Welcome to the Montana University System Benefits Annual Enrollment Webinar

Have a Question? Use the Q&A!

On Windows & Mac:

On Mobile Devices:

Tap “New Messages” when you receive a response

Your response appears!
Montana University System
Employee Annual Benefits Enrollment – FY2023

(July 1, 2022 – June 30, 2023)
Agenda

1. Self-Funded Plan Information
2. Annual Enrollment Dates
3. Eligibility Information
4. Medical Plan Benefits
5. Prescription Drug Plan Benefits
6. Dental Plan Benefits
7. Vision Hardware Plan Benefits
8. FY2023 Plan Rates
9. Dependent Premium Hardship Waiver
10. Flexible Spending Accounts (FSAs)
11. 2022 Wellness Programs
12. ~New~ Wellness Incentive Program
13. Enrollment Reminders
MUS is a Self-Funded Plan –

What does this mean?

◦ All MUS benefit plans (medical, prescription drug, dental, and vision hardware) are self-insured (self-funded).

◦ Premium contributions go directly into a fund, which is used to pay the cost of benefits for MUS Plan participants who experience illness or injury.

◦ To keep the Plan financially sound and affordable, it is important that all Plan participants use their benefits responsibly.

◦ Plan Participants are expected to pay a portion of their medical costs in the form of annual deductibles, percentage coinsurance, and/or flat dollar copayments.

◦ These cost-containment features are part of the MUS Plan design, so Plan funds will be available should a high-cost medical emergency or a catastrophic illness strike a Plan participant.
MUS Choices
Annual Enrollment Dates for FY2023

April 25 – May 13, 2022
Eligibility Information for FY2023

- Dependent children, up to age 26, may be enrolled in medical, dental, and/or vision hardware benefits during annual enrollment.

> *MUS has a closed enrollment for medical and dental coverage for legal spouses.*

- Proof of eligibility will be required for all new dependent children being added to the MUS Plan for a July 1, 2022 effective date.

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

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

➢ ~NEW~ Pediatric Hearing Aid benefit – Available for all Medical Plan members 18 years or younger. The benefit will include one (1) hearing aid/ear, every 3 years (subject to deductible and coinsurance).

➢ ~NEW~ Adult Hearing Aid benefit – Available for all Medical Plan members 19 years or older. The benefit will include a $2,000/ear lifetime benefit maximum (subject to deductible and coinsurance).
Choosing Quality Care for You and Your Family

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

Blue Distinction® Specialty Care services include:

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

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

Learn more about Blue Distinction. Visit bcsmt.com/find-care/blue-distinction-specialty-care/blue-distinction or call the Customer Service number on the back of your member ID card.
Choices Prescription Drug Plan –

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

- Lumicera Health Services will continue as the Specialty Pharmacy for the MUS Plan.

- All CVS/Target and Western Drug (Bozeman only) pharmacies are not participating in the pharmacy network. If you choose to use these pharmacies, you will be responsible for all charges.

- Prescriptions can be filled at a participating retail pharmacy for either a 34-day or 90-day supply.

- Mail Order prescriptions for a 90-day supply can be filled at Ridgeway, Costco, or miRx (only delivers to Montana, Idaho, Washington, Wyoming, S. Dakota, and N. Dakota).
### Navitus Rx Benefit as of July 1, 2022

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

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

❖ No Pharmacy Plan benefit changes for FY2023!!!

** Coinsurance in Tier 3 and Tier 4 do not apply to the Out-of-Pocket Maximum.**
Copay Max Plus Program — Administered by Navitus

On April 1, 2022, the MUS began offering a Copay Max Plus Program to obtain copay assistance on your behalf for certain eligible medications. This copay assistance program will manage expenses for eligible medications that have manufacturer-funded copay assistance programs available, while lowering both your costs and the Plan’s overall costs.

Under the Copay Max Plus Program, the amount you pay for eligible medications may be set to the maximum of the current MUS Formulary benefit tier levels, $0, or the amount determined by the manufacturer-funded copay assistance programs. To take advantage of this pricing, you will be required to remain enrolled in Navitus’ program for obtaining manufacturer assistance, including copay assistance. Amounts paid by manufacturers on your behalf (along with other payments from manufacturers, such as manufacturer coupons) will not count toward your annual Out-of-Pocket maximum. Instead, only those payments made directly by you will count toward your Out-of-Pocket maximum. Once manufacturer-funded copay assistance is exhausted, the amount you pay will be no more than your MUS Formulary benefit tier levels. If a specialty medication does not qualify or is removed from the copay assistance program, the copay will default to the medications current MUS Formulary benefit tier levels.
Sempre Health Discount Program

- Administered by Navitus

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

- Members can text, call or visit the dedicated Navitus landing page to enroll using their unique enrollment code.
- Visit navitus.semprehealth.com for more information and to enroll.
- Once enrolled, the program is entirely SMS-based.
- Once enrolled, members will immediately start saving on their copay.
- Discounts and reminders are sent automatically via SMS and are designed to drive on-time refills.
- Discounts can also decrease if members do not refill on time; members will not pay more than their MUS benefit tier default copay.

Included in the program:
- Glyxambi
- Farxiga
- Jardiance
- Trijardy
- Synjardy
- Soliqua
** Choices Dental Plan Benefits – **

** Delta Dental will continue to administer the **

- **Basic** & **Select** Dental Benefit Plans for FY2023.

❖ **No Dental Plan benefit changes for FY2023!!**
❖ **MUS is increasing the fee schedule reimbursement maximums for many dental codes for FY2023 without increasing premiums.**

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

- **Select Plan** – Diagnostic/Preventive, Basic, Major Restorative, and Orthodontia services ($1,500 lifetime maximum)
  
  $2,000 ANNUAL MAXIMUM, per covered member

  (Select Plan annual maximum does not apply to Diagnostic/Preventive services)
**Choices Vision Hardware Plan Benefits –**

**BlueCross BlueShield will continue to administer the Optional Vision Hardware Benefit for FY2023**

- **No Vision Hardware Plan benefit changes for FY2023!!**

- **Optional Vision Hardware Benefit covers ONLY hardware.**
  - Eyeglass frames and lenses, in lieu of contacts (1 pair).
    - **UP TO $300 ANNUAL ALLOWANCE**, per covered member
  - Contacts, in lieu of frames and lenses (1 purchase).
    - **UP TO $200 ANNUAL ALLOWANCE**, per covered member

- Eye Exam (routine or medical) is provided as part of the Medical Plan (1 per Plan Year). **($0 copay when using an In-Network provider)**
Rates will vary based on what plan(s) you are enrolled in and whether you cover dependents.

No Plan premium rate changes for FY23!!!
Choices offers three optional Flexible Spending Accounts (FSA) through HealthEquity/WageWorks –

- Health Care FSA – Medical, Rx, Dental, and Vision expenses.
- Limited Purpose FSA – Dental and Vision expenses only.
- Dependent Care (Day Care) FSA – Day Care expenses only.

These optional reimbursement accounts (FSAs) allow you to set aside a portion of your earnings (pre-tax) in equal installments throughout the Plan Year (July 1 – June 30) to pay for qualified out-of-pocket expenses for health care and dependent care (day care). FSA funds may only be used for expenses incurred on or after your FSA effective date.

~ No Automatic Enrollment ~

Employees must re-enroll each Plan Year to participate in a Flexible Spending Account and to continue contributions.

(no exceptions can be made on late enrollment)

Irrevocable Elections:

- After annual enrollment, FSA participants have until their first paycheck after July 1st to identify any issues or enrollment errors in their FSA election(s).
- No changes to FSA elections will be allowed after a new hires first paycheck or the first paycheck after a qualifying event.

* MUS will continue to pay FSA administrative fees.
Health Care Flexible Spending Accounts (FSA) –

❖ Health Care FSA (HCFSA) – You may elect amounts to be withheld from your earnings to assist you with paying for your out-of-pocket medical, Rx, dental, and/or vision expenses (including, but not limited to, deductibles, copays, coinsurance).
  • For a comprehensive list of HCFSA eligible expenses, including a list of expenses that may require a letter of Medical Necessity or a prescription from your doctor, visit wageworks.com/employees/eligible-expenses/.

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

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

- The minimum amount an employee can contribute to a HCFSA or LPFSA for FY2023 is $120 and the maximum amount an employee can contribute is $2,850.

- **Health Care FSA balance**: If an employee doesn’t enroll in an FSA for FY2023 and has unused FSA funds in the amount of $50 or less that are not expended by June 30, 2023, the FSA will be closed and the remaining unused funds will be forfeited.

- New HCFSA/LPFSA participants will **automatically** receive a Healthcare Card (debit card) at no cost to the employee.

- **Reimbursement Options:**
  - Direct Deposit
  - WageWorks Healthcare© Card (debit card)
  - Pay Me Back or Pay My Provider

- **FSA Store**: Have FSA funds you need to spend before the end of the Plan Year? WageWorks partners with the FSA Store which houses one of the largest selections of eligible HCFSA products. You can use your Healthcare Card to conveniently order and pay for these items online!
Dependent Care (Day Care) Flexible Spending Account (DCFSA) –

~ Dependent Care (Day Care) FSA is not used for reimbursement of health care expenses. ~

~ DCFSA is used for day care expenses only. ~

❖ You may elect amounts to be withheld from your earnings to assist you with paying for your out-of-pocket dependent care (day care) expenses.

❖ The minimum amount an employee can contribute to a DCFSA for FY2022 is $120 and the maximum amount an employee can contribute is $5,000.

❖ DCFSA (Day Care) eligible expenses include: live-in care, babysitters, licensed day care/preschool centers, and after school care for children under age 14 or for individuals unable to care for themselves. Schooling expenses at the kindergarten level and above, overnight camps, and nursing home care are not reimbursable.

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

The IRS permits health FSAs to rollover a limited amount of unused FSA contributions from one benefit Plan Year to the next. This means that HCFSA/LPFSA balances, up to $570 from the current benefit Plan Year, can be rolled over to the next benefit Plan Year that begins July 1 and runs through June 30. Be sure not to elect more than you will need to cover expenses incurred by you and/or your eligible dependents during the benefit Plan Year. Under the “use it – or – lose it” rule, any remaining contribution balance over $570 not used by the end of the benefit Plan Year will be forfeited.

** For FY23 (July 1, 2022 – June 30, 2023), FSA participants will not be allowed to rollover an unlimited amount of unused FSA funds to the next benefit Plan Year.

*** HCFSA/LPFSA participants may rollover up to $570 in unused funds from FY22 (July 1, 2021 - June 30, 2022).

** Unused DCFSA (Day Care) contribution balances cannot be rolled over to the next benefit Plan Year.

Important Reminders:
If an employee does not enroll in an FSA for FY2023 and has unused FSA funds in the amount of $50 or less that are not expended by June 30, 2023, the FSA will be closed and the remaining unused funds will be forfeited.

** Claims must be received by HealthEquity/WageWorks by September 30, 2023 for reimbursement.
Health Care FSA Mobile App

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

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

Learn more at: wageworks.com/myezreceipts
**Choices** Dependent Premium Hardship Waiver –

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

- The family **must** first apply for Healthy Montana Kids (HMK) for all children under the age of 19. If HMK denies coverage and the family has a financial hardship, a waiver application may be submitted to the MUS Benefits office to request the premium waiver. If the total household income is not more than 125% of the HMK guidelines, covered dependent children will be eligible for the waiver for the Plan Year.

- The family **must** re-apply for HMK and submit a waiver application **each** Plan Year in order to be eligible for the premium waiver.

- Visit [choices.mus.edu/forms.html](choices.mus.edu/forms.html) to apply or contact the MUS Benefits Office at 1-877-501-1722 for more information.
MUS Wellness Program Highlights for 2022

- Live Fitness & Nutrition Workshops and Webinars (recordings available)
- Montana Moves & Montana Meals Blogs
- WellBaby Program
- Employee Assistance Program (EAP)
- Take Control Lifestyle Management Program
- Wondr Health, Hinge Health, Well onTarget, and Blue 365 Discount Program via BCBSMT
- Amplifon and Qualsight via Delta Dental
- ~NEW~ Wellness Incentive Program via Pulse

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

*Montana University System covered Medical Plan members (employees, legal spouses, and dependents) are eligible for **ALL** of the benefits, if enrolled within the 1st trimester of pregnancy. If enrolled during the 2nd or 3rd trimester, the enrollee is eligible for all of the benefits **EXCEPT** the copay waiver benefit.*

❖ **Benefits begin the day the participant enrolls (enrollment cannot be backdated).**

❖ **Benefits include:**
  - **Copay waivers** (pre-natal/post-partum office visits, ultrasounds, routine maternity lab work, physician delivery charges)
  - **Generic prescription pre-natal vitamins** ($0 copay)
  - **Pregnancy books or exercise video**
  - **Enrollment in the Take Control Lifestyle Management Program**
  - **Breast Pump** (purchase or rental of one standard breast pump, to a maximum of $300)

❖ **Enrollment in the WellBaby program is confidential and voluntary.**

Enroll by calling 406-660-0082 or email: wellbaby@umwestern.edu
MUS Employee Assistance Program (EAP) -

- EAP provided by Uprise Health (formerly Reliant Behavioral Health) —

A free, confidential employee benefit program that assists employees with personal and/or work-related problems that may impact their job performance, health, mental and emotional well-being.

- Services available to:
  - Employees
  - Dependents
  - Household members

- EAP services include:
  - 24-hour Crisis Help: toll-free access for you or a household member experiencing a crisis.
  - In-person Counseling: up to 4 face-to-face counseling sessions per issue for relationship and family issues, stress, anxiety, and other common challenges.
  - eAccess: convenient access to online consultations with licensed counselors.
MUS Employee Assistance Program (EAP) cont.

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

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

Balancing Life at Work and Home
TAKE CONTROL
Eat Well, Stay Active, Reduce Your Risks.

** Take Control offers comprehensive and confidential education and support using a telephonic delivery method, which allows the Plan member to participate from anywhere and receive the individual attention specific to the Plan member’s needs. The 12-month program includes one-on-one monthly health coaching telephonic sessions with licensed Dietitians, Exercise and Sports Science Trainers, and certified Diabetes Educators.

The Take Control Lifestyle Management Program offers the following health coaching programs:

- High Blood Pressure
- High Cholesterol
- Weight Loss
- Diabetes/Pre-Diabetes
- Tobacco Cessation
- Maternal

** Enrollment in Take Control is confidential and voluntary.
Wondr Health® is a behavioral counseling program for metabolic syndrome reversal, weight management, and diabetes prevention. Features include:

• 10 weeks of counseling, personalized for skill building;
  10 weeks customized for skill reinforcement;
  32 weeks customized for skill maintenance.

• Weekly, self-paced, informative online video sessions (including mobile app for on-the-go access, skill reinforcement, and habit formation).

• Interactions with health coaches and online community for social support.

• Available at no cost to all MUS Medical Plan participants over age 18.

Visit wonderhealth.com/mus for more information!
Conquer pain, recover from an injury, and regain an active lifestyle with Hinge Health.

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

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

- The program is delivered remotely using mobile and wearable technology.

- Available at no cost to all MUS Medical Plan participants over age 18.

Visit hingehealth.com/mus for more information!
HOW TO ACCESS THE
WELL ONTARGET® PORTAL

Use your Blue Access for Members (BAM℠) account:

Log in to BAM at bcbsmt.com/members. If you are a New User, you will need to register your account.
Click “Register Now” on the login screen.

Once you are in BAM, click on the Wellness link on the upper right side of the screen and then click on the “Visit Well onTarget” button and you will be taken to the portal.
Well onTarget® Member Portal

Portal Highlights
- Health Assessment
- Member dashboard
- Explore your wellbeing
- My Journey recommended activities
- Digital self-management programs
- Interactive symptom checker
- Blue Points rewards
- Personal wellness challenges
- Fitness/nutrition tracking

Offerings that earn Blue Points:
- Health Assessment completion.
- Digital self-management program engagement.
- Fitness Program visits: Get points for joining the Program. Earn additional points for weekly visits.
- Use of Online Trackers.
- Connecting and syncing a fitness or nutrition device or app.

** Blue Points monetary value are considered taxable income by the IRS once redeemed.

Fitness Program
- The Fitness Program is available to you and your covered dependents (age 16 and older). The program gives you access to a nationwide network of fitness locations. Choose one location close to home, near work, or visit locations while traveling.

Fitness Program perks include:
- Convenient payment methods.
- Earn Blue Points for joining the Fitness Program. Earn additional points for weekly visits. Redeem points for apparel, books, electronics, health/personal care items, music, sporting goods, and so much more.
- The Always On Mobile App and Well onTarget portal track fitness activity in real-time.
Blue365® Member Discount Program

Members and covered dependents can save money on value-added health and wellness products and services not usually covered by a medical benefit plan.

Visit bcbsmt.com/member/advantages-of-membership/blue365-discount-program.

Discounts available in these categories:

- Apparel and Footwear
- Fitness
- Hearing and Vision
- Home and Family
- Nutrition
- Personal Care

Save on fitness gear, gym memberships, healthy eating, dental, vision, hearing aids and more, from top national and local retailers.

Register for Blue365 on Blue Access for Members℠ or visit blue365deals.com/bcbsmt

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

Get exclusive discounts on LASIK eye surgery and Amplifon hearing aids

Your wellness is more than oral health
That’s why, as a Delta Dental enrollee, you have access to preferred pricing on hearing aids and LASIK vision services through Amplifon Hearing Services and QualSight.¹

How do I get the discounts?
It’s easy. Just give Amplifon or QualSight a call. A dedicated representative will walk you through the program and help you pick a provider, make an appointment and receive your discount.
<table>
<thead>
<tr>
<th>Products and services</th>
<th>Amplifon</th>
<th>QualSight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discounts on hearing aids and one year of free follow-up care</td>
<td>Discount on LASIK eye surgery, including pre- and post-operative visits</td>
<td></td>
</tr>
</tbody>
</table>

| Savings | 62% average savings off retail hearing aid pricing, with a best-price guarantee of 5%³ | 40 to 50% off the national average price of traditional LASIK eye surgery⁴ |

| Access | Nationwide network of providers | Over 1,000 LASIK locations nationwide⁵ |

| Quality | Leading brands featuring the latest hearing aid technology and a three-year product warranty | Experienced LASIK surgeons who have collectively performed over 7.5 million procedures⁶ |

| Get started | 1. Call Amplifon. 2. A patient care advocate will explain the discount process, help you find a hearing care provider and help you make an appointment. 3. Amplifon will send you and your provider the details to activate your discounts. 4. Save on hearing aids, and receive complimentary batteries for two years. | 1. Call QualSight. 2. A care manager will explain the program, answer any questions, help you pick a provider and set up a free consultation to see if you’re eligible for LASIK eye surgery. 3. Receive written confirmation, including pricing information and directions to your provider’s office. 4. Pay a discounted price for LASIK services. |

| Website | amplifonusa.com/deltadentalins | qualsight.com/-delta-dental |
 Choices Wellness Incentive Program for 2022!!

* Incentive Program began on April 4th

- ~NEW~ MUS has partnered with Virgin Pulse to offer a new Wellness Incentive Program.

- All MUS Employees and their legal spouses who are enrolled in the Choices Medical Plan are eligible for enrollment in the program.

- Earn reward points by participating in wellness challenges and redeem Pulse Cash for items in the Virgin Pulse Store. Earn additional Pulse Cash by attending a MUS WellCheck.

Visit join.virginpulse.com/muswell to enroll today!
Who is Virgin Pulse??

Virgin Pulse is more than just rewards. Virgin Pulse is a global wellbeing company that supports more than 4,000 organizations in 21 languages across 190 countries, including 84 of the Global Fortune 500 companies. Their best-in-class wellness programs help members create positive lifestyle changes through healthy habits. In fact, 87% of members say that Virgin Pulse changed their lives!

What makes the Virgin Pulse experience so effective?

It’s easy to set up; simple to use. In just minutes, you can set up your account, choose your preferences, and start exploring the health topics that interest you most.

You personalize your experience right away. With Virgin Pulse, you can focus on what is important to you in your life now, like how to improve your sleep, boost your nutrition, or add more movement to your day. After you complete a short Health Check survey, your answers will help Virgin Pulse create an experience that will help you meet your wellness goals.

Take it with you wherever you go. With the top-rated Virgin Pulse app, you’ll have 24/7 access on your phone or device.

Track automatically. Get credit for the healthy activities you’re already doing. Sync your fitness app or device to automatically track physical activity, sleep, and more.

Build community. We all do better when someone is rooting for us. Connect with friends, family, and coworkers to give and receive encouragement and support.
Benefits Enrollment
Benefits Administration (BEBA) System –

- Centralized, online benefits enrollment system, Benefitsolver, for all campus employees.

- Complete online mid-year changes, such as a marriage or birth. (subject to HR/Benefits staff approval)

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

- Benefitsolver stores historical enrollment and benefit elections information.

- Benefitsolver MyChoice Mobile App for easy access on the go.

Enroll at choices.mus.edu!!

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

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

2021-2022 Quick Links

- 2021-2022 Choices Active Benefits Workbook
- 2021-2022 Choices Retiree Benefits Workbook

Summary Plan Documents
- MUS Summary Plan Description (effective 7/1/2021)
- Flexible Spending Account Summary Plan Description (effective 7/1/2020)

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

2022-2023 Annual Enrollment is Here!
2022-2023 Annual Enrollment Ends May 13th.

66 Days Left

Start Here

Important Reminders

Action Required

2022-2023 Annual Enrollment

Start Here
CHOICES Enrollment Reminders……..

- MUS Choices annual enrollment dates are
  **April 25 – May 13, 2022**

- **Closed enrollment for legal spouses** (for medical and dental coverage) for FY2023 (qualifying event required). Dependent children up to age 26 may be added at annual enrollment for a July 1, 2022 effective date.

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

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

- **Verify** your Beneficiaries for your Life and AD&D coverages.

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

- The recorded **Choices** benefits presentation and slides will be available online on the **Choices** website on April 27th.
Provider Network Reminders……..

**Use In-Network Providers** – Be sure to use In-Network providers to ensure you do not incur “balance billing” charges.

Always check - **DO NOT** assume participation “….but my doctor has always been In-Network!”

Check with the Plan claims administrator or the MUS Benefits office if you need help finding In-Network providers.

To see if your provider is an In-Network provider, visit the Plan claims administrators’ website provider finder.

- To see if your provider is a BCBSMT In-Network provider, visit [bcbsmt.com/find-a-doctor-or-hospital](http://bcbsmt.com/find-a-doctor-or-hospital).
- To see if your provider is a Delta Dental PPO or Premier Network provider, visit [deltadentalins.com/mus](http://deltadentalins.com/mus)
QUESTIONS?

Thank you for your time!

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1-877-501-1722