Making MUST Health Insurance Solutions Work for You
Making MUST Health Solutions Work for You

Having health care coverage means more than just "having insurance."

• Know HOW your health care plan works can help manage health care costs
• Planning ahead can help YOU save money when it comes to your health
• Take full advantage of your health care plan with these helpful tips:

Stay in the network
• Health plans generally use certain groups of doctors, hospitals and other health care professionals called their “provider network”
• If you visit a doctor outside of your network, you may have to pay more for your care. In some cases, you may have to pay the full cost.

Stay in the pharmacy network
• Just as important as making sure that your doctor is in your network, an in-network pharmacy can save you money.
• If you have MUST prescription drug benefits, learn about your pharmacy benefits administered by Prime Therapeutics and the Prime pharmacy network.

Know what’s covered
• Make sure services or treatments are covered before you schedule them.
• Pre-authorization (pre-notification) may be needed before you receive certain tests or services. You or your doctor must call the pre-authorization (or pre-certification) number on the back of your member ID card to confirm.
• MUST (through BCBSMT) regularly evaluates the use of new/existing medical technologies to ensure that you have access to safe and effective care.

Understand health insurance costs
• Health insurance costs can be confusing.
• Knowing what premiums, deductibles, copayments and out-of-pocket maximums are and how they all work together can help you understand your plan.
Making MUST Health Solutions Work for You

- Know WHERE your health plan works
- You can help control your health care costs while at home or during travels. Here are ways to keep costs down whenever you need care:

<table>
<thead>
<tr>
<th>PCP Relationship</th>
<th>Emergency Rooms</th>
<th>Away from Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Primary Care Provider (PCP) will help you stay up-to-date with annual exams and will know who you are if you call with non-emergency questions. Also, your PCP can refer you to a specialist. Remember, it's easier to get an appointment if you're already a patient with your PCP.</td>
<td>When your injury or illness is serious, call 911 or go to the nearest emergency room. You don't need a referral. If it's not an emergency, you may be able to save money by seeing your regular doctor for colds, minor sprains and other less serious conditions.</td>
<td>Always carry your member ID card with you at all times, especially when you're traveling. If you have a life threatening injury or illness when you're traveling, go to the nearest hospital. Please note that if the hospital is out of network, your costs may be higher. If you have questions before getting care, call BCBSMT at 1-855-322-4953.</td>
</tr>
</tbody>
</table>
# Making MUST Health Solutions Work for You

## COMMON INSURANCE TERMS TO LEARN AND UNDERSTAND

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>The amount you owe for covered health care services before your health insurance begins to pay. For example, if your deductible is $1000, MUST won’t pay anything until you’ve met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Coinsurance is the percentage of the cost that you must pay for a covered service. It applies after you meet your deductible. For example, if it costs $100 to see your doctor and your coinsurance is 20%, you must pay $20 and the insurance plan pays $80. If you haven’t met your deductible, you must pay the entire amount.</td>
</tr>
<tr>
<td><strong>Copayment</strong></td>
<td>A fixed dollar amount you may have to pay at the time you get care. In most cases, it’s a small amount, such as $20 for a doctor’s exam. You won’t always have to pay copayments. Applicable copayments or the amounts you pay depends on your health plan and which doctor you see.</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Also called OOPM, this is the most you have to pay out of your own pocket for expenses under your MUST insurance plan during the year. Deductibles, coinsurance, copays and other expenses for in-network essential health benefits (EHBs) apply to the OOPM.</td>
</tr>
<tr>
<td><strong>Allowed Amount</strong></td>
<td>Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or &quot;negotiated rate.&quot; If your provider is a non preferred provider and charges more than the allowed amount, you may have to pay the difference.</td>
</tr>
<tr>
<td><strong>Non-Preferred Provider</strong></td>
<td>A provider who doesn’t have a contract to provide services to you. You’ll pay more to see a non-preferred provider as they are able to bill you for applicable deductibles, coinsurance, and/or copays along with any difference in the allowable fee and their charges.</td>
</tr>
</tbody>
</table>
Understanding your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Montana (BCBSMT). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

THE EOB HAS THREE MAJOR SECTIONS:

- **Subscriber Information and Total of Claim(s)** includes the member’s name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.

- **Service Detail** for each claim includes:
  - Patient and provider information
  - Claim number and when it was processed
  - Service dates and descriptions
  - The amount billed
  - The discounts or other reductions subtracted from amount billed
  - Total amount covered
  - The amount you may owe (your responsibility)

- **Summary** - Shows you what the plan covers for each claim and your responsibility including:
  - **Plan Provisions**
    - The amount covered
    - Less any amounts you may owe, like deductible, copay and coinsurance
  - **Your Responsibility**
    - Deductible and copay amount
    - Your share of coinsurance
    - Amount not covered, if any
    - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.

- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.

- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.

- **An explanation** of your right to appeal if your health plan doesn’t cover a health care claim.
Understanding your Explanation of Benefits

EXPLANATION OF BENEFITS
At EOB is a statement showing how claim was processed. This is not a bill. Your provider may bill you directly for any amount you may owe. KEEP FOR YOUR RECORDS.

Log-in to Blue Access for Members at bcbst.com to see plan and claim status or to contact us through our secure message center.

For questions about this EOB, Customer Service Representatives are here to help. 800-466-5482

SUBSCRIBER INFORMATION
GROUP NAME: MONTANA MUNICIPAL UNIFIED SCHOOL TRUST
Member ID: B326810677V Group #: 000012545

TOTAL OF CHARGES

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Amount Billed</th>
<th>Charges and Adjustments</th>
<th>Amount Covered</th>
<th>Amount Paid</th>
<th>Claim Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Services</td>
<td>7,600.00</td>
<td>($1,000.00)</td>
<td>($1,000.00)</td>
<td>$5,600.00</td>
<td>$5,600.00</td>
</tr>
<tr>
<td>Drugs</td>
<td>500.00</td>
<td>($100.00)</td>
<td>($100.00)</td>
<td>$400.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>Total</td>
<td>$8,100.00</td>
<td>($1,100.00)</td>
<td>($1,100.00)</td>
<td>$7,000.00</td>
<td>$7,000.00</td>
</tr>
</tbody>
</table>

1. Member’s name and mailing address
2. Member ID and group number
3. Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
4. Detailed claim information for each claim
5. Patient name and service date
6. Provider information
7. Claim number and date the claim was processed
8. Service description
9. Amount billed for each service
10. The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
11. Your share of the costs
12. Claim summary with amount covered less your responsibility
13. Deductible and/or out-of-pocket expense information
14. Health Care Fraud Hotline

Your EOBs Are Available Online!
Sign up for Blue Access for Members℠ (BAM℠) at bcbst.com for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on Settings/Preferences to change your preferences.