



Benefit Administration HANDBOOK

Important Note: This handbook is intended as an easy-to-use reference for district clerks and others who coordinate MUST enrollment for their school districts. The Summary Plan Description and other materials specific to group plans supersede this general information with regard to individual participants' eligibility and benefits. You may wish to keep a printed copy of this document in your office as a handy reference. The most current updated electronic version is available at mustbenefits.org under the Business Manager/Clerk Menu.

Periodically **MUST** updates forms due to changing rules and business practices.

It is imperative that complete and current forms are received for enrollment purposes. Submitting incomplete or out dated forms can impact enrollment processes and delay coverage for your employees. Below is a list of the most often used forms and their purpose. Other forms for Claims, Wellness and Life Insurance are located on our website. The most up to date enrollment forms are available on our website www.mustbenefits.org under the Member/Employees or Business Manager/Clerks menu.

Incomplete or obsolete forms will be returned. All fields of the employee demographic and employment sections must be completed.

Basic Plan Acknowledgement	Participants enrolling in the MUST Basic Plan must sign this form acknowledging that they understand the Basic Plan's limitations.
Billing Reconciliation Form	Part of the monthly billing statement. This form is to notify MUST of changes on the bill as a result of submission of either a termination notice or change form . This form may also be used to identify overpayments or shortages for participants.
Change Form This form must be submitted to the clerk or HR/payroll person rather than directly to MUST.	<ul style="list-style-type: none"> • Drop all coverage or for only dependents • Address changes • Name changes • Change status from Active to Retiree • Life insurance beneficiary changes
Common Law Spouse Attestation	A required form confirming both partners in the common law marriage agree to the terms of common law marriage.
Coordination of Benefits Form	This form may be used to notify MUST of any other coverage that the participant or dependents may have.
Declaration of Domestic Partner	This form is used to qualify Domestic Partners for coverage. It is used in conjunction with the employee Enrollment Form.
Employee Benefit Election Form (Open Enrollment)	<ul style="list-style-type: none"> • Open enrollment benefit changes • Adding or dropping Dental and/or Vision (if available) • Add or drop dependents.
Enrollment Form	Used for enrolling new participants and their dependents: <ul style="list-style-type: none"> • Health, Dental, and/or Vision coverage • Designate beneficiaries for the Basic Life Insurance included with the MUST medical benefit • Designate beneficiaries for Employer Paid life insurance when provided by the employer.
Termination of Coverage Form	Used to notify MUST of termination of coverage for employees, retirees or trusties. To terminate dependent coverage or change status from active employee to retiree, use the change form.
Voluntary Life Benefit Enrollment Form	Used to enroll in Voluntary Employee Life insurance, when the employer offers it. <ul style="list-style-type: none"> • See form for special enrollment criteria for employees and their dependents.
Waiver Form	Used for waiving new participant's medical, dental and/or vision coverage. Also, <ul style="list-style-type: none"> • Identifies employees who are covered for medical under another policy with the same employer • Designate beneficiaries for basic life for those employees who are covered for medical under another policy with the same employer • Designate beneficiaries for Employer paid life

MUST Administration Contacts

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Eligibility and Enrollment Guidelines

Eligibility (Active Employee/Trustee)

An employee is eligible for coverage if he/she is an active employee working a minimum of 15/17.5 hours per week. Please refer to your Participation and Affiliation Agreement for your specific work hour requirement. The employee's effective date of coverage will be defined by the group's Participation Agreement. The effective date may be a different date if established pursuant to a collectively bargained contract.

A school-board trustee duly appointed and actively serving on the school board of trustees is also eligible for coverage. The trustee's effective date of coverage will be the first day of the month following the date of appointment to the board of trustees.

Spouse/Domestic Partner

An employee's or trustee's spouse is eligible if he/she is legally married to the employee/trustee. An adult who is not legally married to the employee/trustee may also be eligible for coverage as domestic partner.

A Declaration of Domestic Partner Form will be required to determine eligibility for an unmarried, unrelated domestic partner. This does not apply to eligible adult children. Dependent child eligibility is outlined in the next section.

Dependent Child

A covered participant's dependent child is eligible for coverage if all of the following requirements are met:

1. The child is a natural child, stepchild, child of a domestic partner, legally adopted child, or child who has been placed with the participant for adoption and as part of the placement has been granted full legal custody prior to the dependent reaching 19 years of age. This requirement is waived if the participant is required to provide coverage due to a court order or divorce decree for a child not in his/her custody or not wholly dependent upon the participant.
2. The child is not on active military duty; and
3. The child is under 26 years of age.
4. The above age limitation may be waived for dependents over the age of 26 who are mentally and/or physically disabled and who are dependent upon the participant for support and maintenance. MUST requires proof of incapacity.

Surviving Dependents

If an employee, retiree or trustee is covered under this plan when he/she dies, any of his/her dependent(s) covered at the time may be eligible to continue coverage under this plan. The surviving spouse and/or dependents must be eligible to receive the retirement benefits accrued by the deceased employee. Please refer to the Summary Plan Document for full criteria and restrictions.

The member group should notify MUST of the death immediately and a new Enrollment Form must be completed by the surviving spouse or dependent.

Note: Dependents do not qualify for life-insurance coverage.

Leaves of Absence

Temporary Layoff/School-Approved Leaves of Absence

In the event of a temporary layoff or any school board-approved leave of absence, including Family Medical Leave Act (FMLA) or other non-medical leave, the employee is considered an active participant and may remain covered for up to 12 weeks.

The School District must provide a letter documenting the leave of absence approval, including minutes from the board meeting in which the leave was approved (if applicable). The notification should include the beginning and end dates of the leave.

The participant is eligible for 18 months of COBRA coverage after 12 weeks of coverage as an active MUST participant have been exhausted.

Non-FMLA Injury or Illness

The participant may remain covered starting on the date total disability commences (as documented, usually requiring a doctor's statement) until the earliest of the following dates:

- Date the participant fails to make any required contribution; or
- Date the participant cancels his/her coverage or member group terminates participation in MUST; or
- A period of 12 months past the date the employee's active service ends. (Active service does not include vacation or sick leave.)

Disability

An active participant who can no longer work because of total disability and who is eligible for Social Security Disability should complete a Coordination of Benefits Form. A doctor's determination and a copy of the participant's Medicare card showing the effective date and the nature of the disability are required.

Military Service

Under the Uniformed Services Employment and Re-employment Rights Act (USERRA), an employee/trustee who has coverage under the plan and is absent from employment due to service with the uniformed services may elect to continue coverage for him/herself and his/her eligible dependents under COBRA (see Continuation of Benefits Under COBRA, pg. 15). The maximum period of coverage under such an election is the lesser of:

- The 24-month period beginning on the date on which the covered person's absence begins; or
- The period beginning on the date on which the covered person's absence begins and ending on the day after the date on which the covered person fails to apply for or return to a position of employment, as required by USERRA.

Refer to the section titled "Other Continuation of Coverage" in the Summary Plan Description (SPD) for details about premium payments and the employee's/trustee's coverage rights under USERRA. The SPD can be accessed through the MUST website by clicking the Blue Cross and Blue Shield log-in button and signing in to the secure system.

Enrollment (Active Employee/Trustee)

MUST Online Market

MUST offers groups the option of using the MUST Online Market. This enrollment system will provide administrative relief to clerks and will give our members more choice on how to spend their healthcare dollars. Schools of all sizes that use the MUST Online Market can offer up to six plans with no minimum participation requirements. When it comes to enrolling employees, the MUST Online Market provides administrative ease, flexibility, and a better member experience. For more information about the MUST Online Market, contact your group's MUST representative.

Initial Enrollment Period

The following forms are required for active employees/trustees to enroll in the MUST Plan. They must be submitted to MUST within **30 days** of the date of hire or appointment.

1. MUST Enrollment Form
 - a. This form includes beneficiary information for the \$10,000 Basic Life insurance policy offered to employees. (Retirees and Trustees are not eligible for Basic Life and LTD coverage)
2. Life Insurance Enrollment Form
 - a. Groups may give employees the option to elect additional Employee-paid life insurance.
3. Basic Plan Acknowledgment Form. (This ensures employees who get the Basic Plan know that it has certain benefit limitations.)

Note: Please see the Dental/Vision section below for information about enrolling in Dental and/or Vision.

All applicable forms can be found at mustbenefits.org/forms.

Special Enrollment Period

An employee, trustee, or eligible dependent is eligible to enroll in coverage under the Plan as a result of certain events that create special enrollment rights. MUST also allows the employee to change Medical plans as a result of the special enrollment qualifying event. The effective date of the new or changed coverage is the date of the qualifying event except in cases of coverage loss, in which case the first day of the following month becomes the effective date. MUST does NOT allow the employee to add or drop Dental/Vision as a result of the special enrollment qualifying event.

For members to qualify for special enrollment, the participant or district clerk must ensure that the appropriate form (Enrollment Form or Change Form) is received by MUST within 60 days of the event along with the appropriate supporting documentation as indicated on the form.

Qualifying events include

- birth of a child
- adoption of a child
- involuntary loss of coverage (proof required)
- marriage
- change in employment status
- death of a spouse

When a member qualifies for a Special Enrollment Period because of a new dependent (marriage, birth, or adoption of a child), the new dependent will be added to the invoice according to the "15th of the month"

rule. That means that, if the dependent is born or added on or before the 15th of the month, they will be added to that month's invoice. If the dependent is born or added after the 15th of the month, they will be added to the following month's invoice.

Annual Open Enrollment Period

An employee, trustee, or eligible dependent may enroll in coverage during the annual Open Enrollment Period. If a retiree is currently enrolled in the medical plan, he or she may change plans, add certain coverages, or enroll eligible dependents during Open Enrollment.

MUST will notify each member group of their annual Open Enrollment dates. The group must submit enrollment documents by the last day of the date range.

The following table illustrates requirements for adding coverage during Open Enrollment.

Qualifying Person	Add Dental (if district elects)	Add Vision (if district elects)	Add Medical
Current Employee	Eligible unless dental coverage dropped within last 24 months	Eligible unless vision coverage dropped within last 24 months	Eligible
Dependent	Eligible unless dental coverage dropped within last 24 months	Eligible unless vision coverage dropped within last 24 months	Eligible
Retiree (if enrolled in medical plan)	Eligible unless dental coverage dropped within last 24 months	Eligible unless vision coverage dropped within last 24 months	Ineligible (Must already be enrolled)
Trustee	Eligible unless dental coverage dropped within last 24 months	Eligible unless vision coverage dropped within last 24 months	Eligible

Plan Changes/Employee Benefit Election Forms

Members in school districts offering more than one plan can also change their plan option during Open Enrollment. If there will be a change in your group's benefit plans, an Open Enrollment Benefit Election Form is provided to you during the Open Enrollment period and is available on our website to download and customize. This form may also be used to add or drop dependents and coverage for open enrollment. Do not complete a change form if the Open Enrollment Benefit Election Form is completed with the changes.

Reporting Changes

Changes in demographic information including a participant's name, address, Social Security Number and beneficiary updates can be reported by submitting a MUST Change Form.

Identification Cards

Participant identification cards display the group name, group ID number, name of covered person, and the member's unique ID number. Identification cards are issued for the following reasons:

- *New Enrollment.* Upon initial enrollment, ID cards are provided for new participants as well as any covered dependents. New members also receive a welcome letter with information on how to access information about their benefits on our website.
- *Name Change.* A new card is issued to a member who changes his/her name due to a marriage, divorce, or legal name change.
- *Plan Change.* Each benefit plan has a distinct group number on the ID card. A new card is issued to a member who makes changes to his/her coverage.
- *Lost/Stolen Cards.* If a member loses his/her identification card, he/she can contact our Administration Office at 1-800-845-7283 to request a new card. Members may also log into Blue Access for Members at www.BCBSMT.com to request a new card or receive an electronic ID card.

Identification cards for the medical and vision will be issued separately for each covered member of the family. Dental cards will be issued to the policy holder and are valid for all covered family members.

Waiving Health Benefits

- If an employee/trustee elects to waive coverage at initial enrollment, he/she must do the following:
 - Complete the Enrollment Waiver Form
- Signing the Waiver Form also waives the Basic Life and Basic Long-Term Disability coverage that is offered in conjunction with the health-benefit plan.
- Employees who waive basic life-insurance coverage are still eligible for Employer-paid or Employee-paid life coverage if they are offered by their employer.
- Requests to waive coverage must be received within 30 days of the requested effective date.

Note: Employees who are also covered as a dependent under another employee within the same group are eligible for the Basic Life and Basic Long-Term Disability coverage. Indicate other coverage under an employee of the same group and complete the Beneficiary Designation section of the Enrollment Waiver Form.

Dropping Health Benefits

- If an employee/trustee elects to drop coverage under the MUST health-benefit plan, he/she must do the following:
 - Complete the MUST Change Form.
- Requests to drop coverage must be received within 30 days of the requested effective date.

Note: Retirees and retired trustees who drop coverage are not eligible to re-enroll at a later date.

Dropping Voluntary Life Benefits

- *If an employee elects to drop Voluntary Employee Paid life insurance, he/she must do the following:*
 - Complete the Drop Coverage section of the Unum Voluntary Life Benefit Enrollment Form.
 - Effective date will be first of the month following receipt by MUST.

Waiving Life Insurance

- *Employer-paid coverage.* Eligible participants are not allowed to waive the employer-paid life insurance if it is offered by the member group through MUST. Complete the Beneficiary Designation section of either the Enrollment Form or the Enrollment Waiver Form.
- *Employee-paid coverage.* No form is required to waive Employee-paid life insurance. The participant simply chooses whether or not to enroll and purchase this coverage.

Termination of Coverage

Employee Coverage

1. When an employee has terminated employment or otherwise loses eligibility for MUST coverage, the employer must notify MUST of the termination within **60 days** using a Termination Form.
 - a. Note: A Termination Form should not be used for employees who are retiring and wish to continue coverage or for employees who are eligible but choose to waive coverage or drop dependents. A Change Form should be used in these instances.
2. The following information must be included on the Termination Form:
 - a. School district and group number.
 - b. Employee's full name.
 - c. Current address.
 - d. Last four digits of the Social Security Number.
 - e. Termination date.
 - f. Reason for termination.
3. The terminated participant will remain covered through the last day of the month. For example, if the employee's last day of work is March 1, he/she will remain covered through March 31.
4. Employees who become ineligible for coverage – i.e., because of termination, reduction in hours, resignation or retirement – will be offered COBRA (see Continuation of Coverage Under COBRA on pg. 12). However, COBRA will not be offered if MUST is not notified within **60 days** of the event.

Dependent Termination

A participant may terminate coverage for a dependent (a spouse or a child) by submitting a MUST Change Form. The form must indicate the name of the dependent and the reason for termination. (Note: Dropping coverage makes the dependent ineligible for COBRA. Coverage should only be dropped if other coverage has been obtained.)

1. The covered employee, dependent, or district representative is responsible for notifying MUST within 60 days of the qualifying event that causes the dependent to become ineligible.
 - a. Note: Change Forms are not required for dependent children reaching age 26. They will automatically be terminated on the last day of the month of the 26th birthday. Example: If a dependent turns 26 on October 14, coverage will terminate on October 31.
 - b. Terminated dependents remain covered through the end of the month in which they lose eligibility or in which the participant voluntarily drops the dependent's coverage.
2. A dependent whose coverage is terminating due to loss of eligibility under the MUST plan will be offered COBRA (see Continuation of Coverage under COBRA on pg. 12).
 - a. A Certificate of Coverage will be issued for the enrollment period
 - b. COBRA will not be offered to dependents for whom coverage was previously waived.
3. A covered spouse who is divorced or legally separated from the participant is no longer eligible and must be dropped from the participant's coverage. COBRA coverage will be offered to the terminated spouse.

High Deductible Health Plan Coverage

Some school districts have elected to include the Health Savings Account (HSA)-qualified High Deductible Health Plan as one of their MUST plan offerings.

A Health Savings Account (HSA) is like a hybrid of a Flexible Spending Account (FSA) and an Individual Retirement Account (IRA) or 401(k). Like an FSA, the money can be used for qualified medical expenses, but there is no “use it or lose it” limitation. Like a retirement account, the funds can be invested, and the funds always belong to the participant, even after leaving employment.

Other Considerations

- An eligible employee cannot be enrolled in another health-benefit plan, including Medicare, and be eligible for an HSA.
- School districts that wish to offer HSA-qualifying High Deductible Health Plans should consult with their Human Resources specialists or tax advisors to ensure employee benefits packages meet applicable IRS requirements.
- Only those enrolled in a qualifying High Deductible Health Plan (HDHP) can open a Health Savings Account.
- When a member holds an HDHP with an embedded deductible, any one member of a family can meet the individual deductible, at which point the plan starts to pay its share of claims.
- Federal guidelines allow preventive services to be covered without meeting the HDHP deductible.
- The cost of prescription drugs applies to the HDHP medical deductible and are covered according to the terms of the Prime pharmacy plan.
- MUST administers the HDHP, but does not administer the Health Savings Account itself. The HSA must be opened at a qualified financial institution, such as Wells Fargo Bank or another institution of the participant's choice.
- An HSA is a tax-favored account and, therefore, is subject to strict IRS rules. For example, there are limits on how much money can be deposited in an HSA each calendar year. If HSA funds are used for non-medical expenses, the participant may owe income taxes and penalties on that amount.
- HSAs can be funded by the employee, the employer, or both. However, all money in the account always belongs to the employee.
- Employees can deposit pre-tax money in the HSA through payroll deduction, but only if the employer has a Section 125 salary reduction (cafeteria) plan in place. Employees can also deposit post-tax dollars into the account and obtain a tax benefit by filing a special IRS form with their tax returns.

A great deal of information is available on the Internet. One of the best resources is the U.S. Treasury Department's HSA website: <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

Dental and Vision Coverage

Enrolling in Dental and/or Vision is dependent on both the group offering Dental and/or Vision and the member satisfying eligibility requirements.

If Dental/Vision is dropped, there is a two-year waiting period before employees may enroll again. Once an employee has enrolled in Dental/Vision benefits, coverage cannot be dropped until the next Open Enrollment period unless the medical plan is also being waived.

MUST member groups can elect one of two dental/vision options, they are:

Standard Dental/Vision

What this means: When a group offers standard dental/vision the employee's dependents dental and/or vision coverage must match the medical coverage. Not enrolling some dependents is not an option.

- **Employee only coverage for Dental/Vision:** The employee must be enrolled in medical coverage. Employee may enroll in Dental/Vision only or cover all dependents who also have medical coverage. Employees cannot cover some dependents and not others.
- **Dependents coverage for Dental/Vision:** If Dental and/or Vision is available and the dependent is enrolled in the medical plan they may also be enrolled in the Dental and/or Vision plan. If enrolling dependents for Dental and/or Vision then all dependents who are covered on the medical plan also must be covered on the Dental and/or Vision. Dependents who are not covered on the medical plan are not eligible for Dental and/or Vision.

Tailored Dental/Vision

What this means: When a group offers either a Tailored Dental and/or Vision plan, employees have a variety of enrollment options for themselves and their eligible dependents. Employees and their dependents do not have to be enrolled in the Medical Benefit plan in order to enroll in Dental and/or Vision.

In order to enroll any dependent in Dental and/or Vision benefits the Employee must also be enrolled in the benefit. Below are just some enrollment options for an Employee with a family.

- **Employee only coverage for Dental/Vision**
- **All family members covered**
- **Only some of the family members covered.** The employee must be covered to use this option.
 - a. Example: an employee enrolls themselves and their child for dental/vision benefits, but not medical coverage.
 - b. Example: An employee covers only themselves on medical, dental and vision, but covers all eligible dependents only under dental and vision.
 - c. Example: An employee covers themselves on medical, dental and vision. The employee then can enroll any of the eligible dependent on any of the three coverages in any combination.

Retiree Eligibility and Enrollment

Eligibility and enrollment guidelines listed in the previous two sections apply in most cases to retirees. For information about dependents, changes, High Deductible Health Plan, and/or ID cards, see the corresponding sections above.

Retirees and their eligible dependents may continue coverage under MUST if eligibility requirements are met. To be eligible, the retiree

- Must be a covered employee or covered trustee under MUST on the day immediately prior to the date of retirement; or
- Must be eligible to continue coverage upon retirement under the Teacher's Retirement System (TRS) or Public Employee's Retirement System (PERS); or
- Must be eligible to continue coverage under the terms and conditions of the employment policies and practices of the member group with which the person was employed on the day immediately prior to retirement. Documentation (a letter or board minutes) indicating retiree eligibility is required.
- School board trustees are eligible to continue coverage as retirees if they served on the board for a minimum of two terms.

To drop coverage, submit a Change Form to the District Clerk within 30 days of the requested effective date.

Note: Retirees and retired trustees who terminate coverage may not re-enroll at a later date.

Change in Status – Active Employee to Retiree

When an employee becomes eligible for retirement under the appropriate retirement provisions and wishes to continue coverage with MUST, the employee must complete a Change Form. **Do not use the Employee Termination of Coverage form for this, as it may result in termination of coverage instead of continuation of coverage under the retiree benefits.** Documentation certifying retiree status from TRS or PERS (or a letter/board minutes from group) must be submitted with the form. Employees who have additional life insurance through the plan may continue those benefits as well (refer to the Retiree Life section).

Note: The Medicare entitlement effective date is established by the Centers for Medicare and Medicaid as the first of the month in which the individual turns 65 unless the birth date is the first day of the month. If the birth date is the first day of the month, the entitlement occurs on the first day of the prior month.

Medicare-Eligible Members

Medicare-eligible members (whether active employees, or retirees) may continue coverage with MUST. The school district does not need to notify MUST about members becoming Medicare-eligible due to age; MUST automatically determines which participants and dependents are turning 65.

Retired members who turn 65 may have monthly premium rates reduced, depending upon the member group's rate structure. Active members over age 65 will not see a rate reduction until retirement.

Coordination of Benefits with Medicare

- MUST coordinates benefits with Medicare.
- An active employee 65 years or older may be covered under both MUST and Medicare. In such situations, MUST pays as the member's primary insurer and Medicare as the secondary.
- An active employee 65 or older may elect to decline MUST coverage, in which case Medicare pays as the primary insurer.
- For retired members Medicare is primary and MUST is secondary when entitled individuals are 65 or older.
- Medicare may be primary in certain instances for active or retired employees and their spouses under age 65, such as in the case of being diagnosed with End Stage Renal Disease (ESRD) or ALS (Lou Gehrig's Disease), retired and being disabled, or being disabled and receiving Social Security disability. Note: Active and retired participants under age 65 who become eligible for Medicare are required to notify the MUST claims processor within 30 days in order to properly coordinate benefits.

Pharmacy Benefits

The MUST Pharmacy Drug Benefits are administered by Blue Cross and Blue Shield of Montana (BCBSMT), whose pharmacy benefit manager is Prime Therapeutics (Prime).

Customer Service

The MUST Pharmacy Drug Benefits are administered by Blue Cross and Blue Shield of Montana (BCBSMT), whose pharmacy benefit manager is Prime Therapeutics (Prime). If you have questions concerning your Pharmacy Drug Benefit, you may call:

- BCBSMT (800) 423-1973
- Prime Specialty Pharmacy (877) 627-MEDS

Prime Performance Drug List (Drug List)

The MUST Pharmacy Drug Benefit uses the Prime Performance Drug List (Drug List). Covered drugs are selected by the Plan based upon the recommendations of a committee, which is made up of current and previously practicing physicians and pharmacists from across the country, some of which are employed by or affiliated with Blue Cross and Blue Shield of Montana. The committee considers drugs regulated by the FDA for inclusion on the Drug List. Some of the factors committee members evaluate include each drug's safety, effectiveness, cost, and how it compares with drugs currently on the Drug List. The committee considers drugs that are newly approved by the FDA, as well as those that have been on the market for some time. Entire drug classes are also regularly reviewed. Changes to the Drug List can be made from time to time.

To check the Performance Drug List, you can:

- Visit www.mustbenefits.org --> Explore Plans --> Pharmacy--> Prime Therapeutics. There are several links to help you review your specific drugs, including detailed instructions.
- Log into your BCBSMT Blue Access for Members (BAM) account --> under Quick Links select "Prescription Drugs" which redirects you to www.myprime.com with your pharmacy information populated.
- Visit www.bcbsmt.com --> Member Services --> Prescription Drug Lists --> Prescription Drug Lists for Employer-offered Plan: Large group (51 or more) --> 2017 Performance Drug List. The list includes instructions on how to navigate the contents.

Prescription Drug Information: All Non-HDHP products except the Basic Plan

- **Copayment:** Any Copayments will **apply** to the Participant's Prescription Drug out-of-pocket amount. Once the drug out-of-pocket maximum amount is met, the Participant is not required to pay the Copayment amounts.

For the Comprehensive Medical (CM), Revised Medical (RM) and Blue Options (BO) Plans – *non-HDHP products*, any Copayment and/or Coinsurance amounts paid for prescription drugs **do not** apply to the **medical** Deductible or the **medical** out-of-pocket amount.

- **Deductible:** For Participants enrolled in a non-HDHP product, prescription drugs **are not** subject to a deductible.
- **Out-of-Pocket Maximum:** For Participants enrolled in a non-HDHP product, prescription drugs **apply** to a separate Prescription Drug out-of-pocket amount of \$1,650 per individual/\$3,300 per family.

Out of Pocket Amount

Individual	\$1,650
Family	\$3,300

Retail Advantage Plus Participating Pharmacy Prescriptions

Copayments and/or Coinsurance for a 30-day supply are:

Preferred Generic:	\$10
Non-Preferred Generic:	\$30
Preferred Brand-Name:	\$50
Non-Preferred Brand-Name:	\$150

Retail Advantage Plus Participating 90-day Network Pharmacy Prescriptions

Copayments and/or Coinsurance for a 90-day supply are:

Preferred Generic:	\$30
Non-Preferred Generic:	\$90
Preferred Brand-Name:	\$150
Non-Preferred Brand-Name:	\$450

Mail Service Maintenance Prescriptions

Copayments and/or Coinsurance for a 90-day supply are:

Preferred Generic:	\$30
Non-Preferred Generic:	\$90
Preferred Brand-Name:	\$150
Non-Preferred Brand-Name:	\$450

Specialty Medications

30-day supply only; Copayments and/or Coinsurance are:

Preferred Specialty:	\$150
Non-Preferred Specialty:	\$300

Prescription Drug Information: High Deductible Health Plans (HDHP)

- **Copayment:** For Participants enrolled in a High Deductible Health Plan (HDHP) product, prescriptions drugs are not subject to a Copayments.
- **Deductible:** For Participants enrolled in a HDHP product, prescription drugs **are** subject to the HDHP medical plan deductible.
- **Out-of-Pocket Maximum:** For Participants on a HDHP will pay 100% of the cost of their medications until their medical deductible is met.

	Deductible	Copayment/ Coinsurance
Non-Preventive Medications After the Deductible is met, Copayments/ Coinsurance are:	Applies	
Retail Advantage Plus Participating Pharmacy Prescriptions		None
Retail Advantage Plus Participating 90-day Network Pharmacy Prescriptions		None
Mail Service Maintenance Prescriptions		None
Specialty Medications (30-day supply only)		None
Preventive Medications	Does Not Apply	
Retail Advantage Plus Participating Pharmacy Prescriptions		None
Retail Advantage Plus Participating 90-day Network Pharmacy Prescriptions		None
Mail Service Maintenance Prescriptions		None

Prescription Drug Information: Basic Plan

- Participants enrolled in the Basic Medical Plan have no Pharmacy Benefit Deductible and/or Copayment/Coinsurance. Participants are eligible for certain **pharmacy discounts only** using their MUST ID card at a Prime Advantage Plus network pharmacy.
- The ID card must be presented at the point of service in order for Participants to receive the discounted pricing or you will be charged the retail amount. Participants are responsible for the entire portion of the participating pharmacy's amount. **Note:** No discounts exist at non-network pharmacies.
- ACA preventive prescriptions covered at 100%.
- If you do not present your discount pharmacy card at time of purchase, the pharmacy is under no obligation to charge you the discounted amount, or to reimburse you the difference if you present it after you purchase the medication.

COBRA

Continuation of Coverage Under COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985, commonly known as COBRA, provides a temporary extension of employer-provided health insurance coverage for qualified beneficiaries. COBRA is intended to provide health coverage for eligible ex-employees and their qualified dependents until new coverage can be obtained. All MUST member groups are eligible for COBRA.

COBRA will be offered to all covered employees or dependents losing eligibility for the employer's plan due to a "COBRA qualifying event." The type of COBRA qualifying event determines who the qualified beneficiaries are and how long coverage may be continued under COBRA. Qualifying events and coverage periods are summarized below. (See the Summary Plan Description for details.)

COBRA Qualifying Event	Length of Continuation Period
Termination of employment (other than for gross misconduct)	18 months
Reduction of hours worked	18 months
Military service (employee and dependents)	24 months
Disability under Social Security	18 months plus an additional 11 months for a total of 29 months
Divorce from employee	36 months
Legal separation	36 months
Employee retirement	18 months
Dependent child reaches age 26	36 months
Dependent of active participant loses coverage when participant chooses Medicare as primary coverage	36 months
Dependent of Deceased Employee (if the dependent of deceased employee is ineligible for retirement benefits)	36 months

The employer must notify MUST of the COBRA-qualifying event within **30 days** of becoming aware of it. For more information, refer to the COBRA section of the Summary Plan Description (Continuation Coverage after Termination, "Notification Responsibilities"). The MUST administration office will then send a notice of COBRA continuation rights to the qualified beneficiary within 14 days of being notified about the qualifying event. The qualified beneficiary has **60 days** from the date eligibility would be lost or **60 days** from the date notification is received from MUST, whichever is later, to elect COBRA coverage. Failure to elect COBRA within the allowable timeframe nullifies the beneficiary's rights to COBRA coverage.

Medical benefits available under COBRA are identical to those of any active participant in that member group. When COBRA is elected, the qualified beneficiary will be responsible for monthly premium(s) back to the date on which coverage was lost. Payment is then due on the first of each month. A grace period of 30 days is allowed before coverage is terminated for non-payment; however, coverage is considered inactive until full payment is received for that month.

Life, AD&D, and Dependent Life Insurance

Life Insurance Underwriting Rules

- An employee cannot receive life insurance coverage as both a participant and as a spouse or dependent.
- Spouse and/or Dependent Life is only available if the employee enrolls in Employee-Paid Life, and then only if their school district offers it.
- When both parents work for the same school district and enroll in Employee-Paid Life, only one parent may have child Dependent Life coverage.
- Election of Spouse Life covers eligible spouse only. List the spouse on the Voluntary Life Benefit Enrollment Form under Dependent Life Enrollment.
- Election of Dependent Life covers all eligible child dependents. List all eligible dependents on the Voluntary Life Benefit Enrollment Form.
- See Enrollment Form for eligibility limitations and exclusions.

Active Employees

Montana Unified School Trust (MUST) provides Basic Life and AD&D Insurance to active employees enrolled in medical coverage. There is no cost to the member group for this basic coverage. Complete the beneficiary designation section of the MUST Enrollment Form.

MUST also makes available two Additional Life and AD&D Insurance plans to active employees, one that is paid by the employer and the other that is paid by the employee. Member groups determine whether to make either or both of these coverage options available to their employees.

If the enrollment form is received more than 30 days after a member initially becomes eligible for the coverage, a medical-history statement and approval from MUST's current life insurance partner will be required before coverage is provided.

Basic Life and AD&D

Active employees enrolled in MUST medical plans will automatically be covered for \$10,000 Basic Life and AD&D insurance. **Retirees and Trustees are not eligible for the Basic Life and AD& D insurance.**

Basic Life and AD&D	
Amount of coverage	\$10,000
Cost per member per month	None. Coverage automatic with medical benefits.
New enrollees	Designate beneficiaries on Enrollment Form or the Waiver Form if the employee is also covered on a medical plan under another employee with the same group.
Beneficiary change	Designate new beneficiaries on the Change Form.

Employer-Paid Additional Life and AD&D

This option and the amount of coverage are elected by the member group. Amounts are elected in multiples of \$10,000 up to \$150,000.

Employer-Paid Additional Life and AD&D	
Amount of coverage	Multiples of \$10,000 up to \$150,000
Cost per member per month	Based on standardized monthly rate per \$10,000 of insurance
Enrollment	Beneficiary designation is located on either the MUST Enrollment Form or Waiver Form.
Billing procedure	Self-bill utilizing MUST Online Market data
Effective date of coverage	Same as medical coverage

Employee-Paid Additional Life and AD&D

The member group may elect to make additional life insurance available to participants, to be paid by the employee. Coverage can be elected in multiples of \$10,000. Limitations on the coverage amount and guaranteed issue amount are shown below.	
Amount of Coverage	Multiples of \$10,000 up to 4 times annual salary (not to exceed \$500,000)
Guaranteed issue amount	\$50,000 without submitting an Evidence of Insurability
Requests above Guaranteed issue amount	Participants requesting amounts above the guaranteed issue amount are required to complete the Evidence of Insurability and send it directly to the address on the form. Coverage will not be effective until MUST's life insurance partner has reviewed the Evidence of Insurability and approved coverage. They will notify the district in writing if the applicant has been approved and the effective date of coverage.
Cost per member per month	Costs are based on an age-banded scale.
Billing Procedure	Self-Bill utilizing MUST Online Market data
Dependent life Insurance	Spouse and eligible children covered for \$5,000 each. This coverage is only available for employees who purchase a minimum of \$10,000 of Employee Paid life insurance.
Enrollment	Complete the Employee Life Enrollment Form or if your employer has online enrollment, enroll online during your initial enrollment period or Open Enrollment.
Effective date of coverage	The effective date for employees who enroll on time and who are requesting up to the guaranteed issue amount, is the same as for medical coverage. Employees requesting above the guaranteed amount will be enrolled in \$50,000 (guaranteed amount). The amount above the guaranteed amount must be approved by the life insurance partner. If approved the effective date of the additional amount is the first of the month after approval.
Late Enrollment	Employees may request Employee Paid Life coverage throughout the year. <ul style="list-style-type: none"> • Complete and submit a Life Enrollment form to MUST.

	<ul style="list-style-type: none"> • Complete an Evidence of Insurability and send to the address on the form. <p>The effective date of the coverage will be the first of the month after approval by the life insurance partner.</p>
Open Enrollment (previously not enrolled)	<ul style="list-style-type: none"> • Complete and submit a Life Enrollment form to MUST or elect through the MUST Online Market. • Upon receipt of the request MUST will provide an Evidence of Insurance to the employee. The employee will complete and send it directly to the life Insurance partner for approval or denial. • The effective date of the coverage will be the first of the month following approval by the life insurance partner.
Open Enrollment Increases up to the Guaranteed Issue amount (currently enrolled)	<ul style="list-style-type: none"> • Employees who are currently enrolled in Employee Paid life insurance may request increases in \$10,000 increments up to the \$50,000 guaranteed limit without completing an Evidence of Insurability. • Complete and submit a Life Enrollment form to MUST or elect through the MUST Online Market. • Effective date will be the renewal date.
Open Enrollment Increases over the Guaranteed Issue amount (currently enrolled)	<ul style="list-style-type: none"> • Participants requesting amounts above the guaranteed issue amount are required to complete the Evidence of Insurability and send it directly to the address on the form. Coverage will not be effective until MUST's life insurance partner has reviewed the Evidence of Insurability and approved coverage. They will notify the district in writing if the applicant has been approved and the effective date of coverage. • Upon receipt of the request MUST will provide an Evidence of Insurability to the employee. The employee will complete and send it directly to the life insurance partner for approval or denial. • The effective date of the coverage will be the first of the month following approval by the life insurance partner.
Adding Dependent Life Coverage (Spouse and Child) Open Enrollment	<ul style="list-style-type: none"> • Employees may request to add Dependent Life Coverage at Open Enrollment. • Complete and submit a Life Enrollment form to MUST or elect through the MUST Online Market. • Upon receipt of the request MUST will provide an Evidence of Insurance to the employee. The employee will complete and send it directly to the life insurance partner for approval or denial. • The effective date of the coverage will be the first of the month following approval by the life insurance partner.

Retiree Life and AD&D Insurance

Retirees are ineligible for the Basic Life and Accidental Death and Dismemberment (AD&D) insurance provided to active employees as part of the MUST health plan. However, participants may elect to continue any life coverage as retirees, which includes Basic Life and AD&D as well as any employer or employee paid life insurance. See the table below for notification and billing procedures.

Retiree Optional Life and AD&D Insurance	
Amount of coverage	An amount not to exceed the amount of Life and AD&D insurance in effect on the day preceding the participant's retirement, up to a maximum of \$50,000 (in \$1,000 increments).
Cost per member per month	Cost is based on an age-banded scale.
Notification of retirement and administrative setup	The school district notifies MUST of the retirement. MUST sends the retiree a letter with contact information.
Billing procedure	The Life/AD&D company (not MUST) bills the retiree directly. Premiums may be paid on an annual, bi-annual, or quarterly basis. Electronic Funds Transfer (EFT) is available.
Age reduction	For retirees age 70 and older, the life insurance benefit is reduced by 50% on the next policy anniversary.

Filing a Life Insurance Claim

To file a life insurance claim for a covered participant, access the online Life Insurance and Long-Term Disability section at mustbenefits.org/forms.

Long-Term Disability (LTD) Insurance

Basic LTD Insurance

Montana Unified School Trust (MUST) provides a Basic Long-Term Disability (LTD) benefit for eligible, active employees enrolled in the medical plan – at no cost to the member group. LTD insurance pays a benefit in the event that the employee is disabled and cannot work because of illness or injury. The Basic LTD Plan pays 50% of the pre-disability monthly income (up to the maximum monthly benefit) after a 180-day waiting period. **Retirees and school board trustees are not eligible for LTD coverage.**

Enhanced LTD Options

Member groups may enhance this LTD coverage for employees by electing one of the optional plans shown below.

	Basic LTD	LTD Buy-Up
Monthly benefit	50% of insured pre-disability earnings, reduced by deductible income from other sources	60% of insured pre-disability earnings, reduced by deductible income from other sources
Maximum monthly benefit	\$5,000	\$6,000
Benefit waiting period	180 days	90 days
Max benefit period. Class I	Up to the 'normal' social security age as long as the definition of disability is met	Up to the 'normal' social security age as long as the definition of disability is met
Max benefit period. Class II	Up to 5 years as long as the definition of disability is met	Up to 5 years as long as the definition of disability is met
Rate per member	Provided by MUST	\$4.05 per month
Billing procedure	N/A	Self-bill utilizing MUST Online Market data

LTD Claims

To file a long-term disability claim for a covered participant, access the Disability Claim Form under the Life and Long Term Disability section at mustbenefits.org/forms. Instructions are included on the form. Mail to the address indicated at the top of the form.

Billing

The following documents are typically received each month for billing


Billing Reconciliation

This document must be returned with your payment and completed in full. It is extremely important to reconcile any difference between the amount billed (“Total Amount Due” on the example below) and the amount you are paying (“Amount Paid”). Any difference needs to be entered on the “Adjustments From Below Line” and that number needs to equal the total calculated from detailed entries entered in the space provided in the large table on the middle of the Reconciliation Sheet

SLEEPING GIANT SCHOOL DISTRICT

Please Remit this Completed Form
With Your Payment to:

Group No: 1970
For the Month: March 2015
Due Date: 03-10-2015



MUST
MONTANA UNIFIED SCHOOL TRUST

RECONCILIATION SHEET

	+/-	Amount
Total Amount Due		10,945.00
Adjustments From Below		+966.00
Amount Paid		11,911.00

Make Check Payable to : MUST

Montana School Services Foundation
Program Administrator
P.O. Box 4579
Helena, MT 59604
800-845-7283
406-457-4400

Soc Sec. #	Employee Name	Reason Code	Effective Date	+/-	Amount	Comment
000-00-0000	Doggie, Angie	8	2/28/15	-	423.00	
000-00-0000	Doe, Jane	1	03/01/15	+	1,389.00	
Total Adjustments Entered Above				+	966.00	

Reason Codes

1. New Hire
2. Surviving Spouse
3. Loss of Other Coverage
4. Marriage
5. Birth or Adoption/Placement
6. Divorce or Legal Separation
7. Ineligible Dependent
8. Left Employment
9. Retirement
10. Waiving Coverage
11. Moving to Spouse Plan
12. Death
13. (Short)/Over Payment
14. Other – Please Explain

Notification of changes must be received within 30 days of qualifying event date.
If making additions or changes on this form the enrollment form or change form must be attached, if not previously submitted.
If terminating coverage please list reason for termination – ie: left employment or dependent no longer eligible.
Credit will not be given for more than 2 months premium on retroactive terminations or changes.

I have reviewed the accompanying premium statement and certify that the enclosed payment is only for persons eligible for coverage. I understand that terminations must be reported within 30 days and certify that all terminations since the last statement have been reported to MUST or are being reported in this statement. I understand that MUST has the right to reimbursement for any payments made on claims incurred by former employees when the termination has not been reported as required


Authorized Representative _____
Title _____ Date _____

Key

1. “Total Amount Due” is the amount MUST billed. “Amount Paid” is what the group actually paid. “Adjustments From Below” should reflect a total of all differences between the amount billed and amount paid – and that number should equal the amount entered at the bottom of the table below.
2. This is where the group details any and all employee changes that led to a different amount than what MUST billed. “Reason Codes” can be found at the bottom of the sheet.
3. “Total Adjustments Entered Above” should match the “Adjustments From Below” entry at the top of the sheet.

Premium Statement

This shows the balance forward from the previous statement, any payments received, currently monthly premium and any monthly retroactive changes.



SOLD TO: Sleeping Giant School District
123 Drury Lane
Boonsboro, MT 59000

Attn: Elmer Fudd, Clerk

STATEMENT

1

GROUP NO.: 1970
PAGE: 1
STATEMENT DATE: 03/01/2015
PRINT DATE: 03/03/2015

REMIT TO ADDRESS:
MONTANA UNIFIED SCHOOL TRUST
725 NORTH MONTANA AVENUE
PO BOX 4579
HELENA, MT 59604

DOCUMENT NUMBER	DOCUMENT DATE	Type	REFERENCE/APPLIED NUMBER	DUE DATE	AMOUNT
			Last Balance Forward Date:	2/1/2015	
			Balance Forward:		10,945.00
YOSEMITE 560	2/12/2015	PY			-423.00
12360	2/12/2015	PY			-10,522.00
1970.201503.FY15 RETRO	3/1/2015	DB		3/1/2015	968.00
1970.201503.MAR PREM	3/1/2015	IN		4/10/2015	9,977.00

IN - Invoice	PY - Applied Receipt	UC - Unapplied Cash	Thank you for keeping your account current.	Total:	10,945.00
DB - Debit Note	ED - Earned Discount	RF - Refund			
CR - Credit Note	AD - Adjustment				
IT - Interest Payable	PI - Prepayment				


Current	1 - 30 DAYS O/DUE	31 - 60 DAYS O/DUE	61 - 90 DAYS O/DUE	OVER 90 DAYS O/DUE
10,945.00	0.00	0.00	0.00	0.00

Key

1. "Statement Date" indicates the premium month for which the bill was generated. "Print Date" indicates the specific day when the statement was printed.
2. Document numbers to help group track billing materials.
3. Coded reference for the type of document detailed (code key included at bottom of statement).

Monthly Premium Detail

This is a list of the employees to be covered for the current billing month and their premiums.



MARCH PREMIUMS

GROUP	NAME	SSN	Status	M	D	V	MEDICAL PLAN	Medical	Dental	Vision	Total
SLEEPING GIANT SCHOOL DISTRICT	FLINSTONE, FRED	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	RUBBLE, BARNEY	C	A	E			RM 750-80-2000	479.00			479.00
SLEEPING GIANT SCHOOL DISTRICT	RABBIT, RICOCHET	C	A	F			RM 750-80-2000	1,389.00			1,389.00
SLEEPING GIANT SCHOOL DISTRICT	BRADLEY, CELIA	C	A	F			RM 750-80-2000	1,389.00			1,389.00
SLEEPING GIANT SCHOOL DISTRICT	DOGGIE, ANGIE	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	DOO, SCOOPY	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	FROG, MICHIGAN J	000-00-0000	A	C			HE 2500-100-2500	745.00			745.00
SLEEPING GIANT SCHOOL DISTRICT	GHOST, SPACE	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	HOUND, HUCKLEBERRY	000-00-0000	A	S			HE 2500-100-2500	845.00			845.00
SLEEPING GIANT SCHOOL DISTRICT	MCGRAW, QUICK DRAW	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	PHOOEY, HONG KONG	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	PITSTOP, PENELOPE	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	SMURF, SMURFETTE	000-00-0000	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	LE PEW, PEPE	000-00-0000	A	C			RM 750-80-2000	844.00			844.00
SLEEPING GIANT SCHOOL DISTRICT	GONZALES, SPEEDY	000-00-0000	A	E			RM 750-80-2000	479.00			479.00
SLEEPING GIANT SCHOOL DISTRICT	YOSEMITE, SAM	000-00-0000	R	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT Count								16	0	0	16
SLEEPING GIANT SCHOOL DISTRICT Total								9,977.00	-	-	9,977.00

A - Active
 R - Retiree
 RM - Retiree Medicare
 R2M - Retiree 2 Party Medicare
 R+/-M - Retiree Medicare 1 Over/1 Under

E - Employee Only
 F - Employee + Family
 S - Employee + Spouse
 C - Employee + Child(ren)
 DP - Employee + Domestic Partner


Key

1. The "Status" column shows member status (active, retiree, etc.) and the "M" column, or Medical Coverage column, shows the type of coverage (employee-only, family, etc.) Code key at bottom of page. The "D" and "V" columns show whether member has dental or vision coverage.
2. Member's elected medical plan.
3. Plan premiums based on coverage type.

Retroactive Adjustments

This shows any retroactive adjustments that occurred during the month. The columns on this document are the same as on the Monthly Premium Detail, but include an additional column—"Cov. Mo/Yr" (or Coverage Month/Year)—that identifies the effective date of the retroactive change.

This shows any retroactive adjustments that occurred during the month. The columns on this document are the same as on the Monthly Premium Detail, but include an additional column—"Cov. Mo/Yr" (or Coverage Month/Year)—that identifies the effective date of the retroactive change.



RETROACTIVE ADJUSTMENTS FY 2015 (Current Year)

GROUP	NAME	SSN	Cov. Mo/Yr	Status	M	D	V	MEDICAL PLAN	Medical	Dental	Vision	Total
SLEEPING GIANT SCHOOL DISTRICT	FLINSTONE, FRED	000-00-0000	FEB 2015	A	E			HE 2500-100-2500	423.00			423.00
SLEEPING GIANT SCHOOL DISTRICT	RABBIT, RICOCHET	000-00-0000	FEB 2015	A	C			RM 750-80-2000	(844.00)			(844.00)
SLEEPING GIANT SCHOOL DISTRICT	RABBIT, RICOCHET	000-00-0000	FEB 2015	A	F			RM 750-80-2000	1,389.00			1,389.00
SLEEPING GIANT SCHOOL DISTRICT Count									3	0	0	3
SLEEPING GIANT SCHOOL DISTRICT Total									968.00	0	0	968.00

A - Active
T - Termed
R - Retiree
RM - Retiree Medicare
R2M - Retiree 2 Party Medicare
R+/-M - Retiree Medicare 1 Over/1 Under

E - Employee Only
F - Employee + Family
S - Employee + Spouse
C - Employee + Child(ren)
DP - Employee + Domestic Partne

MUST Documents

Forms

All MUST member and group forms can be found online at mustbenefits.org under the [Member/Employees](#) or [Business Manager/Clerks](#) menu. This includes all current Enrollment Forms, Change Forms, Employee Termination Forms, etc. Since members have a year from the date of service to file claims, we also maintain forms from the previous benefit period. **It is essential that members use the correct form for the benefit period during which service was rendered as claims can be delayed or denied otherwise.**

Publications

All MUST and relevant partner publications can be found online at mustbenefits.org/publications. This includes Benefit Summaries, government-required Summaries of Benefits and Coverage (SBCs), policy documents, pamphlets, the MUST Read newsletter, etc. The MUST Notice of Privacy Practices is located at the bottom of the mustbenefits.org under [Important Information](#).

If you have difficulty using or accessing forms or publications, please call MUST customer service at 1-800-845-7283.