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

Revised July 2020

Photo © Julie Mann Sperry—Abandoned one-room school in Fresno, Montana
### Important Administration/Benefit Contact Information

<table>
<thead>
<tr>
<th><strong>MSSF/MUST ADMINISTRATION &amp; GROUP SUPPORT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>800-845-7283</strong></td>
</tr>
<tr>
<td>Fax: 406-442-4161</td>
</tr>
<tr>
<td><strong>Mailing Address</strong>: PO Box 4579, Helena, MT 59604</td>
</tr>
<tr>
<td>My Enrollment &amp; Eligibility Specialist: 406-457-______</td>
</tr>
<tr>
<td>My Marketing Rep.: 406-________</td>
</tr>
</tbody>
</table>

### OTHER DISTRICT EMPLOYEE SUPPORT NUMBERS

<table>
<thead>
<tr>
<th><strong>MEDICAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLAIMS</strong></td>
</tr>
<tr>
<td>855-322-4953</td>
</tr>
<tr>
<td><strong>PRE-AUTHORIZATION</strong></td>
</tr>
<tr>
<td>855-313-8914</td>
</tr>
<tr>
<td><strong>MATERNITY PROGRAM</strong></td>
</tr>
<tr>
<td>888-421-7781</td>
</tr>
<tr>
<td><strong>CASE MANAGEMENT</strong></td>
</tr>
<tr>
<td>855-322-4953</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PHARMACY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRIME THERAPEUTICS CUSTOMER SERVICE</strong></td>
</tr>
<tr>
<td>800-423-1973</td>
</tr>
<tr>
<td><strong>VISION</strong></td>
</tr>
<tr>
<td>CUSTOMER SERVICE</td>
</tr>
<tr>
<td>855-322-4953</td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
</tr>
<tr>
<td>PO Box 7982</td>
</tr>
<tr>
<td><strong>DENTAL</strong></td>
</tr>
<tr>
<td>CUSTOMER SERVICE</td>
</tr>
<tr>
<td>866-739-4090</td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
</tr>
<tr>
<td>PO Box 6227</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>OTHER IMPORTANT NUMBERS/NOTES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

### ADDITIONAL RESOURCES

<table>
<thead>
<tr>
<th><strong>MUST WEBSITE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.mustbenefits.org">www.mustbenefits.org</a></td>
</tr>
<tr>
<td><strong>MUST FORMS</strong></td>
</tr>
<tr>
<td><a href="http://www.mustbenefits.org/forms">www.mustbenefits.org/forms</a></td>
</tr>
<tr>
<td><strong>PROVIDER DIRECTORIES</strong></td>
</tr>
<tr>
<td>Visit <a href="http://www.mustbenefits.org">www.mustbenefits.org</a>, see “Provider Finder” tab</td>
</tr>
<tr>
<td><strong>24/7 ONLINE ACCESS TO BENEFIT INFORMATION</strong></td>
</tr>
<tr>
<td>Visit <a href="http://www.mustbenefits.org">www.mustbenefits.org</a>, click on the Blue Cross and Blue Shield of Montana logo on the bottom left of the menu.</td>
</tr>
</tbody>
</table>

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Follow us @MUSTbenefits for benefit information and other member tips & resources
Important Note

Any plan benefit overview or plan-related benefit resources/information included in this Handbook are intended to be a high-level, convenient resource summary of the benefits/plans offered.

The MUST Summary Plan Description (SPD) and other materials will supersede this easy-to-read, general information.

Visit [www.mustbenefits.org](http://www.mustbenefits.org) for latest version of resources and forms. You are always welcome to contact us directly by calling 1-800-845-7283 or your Marketing Rep or Enrollment Specialist.

We are here to assist you!
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**MUST Forms**

- Periodically MUST updates forms due to changing rules and business practices. All forms for Enrollment, Claims, Wellness and Life Insurance are located on our website at [mustbenefits.org](http://mustbenefits.org) located under the Member/Employees or Business Manager/Clerks menu.

  **NOTE:** Where appropriate, this document includes embedded convenient form links.

  → Be sure to access the [www.mustbenefits.org](http://www.mustbenefits.org) website for most current forms and available resources.

- It is imperative that complete and current forms are received for enrollment purposes. Submitting incomplete or outdated forms can impact enrollment processes and delay coverage for your employees. All fields of the employee demographic and employment sections must be completed.

Below is a listing of the most commonly used forms with a description of their purpose.

<table>
<thead>
<tr>
<th>BASIC PLAN ACKNOWLEDGEMENT</th>
<th>Participants enrolling in the MUST Basic Plan must sign form acknowledging they understand the Basic Plan limitations.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Online enrollment does not require this form to be returned to MUST.</td>
</tr>
<tr>
<td>BILLING RECONCILIATION FORM</td>
<td>This form is part of the monthly billing statement.</td>
</tr>
<tr>
<td></td>
<td>Use to notify MUST of changes on the bill as a result of submission of either a termination notice or change form.</td>
</tr>
<tr>
<td></td>
<td>Use to identify overpayments or shortages for participants.</td>
</tr>
<tr>
<td>CHANGE FORM</td>
<td>Used for making enrollment-related changes:</td>
</tr>
<tr>
<td></td>
<td>• Drop all coverage or for only dependents</td>
</tr>
<tr>
<td></td>
<td>• Address changes</td>
</tr>
<tr>
<td></td>
<td>• Name changes</td>
</tr>
<tr>
<td></td>
<td>• Adding dependents (due to Special Enrollment)</td>
</tr>
<tr>
<td></td>
<td>• Change status from Active to Retiree</td>
</tr>
<tr>
<td></td>
<td>• Life insurance beneficiary changes</td>
</tr>
<tr>
<td>STATEMENT OF COMMON LAW MARRIAGE</td>
<td>Used to establish eligibility of common law spouse at initial enrollment or during open enrollment. Acknowledges both partners in the common law marriage agree to the terms of common law marriage.</td>
</tr>
<tr>
<td>COORDINATION OF BENEFITS FORM</td>
<td>Use to notify MUST of any other coverage the participant or dependents may have.</td>
</tr>
<tr>
<td>DECLARATION OF DOMESTIC PARTNER</td>
<td>Use in conjunction with the employee Enrollment Form to qualify Domestic Partners for coverage.</td>
</tr>
<tr>
<td>ENROLLMENT FORM</td>
<td>Used for enrolling new participants and their dependents:</td>
</tr>
<tr>
<td></td>
<td>• Health, Dental, and/or Vision coverage</td>
</tr>
<tr>
<td></td>
<td>• Designate beneficiaries for the Basic Life Insurance included with the MUST medical benefit</td>
</tr>
<tr>
<td></td>
<td>• Designate beneficiaries for Employer Paid life insurance when provided by the employer.</td>
</tr>
<tr>
<td></td>
<td>• Note: If group offering includes Voluntary Life, use the Enrollment Form (medical coverage with Voluntary Life)</td>
</tr>
<tr>
<td>LIFE INSURANCE FORM &amp; EVIDENCE OF INSURABILITY (EOI) STATEMENT</td>
<td>Forms are used if Voluntary Employee-Paid Life is offered by the school district. Guarantee issue amount is $100,000.</td>
</tr>
<tr>
<td></td>
<td>• Enrollment form is included with the appropriate Enrollment Form (new hires) or Open Enrollment Benefit Election Form.</td>
</tr>
<tr>
<td></td>
<td>• Employees electing more than $100,000 must complete and submit EOI. Contact MUST for the EOI at 1-800-845-7283.</td>
</tr>
<tr>
<td></td>
<td>• Trustees are not eligible for Life &amp; LTD benefits.</td>
</tr>
</tbody>
</table>
OPEN ENROLLMENT BENEFIT ELECTION FORM

- Used by current members under MUST plan and used only during open enrollment period.
- Benefit changes
- Adding or dropping Dental and/or Vision (if available)
- Add or drop dependents

TERMINATION OF COVERAGE FORM

- Use to notify MUST of termination of coverage for employees who have left employment or those who are no longer eligible for benefits (for example, trustees).
- Note: To terminate a dependent’s coverage or change status from active employee to retiree, or for a retiree dropping coverage use the Change Form.

WAIVER FORM

- Used for employees who elect to waive at initial hiring and benefit offering (medical/dental/vision coverage).
- Identifies employees who are covered for medical under another policy with the same employer
- Designates beneficiaries for basic life for those employees who are covered for medical under another policy with the same employer
- Designates beneficiaries for employer-paid life
- Note: If group offering includes Voluntary Life, use the Waiver Form (medical coverage with Voluntary Life)

MUST Publications & Resources

All MUST and relevant partner publications can be found online at:

MUSTBENEFITS.ORG/BUS-MGRCLERKS/OVERVIEW/

- This includes Benefit Summaries, government-required Summaries of Benefits and Coverage (SBCs), policy documents, pamphlets, the MUST READ newsletter, etc.

For example, below is information located under the Business Manager/Clerk tab:

NOTE: These are individual subfolders with applicable forms & resources.

NOTE: These are individual subfolders with applicable forms & resources.

- Similar applicable information under their separate tab is available for members/employees.
- The MUST Notice of Privacy Practices is located at the bottom of the webpage under Important Information.

→ NOTE: Our website has robust search functionality. Search is located in the far, top right on the main navigation bar.

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

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

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

Retirees – refer to Section entitled “Retiree Coverage, Eligibility and Enrollment.”

Spouse/Domestic Partner
An employee’s or trustee’s spouse is eligible if he/she is legally married to the employee/trustee.

An adult who is not legally married to the employee/trustee may also be eligible for coverage as domestic partner. The Declaration of Domestic Partner Form will be required to determine eligibility for an unmarried, unrelated domestic partner. This does not apply to eligible adult children. Dependent child eligibility is outlined in the next section.

Dependent Child
A covered participant’s dependent child is eligible for coverage if all the following requirements are met:

1. The child is a natural child, stepchild, child of a domestic partner, legally adopted child, or child who has been placed with the participant for adoption and as part of the placement has been granted full legal custody prior to the dependent reaching 19 years of age. This requirement is waived if the participant is required to provide coverage due to a court order or divorce decree for a child not in his/her custody or not wholly dependent upon the participant.

2. The child is not on active military duty; and

3. The child is under 26 years of age.

Note: The above age limitation may be waived for dependents over the age of 26 who are mentally and/or physically disabled and who are dependent upon the participant for support and maintenance. MUST requires proof of incapacity.

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

The Group/School District should notify MUST of the death immediately and a new Enrollment Form must be completed by the surviving spouse or dependent. Deductible credit will be applied for any deductible met during the benefit period.

Note: Surviving dependents do not qualify for life insurance coverage.
Leaves of Absence

Temporary Layoff/School-Approved Leaves of Absence

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

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

If the member doesn’t return after 12 weeks of leave, the member will be offered 18 months of COBRA coverage.

Non-FMLA Injury or Illness

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

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

Disability

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

Military Service

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

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

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

MUST Online Market

MUST offers Groups/School Districts the option of using the MUST Online Market. This enrollment system provides administrative relief to clerks and gives our members more choice on how to spend their healthcare dollars. Schools of all sizes using the MUST Online Market can offer up to six plans with no minimum participation requirement per plan selection. Under the Group/School District’s Participation Agreement, there is an overall minimum participation of 75% of all eligible participants – excluding those waiving coverage because they are insured under another plan. When it comes to enrolling employees, the MUST Online Market provides administrative ease, flexibility, and a better member experience. For more information about the MUST Online Market, contact your MUST representative.

When using the MUST Online Market please enter all alpha characters in capital letters. This includes names and addresses. When making updates to an employee’s record, please ensure the correct date is being returned by the Online Market. Please review data/benefit elections to certify accuracy. The transaction will pend for MUST approval before being finalized.

Initial Enrollment Period

When not using the MUST Online Market, the following forms are required for active employees/trustees to enroll in the MUST Plan. These forms must be submitted to MUST within 30 days of the date of hire or date of eligibility.

1. MUST Enrollment Form
   a. This form also includes beneficiary information for the $10,000 Basic Life insurance policy offered to employees. (Retirees and trustees are not eligible for Basic Life and LTD coverage.)

2. Life Insurance Enrollment Form
   a. The Group/School District may elect to offer their employees the option to selecting additional Employee-paid life insurance.

3. Basic Plan Acknowledgment Form. (This ensures employees who enroll in the Basic Plan understand the benefit limitations of the coverage.)

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

Links to all applicable forms can be found on the table of forms at the beginning of this handbook or at mustbenefits.org/forms.

Special Enrollment Period

An employee, trustee, or eligible dependent is eligible to enroll in coverage under the Plan as a result of certain events that create special enrollment rights. MUST also will allow the employee to change Medical plans as a result of the special enrollment qualifying event. The effective date of the new or changed coverage is the date of the qualifying event except in cases of coverage loss, in which case the first day of the following month becomes the effective date.

MUST does not allow the employee to add or drop Dental/Vision as a result of the special enrollment qualifying event.
For members to qualify for special enrollment, the employee or district clerk must ensure the appropriate form (Enrollment Form or Change Form) is received by MUST within 60 days of the event along with appropriate supporting documentation as indicated on the form.

Qualifying events include:

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

When a member qualifies for a special enrollment period because of a new dependent (marriage, birth, or adoption of a child), the new dependent will be added to the invoice according to the "15th of the month" rule. That means if the dependent is born or added on or before the 15th of the month, they will be added to that current month’s invoice. If the dependent is born or added after the 15th of the month, they will be added to the following month’s invoice.

**Annual Open Enrollment Period**

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

Each Group/School District selects their Open Enrollment dates within the time periods allowed. Group must submit enrollment documents by the last day of the date range. Online Market Open enrollment changes must also be completed by the last day of the date range.

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

<table>
<thead>
<tr>
<th>Qualifying Person</th>
<th>Add Dental (if district elects)</th>
<th>Add Vision (if district elects)</th>
<th>Add Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Employee</strong></td>
<td>Eligible unless dental coverage dropped within last 24 months</td>
<td>Eligible unless vision coverage dropped within last 24 months</td>
<td>Eligible</td>
</tr>
<tr>
<td><strong>Dependent</strong></td>
<td>Eligible unless dental coverage dropped within last 24 months</td>
<td>Eligible unless vision coverage dropped within last 24 months</td>
<td>Eligible</td>
</tr>
<tr>
<td><strong>Retiree (if enrolled in medical plan)</strong></td>
<td>Eligible unless dental coverage dropped within last 24 months</td>
<td>Eligible unless vision coverage dropped within last 24 months</td>
<td>Ineligible (must already be enrolled)</td>
</tr>
<tr>
<td><strong>Trustee</strong></td>
<td>Eligible unless dental coverage dropped within last 24 months</td>
<td>Eligible unless vision coverage dropped within last 24 months</td>
<td>Eligible</td>
</tr>
</tbody>
</table>

**Plan Changes/Employee Benefit Election Forms**

Members in school districts offering more than one plan can also change their plan option during Open Enrollment. An Open Enrollment Benefit Election Form is provided during the Open Enrollment period and is also available at mustbenefits.org to download and customize. This form may also be used to add or drop dependents and coverage for open enrollment. Do not complete a change form if the Open Enrollment Benefit Election Form is completed with the changes.
**Reporting Changes**

Changes in demographic information, including employee name, address, Social Security Number and beneficiary updates, can be reported by submitting a MUST Change Form. Demographic changes can be made any time by accessing the MUST Online Market as well.

**Identification Cards**

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

- **New Enrollment.** Upon initial enrollment, ID cards are provided for new participants and any covered dependents. New members receive a welcome letter with information on how to access information about their benefits on our website.

- **Name Change.** A new card is issued to a member who changes his/her name due to a marriage, divorce, or legal name change.

- **Adding Dependents.** Cards are issued in the event of a special enrollment event such as a marriage or the birth, adoption or placement for adoption of a child.

- **Plan Change.** Each benefit plan has a distinct group number on the ID card. A new card is issued to a member who makes changes to his/her coverage.

- **Lost/Stolen Cards.** If a member loses his/her identification card, he/she can contact our Administration Office at 1-800-845-7283 to request a new card. Members may also access their secure Blue Access for Member (BAM) account through the MUST website (mustbenefits.org) by clicking the Blue Cross and Blue Shield log-in button and signing into the secure system to request a new card or receive an electronic ID card.

Separate identification cards for the medical and vision are issued for each covered member of the family. Two (2) dental cards are issued to the policyholder and are valid for all covered family members.

**Waiving Health Benefits**

- If an employee/trustee elects to waive coverage at initial enrollment, the Enrollment Waiver Form must be completed. Signing the Waiver Form also waives the Basic Life and Basic Long-Term Disability coverage that is offered in conjunction with the health-benefit plan.

- Employees who waive medical insurance coverage are still eligible for employer-paid or employee-paid life coverage if they are offered by their employer.

- Requests to waive coverage must be received within 30 days of the eligibility date.

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

**Dropping Health Benefits**

- If an employee/trustee elects to drop their MUST health-benefit plan, the MUST Change Form must be completed and submitted to MUST.

- Requests to drop coverage must be received within 30 days of the requested effective date.
Note: Retirees and retired trustees who drop coverage are not eligible to later re-enroll.

Dropping Voluntary Life Benefits

- If an employee elects to drop voluntary employee-paid life insurance, he/she must:
  - Complete section 8 (Voluntary Life) of the Enrollment Form.
- Effective date will be first of the month following receipt by MUST.

Waiving Life Insurance

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

Termination of Coverage

Employee Coverage

- When an employee has terminated employment or otherwise loses eligibility for MUST coverage, the employer must notify MUST of the termination within 60 days using a Termination Form.

  Note: A Termination Form should not be used to drop coverage, drop dependents or to switch status from active to retiree. A Change Form should be used in these instances.

- The following information must be included on the Termination Form:
  - Group name and group number
  - Employee’s full name
  - Current address
  - Last four digits of the Social Security Number
  - Termination date, and
  - Reason for termination
- The terminated participant will remain covered through the last day of the month. For example, if the employee’s last day of work is March 1, he/she will remain covered through March 31.
- Employees who become ineligible for coverage – i.e., because of termination, reduction in hours, resignation or retirement – will be offered COBRA (refer to the Continuation of Coverage under COBRA in this handbook). Employees who were enrolled in any life products, including Basic Life, Employer Paid Life or Voluntary Employee-paid Life coverage will be offered the option to convert those life products to individual self-pay coverage. However, COBRA and the offer of continued life coverage will not be offered if MUST is not notified within 60 days of the event.

Dependent Termination

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

- The covered employee, dependent, or district representative is responsible for notifying MUST within 60 days of the qualifying event that causes the dependent to become ineligible.
  - Terminated dependents remain covered through the end of the month in which they lose eligibility or in which the participant voluntarily drops the dependent's coverage.

**Note:** Change Forms are not required for dependent children reaching age 26. They will automatically be terminated on the last day of the month of their 26th birthday. Example: If dependent turns 26 on October 14, coverage will terminate on October 31.

- A dependent whose coverage is terminating due to their loss of eligibility under the MUST plan will be offered COBRA (refer to the Continuation of Coverage under COBRA in this handbook).
  - A Certificate of Coverage will be issued for the enrollment period.
  - COBRA will not be offered to dependents for whom coverage was previously waived.
- A covered spouse who is divorced or legally separated from the participant is no longer eligible and must be dropped from the participant’s coverage. Coverage for dependent spouse will end on the last day of the month the divorce or legal separation is final. COBRA coverage will be offered to the terminated spouse.
Plan and Benefit Information

General Plan Overview

MUST is proud to offer a variety of plan designs and benefits to meet our customers’ needs. MUST plans include an embedded deductible.

What does this mean?

An embedded deductible has both an individual deductible for each family member and a family deductible that is the overall deductible for the policy. This allows a single family member to access medical benefits sooner.

When one family member accrues enough medical expenses to the point that they meet their individual deductible, after-deductible health insurance benefits (like copays, coinsurance and cost sharing) will be provided. However, these will be provided solely for that family member. Other members of the family would not yet be eligible for the same benefits.

Once multiple family members’ medical expenses add up and surpass the family deductible, the insurer would begin to pay covered medical expenses for all members of the family. This applies even if a member did not meet their individual deductible.

MUST coverage options include:

**Traditional Plans** (plan design includes deductible, coinsurance, out-of-pocket maximum)
- Revised Major Medical Plan (RM) – benefit design includes a $25 copay structure for certain benefits
- Comprehensive Major Medical Plan (CM) – benefit design does not include a copay structure
- Basic Medical Plan (BP) – least rich plan; does not meet the Affordable Care Act (ACA) minimum essential health benefits standards

**High Deductible Health Plans (HDHP)**
- Members under this plan type pay 100% of costs (including medications) until the medical plan deductible is met. Federal guidelines allow preventive services and a defined accident benefit to be covered without meeting the HDHP deductible.
- The cost of prescription drugs applies to the HDHP medical deductible and are covered according to the terms of the MUST pharmacy benefit plan.
- MUST HDHP benefits include an Expanded Preventive Drug List covering certain preventive prescriptions at $0 before plan deductible.
- These plans meet IRS requirements to be combined with a health savings account (HSA).

Additional information is available on the Internet; one of the best resources is the U.S. Treasury Department’s HSA website (click [HERE](#)).

Refer to the MUST Benefit Summary for a description of these plans at [www.mustbenefits.org](http://www.mustbenefits.org). 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.

All enrolled district employees under a MUST medical plan receive basic life insurance and long-term disability insurance.

Additional information is available on the Internet; one of the best resources is the U.S. Treasury Department’s HSA website (click [HERE](#)).
Dental and Vision Coverage

The availability of Dental and/or Vision coverage is dependent on both the Group/School District electing to offer the coverages and the member satisfying eligibility requirements.

**Note:** Once enrolled in Dental/Vision benefits, coverage cannot be dropped until the next Open Enrollment period unless all coverages including medical coverage are dropped.

**Dental Benefit**

Groups/School Districts offering a dental benefit to employees can do so without requiring enrollment under a medical plan. This means the Group can elect to provide the dental benefit to:

1. Only eligible, active district employees covered under a MUST medical plan; and
2. Eligible, active district employees not enrolled in MUST medical coverage. This coverage has the same benefit as provided to those in #1 above.
   - The employee must also be enrolled on this dental coverage for dependents to be enrolled.

   **What does this mean?** If the Group elects to offer the option for a dental benefit to active employees (and their eligible dependents) not covered under the MUST medical plan, the employee must enroll in the dental coverage for a dependent to enroll in dental.

For details concerning the MUST dental benefit:

- Access **Vision & Dental** under Explore Plans at mustbenefits.org
- Access **Vision & Dental** section in the current MUST Benefit Summary at mustbenefits.org (or in hardcopy)
- Contact your MUST Marketing Representative or the Helena office at 1-800-845-7283

**Vision Benefit**

Groups/School Districts offering a vision benefits to employees can do so without requiring enrollment under a medical plan. This means Group can elect to provide the vision benefit to:

1. Only eligible, active district employees (and their eligible dependents) covered under a MUST medical plan can select the optional Vision Hardware benefit. **(Note: The vision exam is covered under the MUST medical plan as preventive); and**
2. Eligible, active district employees (and their eligible dependents) not enrolled in MUST medical coverage can select the optional Vision Exam + Hardware benefit. The benefit includes 1 vision exam per benefit period plan year **(with a $150 eye exam benefit maximum)** and the same Vision Hardware benefit as provided to those in #1 above.
   - The employee must also be enrolled on this vision coverage for dependents to be enrolled.

   **What does this mean?** If the Group elects to offer the option for a vision benefit to active employees (and their eligible dependents) not covered under the MUST medical plan, the employee must enroll in the vision coverage for a dependent to enroll in vision.

For details concerning the MUST vision benefit:

- Access **Vision & Dental** under Explore Plans at mustbenefits.org
- Access **Vision & Dental** section in the current MUST Benefit Summary at mustbenefits.org (or in hardcopy)

Contact your MUST Marketing Representative or the Helena office at 1-800-845-7283
Continuation of Coverage Under COBRA

- The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides a temporary extension of employer-provided health insurance coverage for qualified beneficiaries.

- COBRA is intended to provide health coverage for eligible ex-employees and their qualified dependents until new coverage can be obtained. All MUST member groups are eligible for COBRA.

Note: Medical benefits available under COBRA are identical to those of any active participant in that member group and that the employee was covered under at the qualifying event.

- COBRA is offered to all covered employees or dependents losing eligibility for the employer’s plan due to a “COBRA qualifying event.” The type of COBRA qualifying event determines who the qualified beneficiaries are and how long coverage may be continued under COBRA. Qualifying events and coverage periods are summarized below (refer to the Summary Plan Description for more details):

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

Notifications

Employer Responsibility. Employer (Group/School District) must notify MUST of the COBRA-qualifying event within 30 days of becoming aware of it.

Note: For more information regarding notification, refer to the COBRA section of the Summary Plan Description (Continuation Coverage after Termination, “Notification Responsibilities”).
**MUST Obligations.** The MUST administration office will send the qualified beneficiary notice of COBRA continuation rights within 14 days of being notified by the Employer (Group/School District) of the qualifying event.

**Qualified Beneficiary Election.** The qualified beneficiary has **60 days** from the date eligibility would be lost or **60 days** from the date notification is received from MUST, whichever is later, to elect COBRA coverage.

- Failure to elect COBRA within the allowable timeframe nullifies the beneficiary’s rights to COBRA coverage.
- Medical benefits available under COBRA are identical to those of any active participant in that member group and that the employee was covered under at the qualifying event.
- If COBRA is elected, the qualified beneficiary is responsible for monthly premium(s) back to the date on which coverage was lost.
  - Payment is then due on the first of each month.
  - A grace period of 30 days is allowed before coverage is terminated for non-payment; however, coverage is considered inactive until full payment is received for that month.
Life, AD&D, and Dependent Life Insurance

MUST recognizes the need for life insurance for our members in the most critical time of need. Together, we can ensure that your employees are enrolled in all products available to them and not compound problems a family may experience in a time of need.

How can you help to ensure your employees and families have the life insurance and other benefit coverages available in their time of need?

- MUST requires a Waiver of Coverage form from all employees who do not wish to enroll in medical coverage. However, it is imperative that we receive a waiver of coverage form for those employees who are dependents as it will identify eligibility for all benefits to which they are entitled.

- Be sure an executed Waiver of Coverage form is provided for any eligible employees who are enrolled on a spouse’s or parent’s policy with your group.

- If you have eligible employees who are covered spouses or covered dependents of another school district employee and you are not sure if they have been set up for Basic Life and LTD coverages, please contact your MUST representative or call our office at 1-800-845-7283 and ask to speak to your Eligibility/Enrollment Specialist.

Life/AD&D Policy Documents and Forms

To access policy documents and forms, visit mustbenefits.org:

1. Under BUS MGR/CLERKS
2. Select Employer and Clerk Forms/Notifications
3. Select Life & LTD (in gray tabbed bar)

Or for direct assistance, you can contact your MUST Marketing Representative or the Helena office at 1-800-845-7283.

Basic Life and AD&D Insurance for Active Employees

MUST, at no cost to the Group/School District, provides $10,000 Basic Life and Long-Term Disability (LTD) policy to eligible, active employees enrolled in medical coverage.

- Employees who choose to waive coverage are not eligible for the Basic Life or LTD, unless they are an employed dependent spouse or employed dependent child covered under another employee (at the same Group/School District).

Note:

- An employee cannot receive Basic Life insurance coverage as both a participant and as a spouse or dependent.

- Retirees, trustees and COBRA members are not eligible for the Basic Life and AD&D insurance.
### Basic Life and AD&D

<table>
<thead>
<tr>
<th>Amount of coverage</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per member per month</td>
<td>None. Coverage automatic with medical benefits enrollment.</td>
</tr>
<tr>
<td>New enrollees</td>
<td>Designate beneficiaries on Enrollment Form (or the Waiver Form if the employee is also covered on a medical plan under another employee with the same group).</td>
</tr>
<tr>
<td>Beneficiary change</td>
<td>Designate new beneficiary(ies) on the Change Form.</td>
</tr>
</tbody>
</table>

### Additional Life/AD&D Coverage

Groups/School Districts can elect at the group-level to provide additional life/AD&D coverage options for active employees:

1. **Employer-paid Additional Life**
2. **Employee-paid Additional Voluntary Life**

For more information on these additional offerings, please see the MUST [Understanding Your Insurance Life/AD&D](#) brochure and visit with your Marketing Representative.

**Employer-Paid Additional Life and AD&D**

- Up to an additional $150,000 (increments of $10,000) benefit provided by school district
- Provided to all district employees, even if not enrolled in a MUST medical plan
- If the [Enrollment Form (medical with Voluntary Life)](#) is received more than 30 days after a member initially becomes eligible for the coverage, a medical-history statement and approval from MUST’s current life insurance carrier will be required before coverage is provided.

<table>
<thead>
<tr>
<th>Employer-Paid Additional Life and AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of coverage</td>
</tr>
<tr>
<td>Cost per member per month</td>
</tr>
<tr>
<td>Enrollment</td>
</tr>
<tr>
<td>Billing procedure</td>
</tr>
<tr>
<td>Effective date of coverage</td>
</tr>
</tbody>
</table>
Employee-Paid Additional Voluntary Life

- Up to the lesser of $500,000 or 4x annual salary in $10,000 increments

  **Note:** Up to $100,000 available without Evidence of Insurability (EOI) when elected at initial open enrollment.

- $5,000 or $10,000 dependent life coverage available for spouse and eligible children
- Provided to all district employees, even if not enrolled in a MUST medical plan

Important Voluntary Life underwriting rules:

- Spouse and/or Dependent Life is only available if the employee enrolls in employee-paid life if their Group/School District offers this voluntary benefit.
- When both parents work for the same Group/School District and enroll in employee-paid life, only one (1) parent may elect Dependent Life (child) coverage.
- Election of Spouse Life covers eligible spouse only. List the spouse on the Enrollment Form (medical coverage with Voluntary Life) under beneficiary section.
- Election of Dependent Life covers all eligible child dependents. List all eligible dependents on the Enrollment Form (medical coverage with Voluntary Life).
- Refer to the Voluntary Group Term Life/AD&D Benefit Program Summary for eligibility limitations and exclusions.

<table>
<thead>
<tr>
<th>Employer-Paid Additional Voluntary Life and AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount of Coverage</strong></td>
</tr>
<tr>
<td><strong>Guaranteed issue amount</strong></td>
</tr>
<tr>
<td><strong>Requests above Guaranteed issue amount</strong></td>
</tr>
<tr>
<td><strong>Cost per member per month</strong></td>
</tr>
<tr>
<td><strong>Billing Procedure</strong></td>
</tr>
<tr>
<td><strong>Dependent life Insurance (spouse and eligible children)</strong></td>
</tr>
<tr>
<td><strong>Enrollment</strong></td>
</tr>
<tr>
<td><strong>Effective date of coverage</strong></td>
</tr>
</tbody>
</table>
| **Late Enrollment** | Employees may request employee-paid life coverage throughout the year.  
| | - Complete and submit an Enrollment form (medical coverage with Voluntary Life) to MUST.  
| | - MUST will provide an Evidence of Insurability to the employee to complete and submit  
| | - If approved, the effective date of the coverage will be the first of the month after approval by the life insurance partner. |
| **Open Enrollment (previously not enrolled)** | - Complete and submit an [Enrollment form (medical with Voluntary Life)](#) to MUST or elect through the MUST Online Market.  
| | - Upon receipt of the request MUST will provide an Evidence of Insurance to the employee. The employee will complete and send it directly to the life insurance partner for approval or denial.  
| | - The effective date of the coverage will be the first of the month following approval by the life insurance partner. |
| **Open Enrollment; Increases up to the Guaranteed Issue amount (currently enrolled)** | - Employees who are currently enrolled in employee-paid life insurance may request increases in $10,000 increments up to the $100,000 guaranteed limit without completing an Evidence of Insurability (EOI).  
| | - Complete and submit an [Enrollment form (medical with Voluntary Life)](#) to MUST or elect through the MUST Online Market.  
| | - Effective date will be the renewal date. |
| **Open Enrollment; Increases over the Guaranteed Issue amount (currently enrolled)** | - Participants requesting amounts above the guaranteed issue amount are required to complete the Evidence of Insurability (EOI).  
| | - Upon receipt of the request, MUST will provide an Evidence of Insurability (EOI) to the employee. The employee will complete and send it directly to the life insurance partner (address is on the form) for approval or denial.  
| | - Coverage will not be effective until MUST’s life insurance partner has reviewed the EOI and approved coverage. Once MUST receives a determination on the EOI, the denial or approval will be communicated to the Group/School District, including applicable effective date of coverage.  
| | - The effective date of the coverage will be the first of the month following approval by the life insurance partner. |
| **Adding Dependent Life Coverage (Spouse and Child) Open Enrollment** | - Employees may request to add Dependent Life Coverage at Open Enrollment.  
| | - Complete and submit an [Enrollment form (medical with Voluntary Life)](#) to MUST or elect through the MUST Online Market.  
| | - Upon receipt of the request, MUST will provide an Evidence of Insurability (EOI) to the employee. The employee will complete and send it directly to the life insurance partner for approval or denial.  
| | - The effective date of the coverage will be the first of the month following approval by the life insurance partner. |
How to File Life Claim

To file a life claim, a convenient, fillable Life Claim Form can be accessed by visiting mustbenefits.org/forms. The form may also be printed for completion. Instructions for both the Employer and Beneficiary are included on the form.

The completed form is sent to:

**By Mail:** Dearborn National
Attention: Claims Department
PO Box 7070
Downers Grove, IL 60515

**By Fax:** 1-855-645-8242

Waiver of Life Premium – Due to Disability

If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months (prior to age 60), the life premium will be waived for the employee’s life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.

**Definition of Disability:** Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training, or experience.

To request a life premium waiver, contact your MUST Marketing Representative or the Helena office at 1-800-845-7283.

Life Insurance Face Value Reduction at Age 70

Reduction applies to all life products offered by MUST except for the Voluntary Spouse coverage.

On the first day of the Plan Year following the date the employee has reached age 70, the amount of life insurance will be:

- 50% of the amount of life insurance had prior to age 70; or
- 50% of the amount of life insurance shown above if employee becomes insured on or after age 70

After age 70, the amount of insurance under the Voluntary Life coverage cannot be increased.

Long-Term Disability (LTD) Insurance

LTD Policy Documents and Forms

To access policy documents and forms, visit mustbenefits.org:

1. Under BUS MGR/CLERKS
2. Select Employer and Clerk Forms/Notifications
3. Select Life & LTD (in gray tabbed bar)

Or for direct assistance, you can contact your MUST Marketing Representative or the Helena office at 1-800-845-7283.
Basic LTD Insurance

MUST, at no cost to the Group/School District, provides a Basic LTD benefit for eligible, active employees enrolled in medical coverage. The LTD insurance pays a benefit in the event the employee is disabled and cannot work because of illness or injury.

Note: Retirees, trustees and COBRA members are not eligible for the Basic Life and AD&D insurance.

- 50% of pre-disability earnings
- $5,000 monthly maximum
- 180-day waiting period

### Basic LTD

<table>
<thead>
<tr>
<th>Cost per member per month</th>
<th>None. Coverage automatic with medical benefits enrollment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly benefit</td>
<td>50% of insured pre-disability earnings, reduced by deductible income from other sources</td>
</tr>
<tr>
<td>Maximum monthly benefit</td>
<td>$5,000</td>
</tr>
<tr>
<td>Benefit waiting period</td>
<td>180 days</td>
</tr>
<tr>
<td>Max benefit period - Class I</td>
<td>Up to the ‘normal’ social security age if the definition of disability is met</td>
</tr>
<tr>
<td>Max benefit period - Class II</td>
<td>Up to 5 years if the definition of disability is met</td>
</tr>
</tbody>
</table>

### Additional LTD Coverage Options

Groups/School Districts can elect at the group-level to enhance the LTD coverage for employees:

1. **Employer-paid LTD Buy-up**
2. **Employer-paid LTD for Non-medical participants**

For more information on these additional LTD offerings, please see the MUST Understanding Your Insurance Life/AD&D brochure and visit with your Marketing Representative.

<table>
<thead>
<tr>
<th>LTD Buy-Up (for active Medical Participants only)</th>
<th>LTD for Non-Medical Participants (active)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly benefit</td>
<td>60% of insured pre-disability earnings, reduced by deductible income from other sources</td>
</tr>
<tr>
<td>Maximum monthly benefit</td>
<td>$6,000</td>
</tr>
<tr>
<td>Benefit waiting period</td>
<td>90 days</td>
</tr>
<tr>
<td>Max benefit period – Class I</td>
<td>Up to the ‘normal’ social security age if the definition of disability is met</td>
</tr>
<tr>
<td>Max benefit period – Class II</td>
<td>Up to 5 years if the definition of disability is met</td>
</tr>
<tr>
<td>Rate per member (employer-paid)</td>
<td>Up to the ‘normal’ social security age if the definition of disability is met</td>
</tr>
<tr>
<td>Billing procedure</td>
<td>Monthly life invoices are included in the MUST billing packet. A copy of the life invoice can also be downloaded directly from the MUST Online Market.</td>
</tr>
<tr>
<td></td>
<td>Monthly life invoices are included in the MUST billing packet. A copy of the life invoice can also be downloaded directly from the MUST Online Market.</td>
</tr>
</tbody>
</table>
How to File an LTD Claim

To file an LTD claim, a convenient, fill-able Group Long-Term Disability Claim Form can be accessed by visiting mustbenefits.org/forms. The form may also be printed for completion. Instructions for both the Employer, Employee/Claimant and Physician are included on the form.

The completed form is sent to:

**By Mail:**  
Dearborn National  
Attention: Claims Department  
PO Box 7071  
Downers Grove, IL 60515

**By Fax:**  
1-877-404-6457
Retiree Coverage

Eligibility and Enrollment

In most cases, the eligibility and enrollment guidelines are applicable to retirees.

- However, for example and as noted above under the Life and LTD sections, retirees are not eligible for the Basic Life and Basic LTD coverages as part of their retiree medical coverage.
- Medicare-eligible members, retiree members, and dependent children are not eligible for the Healthy Futures Wellness Program deductible credit by completing the Total Health Management (THM) assessment.

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

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

Change in Status – Active Employee to Retiree

When an employee becomes eligible for retirement under the appropriate retirement provisions and wishes to continue coverage with MUST, the employee must:

- Complete a Change Form.

  **Note:** Do not use the Employee Termination of Coverage form, as it may result in termination of coverage instead of continuation of coverage under the retiree benefits.

- Include documentation with the Change Form certifying retiree status from TRS or PERS (or a Group/School District letter/board minutes).
- Employees with additional voluntary life insurance through the plan may elect to continue those benefits as well at retirement (refer to the Retiree Life section).

Dropping Retiree Coverage

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

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

School Board Trustee Retirees

A school board trustees is eligible to continue coverage as a retiree if they served on the board for a minimum of two (2) terms.
Retiree Life and AD&D Insurance

**Note:** Retirees covered under a MUST retiree medical coverage are ineligible for the Basic Life and Accidental Death and Dismemberment (AD&D) insurance provided to active employees as part of the MUST health plan.

Upon retirement, an employee can elect to continue – through policy conversion – any group life coverages they have at time of retirement, including their Basic Life and AD&D, employer-paid buy up, and/or any employee-paid voluntary group life insurance coverage.

- Application for conversion must be made within 31 days of the date of termination of employee’s coverage due to retirement.

<table>
<thead>
<tr>
<th>Retiree Optional Life and AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount of coverage</strong></td>
</tr>
<tr>
<td>An amount not to exceed the amount of Life and AD&amp;D insurance in effect on the day preceding the participant’s retirement.</td>
</tr>
<tr>
<td><strong>Cost per member per month (Rates)</strong></td>
</tr>
<tr>
<td>• Retirees are charged the standard conversion age banded rates based on their age at time of application.</td>
</tr>
<tr>
<td>• The rate does not change as the insured ages.</td>
</tr>
<tr>
<td>• For rate information, refer to the Understanding Your Life/AD&amp;D Benefits at under Life/Long Term Disability at mustbenefits.org.</td>
</tr>
<tr>
<td><strong>Notification of retirement and administrative setup</strong></td>
</tr>
<tr>
<td>Group/School District must notify MUST of the employee’s retirement date. MUST will send the letter to the retiree with life insurance contact information.</td>
</tr>
<tr>
<td><strong>Billing procedure</strong></td>
</tr>
<tr>
<td>• The retiree will be billed directly by the life/AD&amp;D company (not MUST).</td>
</tr>
<tr>
<td>• Premiums may be paid on an annual, bi-annual, or quarterly basis.</td>
</tr>
<tr>
<td>• Electronic Funds Transfer (EFT) is available.</td>
</tr>
<tr>
<td><strong>Age reduction</strong></td>
</tr>
<tr>
<td>For retirees age 70 and older, the life insurance benefit is reduced by 50% on the next policy anniversary.</td>
</tr>
</tbody>
</table>
Medicare-Eligible Members

- Medicare-eligible members (whether active employees, or retirees) may continue coverage with MUST.

- The Group/School District does not need to notify MUST about members becoming Medicare-eligible due to age; MUST automatically determines which participants and dependents are turning 65.
  - Retirees who turn 65 will experience a reduction in their monthly premium, so long as the Group/School District’s rate structure provides for.
  - For example, retirees with a Group/School District utilizing a composite rate structure for their tiers (single, employee + spouse, employee + child(ren), employee + family, or Medicare eligible). Composite means there is one premium amount for all plan tiers.

- Active members over age 65 will not see a rate reduction until retirement.

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

Coordination of Benefits (COB) with Medicare

MUST coordinates benefits with Medicare.

- An active employee 65 years or older may
  - choose to be covered under both MUST and Medicare. In such situations, MUST is the member’s primary insurer and Medicare is secondary.
  - elect to decline MUST coverage; in which case, Medicare will be the primary insurer.

- For retirees 65 or older, Medicare is primary and MUST is secondary.

- Medicare may be primary in certain instances for active or retired employees and their spouses under age 65, such as in the case of being diagnosed with End Stage Renal Disease (ESRD) or ALS (Lou Gehrig’s Disease), retired and being disabled, or being disabled and receiving Social Security disability.

**Note:** Active and retired participants under age 65 who become eligible for Medicare are required to notify MUST within 30 days in order to properly coordinate benefits.
Your Monthly Billing / Invoice Packet

**Note:** The primary purpose of this monthly packet detail is for billing/finance purposes. The appropriate enrollment documents must be completed if not previously submitted.

- It is important for any enrollment and eligibility changes be timely reported to MUST to ensure employee effective (and termination) dates are processed appropriately.
- Delayed reporting may impact availability of coverage and compliance with required employee notifications (e.g. COBRA).
- In reviewing the detailed “Location Detail Final Invoice” (illustration 2), note any enrollment discrepancies and reflect appropriately on the “Reconciliation Sheet” (illustration 3). Adjustments on the Reconciliation Sheet still require completion of the necessary enrollment and eligibility forms.

For example (document hyper-links are included):

<table>
<thead>
<tr>
<th>New Hires; Life Events; Changes; Updates</th>
<th>Required Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adding/dropping dependents</td>
<td></td>
</tr>
<tr>
<td>• Name changes</td>
<td></td>
</tr>
<tr>
<td>• Loss of other coverage (for dependents), include letter of creditable coverage</td>
<td></td>
</tr>
<tr>
<td>• Death</td>
<td></td>
</tr>
<tr>
<td>• Marriage</td>
<td>CHANGE FORM</td>
</tr>
<tr>
<td>• Change status from Active to Retiree (include PERS, TRS or school board letter)</td>
<td></td>
</tr>
<tr>
<td>• Life insurance beneficiary changes</td>
<td></td>
</tr>
<tr>
<td><strong>For new hires (new participants and their dependents)</strong></td>
<td>ENROLLMENT FORM</td>
</tr>
<tr>
<td>• Loss of other coverage (employee), include letter of creditable coverage</td>
<td></td>
</tr>
<tr>
<td>• <strong>Note:</strong> If group offering includes Voluntary Life, use the Enrollment Form (medical coverage with Voluntary Life)</td>
<td></td>
</tr>
<tr>
<td><strong>Use to notify MUST of termination of coverage for employees, retirees or trustees.</strong></td>
<td>TERMINATION OF COVERAGE FORM</td>
</tr>
<tr>
<td>• <strong>Note:</strong> To terminate/drop dependent coverage or change status from active employee to retiree, use the Change Form.</td>
<td></td>
</tr>
<tr>
<td><strong>For new hires, use to waive new participant’s medical, dental and/or vision coverage.</strong></td>
<td>WAIVER FORM</td>
</tr>
<tr>
<td>• Identifies employees who are covered for medical under another policy with the same employer or covered by spouse with a different employer</td>
<td></td>
</tr>
<tr>
<td>• <strong>Note:</strong> If group offering includes Voluntary Life, use the Waiver Form (medical coverage with Voluntary Life)</td>
<td></td>
</tr>
<tr>
<td><strong>Adding a spouse/dependent due to common law marriage</strong></td>
<td>STATEMENT OF COMMON LAW MARRIAGE</td>
</tr>
<tr>
<td><strong>Adding a domestic partner to coverage</strong></td>
<td>DECLARATION OF DOMESTIC PARTNER</td>
</tr>
</tbody>
</table>
Billing / Invoice Packet Content

The following are included in your monthly packet. The packet may also include important plan communications, notices, or updates.

**Billing Statement**

**Illustration 1**: Statement shows the balance forward from the previous statement, any payments received, currently monthly premium, any monthly retroactive changes, and new balance due.

- **Statement Date** month indicates the current billing period (month)
- **Reference column** includes:
  - Payment detail
  - Premium
  - Retroactive Adjustments < 60 days old
  - Retroactive Adjustments > 60 days old

**Monthly Premium Detail**

**Illustration 2** (titled “Location Detail”)**: Lists all employees to be covered for the current billing month and their premiums and retroactive adjustments for the two (2) previous months.

- Review report to determine if there are any employees, coverage(s) or other adjustments not correctly reflected on the report that affect the premium Statement balance amount.
- Report changes using the Reconciliation Sheet and complete the appropriate enrollment documents if not previously submitted.

*Retroactive Adjustments (< 60 days old)*: Retroactive adjustments less than 60 days old will appear on the bottom of the Location Detail report.
• When adjustments are made to your account that are more than 60 days prior to the current billing month, these changes are noted on the Retroactive Adjustments register (refer to illustration 3).

• Take all retroactive these adjustments into account when calculating your “Amount Paid.” If you have any questions concerning any of these documents or reported information, please call MUST.

Retroactive Adjustments Register (> 60 days old)

Illustration 3: Retroactive Adjustments register details any retroactive adjustments more than 60 days old.

• Review register to determine if there are any employees, coverage(s) or other adjustments not correctly reflected on the report that affect the Billing Statement balance amount.

• Take all adjustments into account when calculating your “Amount Paid” on the Reconciliation Sheet (illustration 4). If you have any questions concerning any of these documents or reported information, please call MUST.

• The Retroactive Adjustments register total will be reflected as a line item on the MUST monthly Billing Statement and the total will be included in the Reconciliation Sheet “Total Amount Due.”

Billing Reconciliation Sheet

Illustration 4: The Reconciliation Sheet is returned with your payment. After reviewing the monthly premium detail (Location Detail), if you have:

| NO CHANGES / ADJUSTMENTS | o Insert the Amount Paid in the field at the top of form (this will match the amount in Total Amount Due)  
o Sign and return with your payment |
|----------------------------|---------------------------------------------------------------------------------------------------------|
| CHANGES / ADJUSTMENTS:     | It is extremely important to reconcile any difference between:  
  › Amount billed (“Total Amount Due”)  
  › Amount you are paying (“Amount Paid”)  
  • Do not change the “Total Amount Due.”  
  • Identify employees, coverage(s) or other adjustments not correctly reflected on the monthly premium detail report (Location Detail) that affect the Billing Statement balance amount by completing the grid provided to account for differences in the “Total Amount Due” and the “Amount Paid.”  
  • Use the Reason Codes found in the lower left-hand corner of the sheet to note the reason for the change. Add any other pertinent information in the Comments column and complete the appropriate enrollment documents if not previously submitted.  
  • Calculate the “Total Adjustments” amount at the bottom of the grid based on the detailed entries.  
  • Enter the “Total Adjustments” amount in the “Adjustments from Below” field (located at the top of the form). Add/subtract the amount from the “Total Amount Due” and to determine the “Amount Paid.” |
Reconciliation Sheet Example:

Dearborn Vendor Detail – Additional Plans

Illustration 5: Lists all employees covered under a voluntary or employer-paid life, AD&D, and/or LTD product, coverage amounts for the current billing month and the associated premiums, along with any adjustments.

- Review report to determine if there are any employees, coverage(s) or other adjustments not correctly reflected on the report that affect the premium amount.
- If corrections or adjustments are required, note the appropriate changes on the Dearborn Vendor Summary (see below).
  - **Notify MUST.** For any adjustments, provide MUST with change details to ensure the corrections are made in the enrollment system.
- Do not return the Dearborn Vendor Detail report with your payment.

Dearborn Vendor Summary – Additional Plans *(does not include individual(s) information)*

Illustration 6: The Dearborn Vendor Summary is returned with your payment. Note correction to reflect corrected amount being paid.

**Dearborn Invoice Questions.** If you have any questions concerning the billing of these products, please call MUST and speak to Enrollment & Eligibility Specialist at 1-800-845-7283.

**Dearborn Payment.** Payment for Dearborn voluntary or employer-paid life, AD&D, and/or LTD products are submitted directly to the Dearborn:

DEARBORN LIFE INSURANCE CO
36788 EAGLE WAY
CHICAGO IL 60678-1367
ACH Payments

Districts have the option to submit their MUST premium payments electronic ACH. MUST does not accept wire transfers or credit card payments.

**Process for using an electronic ACH.** To submit an electronic ACH payment, you will need the following information:

- **Account Number:** 109862474
- **Routing Number:** 092901683
- **Name of Bank:** First Interstate Bank

**IMPORTANT:** For payments to be properly processed and credited to your district's account, you must:

1. **E-mail:** achpayments@ms-sf.org
2. Include the following information:
   - Attach copy of completed Billing Reconciliation Sheet
     - **NOTE:** This documentation is required for ACH processing.
   - Group Name
   - MUST Group Number/Customer Account No.
   - Name of Payor(s) for the ACH payment
     - Be sure to include an itemization for any amounts that need to be shown as separate payments on the billing statement. For example:
       - A single payment for all active employees from a general fund
       - A retiree payment from a separate account
       - ACH includes a single amount for specific individuals (i.e., retirees)
   - ACH Payment Date
   - ACH Payment Amount
   - Indicate premium month(s) being paid

- If individual payments are being submitted to MUST by mail in addition to an ACH payment, please be sure to include a copy of the district's completed Reconciliation Sheet along with the checks for processing.
MUST Online Market

**Note:** Convenient access system links are included on the [www.mustbenefits.org](http://www.mustbenefits.org) website.
- Lower portion of home page
- Under the BUS MGR/CLERK tab on the main navigation bar

Website resources include:

**Employer and Clerk Forms/Notifications**

**Group Open Enrollment Form**

MUST Online Market Login Employee Cheat Sheet

MUST Online Market Login Manager Cheat Sheet

MUST Online Market Login ACA Manager Cheat Sheet

MUST Online Market Login How-To Enrollment Flyer

MUST Online Market Manager Basic Functions Handout
MUST Wellness Programs

Note: Convenient programs information is located on the [www.mustbenefits.org](http://www.mustbenefits.org) website under the WELLNESS tab on the main navigation bar.

- Healthy Futures Wellness Program
- Total Health Management (THM) Assessment Form
- Wellness Challenge Campaigns
- Program Notice
Current Plan Year MUST Proposal/Renewal

Note: For easy access and reference, you can include the latest copy here. Your district proposal/renewal includes useful, quick reference to benefit descriptions and plan highlights.