BEGINNING WITH THE 2017-2018 PLAN YEAR

GET CARE NOW:
WHEN AND WHERE YOU NEED IT!

Virtual Visits or telehealth, powered by MDLIVE®, are an efficient and cost-effective care solution that is now available on every plan that MUST offers. For a simple co-pay ($25 or $40 depending on medical plan), non-emergency medical health conditions can be addressed via online video or mobile app. To take advantage of this convenient option, follow these steps:

Once your medical plan for 2017-2018 is renewed, there is a one-time account activation through Blue Access for Members (BAM):

• Log in through BAM and click Virtual Visits in the Quick Links menu.
• Click the Visit MDLIVE® link on the My Coverage Virtual Visits page.
• Members will be redirected to the MDLIVE® profile page to compete a profile and activate an account.

Then complete a one-time account activation from MDLIVE® website:

• Visit MDLIVE.com/bcb smt and click Activate Now.
  - Members will need their BCBSMT ID card available to register with MDLIVE.com.
• Follow the prompts through Member Registration, Verification, Profile, and Security Settings.

When you need care, request a Virtual Visit:

• Once logged into BAM and a user account has been set up with MDLIVE®, any future activity will be from a single sign in through BAM.
• Log in via BCBSMT BAM or MDLIVE.com/bcb smt, choose the location and doctor for your visit.
• Choose first available provider or schedule an appointment that works for you.
• Provide a brief medical history, pharmacy information and method of payment for the co-pay.
• Receive confirmation and visit the doctor!

PROVIDER FINDER® TRANSPARENCY TOOL

The Provider Finder® is an innovative tool to help you choose a provider, plus estimate the cost of hundreds of medical procedures. The tool allows you to know more about the providers who take care of you or your family and compare provider costs by location. The Provider Finder® tool is available at www.bcbsmt.com by logging into Blue Access for Members (BAM™) or by downloading the Blue Cross and Blue Shield of Montana (BCBSMT) Blue Access Mobile app to your smartphone.

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

MUST UPDATE

For 2017-2018 plan year, MUST is happy to announce that members currently on either a 70/30% Revised Major Medical (RM) and or 70/30% Comprehensive Major Medical (CM) Plan will now receive an enhanced 80/20% version of their RM and CM plan, pending their group’s renewal. The 70/30% RM and CM plans will no longer be available.
BLUE OPTIONS
NEW PLAN DETAILS

Managing health care costs is a key concern for MUST and our members. MUST now offers Blue Options, an innovative network solution that delivers flexibility and value to our members that results in a lower-cost alternative to other MUST PPO plans without member disruption.

Blue Options has a more cost-effective network of select providers at a lower cost than a traditional PPO plan. Blue Options has tiered offerings to encourage members to use more cost-effective providers, while still allowing access to the broad PPO network.

Members will pay the lowest out-of-pocket costs when choosing Tier 1 providers, pay more for Tier 2 and have the highest costs when going out-of-network. MUST encourages utilizing web and mobile tools, such as Provider Finder®, to help guide member decision making. The new Blue Options plans (Standard or HDHP):

- Encourage members to be engaged in their health care decisions through benefit design.
- Offer members a richer benefit with lower cost-sharing when they choose from a select network of providers.
- Provide members the flexibility of accessing the broader PPO network, at a higher cost-share.
- Allow members the freedom to choose a preferred provider or receive coordinated care through their primary care provider.

*Only offered in certain geographical locations.

MOBILE APP

Blue Access for Members (BAM) now has a secure ‘on the go’ mobile app called BCBSMT. Once logged in, members can view their digital ID card, benefits and eligibility, claim status, user profile, their My Care Profile, and health and wellness resources. Blue Access Mobile™ also gives members the ability to sign up for text alerts for claim status notifications, pharmacy reminders, diabetes diet tips, and heart health and exercise tips.
NEW PHARMACY BENEFIT

Effective July 1, 2017 for all members, regardless of your renewal date, we have contracted with Prime Therapeutics as our pharmacy benefits manager (PBM) to better serve our members.

Prime uses a Performance Drug List to provide members with a managed selection of pharmacy choices. This is a new pharmacy benefit with a different formulary, network, management strategies, and clinical policies. The network is the Advantage Plus Pharmacy Network. Existing URx prior authorizations are not grandfathered and will not be carried over from the previous benefit. CVS/Target pharmacies are out-of-network, however, all Montana cities with CVS/Target pharmacies will have alternate in-network options available.

The pharmacy benefits detailed below are included in the Revised Major Medical (RM), Comprehensive Major Medical (CM), and Blue Options (BO) plans. Members on the Basic Plan can use the MUST ID card for certain pharmacy discounts. The card must be provided at the point of service, with ACA preventive prescriptions covered at 100%.

<table>
<thead>
<tr>
<th>PERFORMANCE DRUG LIST TIERS</th>
<th>30 DAY MEMBER CO-PAY FOR NON-HDHP PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred generic</td>
<td>$10</td>
</tr>
<tr>
<td>Non-preferred generic</td>
<td>$30</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$50</td>
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<tr>
<td>Non-preferred brand</td>
<td>$150</td>
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<tr>
<td>Preferred specialty</td>
<td>$150</td>
</tr>
<tr>
<td>Non-Preferred specialty</td>
<td>$300</td>
</tr>
<tr>
<td>Pharmacy Out-of-Pocket Max.</td>
<td>Pharmacy Out-of-Pocket Max.: $1,650 individual / $3,300</td>
</tr>
</tbody>
</table>

Prime has over 55,000 participating pharmacies nationwide with over 240 of those in Montana. Members may use mail order benefits through Prime Mail at www.myprime.com, Ridgeway or Costco Pharmacy. Please Note: Diplomat Specialty Pharmacy is out-of-network under this new pharmacy benefit. Specialty medication utilizers must transition to Prime Specialty Pharmacy and prior authorization/step therapy is likely required before coverage.

BE PROACTIVE:

- Learn more about the pharmacy benefit at www.mustbenefits.org/explore-plans/prime-therapeutics/.
- Check the Prime Performance Drug List for drug coverages and limitations (i.e. prior authorization).
- Check the Prime Advantage Plus Pharmacy Network for contracted pharmacies.
- It is recommended that all members attempt to refill prescriptions by 6/30/17 to aid in the transition.
- Under your new benefit, members should refill early (2 weeks) to ensure proper processing of first fill.

If you have questions about prescriptions, need to find a pharmacy, estimate drug costs, or want to view the Performance Drug List, please visit www.myprime.com.

Members on High Deductible Health Plans (HDHPs) will pay 100% of the cost of their medications until their medical plan deductible is met.

With the 2017-2018 plan year, all HDHP Plans will include the expanded preventive pharmacy, which covers additional preventive prescriptions at 50% before deductible. The expanded preventive drug program currently includes prescription drugs in the following categories: anti-coagulants/anti-platelets, bowel preparation, breast cancer prevention, contraceptives, diabetes medications and supplies, fluoride supplements, high blood pressure, high cholesterol, osteoporosis, respiratory, tobacco cessation, and vaccines.

IMPORTANT NOTE:

To assist with the transition to Prime, members that may experience benefit change(s) will receive letters from BCBSMT/Prime Therapeutics. These letters are focused on potential Performance Drug List (formulary) disruptions, coverage limitations (i.e. prior authorization) and specialty medication utilizers. The letters are to help members become aware of changes and to be proactive.

Members taking specialty medications, and possibly other instances, may receive phone calls. For example, calls from Prime Specialty Pharmacy may display on caller ID as Toll-Free with the number, 877-627-6357. Prime Specialty Pharmacy will also be notifying certain members regarding additional disease management services that may be available. Calls from BCBSMT may also occur.

24/7 NURSE LINE

Nurses are available when you need them! Nurses can answer your health questions and try to help you decide whether you should go to the emergency room, urgent care center, or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about asthma, dizziness or severe headaches, cuts or burns, back pain, fever, cold symptoms, diabetes, a baby’s nonstop crying, and much more! For more information visit www.mustbenefits.org/memberemployees/forms.
NEW FOR 2017-2018 WELLNESS PROGRAM

Participating in the 2017-2018 Healthy Futures Wellness Program is a win-win because eligible parties can improve their health and receive $100 OFF THEIR PLAN DEDUCTIBLE IN THE FOLLOWING BENEFIT YEAR while doing it!

For more information on your on your benefits, visit www.mustbenefits.org.

2017-2018 BENEFITS SPECIAL EDITION

NEW BENEFIT CHANGES

The 2017-2018 Plan year will bring about exciting and new changes such as the new Provider Finder® tool, Virtual Visits, BCBSMT Mobile App, Prime pharmacy, and a 24/7 Nurseline.

NEW BLUE OPTIONS

MUST now offers an innovative network solution that delivers flexibility and value to our members that results in a lower-cost alternative to other MUST PPO plans.