



BENEFIT SUMMARY

2019-2020



MUST BENEFITS

MUST IS PROUD TO OFFER

a variety of plan designs and benefits to meet our members' needs.

MUST includes Group Life Insurance and Long-Term Disability Insurance with the following group medical plans: Revised Major Medical Plan (RM), Comprehensive Major Medical Plan (CM), High Deductible Health Plan (HDHP), and Basic Medical Plan (BP).

MUST requires a member group to enroll at least 75% of all eligible employees, excluding eligible employees waiving coverage because they are covered under a spouse's plan.

ABOUT OUR NETWORKS

MUST utilizes Blue Cross and Blue Shield of Montana's (BCBSMT) extensive nationwide provider networks.

MUST members will experience the lowest out-of-pocket costs when utilizing network providers. Though members are free to see non-network providers, there are many advantages to using network providers.

Network providers agree to accept pre-determined allowable amounts as payment in full. This protects members as they are not subject to charges beyond MUST's allowable limits (often referred to as *balance billing*). Network providers also agree to submit claims on members' behalf, and MUST will make payments directly to those providers through BCBSMT. Non-network providers are under no obligation to accept pre-determined

allowable amounts as payment in full, subjecting members to possible balance billing.

In addition, non-network providers are under no obligation to submit claims for members. Therefore, a member may be responsible for submitting the claim and paying the provider.

Balance billed amounts do not accrue toward member deductibles and out-of-pocket maximums.

CASE MANAGEMENT

MUST has case management professionals available to help identify immediate and ongoing member needs and plan courses-of-care with measurable goals and objectives.

Case management is an integrated care approach to managing illness which includes member education, referral coordination, utilization review, screenings, check-ups, monitoring, education, and individual care planning. The program can improve your quality of life while reducing health care costs if you have a chronic disease by preventing or minimizing the effects of a disease.

COBRA ADMINISTRATION

MUST administers COBRA provisions for continuation of coverage.

DIABETIC EDUCATION

MUST provides 5 diabetic visits for nutrition and insulin management education at no charge. The education must be performed by a licensed health care provider and may take place in classes through approved diabetic courses or as individual instruction.

DISEASE MANAGEMENT

MUST members with conditions - such as asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, and heart failure - have access to a confidential disease management program that helps them take control of such medical conditions and maintain good health.

LIFE INSURANCE

A Basic Group Life Insurance and Accidental Death and Dismemberment (AD&D) benefit of \$10,000 is provided to all active employees enrolled in a MUST health benefit plan (unless waived by the group prior to 2006).

Additional life and AD&D benefits, both employer and employee paid, are available for an additional premium.

Dependent Life Insurance is included with the employee-paid life and AD&D option. For an additional premium, the member may purchase \$5,000 Dependent Life for a spouse and \$5,000 per child. See page 12 for more details.



LONG-TERM DISABILITY

MUST provides Basic Long-Term Disability (LTD) coverage to eligible employees of participating member groups (unless waived by the group prior to 2006) at no additional cost to the member group or the employee. Member groups may enhance this LTD coverage for employees by electing the Employer Paid LTD buy-up. See page 12 for more details.

MATERNITY PROGRAM

MUST medical participants are eligible for free, confidential prenatal education and a high-risk-pregnancy identification program to help expecting mothers carry their babies to term. The result is an increased number of healthy, full-term deliveries and a decrease in costly, long-term hospital stays.

PRESCRIPTION DRUG BENEFITS

MUST's pharmacy benefit is managed by Prime Therapeutics. For RM and CM, Prime uses a Performance Drug List to provide members with a managed selection of pharmacy choices. Members on HDHP plans will pay 100% of the cost for medications until their medical plan deductible is met.

Qualifying ACA preventive medications are provided at no cost to members. Members on the MUST Basic Plan can use their MUST ID card for certain pharmacy discounts. The card must be provided at point of service. Members receive medications at the discounted price.

PREVENTIVE BENEFITS

All MUST plans include a rich menu of preventive benefits. These benefits

include a vision exam and contraceptive coverage for all covered members. See page 9 for more details.

VIRTUAL VISITS (TELEHEALTH)

Virtual Visits allow members to have a live consultation with an independently contracted board-certified MDLIVE doctor. Instead of going to the office, members can talk with a doctor while at home, work or any place. Virtual Visits can cost less than going to the urgent care clinic or emergency room.

Simple, non-emergency medical health conditions can be addressed via telephone, online video or the mobile app-Blue Access Mobile (access type depends on the state where the member is at the time of service). Montana law requires virtual visits incorporate a visual between provider and member. Visit WWW.MUSTBENEFITS.ORG for more information.

VISION AND DENTAL BENEFITS

Employees and dependents are eligible to elect vision and dental coverage in districts offering those benefits. See page 10 for additional details.

WELLNESS PROGRAM

MUST offers the Healthy Futures Wellness Program to all groups. The wellness program includes a blood screening to help identify health risks. More details can be found on page 13.



PLAN DETAILS

MUST OFFERS a variety of plan designs and benefits to meet our member' needs. All plans include an accident benefit, access to CareHere and virtual visits, and preventive benefits as outlined on page 9.

RM

REVISED MAJOR MEDICAL PLAN

The RM plan is our most rich plan, having several benefits where the deductible does not apply. It includes a \$25 co-pay for office visits, with 10 combined chiropractic and acupuncture visits. This plan also includes a pharmacy benefit with tiered co-pays and a \$1650 individual out-of-pocket maximum.

CM

COMPREHENSIVE MAJOR MEDICAL PLAN

The CM plan is our standard plan. Generally, all claims will apply to the deductible, coinsurance and out-of-pocket maximum. It includes 6 combined chiropractic and acupuncture visits after the deductible is met. This plan also includes a pharmacy benefit with tiered co-pays and a \$1650 individual out-of-pocket maximum.

BP

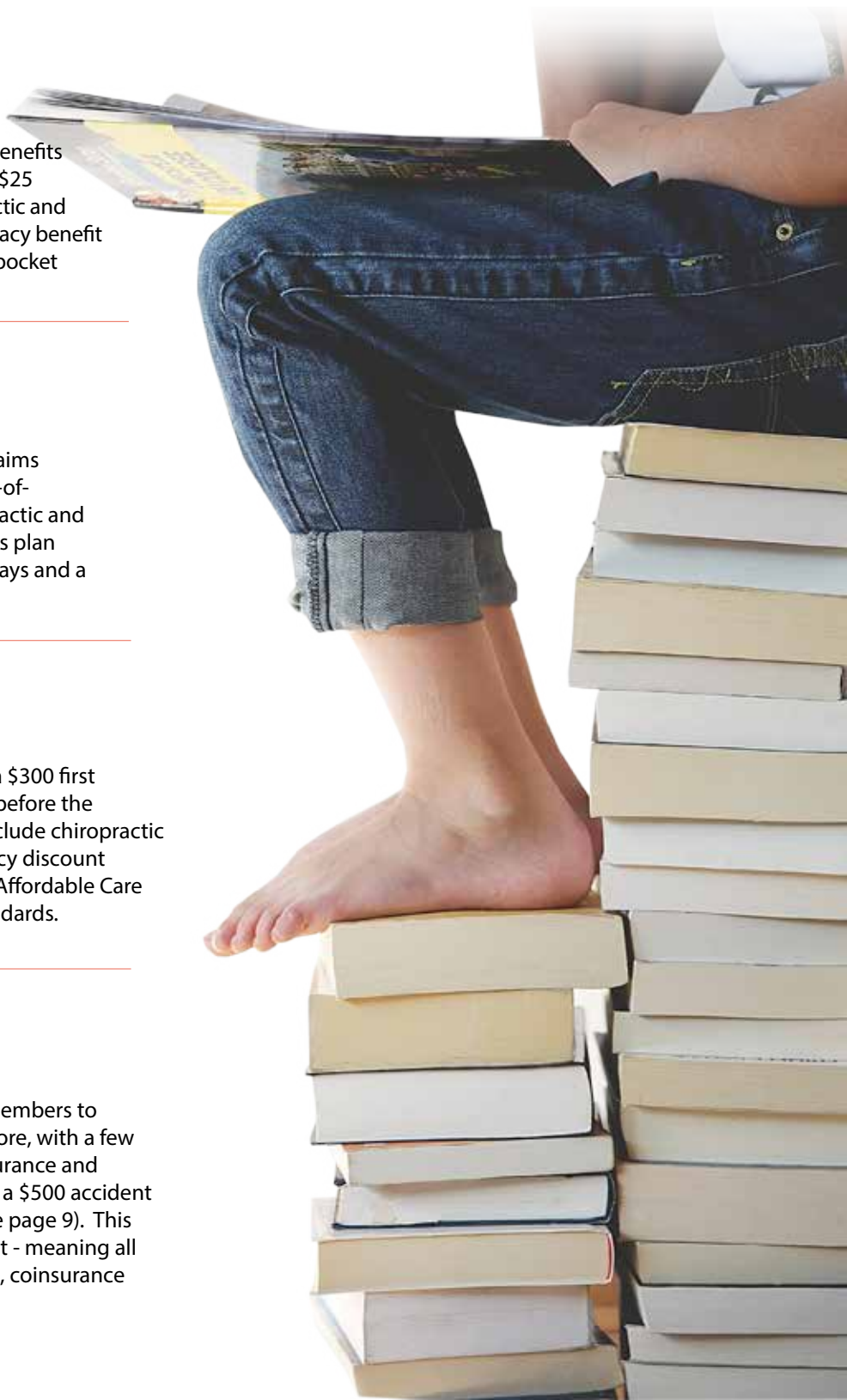
BASIC PLAN

The BP plan is our least rich plan. It does include a \$300 first dollar benefit, as well as a \$300 accident benefit, before the deductible is met. However, this plan does not include chiropractic or acupuncture coverage, and includes a pharmacy discount program only. The **Basic Plan does not** meet the Affordable Care Act (ACA) minimum essential health benefits standards.

HDHP

HIGH DEDUCTIBLE HEALTH PLAN

The HDHP meets the IRS requirements to allow members to utilize a Health Savings Account (HSA) and therefore, with a few exceptions, claims apply to the deductible, coinsurance and out-of-pocket maximum. The exceptions include a \$500 accident benefit and an expanded preventive drug list (see page 9). This plan also includes an integrated pharmacy benefit - meaning all pharmacy claims apply to the medical deductible, coinsurance and out-of-pocket maximum.



PHARMACY BENEFITS

RM & CM

PHARMACY BENEFITS DETAILED

below are included in the Revised Major Medical (RM), Comprehensive Major Medical (CM).

MUST's pharmacy benefits are managed by **PRIME THERAPEUTICS**. Prime uses a Performance Drug List and Advantage Plus Pharmacy Network to provide members with a managed selection of pharmacy choices.

Prime has over 55,000 participating pharmacies nationwide with over 240 of those in Montana. Some retail pharmacies can provide 90-day supplies. Members may use mail order benefits through Prime Mail, Ridgeway or Costco Pharmacy.

Specialty medication utilizers and those new to MUST will need to transition to Prime Specialty Pharmacy and prior authorization/step therapy is likely required before coverage.

Clinical management programs are part of the MUST pharmacy benefit.

THESE PROGRAMS INCLUDE:

- **Prior Authorization:** Appropriateness of use
- **STEP Therapy:** Lower cost therapeutic equivalents
- **Dispensing Limits:** Eliminates waste

BE PROACTIVE

- Check the Prime Performance Drug List for drug coverage and limitations. Ensure drug is covered and be aware of utilization management programs.
- Check the Prime Advantage Plus Pharmacy Network for contracted pharmacies. Note: CVS-owned* pharmacies and CVS pharmacies in Target® stores are not in your pharmacy network.

If you have questions about prescriptions, utilization management, need to find a pharmacy, estimate drug costs, or want to view the Advantage Performance Drug List, please visit www.mustbenefits.org/explore-plans/pharmacy.

HDHP

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, diabetes medications and supplies, fluoride supplements, high blood pressure, high cholesterol, osteoporosis, respiratory, tobacco cessation, and vaccines.

Learn more about your pharmacy benefit at www.mustbenefits.org/explore-plans/pharmacy.

BASIC

Members on the Basic Plan can use their MUST ID card for certain pharmacy discounts. The card must be provided at point of service. ACA preventive prescriptions are covered at 100%.

90-DAY FILLS

MAIL ORDER OR AT SELECT RETAIL STORES:
90 days (retail & mail) = 2 x 30 day copay.



PERFORMANCE DRUG LIST TIERS	30 DAY MEMBER CO-PAY FOR NON-HDHP PLANS*
Preferred generic	\$10
Non-preferred generic	\$30
Preferred brand	\$50
Non-preferred brand	\$150
Preferred specialty	\$150
Non-Preferred specialty	\$300
Pharmacy Out-of-Pocket Max.	Pharmacy Max Out-of-Pocket: \$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.

MAKE THE MOST OF YOUR BENEFITS

MAKING THE MOST OF YOUR BENEFITS is 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, health savings accounts, the Provider Finder® tool, Blue Access MobileSM, and a 24/7 hour NurseLine are all available for members.

BLUE ACCESS FOR MEMBERS

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 WWW.BCBSMT.COM by logging in to Blue Access for Members (BAMSM) or by downloading the BCBSMT Mobile app to your smartphone.

The screenshot shows the BAM website interface. At the top, there's a navigation bar with 'Home', 'My Coverage', 'Claims Center', 'My Health', 'Doctors & Hospitals', and 'Forms & Documents'. Below this is a 'MY COVERAGE' section with a table of benefits. A 'Quick Links' sidebar is on the right. Numbered callouts (1-10) point to various elements: 1. My Coverage tab; 2. Claims Center tab; 3. My Health tab; 4. Doctors & Hospitals tab; 5. Forms & Documents tab; 6. Message Center; 7. Quick Links; 8. Settings; 9. Help; 10. Contact Us.

In Network Benefits	
Medical Copays	
EMERGENCY ROOM COPAY	\$ 300
LIFETIME MAXIMUM	\$ 0 PER LIFETIME
PREAUTHORIZATION PENALTY	\$ 500
DEDUCTIBLE PER FAMILY	\$ 600
DEDUCTIBLE PER INDIVIDUAL	\$ 350

- 1 My Coverage**—Review benefit details for you and family members covered under your plan.
- 2 Claims Center**—View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health**—Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals**—Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents**—Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center**—Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links**—Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 Settings**—Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 9 Help**—Look up definitions of health insurance terms, get answers to frequently asked questions and find articles and videos.
- 10 Contact Us**—Submit a question and a Customer Service Advocate will respond by phone or through the message center.

GET INFORMATION ABOUT YOUR HEALTH BENEFITS, ANYTIME, ANYWHERE.

USE YOUR

- COMPUTER
- PHONE
- TABLET

TO ACCESS THE BLUE CROSS AND BLUE SHIELD OF MONTANA (BCBSMT) SECURE MEMBER WEBSITE, BLUE ACCESS FOR MEMBERS (BAM).

CARE...WHERE AND WHEN YOU NEED IT

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 \$44 (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 Member (BAM) account, 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**. A great time saving tool for conditions such as:

GENERAL HEALTH

- Allergies
- Asthma
- Joint aches
- Sinus infections

PEDIATRIC CARE

- Cold/flu
- Ear infections
- Pink eye



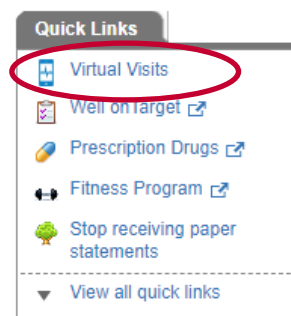
2 CONVENIENT WAYS TO REGISTER & LOG IN

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

OR

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 Store™ or Google Play Store™



24/7 NURSELINE

NURSES AVAILABLE WHEN YOU NEED THEM—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! Also, when you call you can access an audio library of more than 1,000 health topics.

WHEN YOU SHOULD CALL?

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

BENEFITS

RM

REVISED MAJOR
MEDICAL PLAN

CM

COMPREHENSIVE MAJOR
MEDICAL PLAN

Deductible – Individual	From \$200 to \$4,000	From \$200 to \$4,000
Deductible – Family	From \$400 to \$8,000	From \$400 to \$8,000
Out-of-Pocket Maximum – Individual	From \$1,200 to \$4,950	From \$1,200 to \$4,950
Out-of-Pocket Maximum – Family	From \$2,400 to \$9,900	From \$2,400 to \$9,900
Benefit Percentages Available	80/20%	80/20%
Non-Preventive First-Dollar Benefit	N/A	N/A

Office Visits (physician/chemical dependency/mental illness)		
Deductible	Waived	Applies
Benefit percentage	In network: \$25 Out of network: 80/20%	80/20%
First-dollar benefit (chemical dependency/mental illness only)	First 3 visits paid at 100%	First 3 visits paid at 100%
Virtual Visits		
Applicable office visit benefits apply	\$25 co-pay	Applies, 80/20% - maximum charge \$44
Accident		
Deductible, benefit percentage	Waived, 100%	Waived, 100%
Maximum benefit per accident	\$500 within 90 days of accident	\$500 within 90 days of accident
Autism Spectrum Disorders		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Chemical Dependency (inpatient)		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Chiropractic/Acupuncture Visits		
Deductible, benefit percentage	Waived, 100%	Applies, 100%
Maximum visits per benefit period (combined)	10	6
Chiropractic X-Rays		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Diagnostic X-Ray		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Home Health/Hospice Care		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Maximum visits per benefit period (combined)	180	180
Hospital Services		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Lab work		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Mental Illness (inpatient)		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Rehabilitation Services		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Maximum benefit period (outpatient/inpatient)	50 visits/60 days	50 visits/60 days
Skilled Nursing Facility		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Maximum days per benefit period	60	60
Transplants		
Deductible, benefit percentage	Applies, 80/20%	Applies, 80/20%
Lifetime maximum	N/A	N/A
Pharmacy (Rx)	See pharmacy benefits on page 4.	See pharmacy benefits on page 4.

BENEFITS

BP

BASIC PLAN

HDHP

HIGH DEDUCTIBLE
HEALTH PLAN

Deductible – Individual	\$2,000	From \$2,700 to \$6,000
Deductible – Family	\$4,000	From \$5,400 to \$12,000
Out-of-Pocket Maximum – Individual	\$4,000	From \$2,700 to \$6,000
Out-of-Pocket Maximum – Family	\$8,000	From \$5,400 to \$12,000
Benefit Percentages Available	70/30%	100/0%
Non-Preventive First-Dollar Benefit	\$300	N/A

Office Visits (physician/chemical dependency/mental illness)		
Deductible	Applies	Applies
Benefit percentage	70/30%	100%
First-dollar benefit (chemical dependency/mental illness only)	First 3 visits paid at 100%	N/A
Virtual Visits		
Applicable office visit benefits apply	Applies, 70/30% - maximum charge \$44	Applies, 100% - maximum charge \$44
Accident		
Deductible, benefit percentage	Waived, 100%	Waived, 100%
Maximum benefit per accident	\$300 within 90 days of accident	\$500 within 90 days of accident
Autism Spectrum Disorders		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Chemical Dependency (inpatient)		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Chiropractic/Acupuncture Visits		
Deductible, benefit percentage	N/A	Applies, 100%
Maximum visits per benefit period (combined)	N/A	10
Chiropractic X-Rays		
Deductible, benefit percentage	N/A	Applies, 100%
Diagnostic X-Ray		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Home Health/Hospice Care		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Maximum visits per benefit period (combined)	90	180
Hospital Services		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Lab Work		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Mental Illness (inpatient)		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Rehabilitation Services		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Maximum benefit period (outpatient/inpatient)	20 visits/30 days	50 visits/60 days
Skilled Nursing Facility		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Maximum days per benefit period	60	60
Transplants		
Deductible, benefit percentage	Applies, 70/30%	Applies, 100%
Lifetime maximum	70/30% on first \$25,000; 10/90% on subsequent charges over \$25,000	N/A
Pharmacy (Rx)	No Rx coverage, but discounts available. See page 4 for more details.	Rx charges apply to medical deductible and co-insurance. See page 4 for more details.

PREVENTIVE BENEFITS

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.

Benefit levels in the table to the right apply when provided by a 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.

PREVENTIVE MEDICAL BENEFIT

Immunizations

Deductible, benefit percentage	Waived, 100%
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Well-Child Care

Deductible, benefit percentage	Waived, 100%
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Diabetic Education

Deductible, benefit percentage	Waived, 100% (subject to deductible on HDHP)
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Maximum	5 visits per benefit period
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Vision Exam (with or without refraction)

Deductible, benefit percentage	Waived, 100%
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Maximum	1 per benefit period
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WOMEN'S HEALTH

Preventive Mammogram

Deductible, benefit percentage	Waived, 100%
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Maximum	1 per benefit period
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Preventive Pap Smear

Deductible, benefit percentage	Waived, 100%
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Maximum	1 per benefit period
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Birth Control*

Deductible, benefit percentage	Waived, 100%
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Maximum	No maximum
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COLON CANCER SCREENING (AGE 50 AND OVER)

Fecal Occult Blood Test

Deductible, benefit percentage	Waived, 100%
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Maximum	1 per benefit period
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Sigmoidoscopy

Deductible, benefit percentage	Waived, 100%
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Maximum	1 every 5 years
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Colonoscopy

Deductible, benefit percentage	Waived, 100%
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Maximum	1 every 10 years
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Virtual Colonoscopy

Deductible, benefit percentage	Waived, 100%
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Maximum	1 every 5 years
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* 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.



VISION & DENTAL

Note: Groups offering Vision and/or Dental benefits to their employees can do so without requiring enrollment under a medical plan.

VISION

MATERIALS	PER LENS	PER PAIR
Single vision lenses	\$32	\$64
Bifocal lenses	\$41	\$82
Trifocal lenses	\$54	\$108
Progressive lenses	\$54	\$108
Lenticular lenses	\$77	\$154
Necessary contacts	\$165	\$330
Elective contacts	N/A	\$110*
Frames	N/A	\$85

Members may choose one set of glasses (frames and lenses) or one set of contact lenses, but not both, during a given benefit period.

*One pair per year or one year supply of disposable lenses up to \$110

EXAMS

One vision exam per benefit period is available to all MUST members under the preventive medical benefit. That means the MUST MEDICAL ID CARD should be presented at the time of the eye exam.

EXAM + HARDWARE BENEFIT

- If option selected by employer, eligible district employees **not enrolling** in Medical coverage may select vision plan.
- Includes **1 vision exam** per benefit plan year in addition to hardware (**\$150** eye exam benefit maximum).

DENTAL

DENTAL COVERAGE

Maximum benefit/period/covered person (Combined Type A, B, and C expenses)	\$1,250
Type A - Diagnostic/Preventive	
Deductible waived	No co-payment
Type B - Routine/Basic Care	
Deductible waived	20% co-insurance
Type C - Major Restorative	
\$25 deductible	50% co-insurance

ORTHODONTIA COVERAGE (for dependents under 19)

Maximum lifetime benefit	\$1,000
Orthodontia	
\$50 deductible	50% co-insurance

DENTAL BENEFIT

- If selected, eligible district employees **not enrolling** in Medical coverage may select dental plan.

IMPORTANT NOTE: If a member elects vision or dental coverage, but drops it at the end of the year, **there is a two year waiting period before coverage can be reinstated.** Members may not drop dental or vision coverage mid-year unless they are also dropping medical coverage.

ELIGIBILITY REQUIREMENT (FOR DENTAL AND VISION COVERAGE): Employee medical enrollment is required to enroll any dependents in dental and/or vision benefits.



CARE MANAGEMENT

2019-2020 BENEFIT YEAR

Members have access to the new Lifestyle Management programs to get help you need with your overall health and wellbeing. These programs include tools, information and support to help you live a healthy lifestyle. Available online or on your mobile phone, you can learn how to make positive lifestyle changes whenever it works with your schedule.

Get started by logging in to Blue Access for MembersSM (BAMSM) at www.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.

Get a personalized report when you answer a few questions about your lifestyle. This confidential report includes suggestions for programs that may help you improve your health.

Work at your own pace to reach your health goals online, any time. Digital self-management programs can teach you about managing—

- Asthma
- Diabetes
- Financial wellbeing
- Fitness
- Heart health
- Metabolic syndrome
- Nutrition
- Sleep issues
- Tobacco use

Integrate your fitness trackers and nutrition apps—see your activity when you want, all in one place. Read articles, listen to podcasts and watch videos that help you learn more about colds, flu, headaches and many other health topics. To help make sure your care is appropriate and avoid unexpected costs, it's important that approval is received see a list of services that may require preauthorization.

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 www.bcbsmt.com by logging in to Blue Access for Members (BAMSM) or by downloading the BCBSMT Mobile app to your smartphone where you can:

- Find a network primary care physician, specialist or hospital
- Filter search and compare results by doctor, specialty, ZIP code, and gender – 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

MOBILE APP

BCBSMT APP

Once logged in, members can view their digital ID card, benefits and eligibility, claim status, My Care Profile, user profile, and health and wellness resources. Members also have the ability to sign up for text messaging alerts.

LIFE & LTD BENEFITS

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

BASIC LIFE (PAID FOR BY MUST)

MUST provides \$10,000 of Basic Group Term Life and AD&D Insurance. Active employees enrolled in MUST medical coverage are automatically enrolled in the Basic Group Term Life and AD&D Plan (unless waived by the group prior to 2006). Additional life insurance, both employer-paid and employee-paid, is available. Life insurance coverage is not available for retirees or school-board trustees.

ADDITIONAL LIFE OPTIONS

Employer-Paid Term Life and AD&D. This is an additional Group Term Life and 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 Term Life and AD&D Buy-Up. If elected at the group level, an employee can purchase additional life and AD&D coverage. The employee can elect any amount in increments of \$10,000 to the lesser of \$500,000 or four times base annual earnings. Employees, at open enrollment, can elect up to \$50,000 without submitting evidence of insurability.

Voluntary Dependent Term Life and AD&D. This is an additional life and AD&D policy paid for by the employee who purchases the voluntary Life and AD&D Buy-Up. Dependent coverage of \$5,000 may be purchased for spouse and each eligible child.

LONG-TERM DISABILITY (LTD)

MUST provides Basic LTD Insurance. Active employees enrolled in MUST medical coverage are automatically enrolled in the Basic LTD Plan (unless waived by the group prior to 2006). It is important to note that LTD coverage is not available for retirees or school-board trustees.

BASIC LTD PLAN (PAID FOR BY MUST)

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

Member groups (school districts) may enhance this LTD coverage for their active employees by electing an LTD buy-up. The premium for this buy-up is paid by the employer.

LTD BUY-UP

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

TRAVEL ASSISTANCE

Active employees covered under the MUST medical and LTD coverage have access to a travel assistance benefit. It provides emergency assistance to members and their dependents traveling more than 100 miles from home, and includes benefits such as foreign language assistance, evacuation services, and repatriation services if needed.

MORE INFORMATION

Visit WWW.MUSTBENEFITS.ORG for details on available benefits under these plans.



WELLNESS PROGRAM

ELIGIBLE MEMBERS AND THEIR SPOUSES* ON MUST PLANS have a great way, at no additional cost, to track their health and put valuable health information where it will do the most good - in their doctor's hands.

Participating in the 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! Visit with your provider and get to know your health numbers.

RECEIVE \$100 OFF YOUR PLAN DEDUCTIBLE!

for completing the HEALTHY FUTURES Wellness Program!

(\$100 off plan deductible in the following benefit year)

** Employee and covered spouse enrolled in a medical plan qualify for the program, other dependents do not. Retirees who are not yet eligible for Medicare qualify for the program, as do their covered spouses. However, Medicare-eligible retirees and their spouses do not qualify for program participation.*

- Download a Blue Cross and Blue Shield of Montana (BCBSMT) Total Health Management (THM) Assessment Form at WWW.MUSTBENEFITS.ORG/FORMS.
- Take the form with you to your primary care physician.
- Have your provider complete the THM form and make sure both you and your provider sign the form. It will be considered incomplete if not signed by both parties.
- Fax or mail the completed form to BCBSMT for processing. You will be notified when your THM form is received at BCBSMT if you provided a legible e-mail address.
- The THM form must be completed and submitted by **June 30, 2019** for the 2019-20 benefit year.
- Employees and covered spouses are eligible for this program.
- In the next benefit year, when covered under a MUST medical plan, you will receive a \$100 credit to your plan deductible.



GLOSSARY TERMS

ALLOWABLE LIMITS

Non-network provider charges can be greater than MUST's allowable limits. Network providers agree to the terms of MUST's allowable limits.

BENEFIT PERCENTAGE

Once deductibles are satisfied, members and MUST share allowable charges up to the member's Out-of-Pocket Maximum (OOPM) amount. The benefit percentages listed herein are 100/0%, 90/10%, 80/20%, 70/30%, and 50/50%. See co-insurance.

BENEFIT PERIOD

Also known as the plan or benefit year. This refers to that duration of time between renewal periods which members are covered for elected services.

CO-INSURANCE

Member's portion of the benefit percentage. For example, if the benefit percentage is listed as 80/20%, MUST's portion is 80% and the member's co-insurance is 20%.

CO-PAYMENT

A flat rate a member pays for a given service.

DEDUCTIBLE

Amount the member is expected to pay before the costs of services are shared by MUST (co-insurance) and varies depending upon the member group's plan elections.

MEMBER 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 your MUST marketing representative. See back cover for contact information.

NETWORK PROVIDER

Also referred to as a participating provider. This provider agrees to submit claims on the member's behalf and to



accept MUST's allowable limit amount as payment in full. Using network providers ensures members the highest possible benefit and avoiding balance billing by the provider.

Balance billed amounts do not accrue toward the member's deductibles and OOPM.

OUT-OF-POCKET MAXIMUM (OOPM)

The maximum financial exposure a member has in a given benefit period, which means, after this amount is met, the plan pays eligible claims at 100% up to allowable limits. Deductibles, co-insurance, and co-payments count toward this amount.

PREVENTIVE BENEFIT

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

SPECIALTY DRUGS

Refers to a narrowly defined class of extremely high-cost, biologic drugs that often require special handling, administration, and careful adherence to treatment protocols. Prime Speciality is the exclusive provider.

THIRD-PARTY ADMINISTRATOR (TPA)

MUST uses a third-party administrator, Blue Cross and Blue Shield of Montana (BCBSMT), to administer day-to-day health plan functions. This relationship not only brings large provider networks to members, but also processes claims and provides front-line customer service, working with MUST's high level customer service.

FOR MORE GLOSSARY TERMS, PLEASE VISIT WWW.MUSTBENEFITS.ORG/ABOUT-US/OTHER-RESOURCES/.

QUESTIONS?

If you have questions concerning any of the offerings and programs outlined in this Benefit Summary, make sure to visit WWW.MUSTBENEFITS.ORG or contact MUST.

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IMPORTANT NOTE

This summary is intended to be an easy-to-use reference for members and others interested in MUST's health benefits. The Summary Plan Description (SPD) and other materials specific to your plan supersede this general information with regard to individual participants' eligibility and benefits.

MSSF/MUST ADMINISTRATION

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For more information on plans, benefits and staff, please visit our website at www.mustbenefits.org  @MUSTbenefits