

your
BENEFIT
SUMMARY
24/25
PLAN YEAR



MUSTBENEFITS.ORG





MISSION

To serve the public education community of Montana by providing high-quality, cost-effective health benefit plans and services through the Montana Unified School Trust.



HERE'S WHAT'S INSIDE

Welcome Letter.....	3
Glossary	4
Benefits of Utilizing In-Network Providers.....	5
RM Plan	6
HDHP Plan	7
Make the Most of Your Benefits	8
Pharmacy Benefits	9
Preventive Services.....	10
Virtual Visits.....	10
24/7 Nurseline.....	10
Premise Health Centers	11
Life & Long-Term Disability Benefits	12
Additional Member Resources.....	12
Digital Health Tools	13
Your Dental Benefits.....	14
Your Vision Benefits	15
Contact Information.....	16



IMPORTANT NOTE: This benefit summary does not include all plan rules and details and is not a considered a Summary Plan Document (SPD) or a certificate of coverage. In the event of any conflict between such documents and information presented in this benefit summary, the terms of the actual plans or policies will govern.

HEALTH BENEFIT PLANS & SERVICES:

Welcome to the most trusted source in the 406.

The Montana Unified School Trust (MUST) health benefit plan is offered to you by your employer. MUST is a health-benefit trust dedicated to serving public schools and is governed by a board of trustees consisting of three representatives from each of the sponsoring organizations – Montana Federation of Public Employees (MFPE), Montana School Boards Association (MTSBA), and School Administrators of Montana (SAM). The objective of MUST is to offer affordable, high-quality health benefits and valuable protection to you (and your family) as an important part of Montana's education community.

MUST includes group life insurance and long-term disability insurance with the following group medical plans: the Revised Major Medical Plan (RM) and the High Deductible Health Plan (HDHP).

Administering an extensive health-benefits trust requires many strong relationships. We currently work with the following organizations in an effort to keep member premiums at a minimum while ensuring only the highest quality benefit plans and options.

- + **Blue Cross and Blue Shield of Montana (BCBSMT)** is contracted to perform certain services. Services provided by BCBSMT include, but are not limited to, claims processing, payment to providers, and medical management, as well as a first-class customer advocate team.
- + **Navitus Health Solutions** will be your new pharmacy benefit manager (PBM) effective July 1, 2024. Navitus's goal is to improve your health and minimize out-of-pocket costs. They will provide a friendly customer experience to make it easier to understand your benefits and enable convenient access to medications.
- + Navitus's specialty pharmacy partner, **Lumicera Health Services**, provides a high level of personalized care for members with complex conditions. Their clinical team will help you manage side effects, reduce complications, and improve your quality of life. To start, just call 855-847-3553 to speak with a Lumicera patient care specialist.
- + **Delta Dental** is contracted to offer comprehensive, high quality oral health care coverage to our enrollees and is built on the strongest network of dental providers in the country. Regular dental checkups can improve your overall well-being.
- + **VSP Vision Care** is contracted to offer well-vision exams, essential medical eye care, and comprehensive hardware benefits. Regular vision checkups can improve your overall well-being and helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.
- + **Premise Health Clinics** provide fewer hassles and convenient access for both in-person and virtual healthcare including but not limited to Primary Care, Pharmacy, and Behavioral Health.
- + **Dearborn** provides life and disability products including no-cost mental health visits, travel resource services, Solutions for Education Professionals (College Assistance Plan, Office Depot Discount Program, and K-12 Campus Violence Benefit), and Disability coverage during school breaks.
- + We have partnered with **Benelogic**, an industry leader in online benefits management to make the benefit enrollment process faster and easier. No more searching through paper benefit guides, tracking down and completing forms, or losing copies of your annual election information.

MUST provides numerous resources to help improve your wellbeing, understand your healthcare benefits, and navigate your coverage options. Visit our website www.mustbenefits.org to make the most of your benefits. For dedicated, personalized assistance, the MUST Benefits Team is available at 406-457-4400 x 1 or contact@ms-sf.org

We are pleased to welcome you to MUST!

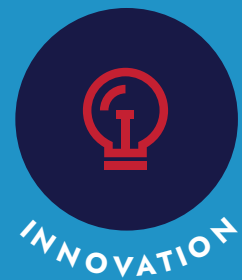


Roxanne Wallis
Administrative & Operations Officer



Jeff Goody
Marketing & Sales Director

our VALUES



GLOSSARY

This list contains commonly used insurance terms. This list is intended to be an easy-to-use reference and is not intended to be exhaustive. The Summary Plan Document (SPD) and other materials specific to your Plan supersede this general information. Refer to the SPD for specific-benefit related terms.

ALLOWED AMOUNT: Maximum amount on which payment is based for covered health care services. Network providers agree to the terms of the TPA's allowed amount. *Out-of-network providers'* charges can be greater than the allowed amount. If a provider charges more than the allowed amount, you may have to pay the difference. (See *Balance Billing*).

APPEAL: If your claim is denied, you have the right to appeal the denial. For information on how to file an appeal, consult your Summary Plan Document or contact the MUST Benefits Team. See back cover for contact information.

BALANCE BILLING: When a provider bills you for the difference between the provider's charges and the *allowed amount*. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A *network provider* may not balance bill you for covered services. Balance billed amounts do not accrue toward a member's deductible and out-of-pocket maximum.

BENEFIT PERIOD: Also known as the plan or benefit year. This refers to the duration of time between renewal periods which members are covered for elected services. A member's benefit period begins with their effective date and ends on the same date the plan benefit period ends. Thus, the benefit period may be less than 12 months.

COBRA: This stands for Consolidated Omnibus Budget Reconciliation Act of 1986. This federal act requires group health care plans to allow members and covered dependents to continue their group coverage for a stated period of time following a qualified event that

causes the loss of group health coverage. Qualifying events included reduced work hours, termination of employment, a child becoming an over-aged dependent, Medicare eligibility, death or divorce of a covered member. MUST administers COBRA provisions for continuation of coverage.

CO-INSURANCE: Your share of the costs of a covered health care service, calculates as a percent (for example, 20%) of the *allowed amount* for the service. You pay *co-insurance* plus any *deductible* you owe. For example, if the plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The plan pays the rest of the *allowed amount*.

CO-PAYMENT: A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service.

DEDUCTIBLE: The amount you owe for health care services your plan covers before the plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

NETWORK: The facilities, providers and supplies that our *Third-Party Administrators* have contracted with to provide services. Also referred to as a participating or in-network provider.

OUT-OF-POCKET LIMIT: The most you pay during a benefit period before your plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care services your plan doesn't cover. It does include the amount

of *deductible*, applicable *co-payment* and/or *co-insurance* a member must pay for covered services incurred during the *benefit period*.

OUT-OF-NETWORK PROVIDER: A provider who doesn't have a contract with a TPA to provide services to you. You'll pay more to see an out-of-network provider. Using network providers ensures members the highest possible benefit and avoids *balance billing* by the provider.

PREVENTIVE BENEFIT: Includes any number of first-dollar benefits offered to all MUST members, including coverage for certain screenings and immunizations billed by providers as a preventive service.

SERVICE YEAR: Services limited to one-time per year, services must be 365 days apart.

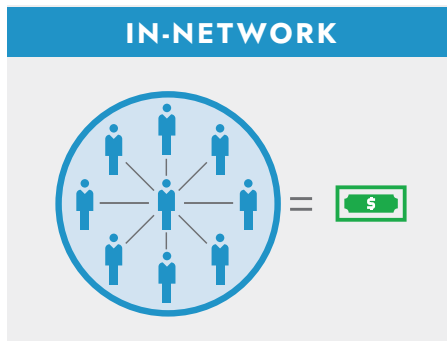
SPECIALTY DRUGS: Used to treat complex medical conditions and are typically given by injection but may be topical or taken by mouth. This is a narrowly defined class of extremely high-cost, biologic drugs that often require special handling, administration, and careful adherence to treatment protocols. Lumicera will assist you with obtaining your specialty medication.

THIRD-PARTY ADMINISTRATOR (TPA): MUST uses third-party administrators, Blue Cross and Blue Shield of Montana (BCBSMT) for medical, Navitus Health Solutions for pharmacy, Delta Dental for dental, and VSP for vision, to administer day-to-day plan functions. This relationship not only brings large provider networks to members, but also processes claims and provides front-line customer service along with the MUST Benefits Team.

benefits of utilizing IN-NETWORK PROVIDERS

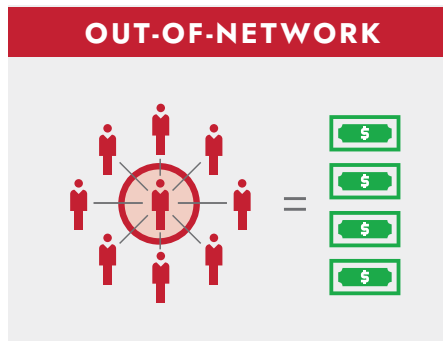
STAY IN-NETWORK AND SAVE!

Example



Total Charge	\$250.00
BCBS Discount.....	\$75.00
BCBS Allowed Amount	\$175.00
BCBS Pays.....	\$140.00
YOU PAY	\$35.00

The \$35.00 goes to your Out-of-Pocket Limit



Total Charge	\$250.00
NO BCBS Discount	\$0.00
BCBS Allowed Amount	\$175.00
BCBS Pays	\$140.00
YOU PAY	\$110.00

Only \$35.00 of the \$110.00 would go towards your Out-of-Pocket Limit

STEP 1

Confirm the provider and/or facility is In-Network to receive the benefit of contracted discounts. Check the websites of BCBSMT, Navitus, Delta Dental and VSP to find providers and facilities who are In-Network.

STEP 2

If they're not in-network, ask if they will give you a discount if you pay in full today.

HOW YOU AND YOUR INSURER SHARE COSTS

Jane's Plan Deductible: \$1,500

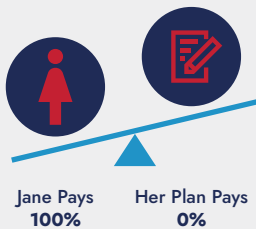
Co-Insurance: 20%

Out-of-Pocket Limit: \$3,000

July 1st
Beginning of
Coverage Period

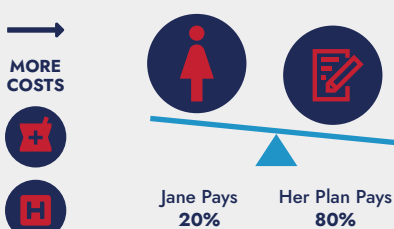
Example

June 30th
End of
Coverage Period



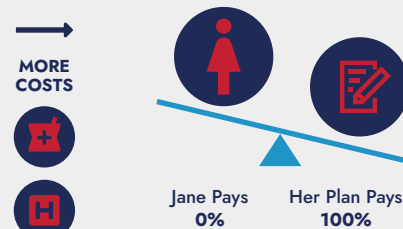
Jane hasn't reached her \$1,500 deductible yet.
Her plan doesn't pay any of the costs.

Office visit costs.....	\$125.00
Jane pays	\$125.00
Her plan pays	\$0.00



Jane reaches her \$1,500 deductible, co-insurance begins.
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs.....	\$75.00
Jane pays	20% of \$75.00=\$15.00
Her plan pays	80% of \$75.00=\$60.00



Jane reaches her \$3,000 out-of-pocket limit.
Jane has seen the doctor often and paid \$3,000 in total. Her plan pays the full cost of her covered healthcare services for the rest of the year.

Office visit costs.....	\$200.00
Jane pays	\$0.00
Her plan pays	\$200.00

Please remember that Jane is using In-Network Provider(s) and Facilities. Should Jane use Out-of-Network Provider(s) and/or Facilities, she can be balance billed and owe additional money.



RM PLAN

REVISED MAJOR
MEDICAL

PRE-AUTHORIZATION COULD BE REQUIRED FOR SOME SERVICES

MEDICAL BENEFITS

DEDUCTIBLE WAIVED

- 🍏 **FIRST-DOLLAR BENEFIT (Mental Health/Substance Use):** First 3 outpatient office visits paid at 100%.
- 🍏 **PREVENTIVE SERVICES:** Paid at 100% in-network (see page 10 for details.)
- 🍏 **OFFICE VISITS:** \$25 co-pay in-network
- 🍏 **ACCIDENT BENEFIT:** The plan pays the first \$500 of eligible expenses for accident injuries; deductible and co-insurance waived.
- 🍏 **NUTRITIONAL COUNSELING:** Preventive in-network nutritional counseling for a healthy diet.
- 🍏 **WELL-CHILD CARE SERVICES**
- 🍏 **VIRTUAL VISITS:** Through MDLIVE \$25.
- 🍏 **DIABETIC EDUCATION BENEFIT:** The deductible, co-payment and/or co-insurance do not apply to the payment of the first 5 in-network visits. After the first 5 visits, co-payment applies.
- 🍏 **CHIROPRACTIC/ACUPUNCTURE VISITS:** Deductible waived and no co-insurance, 10 combined visits per benefit period. Does not include plan x-rays.

DEDUCTIBLE APPLIES

- 🍏 **HOSPITAL SERVICES**
- 🍏 **DIAGNOSTIC X-RAYS**
- 🍏 **LAB WORK**
- 🍏 **CONVALESCENT HOME SERVICES:** Visit maximum – 60 days per benefit period.
- 🍏 **AUTISM SPECTRUM DISORDERS:** Benefits are not subject to any applicable physical, occupational, or speech therapy visit maximums.
- 🍏 **TRANSPLANT COVERAGE**
- 🍏 **HOME HEALTH CARE:** Visit maximum – 180 visits combined with hospice care per benefit period.
- 🍏 **MENTAL HEALTH:** First 3 visits per plan year not subject to deductible and co-insurance. Subsequent visits \$25 co-payment per visit. Virtual visits are available through MDLIVE and process the same.
- 🍏 **SUBSTANCE USE:** First 3 visits per plan year not subject to deductible, co-payment and co-insurance. Subsequent visits \$25 co-payment per visit.
- 🍏 **THERAPIES – OUTPATIENT:** Physical, occupational, speech, cardiac therapy – visit maximum per benefit – 50 visits combined.
- 🍏 **REHABILITATION THERAPY:** Visit maximum – outpatient (50 visits) and inpatient (60 days) per benefit period combined with physical, occupational, speech, and cardiac therapy.

PHARMACY

Performance Drug List Tiers

- Tier 1 - Generic Drugs
- Tier 2 - Preferred Brand Drugs
- Tier 3 - Non-Preferred Brand Drugs
- Tier 4 - Specialty Drugs (see page 9)
- Pharmacy Out-of-Pocket Max

30-Day Member Co-Pay

- \$10
- \$50
- \$150
- \$250
- \$1,650 individual/\$3,300 family

MAIL ORDER OR AT SELECT RETAIL STORES: 2X CO-PAY = 90 DAYS

*Member responsibility will be the lower of the contracted rate or the copay.

The plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Check with your provider before you get services.

HSA ANNUAL CONTRIBUTION LIMITS



INDIVIDUAL



FAMILY

55+

ADDITIONAL CATCH UP



7

2024

\$4,150

\$8,300

\$1,000

2025

\$4,300

\$8,550

\$1,000

HDHP PLAN HIGH DEDUCTIBLE HEALTH PLAN (HSA-QUALIFIED)

PRE-AUTHORIZATION COULD BE REQUIRED FOR SOME SERVICES

MEDICAL BENEFITS

DEDUCTIBLE WAIVED

- 🍏 **PREVENTIVE SERVICES:** Paid at 100% in-network (see page 10 for details).
- 🍏 **ACCIDENT BENEFIT:** The plan pays the first \$500 of eligible expenses for accident injuries; deductible waived.
- 🍏 **NUTRITIONAL COUNSELING:** Preventive in-network nutritional counseling for a healthy diet.
- 🍏 **WELL-CHILD CARE SERVICES**
- 🍏 **VIRTUAL VISITS:** Through MDLIVE \$48.

DEDUCTIBLE APPLIES

- 🍏 **OFFICE VISITS**
- 🍏 **HOSPITAL SERVICES**
- 🍏 **DIAGNOSTIC X-RAYS**
- 🍏 **LAB WORK**
- 🍏 **CONVALESCENT HOME SERVICES:** 60 days per benefit period.
- 🍏 **AUTISM SPECTRUM DISORDERS:** Benefits are not subject to any applicable physical, occupational, or speech therapy visit maximums.
- 🍏 **TRANSPLANT COVERAGE**
- 🍏 **DIABETIC EDUCATION BENEFIT**
- 🍏 **HOME HEALTH CARE:** Visit maximum – 180 visits combined with hospice care per benefit period.
- 🍏 **MENTAL HEALTH/SUBSTANCE USE**
- 🍏 **THERAPIES – OUTPATIENT:** Physical, occupational, speech, cardiac therapy – visit maximum per benefit – 50 visits combined.
- 🍏 **REHABILITATION THERAPY:** Visit maximum – outpatient (50 visits) and inpatient (60 days) per benefit period combined with physical, occupational, speech, and cardiac therapy.
- 🍏 **CHIROPRACTIC/ACUPUNCTURE VISITS:** Deductible applies, no-co-insurance, but limited to 10 combined visits per benefit period. Does not include x-rays.

PHARMACY

- 🍏 Members on High Deductible Health Plans (HDHPs) pay 100% of the cost of their medications until their medical plan deductible is met.
- 🍏 All HDHP plans include an **EXPANDED PREVENTIVE DRUG LIST**, that covers additional preventive prescriptions at \$0 before deductible. The preventive drug program includes prescription drugs in the following categories: anti-coagulants/anti-platelets, bowel preparation, breast cancer prevention, contraceptives, fluoride supplements, high blood pressure, high cholesterol, thyroid, respiratory, tobacco cessation, and vaccines.
- 🍏 Specialty drugs are filled by Lumicera Specialty Pharmacy. If you are using a specialty drug, you will be signed up for the Specialty Access Program. A Lumicera Patient Care Specialist can help you enroll in the program. If you choose not to take part in the Specialty Access Program, you may be responsible for the entire cost of the drug.

The plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Check with your provider before you get services.

MAKE THE MOST OF YOUR BENEFITS

This means more than just visiting in-network providers and knowing what is covered by your benefits. MUST wants to make it easy for you to utilize your benefits. Virtual visits, the Provider Finder® tool, Blue Access MobileSM, and a 24/7 NurseLine are all available for members.



Provider Finder® & Transparency Tool

MAKE INFORMED DECISIONS

The Provider Finder® is an innovative tool when choosing a provider, or estimating the cost for hundreds of medical procedures. The tool allows you to know more about providers who take care of you or your family and compare provider costs by location. The Provider Finder tool is available at bcbsmt.com by logging in to Blue Access for MembersSM (BAMSM) or by downloading the BCBSMT Mobile app to your smartphone. This tool can be used to:

- ▶ Find a network primary care physician, specialist or hospital
- ▶ Filter search and compare results by doctor, specialty, ZIP code, gender, and even get directions
- ▶ Estimate the cost of procedures, treatments and tests, and your deductible/out-of-pocket expense based on your actual MUST benefit plan
- ▶ Review quality designations for facilities and physicians
- ▶ View patient reviews on physicians and add your own benefits!

Care Management

As a MUST member, you have access to an integrated health management program, including pharmacy coordination, for chronic and acute care.

UTILIZATION MANAGEMENT

Management of inpatient and specified outpatient procedures

HOLISTIC HEALTH MANAGEMENT

- ▶ A member centered approach to care management. Provides clinical outreach for those who need it most, when they need it most to improve health outcomes and reduce costs
- ▶ Coordinates all health concerns, regardless of condition
- ▶ Multidisciplinary team to address complex health challenges; partners with specialist as necessary, including behavioral health experts and pharmacists

BEHAVIORAL HEALTH

Inpatient management, case management, outpatient management and specialty teams to assist with opioid/substance abuse, autism, and eating disorders.

**Programs may have participation criteria.*

Blue Access For MembersSM

Get started by logging in to Blue Access for MembersSM (BAMSM) at bcbsmt.com. Then go to **My Health** to access all your health and wellness programs. For example, the **Well onTarget®** program can help you figure out where you might want to make some changes, then help you reach those goals. Digital self-management programs can teach you about managing asthma, diabetes, finances, fitness, and other health related issues.

ONLINE: Visit bcbsmt.com and click the **Sign Up** or **Log In** tab to access your Blue Access for MembersSM (BAMSM) account. Once logged in, access **Virtual Visits** from the quick links on the left.

MOBILE: Using your smart phone, text your own online virtual assistant! This makes activation quick and easy. To start, just text **BCBSMT** to **635-483**. Download the **MDLIVE** app from the Apple StoreTM or Google Play StoreTM



your PHARMACY BENEFITS



Navitus Health Solutions will be your new pharmacy benefit manager (PBM) effective July 1, 2024. Navitus's goal is to improve your health and minimize out-of-pocket costs. They will provide a friendly customer experience to make it easier to understand your benefits and enable convenient access to drugs.

USE THE MEMBER PORTAL

You will have access to the member portal on your effective date. Our portal gives you access to helpful information including:

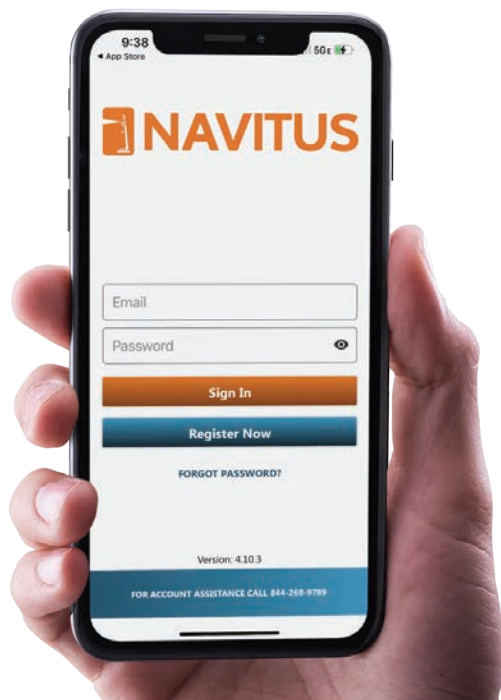
- ▶ Network pharmacies near you
- ▶ Cost comparison tools
- ▶ Your pharmacy plan details
- ▶ Your digital ID card

To get started, register at
<https://memberportal.navitus.com>
or scan the QR code.



DOWNLOAD THE NAVITUS APP

You can also access your benefits, find a nearby pharmacy, view your digital ID card and more—all on our mobile app.



Combine the Savings Power of Navitus and GoodRx®

As a Navitus member, you can have peace of mind knowing that you are getting the best value on your prescriptions. We have teamed up with GoodRx, the largest discount card in the country, to provide you with even more savings. When you fill a prescription for a generic drug, we compare the out-of-pocket cost under your benefit to the GoodRx price. You pay whichever is less. Just present your ID card to start saving. It's that simple!



Specialty Rx

Introducing the Specialty Access Program. If you are taking or using an eligible specialty medication, you must participate in the Specialty Access Program which is designed to lower your specialty pharmacy costs. The Specialty Access Program is different from the copay assistance you may currently use. If you choose not to take part in the Specialty Access Program, you may be responsible for the entire cost of the drug. Any assistance dollars you receive will not apply to your annual deductible and/or out-of-pocket maximum. A Patient Care Specialist will assist you with enrolling in the program and collect all necessary income and identification information from you. The Patient Care Specialist will work with you to ensure you continue to receive your specialty medication(s) as prescribed. Call them at **855-847-3553**.



Try Mail Order

Save time and money by using Costco Pharmacy to have your prescriptions mailed directly to you. To get started, simply register at pharmacy.costco.com or call **800-607-6861**. Once your prescriptions have been transferred, Costco Pharmacy will mail them to you within five business days. *You do not need to be a Costco member to use Costco Pharmacy.*





PREVENTIVE SERVICES

Preventive services are designed to comply with terms of the Patient Protection and Affordable Care Act (PPACA), current recommendations of the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Examples of preventive health care services include, but are not limited to:

- ▶ WELL BABY/WELL CHILD CARE
- ▶ PREVENTIVE, ROUTINE PHYSICALS
- ▶ WELL WOMAN VISITS*
- ▶ PREVENTIVE MAMMOGRAMS
- ▶ IMMUNIZATIONS
- ▶ PREVENTIVE COLONOSCOPY
- ▶ PROSTATE CANCER SCREENING

Preventive and screening tests and services must be ordered by a treating health care provider.

Preventive care does not include diagnostic treatment, lab, x-ray, follow-up care, or maintenance care of existing conditions or chronic disease.

Any plan deductible, co-payment, and/or co-insurance amounts stated in the Benefit Summary are waived when provided by an in-network provider. When out-of-network providers are used, the member is subject to deductible, co-insurance, and any charges beyond MUST's allowable limits (balance billing). Balance billing charges do not apply to member deductibles and out-of-pocket maximums. When preventive services and diagnostic or therapeutic services occur during the same visit, the member pays deductibles and co-insurance for diagnostic or therapeutic services but not for preventive services.

Contact your MUST Benefits Team for more information.

**Women on all MUST plans have access to generic oral contraceptives, diaphragms, cervical caps, sterilization procedures, patient education, and counseling. Over-the-counter female contraceptives are covered when prescribed by a provider.*

VIRTUAL VISITS

Telehealth powered By MDLIVE® or Virtual Visits are an efficient and cost-effective care solution available on all MUST plans. For a maximum charge of \$48, or a \$25 copay (refer to your plan) simple, non-emergency medical health conditions can be addressed via telephone, online video, or mobile app. Members, through their Blue Access for MembersSM (BAMSM), can register and access Virtual Visits. Montana law requires virtual visits incorporate a visual between provider and member.

No matter where you are, a doctor is available **24 HOURS A DAY/ SEVEN DAYS A WEEK**. MDLIVE® virtual visit doctors can save time, help treat and prescribe needed medications.

GENERAL HEALTH

- ▶ Allergies
- ▶ Asthma
- ▶ Joint aches
- ▶ Sinus infection

PEDIATRIC CARE

- ▶ Cold/Flu
- ▶ Ear infection
- ▶ Pink eye



24/7 NURSELINE

877.213.2565

The 24/7 Nurseline can answer health questions and help you decide whether you should go to the emergency room, urgent care center, or make an appointment with your provider. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions! When you call you can access an audio library of more than 1,000 health topics.

WHEN TO CALL THE 24/7 NURSELINE

- ▶ Asthma, back pain or chronic health issues
- ▶ Dizziness or severe headaches
- ▶ High fever
- ▶ A baby's nonstop crying
- ▶ Cuts or burns
- ▶ Sore throat

LIFE & LONG-TERM DISABILITY (LTD)

BENEFITS

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

MANAGED BY  Dearborn Group™

BASIC LIFE AND AD&D (Paid for by MUST)

MUST provides \$15,000 of Basic Group Life Insurance coverage to eligible employees of participating member groups at no additional cost to the group or the employee. MUST Group Life Insurance coverage is not available for retirees, school-board trustees, or employees who do not elect medical coverage.

ADDITIONAL LIFE OPTIONS

EMPLOYER-PAID LIFE: This is an additional Life and Accidental Death & Dismemberment (AD&D) policy paid for by the employer. Employers may elect any amount in increments of \$10,000 to a maximum of \$150,000.

EMPLOYEE-PAID VOLUNTARY LIFE BUY-UP: If elected at the group level, an employee can purchase additional Life and AD&D. They can elect any amount in increments of \$10,000 to the lesser of \$500,000 or four times base annual earnings. Employees can elect up to \$100,000 without submitting evidence of insurability upon initial enrollment.

VOLUNTARY DEPENDENT LIFE: This is an additional life policy paid for by the employee who purchases the Voluntary Life Buy-Up. Spousal/Domestic Partner coverage can be purchased in multiples of \$10,000 (min) to \$50,000 (max). No evidence of insurability needed for the minimum coverage upon initial enrollment. Dependent coverage can be purchased in \$5,000 or \$10,000 limits (child/ren).

LONG-TERM DISABILITY (LTD)

MUST provides Basic Long Term Disability (LTD) coverage to eligible employees of participating member groups at no additional cost to the group or the employee. Member groups may enhance coverage for employees by electing the LTD buy-up and/or the LTD Employer-paid non-medical enrolled buy-up. MUST LTD coverage is not available for retirees, school-board trustees, or employees who do not elect medical coverage.

BASIC LTD NON-MEDICAL (Paid for by Employer)

LTD benefit 50% pre-disability earnings
Max monthly benefit.....\$5,000
Benefit waiting period.....180 days

LTD BUY-UP (Paid for by Employer)

LTD benefit: 60% pre-disability earnings
Max monthly benefit:.....\$6,000
Benefit waiting period: 90 days

LIFE INSURANCE & DISABILITY PROVIDER:

www.bcbsmt.com/ancillary/employer

CUSTOMER SERVICE: 1-866-739-4090

additional MEMBER RESOURCES

EXTRA HELP WHEN IT'S NEEDED MOST

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer employees who are covered by our long-term disability (LTD) policy and the employee's household (under the same roof) convenient resources to help address emotional, legal and financial issues.

FACE-TO-FACE SESSIONS

Provides three face-to-face sessions per issue in a geographically accessible location to address behavioral issues.

UNLIMITED TELEPHONIC SUPPORT

Provides unlimited telephonic support (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level clinicians use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

WEB-BASED SERVICES

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns.

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

TO ACCESS YOUR SERVICES:

Call: 866-899-1363

Online: GuidanceResources.com

- Click "Register" to create a new account
- Enter Your Company ID: DISRES



BlueCross BlueShield
of Montana

digitalHEALTHTOOLS

Well onTarget®

Well onTarget has tools and resources to help you manage your health, including Health Assessments to help you measure your health. They also have Digital Self-Management Programs, lessons, and challenges to help you reach your wellness goals. With the Blue PointsSM program, you can earn points by completing activities and reaching goals. These points can be redeemed online for rewards. Track healthy habits by syncing your fitness and nutrition devices with the Well onTarget portal or download the app.

Well onTarget Portal

Visit bcbsmt.com and click the **Sign Up** or **Log In** tab to access your Blue Access for MembersSM (BAMSM) account. Once logged in, access **Virtual Visits** from the quick links on the left.

Download the App

Using your smart phone, text your own online virtual assistant! This makes activation quick and easy. To start, just text **BCBSMT** to **635-483**. Download the **MDLIVE** app.

NEW!

Hinge Health

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no cost to you—your Hinge Health benefit is 100% covered by MUST. Join Hinge Health to: overcome pain or limited movement; recover from a recent or past injury; and keep your joints healthy and pain free.

hingehealth.com/for/MUST

Teladoc HEALTH

Teladoc Health for high blood pressure helps you take control of your blood pressure. The program motivates you every step of the way. Online education and support from a live coach can teach you to manage your weight and stress for better heart health. You'll have expert guidance to help you talk with your doctor about your blood pressure medications. A connected blood pressure monitor can help you remember to check your numbers and stay on track.

—OR—

Teladoc Health diabetes management program can help you keep your condition under control. You'll get a new glucose meter that lets you know when your levels are too high or too low. As part of this program, you will also get unlimited test strips sent to your home whenever you need them, and one-on-one live coaching.

For the support you need, your employer or health plan is covering 100% of the costs.

TeladocHealth.com/Register/MUST

wondr

The Wondr HealthTM program can help you lose weight and improve your overall health—all while eating the foods you love. Being at a healthy weight may help lower your chances of getting diabetes or heart disease. This program will help you learn that it's not what you eat, but when and how. You'll get digital courses, an online dashboard, mobile app, social community, coaching support and more, all focused on helping you build new skills to have a healthy relationship with food and physical activity.

wondrhealth.com/MUST

omada

Omada is an interactive program. You'll get a wireless smart scale, weekly online lessons, and a health coach to help you make choices that can improve your health. Better health, one step at a time. Omada is personalized to help you reach your health goals—whether that's losing weight, gaining energy, or improving your overall health. All at no cost to you.

go.omadahealth.com/MUST

SAVE WITH A PPO DENTIST



NON-DELTA DENTAL

Set up an Online Account:

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in Without an ID Card:

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date, and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate Dual Coverage:

If you're covered under two plans, ask your dental office to include information about both plans with your claim —we'll handle the rest.

Understand Transition

of Care: Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage. Log in to your online account to find this date.

Get LASIK and Hearing

Aid Discounts: With access to QualSight and Amplifon Hearing Health Care, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

your DENTAL BENEFITS

Stay in Network to Save

Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Find a PPO dentist at deltadentalins.com. If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.



Register Online @ www.deltadentalins.com

Find a Provider · Print Off a Copy of Your Dental Card

View Your Benefits · See Your Claims History

This Benefit, if elected, is a plan year commitment. There is no drop of coverage mid-year allowed.

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$25 per person each benefit period \$50 Ortho Lifetime deductible per person (age limit up to 19)			
Deductibles waived for Diagnostic & Preventive (D & P)	Yes			
Maximums	Basic Plan: \$1,500 per person each benefit period Enhanced Plan: \$2,500 per person each benefit period			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %
Basic Services Fillings	80 %	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %	80 %
Major Services Crowns, inlays, onlays, cast restorations and TMJ	50 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	50 %	50 %	50 %
Orthodontic Benefits Dependent children (age limit up to 19)	50 %	50 %	50 %
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



www.deltadentalins.com 1-800-521-2651
P.O. Box 1809, Alpharetta, GA 30023-1809

your VISION BENEFITS

See Healthy and Live Happy with MUST and VSP

Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.



Register Online @ www.vsp.com

Find a VSP Provider Near You

View Your Benefits · See Your Claims History

This Benefit, if elected, is a plan year commitment. There is no drop of coverage mid-year allowed.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Please check if your Walmart/Sam's Club/Costco optometrist is a participating retail provider 	\$0 \$0	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$0	See frame and lenses
FRAME*	<ul style="list-style-type: none"> \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club frame allowance \$85 Costco frame allowance 		Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Scratch-resistant coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 40% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 			
Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 			
EXCLUSIVE MEMBER EXTRAS FOR VSP MEMBERS <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids-for-details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 			

COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$115
Single Vision Lenses	up to \$30				

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

©2024 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted



www.vsp.com 1-800-877-7195

P.O. Box 385018, Birmingham, AL 35238-5018



Using Your Benefit is

Easy: Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Value and Savings You

Love: Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of exclusive member extras for additional savings.

Provider Choices You

Want: It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and more than 700 Visionworks® retail locations nationwide.

Quality Vision Care You

Need: You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.



LEADERSHIP TEAM

ROXY WALLIS

Administrative & Operations Officer

OFFICE: (406) 457-4400 X 406

EMAIL: rwallis@ms-sf.org

JEFF GOODY

Marketing & Sales Director

OFFICE: (406) 457-4400 X 415

CELL: (406) 475-1045

EMAIL: jgoody@ms-sf.org

DENA GORMELY

Chief Financial Officer

OFFICE: (406) 457-4400 X 402

EMAIL: dgormely@ms-sf.org

BENEFITS TEAM

MISSY SMITH

Benefits Specialist

OFFICE: (406) 457-4400 X 504

EMAIL: msmith@ms-sf.org

AMY FISH

Benefits Specialist

OFFICE: (406) 457-4400 x 405

EMAIL: afish@ms-sf.org

SEAN THATCHER

Benefits Specialist

OFFICE: (406) 457-4400 x 502

EMAIL: sthatcher@ms-sf.org

BILLING TEAM

KELLI HARGREAVES

Accounting Specialist

OFFICE: (406) 457-4400 X 404

EMAIL: khargreaves@ms-sf.org

DEANNIE HIGGINS

Accounting Specialist

OFFICE: (406) 457-4400 X 403

EMAIL: dhiggins@ms-sf.org

MARKETING TEAM

REGION 1

FABIAN DENEALT (Ronan)

Marketing & Sales Representative

CELL: (406) 270-8320

EMAIL: fdeneault@ms-sf.org

REGION 2

JEFF GOODY (Helena)

Marketing & Sales Director

CELL: (406) 475-1045

EMAIL: jgoody@ms-sf.org

REGION 3

JARETT LADEN (Billings)

Marketing & Sales Representative

CELL: (406) 366-3252

EMAIL: jladen@ms-sf.org

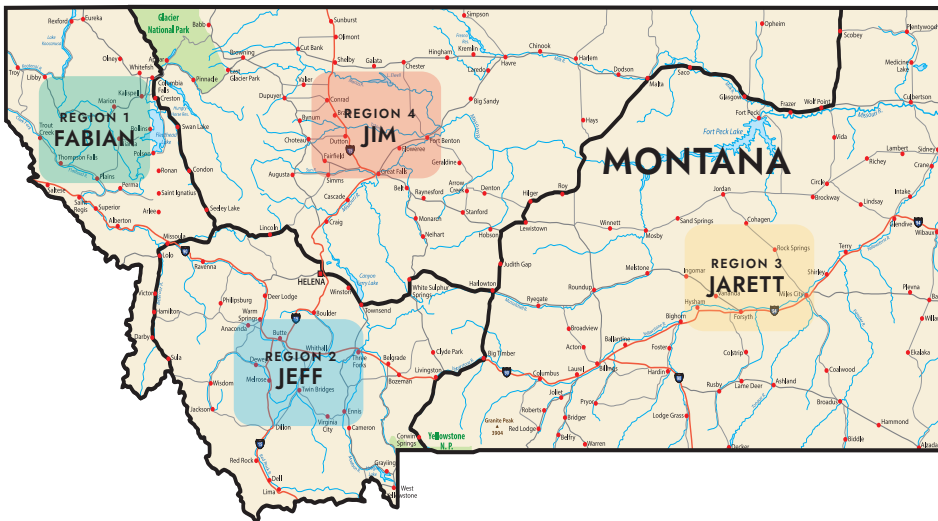
REGION 4

JIM MEPHAM (Great Falls)

Marketing & Sales Representative

CELL: (406) 217-1188

EMAIL: jmepham@ms-sf.org



SPONSORED BY



ENDORSED BY



For more information on plans, benefits, and staff, please visit our website at

MUSTBENEFITS.ORG

MSSF/MUST ADMINISTRATION

P.O. BOX 4579 | HELENA, MT 59604