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 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.

CARE 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.

See page 11 for more details.

Care 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 or
$10,000 Dependent Life for a spouse,
and $5,000 or $10,000 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 and the Advantage Plus Pharmacy
Network 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 4 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. See page 6 for more details.

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 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 more details.

WELLNESS PROGRAM
MUST offers the Healthy Futures Wellness Program to all groups. Eligible members and their spouses on MUST plans have access, 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. See page 13 for more details.

“Education is the passport to the future, for tomorrow belongs to those who prepare for today.”
Malcolm X

Photo © Charlotte Caldwell
Burnham School—Hill County

At one time, there were an estimated 2,600 rural schools in Montana. Beginning with the missions and gold camps, schoolhouses became essential community institutions and in the era of statehood and homesteading, they multiplied across the state. Today, Montana has more one- and two-room schools still in operation than any other state.
**MUST OFFERS** a variety of plan designs and benefits to meet our members’ needs. All plans include an accident benefit, access to CareHere and virtual visits, and preventive benefits.

### 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. This plan also includes an integrated pharmacy benefit - meaning all pharmacy claims apply to the medical deductible, coinsurance and out-of-pocket maximum.

---

We know schools.

We know benefits.

We know Montana.
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.

MUST exclusively uses Prime Specialty Pharmacy for specialty medications. Prior authorization/step therapy is likely required before coverage. Other specialty pharmacies are out-of-network. Please visit mustbenefits.org/explore-plans/pharmacy.

PHARMACY BENEFITS

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 mustbenefits.org/explore-plans/pharmacy.

MUST 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 mustbenefits.org/explore-plans/pharmacy.

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.

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

(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, the Provider Finder® tool, Blue Access Mobile®M, 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 bcbstm.com by logging in to Blue Access for Members (BAM®) or by downloading the BCBSMT Mobile app to your smartphone.

Get information about your health benefits, anytime, anywhere.

Access the Blue Cross and Blue Shield of Montana (BCBSMT) secure member website, Blue Access for Members (BAM) with any one of these devices—

- computer
- phone
- tablet

![Image of Blue Access for Members screenshot]

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.
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. MDLIVE virtual visit doctors can save time, help treat and prescribe needed medications.

GENERAL HEALTH
- Allergies
- Asthma
- Joint aches
- Sinus infections

PEDIATRIC CARE
- Cold/flu
- Ear infections
- Pink eye

24/7 NURSELINE
NURSES AVAILABLE WHEN YOU NEED THEM

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.

2 CONVENIENT WAYS TO REGISTER AND 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.

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™

WHEN YOU SHOULD YOU CALL THE 24/7 NURSELINE?

877.213.2565

- Asthma, back pain or chronic health issues
- Dizziness or severe headaches
- High fever
- A baby’s nonstop crying
- Cuts or burns
- Sore throat
### Deductible – Individual
From $200 to $4,000

### Deductible – Family
From $400 to $8,000

### Out-of-Pocket Maximum – Individual
From $1,200 to $4,950

### Out-of-Pocket Maximum – Family
From $2,400 to $9,900

### Benefit Percentages Available
80/20%

### Non-Preventive First-Dollar Benefit
N/A

### Office Visits (physician/chemical dependency/mental illness)
- **Deductible**: Waived
- **Benefit percentage**: In network: 25%, out of network: 80/20%
- **First-dollar benefit (chemical dependency/mental illness only)**: First 3 visits paid at 100%

### Virtual Visits
- **Applicable office visit benefits apply**: $25 co-pay
- **First-dollar benefit (chemical dependency/mental illness only)**: First 3 visits paid at 100%

### Accident
- **Deductible, benefit percentage**: Waived, 100%
- **Maximum benefit per accident**: $500 within 90 days of accident

### Autism Spectrum Disorders
- **Deductible, benefit percentage**: Applies, 80/20%

### Chemical Dependency (inpatient)
- **Deductible, benefit percentage**: Applies, 80/20%

### Chiropractic/Acupuncture Visits
- **Deductible, benefit percentage**: Waived, 100%
- **Maximum visits per benefit period (combined)**: 10

### Chiropractic X-Rays
- **Deductible, benefit percentage**: Applies, 80/20%

### Diagnostic X-Ray
- **Deductible, benefit percentage**: Applies, 80/20%

### Home Health/Hospice Care
- **Deductible, benefit percentage**: Applies, 80/20%
- **Maximum visits per benefit period (combined)**: 180

### Hospital Services
- **Deductible, benefit percentage**: Applies, 80/20%

### Lab work
- **Deductible, benefit percentage**: Applies, 80/20%

### Mental Illness (inpatient)
- **Deductible, benefit percentage**: Applies, 80/20%

### Rehabilitation Services
- **Deductible, benefit percentage**: Applies, 80/20%
- **Maximum benefit period (outpatient/inpatient)**: 50 visits/60 days

### Skilled Nursing Facility
- **Deductible, benefit percentage**: Applies, 80/20%
- **Maximum days per benefit period**: 60

### Transplants
- **Deductible, benefit percentage**: Applies, 80/20%

### Lifetime maximum
N/A

### Pharmacy (Rx)
See pharmacy benefits on page 4.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>BASIC PLAN</th>
<th>HIGH DEDUCTIBLE HEALTH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible – Individual</strong></td>
<td>$2,000</td>
<td>From $2,800 to $6,000</td>
</tr>
<tr>
<td><strong>Deductible – Family</strong></td>
<td>$4,000</td>
<td>From $5,600 to $12,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum – Individual</strong></td>
<td>$4,000</td>
<td>From $5,600 to $12,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum – Family</strong></td>
<td>$8,000</td>
<td>From $5,600 to $12,000</td>
</tr>
<tr>
<td><strong>Benefit Percentages Available</strong></td>
<td>70/30%</td>
<td>100/0%</td>
</tr>
<tr>
<td><strong>Non-Preventive First-Dollar Benefit</strong></td>
<td>$300</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| Office Visits (physician/chemical dependency/mental illness) | | |
| Deductible | Applies | Applies |
| Benefit percentage | 70/30% | 100% |
| First-dollar benefit (chemical dependency/mental illness only) | First $300 of eligible expenses paid at 100% | N/A |

| Virtual Visits Applicable office visit benefits apply | | |
| Deductible, benefit percentage | 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 SERVICES are designed to comply with terms of the Patient Protection and Affordable Care Act (PPACA), current recommendations of the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Examples of preventive health care services include, but are not limited to—
- Well baby/Well child care
- Preventive, routine physicals
- Well woman visits*
- Preventive mammograms
- Immunizations
- Preventive colonoscopy
- Prostate cancer screening

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

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

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

When preventive services and diagnostic or therapeutic services occur during the same visit, the member pays deductibles and co-insurance for diagnostic or therapeutic services but not for preventive services.

Visit mustbenefits.org/preventive-benefits for more information.

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

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

### VISION

<table>
<thead>
<tr>
<th>MATERIALS</th>
<th>PER LENS</th>
<th>PER PAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single vision lenses</td>
<td>$32</td>
<td>$64</td>
</tr>
<tr>
<td>Bifocal lenses</td>
<td>$41</td>
<td>$82</td>
</tr>
<tr>
<td>Trifocal lenses</td>
<td>$54</td>
<td>$108</td>
</tr>
<tr>
<td>Progressive lenses</td>
<td>$54</td>
<td>$108</td>
</tr>
<tr>
<td>Lenticular lenses</td>
<td>$77</td>
<td>$154</td>
</tr>
<tr>
<td>Necessary contacts</td>
<td>$165</td>
<td>$330</td>
</tr>
<tr>
<td>Elective contacts</td>
<td>N/A</td>
<td>$110*</td>
</tr>
<tr>
<td>Frames</td>
<td>N/A</td>
<td>$85</td>
</tr>
</tbody>
</table>

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

### DENTAL

<table>
<thead>
<tr>
<th>DENTAL COVERAGE</th>
<th>Maximum benefit/period/covered person (Combined Type A, B, and C expenses)</th>
<th>$1,250</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A - Diagnostic/Preventive</td>
<td>Deductible waived</td>
<td>No co-payment</td>
</tr>
<tr>
<td></td>
<td>Type B - Routine/Basic Care</td>
<td>20% co-insurance</td>
</tr>
<tr>
<td></td>
<td>Type C - Major Restorative</td>
<td>50% co-insurance</td>
</tr>
<tr>
<td></td>
<td>$25 deductible</td>
<td>50% co-insurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORTHODONTIA COVERAGE (for dependents under 19)</th>
<th>Maximum lifetime benefit</th>
<th>$1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Orthodontia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50 deductible</td>
<td>50% co-insurance</td>
</tr>
</tbody>
</table>

### DENTAL BENEFIT

- If selected, eligible district employees not enrolling in Medical coverage may select dental plan. (Benefits outlined above.)

### EXAMS

One vision exam per benefit period is available to all MUST members under the preventive medical benefit. Present your MUST MEDICAL ID CARD at the time of the eye exam.

- Includes 1 retinal scan every 2 years (max of $40).

### 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).
- Includes 1 retinal scan every 2 years (max of $40) in addition to hardware.

**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. Mid-year drops are not allowed when the benefit has been utilized unless the drop is due to leaving employment.

**ELIGIBILITY (FOR DENTAL AND VISION COVERAGE):** Employee enrollment is required to enroll any dependents in dental and/or vision benefits.
MUST members have access to an integrated health management program, including pharmacy coordination, for chronic and acute care.

**UTILIZATION MANAGEMENT**
- Management of inpatient and specified outpatient procedures

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

**BEHAVIORAL HEALTH**
- Inpatient management, case management, outpatient management and specialty teams to assist with opioid/substance abuse, autism, and eating disorder care team.

*Programs may have participation criteria.*

### BLUE ACCESS FOR MEMBERS
Get started by logging in to Blue Access for Members℠ (BAM℠) at **bcbsmt.com**. Then go to My Health to access all your health and wellness programs. For example, the Well onTarget® program can help you figure out where you might want to make some changes, then help you reach those goals.

Digital self-management programs can teach you about managing asthma, diabetes, finances, fitness, and other health related issues.

### 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.
LONG-TERM DISABILITY (LTD)
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 coverage for employees by electing the LTD buy-up and the LTD Employer-paid non-medical plans. MUST 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

ADDITIONAL LIFE OPTIONS

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

Employee-Paid Voluntary Life Buy-Up. If elected at the group level, an employee can purchase additional Life and AD&D. They can elect any amount in increments of $10,000 to the lesser of $500,000 or four times base annual earnings. Employees can elect up to $100,000 without submitting evidence of insurability.

Voluntary Dependent Life. This is an additional Life policy paid for by the employee who purchases the Voluntary Life Buy-Up. Dependent coverage of $5,000 or $10,000 may be purchased on the spouse and each eligible child.

MORE INFORMATION
Visit mustbenefits.org for details on available benefits under these plans.
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.

- Download a Blue Cross and Blue Shield of Montana (BCBSMT) Total Health Management (THM) Assessment Form at 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, 2021 for the 2020-21 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.

* Employee and covered spouse enrolled in a medical plan qualify for the program, other dependents do not. Medicare-eligible members, retiree members, and dependent children are not eligible for this incentive.
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%, 80/20%, 70/30%. 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 Specialty 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 mustbenefits.org/about-us/other-resources.
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.