Coram	59913	Joliet	59041	Ravalli	59863
		Corvallis	59828	Joplin	59531	Raymond	59256
		Crane	59217	Jordan	59337	Red Lodge	59068
		Crow Agency	59022	Judith Gap	59453	Redstone	59257
		Culbertson	59218	Kalispell	59901	Reedpoint	59069
		Custer	59024	Kalispell	59902	Reserve	59258
		Dagmar	59219	Kalispell	59903	Rexford	59930
		Darby	59829	Kalispell	59904	Richey	59259
		Dayton	59914	Kevin	59733	Richland	59260
		Decker	59025	Kila	59733	Ringling	59642
		Deer Lodge	59722	Kinsey	59338	Roberts	59070
		Dell	59724	Kremlin	59532	Rollins	59931
		Dillon	59725	Lake McDonald	59921	Ronan	59864
		Divide	59727	Lakeside	59922	Roscoe	59071
		Dodson	59524	Lambert	59243	Rosebud	59347
		Drummond	59832	Lame Deer	59043	Roundup	59072
		Dupuyer	59432	Larlan	59244	Roundup	59073
		Edgar	59026	Laurel	59044	Rudyard	59540
		Ekalaka	59324	Lavina	59046	Ryegate	59074
		Elliston	59728	Libby	59923	Saco	59261
		Elmo	59915	Lima	59739	Saint Ignatius	59865
		Ennis	59729	Lindsay	59339	Saint Marie	59231
		Essex	59916	Lloyd	59535	Saint Xavier	59075
		Eureka	59917	Lodge Grass	59050	Sand Springs	59077
		Fairview	59221	Loring	59537	Sanders	59076
		Fallon	59326	Luther	59051	Savage	59262
		Fishtail	59028	Malta	59538	Scobey	59263
		Flaxville	59222	Marion	59925	Sawmut	59078
		Florence	59833	Martin City	59926	Shepherd	59079
		Forsyth	59327	Martinsdale	59053	Sheridan	59749
		Fort Peck	59223	McAllister	59740	Sidney	59270
		Fortine	59918	McCabe	59245	Silver Star	59751
		Frazier	59225	McLeod	59052	Somers	59932
		Froid	59226	Medicine Lake	59247	Sonnette	59348
		Fromberg	59029	Melrose	59743	Stanford	59479
		Emigrant	59027	Melstone	59054	Stevensville	59870
		Garrison	59731	Melville	59055	Stryker	59933
		Garryowen	59031	Mildred	59341	Sula	59871
		Gildford	59525	Miles City	59301	Sumatra	59083
		Glasgow	59230	Mill Iron	59342	Teigen	59084
		Glen	59732	Molt	59057	Terry	59349
		Glendive	59330	Mosby	59058	Trego	59934
		Glentana	59240	Musselshell	59059	Troy	59935
		Gold Creek	59733	Nashua	59248	Tuner	59542
		Grantsdale	59835	Norris	59745	Twin Bridges	59754
		Grass Range	59032	Nye	59061	Twodot	59085
		Greycliff	59033	Olive	59343	Vandalia	59273
		Hall	59837	Olney	59927	Victor	59875
		Hamilton	59840	Opheim	59250	Vida	59274
		Hammond	59332	Otter	59062	Virginia City	59755
		Hardin	59034	Outlook	59252	Volborg	59351
		Harlem	59526	Ovando	59854	Warm Springs	59756
		Harlowton	59036	Pablo	59855	West Glacier	59936
		Harrison	59735	Park City	59063	Westby	59275
		Hathaway	59333	Peerless	59253	White Sulphur Springs	59645
		Havre	59501	Philipsburg	59858	Whitefish	59937
		Hayes	59527	Pinesdale	59841	Whitehall	59759
		Helmville	59843	Plentywood	59254	Whitetail	59759
		Hingham	59528	Plevna	59344	Whitewater	59544
Absarokee	59001						
Acton	59002						
Alder	59710						
Alzada	59311						
Anaconda	59711						
Angela	59312						
Antelope	59211						
Arlee	59821						
Ashland	59003						
Ashland	59004						
Avon	59713						
Bainville	59212						
Baker	59313						
Ballantine	59006						
Basin	59631						
Bearcreek	59007						
Belfry	59008						
Biddle	59314						
Big Arm	59910						
Big Sandy	59520						
Big Timber	59011						
Bigfork	59911						
Bighorn	59010						
Billings	59101						
	59102						
	59103						
	59104						
	59105						
	59106						
	59107						
	59108						
	59111						
	59112						
	59114						
	59115						
	59116						
	59117						
Birney	59012						
Bloomfield	59315						
Boulder	59632						
Box Elder	59521						
Boyd	59013						
Boyes	59316						
Bridger	59014						
Broadus	59317						
Broadview	59015						
Brockton	59213						
Brockway	59214						
Brusett	59318						
Busby	59016						
Butte	59701						
	59702						
	59703						
	59707						
	59750						
Cameron	59720						
Capitol	59319						
Cardwell	59721						

Allegiance Managed Care Plan Service Areas

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Peak Managed Care Plan Service Areas		Brady.....	59416	Frenchtown.....	59834	Lame Deer.....	59043
Whitlash.....	59545	Bridger.....	59014	Fromberg.....	59029	Laurel.....	59044
Wibaux.....	59353	Broadus.....	59317	Galata.....	59444	Lavina.....	59046
Willard.....	59354	Broadview.....	59015	Gallatin Gateway.....	59730	Ledger.....	59456
Winnett.....	59087	Buffalo.....	59418	Gardiner.....	59030	Lewistown.....	59457
Wisdom.....	59761	Butte.....	59701	Garnelli.....	59445	Libby.....	59923
Wise River.....	59762		59702	Garrison.....	59731	Lima.....	59739
Wolf Point.....	59201		59703	Garryowen.....	59031	Lincoln.....	59639
Worden.....	59088		59707	Geraldine.....	59446	Livingston.....	59047
Wyola.....	59089	Bynum.....	59419	Geyser.....	59447	Lloyd.....	59535
Yellowtail.....	59035	Canyon Creek.....	59633	Gildford.....	59525	Lodge Grass.....	59050
Zortman.....	59546	Cardwell.....	59721	Glasgow.....	59230	Lolo.....	59847
Zurich.....	59547	Carter.....	59420		59231	Loma.....	59460
Allegiance Managed Care Plan		Cascade.....	59421	Glen.....	59732	Lonepine.....	59848
Absarokee.....	59001	Charlo.....	59824	Glendive.....	59330	Lothair.....	59461
Acton.....	59002	Chester.....	59522	Gold Creek.....	59733	Malmstrom AFB.....	59402
Alberton.....	59820	Chinook.....	59523	Grantsdale.....	59835	Malta.....	59538
Alder.....	59710	Choteau.....	59422	Great Falls.....	59401	Marion.....	59925
Amsterdam.....	59741	Clancy.....	59634		59402	Martin City.....	59926
Anaconda.....	59711	Clinton.....	59825		59403	Martinsdale.....	59053
	59771	Clyde Park.....	59018		59404	Marysville.....	59640
Arlee.....	59821	Colstrip.....	59323		59405	McAllister.....	59740
Ashland.....	59003	Columbia Falls.....	59912		59406	McLeod.....	59052
Augusta.....	59410	Columbus.....	59019	Greenough.....	59836	Melrose.....	59743
Avon.....	59713	Condon.....	59826	Hall.....	59837	Melville.....	59055
Ballantine.....	59006	Conner.....	59827	Hamilton.....	59840	Miles City.....	59301
Basin.....	59631	Conrad.....	59425		59849	Milltown.....	59851
Bearcreek.....	59007	Coram.....	59913	Hardin.....	59034	Missoula.....	59801
Belfry.....	59008	Corvallis.....	59828	Harrison.....	59735		59802
Belgrade.....	59714	Creston.....	59902	Haugan.....	59842		59803
Belt.....	59412	Cushman.....	59046	Havre.....	59501		59804
Big Arm.....	59910	Custer.....	59024	Hays.....	59527		59806
Big Sandy.....	59520	Cutbank.....	59427	Helena.....	59601		59807
Big Sky.....	59716	Darby.....	59829		59602		59808
Big Timber.....	59011	Dayton.....	59914		59604		59812
Bigfork.....	59911	DeBorgia.....	59830		59620		59825
Billings.....	59101	Deer Lodge.....	59722		59623		59834
	59102	Dell.....	59724		59624	Moccasin.....	59462
	59103	Denton.....	59430		59625	Molt.....	59057
	59104	Dillon.....	59275		59626	Monarch.....	59463
	59105		59721	Helmville.....	59843	Mussellshell.....	59059
	59106	Divide.....	59727	Heron.....	59844	Neilhart.....	59465
	59107	Dixon.....	59831	Highwood.....	59450	Norris.....	59745
	59108	Drummond.....	59732	Hilger.....	59451	Noxon.....	59853
	59111	Dupuyer.....	59432	Hingham.....	59528	Nye.....	59061
	59112	Dutton.....	59433	Hobson.....	59452	Oilmont.....	59466
	59114	East Helena.....	59635	Hot Springs.....	59845	Olney.....	59927
	59115	East Missoula.....	59801	Hungry Horse.....	59919	Ovando.....	59854
	59116	Edgar.....	59026	Huntley.....	59037	Pablo.....	59855
	59117	Elliston.....	59728	Huson.....	59846	Paradise.....	59856
Black Eagle.....	59414	Elmo.....	59915	Inverness.....	59530	Park City.....	59063
Bonner.....	59823	Emigrant.....	59027	Ismay.....	59336	Pendroy.....	59467
Boulder.....	59632	Ennis.....	59729	Jackson.....	59736	Philipsburg.....	59858
Boyd.....	59013	Ethridge.....	59435	Jefferson City.....	59638	Pinesdale.....	59841
Bozeman.....	59715	Eureka.....	59917	Joliet.....	59041	Plains.....	59859
	59717		59918	Joplin.....	59531		
	59718	Fairfield.....	59436	Judith Gap.....	59453	Polaris.....	59746
	59719	Fairview.....	59221	Kalipsell.....	59901	Pole Bridge.....	59928
	59771	Fallon.....	59326		59902	Pompeys Pillar.....	59064
	59772	Fishtail.....	59028		59903	Polson.....	59860
	59773	Florence.....	59833	Kevin.....	59904	Pony.....	59747
		Flowerree.....	59440		59454	Power.....	59468
		Forsyth.....	59327	Kila.....	59920	Pray.....	59065
		Fortine.....	59918	Kinsey.....	59338	Proctor.....	59929
		Fort Benton.....	59442	Kremlin.....	59532	Roberts.....	59070
		Fort Harrison.....	59636	Lake McDonald.....	59921	Rollins.....	59931
		Fort Shaw.....	59443	Lakeside.....	59922		

Allegiance Managed Care Plan Service Areas

City	Zip Code
Ramsay.....	58748
Ravalli.....	59863
Raynesford.....	59469
Red Lodge.....	59068
Rexford.....	59930
Ringling.....	59642
Roundup.....	59072
Rudyard.....	59540
Ryegate.....	59074
Ronan.....	59824
	59864
Roscoe.....	59071
Saltese.....	59535
Sand Coulee.....	59050
Sand Springs.....	59847
Santa Rita.....	59473
Seeley Lake.....	59864
Scobey.....	59263
Shawmut.....	59078
Shelby.....	59474
Shepherd.....	59079
Sheridan.....	59749
Sidney.....	59270
Silver Star.....	59751
Silverbow-Butte.....	59750
Simms.....	59477
Somers.....	59932
Springdale.....	59082
St. Ignatius.....	59865
St. Regis.....	59866
St. Xavier.....	59075
Stanford.....	59479
Stevensville.....	59870
Stockett.....	59480
Styker.....	59933
Sula.....	59871
Sun River.....	59483
Sunburst.....	59482
Superior.....	59872
Terry.....	59349
Thompson Falls.....	59873
Three Forks.....	59752
Toston.....	59643
Townsend.....	59644
Trego.....	59934
Trout Creek.....	59874
Troy.....	59935
Twin Bridges.....	59754
Two Dot.....	59085
Ulm.....	59485
Valier.....	59486
Vaughn.....	59487
Victor.....	59875
West Glacier.....	59936
Whitefish.....	59937
White Sulphur Springs.....	59645
Whitehall.....	59759
Whitelash.....	59545
Wibaux.....	59353
Willow Creek.....	59760
Wilsall.....	59086
Winston.....	58647
Wisdom.....	59761
Wise River.....	59762
Wolf Creek.....	59648
Worden.....	59088
Zurich.....	59547

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.

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	Nothern 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	Missoula Community Medical Center
Missoula	St. Patrick Hospital
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	Morledge Family Surgery Center
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	Orth Center of MT Ambulatory Surg Ctr
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 Sp	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
Missoula	Cosmetic Surgical AAS
Phillipsburg	Granite Co. Medical Center Hospital
Plains	Clark Fork Valley 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.

In-Network Hospitals - Managed Care Plans

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

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 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
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Crow Agency	Crow Hospital
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
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlem	Harlem IHS Hospital
Harlowton	Wheatland Memorial 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
Philipsburg	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

HOSPITALS/FACILITIES

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

TRADITIONAL PLAN

Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
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
Libby	St. John's Lutheran Hospital
Livingston	Livingston Healthcare
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	Mountainview Medical Center

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

Availability of the MUS Summary Plan Description

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

Participants may request a hardcopy of the SPD and amendments describing the MUS managed care plans by visiting, writing, or calling their campus benefits office, or by writing to MUS Benefits, P.O. Box 203203, Helena, MT 59620-3203, or by calling the MUS Benefits Office at 406-444-2574, toll free 877-501-1722. Participants should know which medical plan they are enrolled in when calling or writing so that the correct amendment, if any, can be sent. An easier way to access this information for many participants is to visit the MUS website at www.mus.edu/choices. Using the FIND function on your computer will help you to locate the section you need quickly.

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

RESOURCES

MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION
(406) 444-2574 * Fax (406) 444-0222 * Toll Free (877) 501-1722
www.mus.edu/choices

Traditional Plan & Allegiance Managed Care Plan Contacts ALLEGIANCE

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

Managed Care Plan Contacts
BLUE CROSS AND BLUE SHIELD OF MONTANA
1-800-820-1674 or 447-8747
www.bcbsmt.com

NEW WEST HEALTH PLAN
1-800-290-3657 or 457-2200
www.newwesthealth.com
MAPP: 1-888-873-8049

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

Dental Contact
DELTA DENTAL INSURANCE COMPANY
Customer Service 1-866-579-5717
www.deltadentalins.com/MUS

URx
MedImpact Customer Service 1-888-648-6764
ASK-A-Pharmacist 1-888-527-5879
www.URx.mus.edu
Plan Exception Processing Dept.
Customer Service 1-888-527-5879 or 541-2108

MEDVANTX MAIL ORDER PHARMACY SERVICES
Customer Service 1-877-870-6668

RIDGEWAY MAIL ORDER PRESCRIPTION DRUG PROGRAM
Customer Service 1-800-630-3214
Prescription drug refills, customer service, prior authorizations, and quantity overrides

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

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

THE LIFE CONNECTION (TLC)
1-866-248-4532
www.montana.edu/wellness

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

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