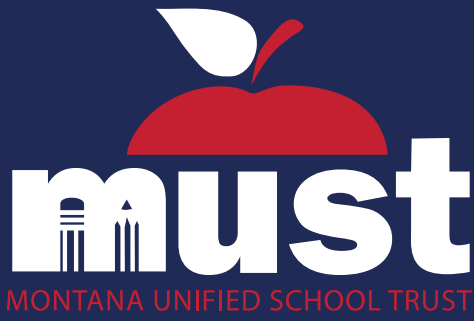


WE KNOW **SCHOOLS** • WE KNOW **BENEFITS** • WE KNOW **THE 406**



your
BENEFIT
SUMMARY
2023



[MUSTBENEFITS.ORG](https://mustbenefits.org)



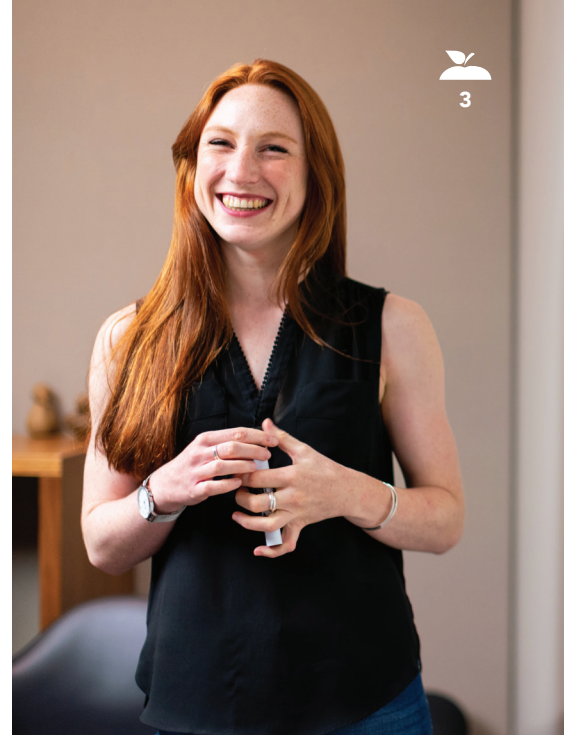


WE
KNOW
SCHOOLS
WE
KNOW
BENEFITS
WE
KNOW
THE 406



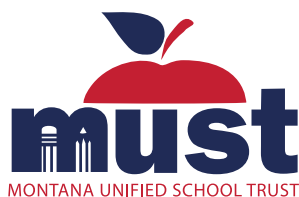
HERE'S WHAT'S INSIDE

Welcome Letter	4
Glossary	5
RM Plan	6
HDHP Plan.....	7
Basic Plan	8
Pharmacy Benefits	9
Life & Long-Term Disability Benefits	9
Preventive Services	10
Virtual Visits.....	10
24/7 Nurseline	10
Digital Health Tools	11
Make the Most of Your Benefits	12
Healthcare Built for You	13
Your Dental Benefits	14
Your Vision Benefits	15
Contact Information.....	16

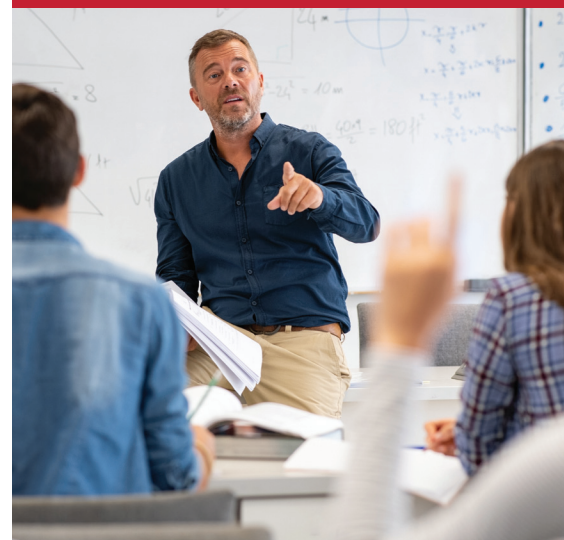


MISSION

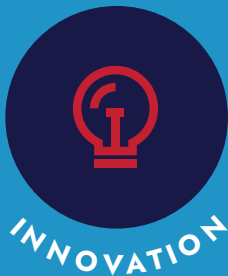
To serve the public education community of Montana by providing high-quality, cost-effective health benefit plans and services through the Montana Unified School Trust.



IMPORTANT NOTE: *This benefit summary does not include all plan rules and details and is not a considered a Summary Plan Document (SPD) or a certificate of coverage. In the event of any conflict between such documents and information presented in this benefit summary, the terms of the actual plans or policies will govern.*



OUR VALUES



HEALTH BENEFIT PLANS & SERVICES:

Welcome to the most trusted source in the 406.

The Montana Unified School Trust (MUST) health benefit plan is offered to you by your employer. MUST is dedicated to serving public schools and is governed by a board of trustees consisting of three representatives from each of the sponsoring organizations—Montana Federation of Public Employees (MFPE), Montana School Boards Association (MTSBA), and School Administrators of Montana (SAM). The objective of MUST is to offer affordable, high-quality health benefits and valuable protection to you (and your family) as an important part of Montana's education community.

MUST includes group life insurance and long-term disability insurance with our group medical plans: the Revised Major Medical Plan (RM), the High Deductible Health Plan (HDHP), and the Basic Medical Plan (BP).

Administering an extensive health-benefits trust requires many strong relationships. We currently work with the following organizations in an effort to keep member premiums at a minimum while ensuring only the highest quality benefit plans and options.

- + **Blue Cross and Blue Shield of Montana (BCBSMT)** is contracted to perform services including, but not limited to, claims processing, payment to providers, medical management, as well as a first-class customer advocate team.
- + We have partnered with **Benelogic**, an industry leader in online benefits management to make the benefit enrollment process faster and easier. No more searching through paper benefit guides, tracking down and completing forms, or losing copies of your annual election information.
- + **Delta Dental** is contracted to offer comprehensive, high quality oral health care coverage to our enrollees and is built on the strongest network of dental providers in the country. Oral care is not just good for your smile, it also has a positive effect on your overall health.
- + **VSP Vision Care** is contracted to offer well-vision exams, essential medical eye care, and comprehensive hardware benefits. Regular vision checkups can improve your overall well-being and helps a doctor detect signs of eye and health conditions, like diabetes and high blood pressure.
- + **Premise Health Clinics** provide fewer hassles and convenient access for both in-person and virtual healthcare, including but not limited to Primary Care, Pharmacy, and Behavioral Health.
- + **Prime Therapeutics** is our pharmacy benefit manager to administer generic and brand name Rx. Prime uses a Performance Drug List and Advantage Plus Pharmacy network to provide members with the medicine they need to feel better and live well. With the Retail and Mail Pharmacy Program, over 240 Montana retail pharmacies and three mail order pharmacies can meet your prescription needs.
- + **RX Help Centers** is one of the nation's leading prescription drug advocacy companies, and your best resource for eliminating your out-of-pocket costs for specialty medications. They also can assist our members in reducing or eliminating costs for other high cost medications.
- + **Dearborn** provides life and disability products including no-cost mental health visits, travel resource services, Solutions for Education Professionals (College Assistance Plan, Office Depot Discount Program, and K-12 Campus Violence Benefit), and disability coverage during school breaks.

MUST provides numerous resources to help improve your wellbeing, understand your healthcare benefits, and navigate your coverage options. Visit our website www.mustbenefits.org to make the most of your benefits. For dedicated, personalized assistance, the MUST Benefits Team is available at **1-800-845-7283** or contact@ms-sf.org. I am pleased to welcome you to MUST!

Andrew W. Holmlund, Chief Executive Officer

GLOSSARY

This list contains commonly used insurance terms. This list is intended to be an easy-to-use reference and is not intended to be exhaustive. The Summary Plan Document (SPD) and other materials specific to your Plan supersede this general information. Refer to the SPD for specific-benefit related terms.

ALLOWED AMOUNT: Maximum amount on which payment is based for covered health care services. Network providers agree to the terms of the TPA's allowed amount. *Out-of-network providers'* charges can be greater than the allowed amount. If a provider charges more than the allowed amount, you may have to pay the difference. (See *Balance Billing*).

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 the MUST Benefits Team. See back cover for contact information.

BALANCE BILLING: When a provider bills you for the difference between the provider's charges and the *allowed amount*. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A *network provider* may not balance bill you for covered services. Balance billed amounts do not accrue toward a member's deductible and out-of-pocket maximum.

BENEFIT PERIOD: Also known as the plan or benefit year. This refers to the duration of time between renewal period which members are covered for elected services. A member's benefit period begins with their effective date and ends on the same date the plan benefit period ends. Thus, the benefit period may be less than 12 months.

COBRA: This stands for Consolidated Omnibus Budget Reconciliation Act of 1986. This federal act requires group health care plans to allow members and covered dependents to continue their group coverage for a stated period of time following a qualified event that

causes the loss of group health coverage. Qualifying events included reduced work hours, termination of employment, a child becoming an over-aged dependent, Medicare eligibility, death or divorce of a covered member. MUST administers COBRA provisions for continuation of coverage.

CO-INSURANCE: Your share of the costs of a covered health care service, calculates as a percent (for example, 20%) of the *allowed amount* for the service. You pay *co-insurance* plus any *deductible* you owe. For example, if the plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The plan pays the rest of the *allowed amount*.

CO-PAYMENT: A fixed amount (for example, \$25) you pay for a covered health care service, usually when you receive the service.

DEDUCTIBLE: The amount you owe for health care services your plan covers before the plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

NETWORK: The facilities, providers and supplies that our *Third-Party Administrators* have contracted with to provide services. Also referred to as a participating or in-network provider.

OUT-OF-POCKET LIMIT: The most you pay during a benefit period before your plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care services your plan doesn't cover. It does include the amount

of *deductible*, applicable *co-payment* and/or *co-insurance* a member must pay for covered services incurred during the *benefit period*.

OUT-OF-NETWORK PROVIDER:

A provider who doesn't have a contract with a TPA to provide services to you. You'll pay more to see an out-of-network provider. Using network providers ensures members the highest possible benefit and avoids *balance billing* by the provider.

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

SERVICE YEAR: Services limited to one-time per year, services must be 365 days apart.

SPECIALTY DRUGS: Used to treat complex medical conditions and are typically given by injection but may be topical or taken by mouth. This is a narrowly defined class of extremely high-cost, biologic drugs that often require special handling, administration, and careful adherence to treatment protocols. RX Help Centers will assist our members in obtaining specialty medications.

THIRD-PARTY

ADMINISTRATOR (TPA): MUST uses third-party administrators, Blue Cross and Blue Shield of Montana (BCBSMT) for medical, Delta Dental for dental, and VSP for vision, to administer day-to-day plan functions. This relationship not only brings large provider networks to members, but also processes claims and provides front-line customer service along with the MUST Benefits Team.

RM PLAN REVISED MAJOR MEDICAL

PRE-AUTHORIZATION COULD BE REQUIRED FOR SOME SERVICES

MEDICAL BENEFITS

DEDUCTIBLE WAIVED

- 🍏 **FIRST-DOLLAR BENEFIT (Mental Health/Substance Use):** First 3 outpatient office visits paid at 100%.
- 🍏 **PREVENTIVE SERVICES:** Paid at 100% in-network (see page 10 for details.)
- 🍏 **OFFICE VISITS:** \$25 co-pay in-network
- 🍏 **ACCIDENT BENEFIT:** The plan pays the first \$500 of eligible expenses for accident injuries; deductible and co-insurance waived.
- 🍏 **CHIROPRACTIC/ACUPUNCTURE VISITS:** Deductible waived and no co-insurance, 10 combined visits per benefit period. Does not include x-rays
- 🍏 **DIABETIC EDUCATION BENEFIT:** The deductible, co-payment and/or co-insurance do not apply to the payment of the first 5 in-network visits. After the first 5 visits, co-payment applies.
- 🍏 **NUTRITIONAL COUNSELING:** Preventive in-network nutritional counseling for a healthy diet.
- 🍏 **WELL-CHILD CARE SERVICES**
- 🍏 **VIRTUAL VISITS:** Through MDLIVE \$25.

DEDUCTIBLE APPLIES

- 🍏 **HOSPITAL SERVICES**
- 🍏 **DIAGNOSTIC X-RAYS**
- 🍏 **LAB WORK**
- 🍏 **CONVALESCENT HOME SERVICES:** Visit maximum – 60 days per benefit period.
- 🍏 **AUTISM SPECTRUM DISORDERS:** Benefits are not subject to any applicable physical, occupational, or speech therapy visit maximums.
- 🍏 **TRANSPLANT COVERAGE**
- 🍏 **HOME HEALTH CARE:** Visit maximum – 180 visits combined with hospice care per benefit period.
- 🍏 **MENTAL HEALTH:** First 3 visits per plan year not subject to deductible and co-insurance. Subsequent visits \$25 co-payment per visit. Virtual visits are available through MDLIVE and process the same.
- 🍏 **SUBSTANCE USE:** Outpatient professional provider services after the 3rd visit the co-payment applies and for facility services after the 3rd visit the deductible and/or co-insurance applies. Inpatient the deductible and/or co-insurance applies after the 3rd visit.
- 🍏 **THERAPIES – OUTPATIENT:** Physical, occupational, speech, cardiac therapy – visit maximum per benefit – 50 visits combined.
- 🍏 **REHABILITATION THERAPY:** Visit maximum – outpatient (50 visits) and inpatient (60 days) per benefit period combined with physical, occupational, speech, and cardiac therapy.

PHARMACY

Performance Drug List Tiers

Preferred Generic
 Non-Preferred Generic
 Preferred Brand
 Non-Preferred Brand
 Preferred Specialty
 Non-Preferred Specialty
 Pharmacy Out-of-Pocket Max

30-Day Member Co-Pay

\$10
 \$30
 \$50
 \$150

see details on page 9

see details on page 9

Pharmacy Max Out-of-Pocket: \$1,650 individual/\$3,300 family

MAIL ORDER OR AT SELECT RETAIL STORES: 2X CO-PAY = 90 DAYS

***Member responsibility will be the lower of the contracted rate or the copay.**

The plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Check with your provider before you get services.

HDHP PLAN HIGH DEDUCTIBLE HEALTH PLAN (HSA-QUALIFIED)

PRE-AUTHORIZATION COULD BE REQUIRED FOR SOME SERVICES

MEDICAL BENEFITS

DEDUCTIBLE WAIVED

- **PREVENTIVE SERVICES:** Paid at 100% in-network (see page 10 for details).
- **ACCIDENT BENEFIT:** The plan pays the first \$500 of eligible expenses for accident injuries; deductible waived.
- **DIABETIC EDUCATION BENEFIT:** The deductible, co-payment and/or co-insurance do not apply to the payment of the first 5 in-network visits. After the first 5 visits, deductible and/or co-insurance apply.
- **NUTRITIONAL COUNSELING:** Preventive in-network nutritional counseling for a healthy diet.
- **WELL-CHILD CARE SERVICES**
- **VIRTUAL VISITS:** Through MDLIVE \$48.

DEDUCTIBLE APPLIES

- **OFFICE VISITS**
- **HOSPITAL SERVICES**
- **DIAGNOSTIC X-RAYS**
- **LAB WORK**
- **CONVALESCENT HOME SERVICES:** 60 days per benefit period.
- **AUTISM SPECTRUM DISORDERS:** Benefits are not subject to any applicable physical, occupational, or speech therapy visit maximums.
- **TRANSPLANT COVERAGE**
- **HOME HEALTH CARE:** Visit maximum – 180 visits combined with hospice care per benefit period.
- **MENTAL HEALTH/SUBSTANCE USE**
- **THERAPIES – OUTPATIENT:** Physical, occupational, speech, cardiac therapy – visit maximum per benefit – 50 visits combined.
- **REHABILITATION THERAPY:** Visit maximum – outpatient (50 visits) and inpatient (60 days) per benefit period combined with physical, occupational, speech, and cardiac therapy.
- **CHIROPRACTIC/ACUPUNCTURE VISITS:** Deductible applies, no-co-insurance, but limited to 10 combined visits per benefit period. Does not include x-rays.

PHARMACY

- 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.
- RX Help Centers is available to help reduce or eliminate the costs of higher costing medications. Prescriptions obtained through this service can often be FREE for you and your family. There is no cost to you or your dependents for registering for assistance.

BASIC PLAN

DEDUCTIBLE
\$2,000 Individual
\$4,000 Family

OUT-OF-POCKET
\$4,000 Individual
\$8,000 Family

CO-INSURANCE
30%

PRE-AUTHORIZATION COULD BE REQUIRED FOR SOME SERVICES

MEDICAL BENEFITS

DEDUCTIBLE WAIVED

- 🍏 **FIRST-DOLLAR BENEFIT (Mental Health/Substance Use):** First 3 outpatient office visits paid at 100%.
- 🍏 **PREVENTIVE SERVICES:** Paid at 100% in-network (see page 10 for details).
- 🍏 **ACCIDENT BENEFIT:** The plan pays the first \$300 of eligible expenses for accident injuries; deductible and co-insurance waived.
- 🍏 **DIABETIC EDUCATION BENEFIT:** The deductible, co-payment and/or co-insurance do not apply to the payment of the first 5 in-network visits. After the first 5 visits, deductible and/or co-insurance apply.
- 🍏 **NUTRITIONAL COUNSELING:** Preventive in-network nutritional counseling for a healthy diet.
- 🍏 **WELL-CHILD CARE SERVICES**
- 🍏 **VIRTUAL VISITS:** Through MDLIVE \$48

DEDUCTIBLE & CO-INSURANCE APPLY

- 🍏 **OFFICE VISITS**
- 🍏 **HOSPITAL SERVICES**
- 🍏 **DIAGNOSTIC X-RAYS**
- 🍏 **LAB WORK**
- 🍏 **CONVALESCENT HOME SERVICES:** 60 days per benefit period.
- 🍏 **AUTISM SPECTRUM DISORDERS:** Benefits are not subject to any applicable physical, occupational, or speech therapy visit maximums.
- 🍏 **TRANSPLANT COVERAGE:** 70/30% on first \$25,000; 90/10% on subsequent charges above \$25,000.
- 🍏 **HOME HEALTH CARE:** Visit maximum – 90 visits combined with hospice care per benefit period.
- 🍏 **MENTAL HEALTH/SUBSTANCE USE:** For outpatient, after the 3rd visit the deductible and/or co-insurance apply. For inpatient, the deductible and/or co-insurance applies.
- 🍏 **THERAPIES – OUTPATIENT:** Physical, occupational, speech, cardiac therapy – visit maximum per benefit – 30 visits combined.
- 🍏 **REHABILITATION THERAPY:** Visit maximum – outpatient (30 visits) and inpatient (30 days) per benefit period combined with physical, occupational, speech, and cardiac therapy.

PHARMACY

- 🍏 Members on the Basic Plan can use their MUST ID card for certain pharmacy discounts. The card must be provided at the point of service. ACA preventive prescriptions are covered at 100%.
- 🍏 RX Help Centers is available to help reduce or eliminate the costs of higher costing medications. Prescriptions obtained through this service can often be FREE for you and your family. There is no cost to you or your dependents for registering for assistance.

The Basic Plan does not meet the Affordable Care Act (ACA) minimum essential health benefits standard.

The plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Check with your provider before you get services.

your PHARMACY BENEFITS

GENERIC & BRAND RX

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 using ESI Mail Order Services or Ridgeway. To find out what you will pay or if you have questions, log in to your Blue Access for Members (BAM) account at www.bcbsmt.com or call customer service at the number on your BCBSMT member ID card.

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.

SPECIALTY RX

MANAGED BY  **RX**
HELP CENTERS

RX Help Centers, LLC is one of America's leading prescription advocacy organizations with the mission to help employees and thereby their employers eliminate or significantly reduce the cost of their self-funded prescription medication spend. Established in 2009, RX Help Centers, with an A+ Business Bureau Rating, serves hundreds of self-funded group clients of all sizes, and thousands of individual members nationwide. RX Help Centers is not a pharmacy, medication manager or a prescription benefit manager (PBM). Instead, RX Help Centers is a full-service concierge prescription medication advocacy organization.

RX Help Centers provides MUST with documented savings, to control costs through advocacy with the focus on reducing or eliminating the pharmacy expenses for the higher costing maintenance brands, specialty, and orphan drugs. There is no cost to you to use RX Help Centers. Registration and FAQ information is available on the Benelogic site or reach out to your MUST Benefits Team for more information.

REGISTRATION LINK:

<http://rxc82900-sy-must.rxhelpcenters.com>

Click on the Registration Tab, enter your information, and hit submit.

your LIFE & LONG-TERM DISABILITY (LTD)

BENEFITS

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

MANAGED BY  **Dearborn Group**®

BASIC LIFE AND AD&D (Paid for by MUST)

MUST provides \$10,000 of Basic Group Life Insurance coverage to eligible employees of participating member groups at no additional cost to the group or the employee. Member groups may enhance coverage for employees by electing the Employer Paid Life and/or the Employee Paid Voluntary Life plans. MUST Group Life Insurance coverage is not available for retirees, school-board trustees, or employees who do not elect medical coverage.

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 upon initial enrollment.

VOLUNTARY DEPENDENT LIFE: This is an additional life policy paid for by the employee who purchases the Voluntary Life Buy-Up. Spousal/Domestic Partner coverage can be purchased in multiples of \$10,000 (min) to \$50,000 (max). No evidence of insurability needed for the minimum coverage upon initial enrollment. Dependent coverage can be purchased in \$5,000 or \$10,000 limits (child/ren).

LONG-TERM DISABILITY (LTD)

MUST provides Basic Long Term Disability (LTD) coverage to eligible employees of participating member groups at no additional cost to the group or the employee. Member groups may enhance coverage for employees by electing the LTD buy-up and/or the LTD Employer-paid non-medical enrolled buy-up. MUST LTD coverage is not available for retirees, school-board trustees, or employees who do not elect medical coverage.

BASIC LTD NON-MEDICAL (Paid for by Employer)

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

LTD BUY-UP (Paid for by Employer)

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

LIFE INSURANCE & DISABILITY PROVIDER:

www.bcbsmt.com/ancillary/employer

CUSTOMER SERVICE: 1-866-739-4090



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 \$48, or a \$25 copay (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 MembersSM (BAMSM), 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 infection

PEDIATRIC CARE

- ▶ Cold/Flu
- ▶ Ear infection
- ▶ Pink eye

PREVENTIVE SERVICES

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 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.

Contact your MUST Benefits Team 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.*



24/7 NURSELINE

877.213.2565

The 24/7 Nurseline can answer health questions and help you decide whether you should go to the emergency room, urgent care center, or make an appointment with your provider. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions! When you call you can access an audio library of more than 1,000 health topics.

WHEN TO CALL THE 24/7 NURSELINE

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

digital HEALTH TOOLS

Well onTarget®

Well onTarget has tools and resources to help you manage your health, including Health Assessments to help you measure your health. They also have Digital Self-Management Programs, lessons, and challenges to help you reach your wellness goals. With the Blue PointsSM program, you can earn points by completing activities and reaching goals. These points can be redeemed online for rewards. Track healthy habits by syncing your fitness and nutrition devices with the Well onTarget portal or download the app.



wondr

The Wondr HealthTM program can help you lose weight and improve your overall health—all while eating the foods you love. Being at a healthy weight may help lower your chances of getting diabetes or heart disease. This program will help you learn that it's not what you eat, but when and how. You'll get digital courses, an online dashboard, mobile app, social community, coaching support and more, all focused on helping you build new skills to have a healthy relationship with food and physical activity.



Livongo®

by Teladoc Health

LIVONGO by Teladoc Health for high blood pressure helps you take control of your blood pressure. The program motivates you every step of the way. Online education and support from a live coach can teach you to manage your weight and stress for better heart health. You'll have expert guidance to help you talk with your doctor about your blood pressure medications. A connected blood pressure monitor can help you remember to check your numbers and stay on track.

— OR —

LIVONGO by Teladoc Health diabetes management program can help you keep your condition under control. You'll get a new glucose meter that lets you know when your levels are too high or too low. As part of this program, you will also get unlimited test strips sent to your home whenever you need them, and one-on-one live coaching.

For the support you need, your employer or health plan is covering 100% of the costs.



blueaccess

for MembersSM

Blue Cross Blue Shield of Montana has tools and resources to manage your health. To access these login to your Blue Cross Blue Shield of Montana account to access the Wellness Dashboard. By making some good basic health choices, you can boost your own health and well-being.



omada

Omada is an interactive program. You'll get a wireless smart scale, weekly online lessons, and a health coach to help you make choices that can improve your health. Better health, one step at a time. Omada is personalized to help you reach your health goals—whether that's losing weight, gaining energy, or improving your overall health. All at no cost to you.

MAKE THE MOST OF YOUR BENEFITS

This means 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 MobileSM, and a 24/7 hour NurseLine are all available for members.



Provider Finder® & Transparency Tool

MAKE INFORMED DECISIONS

The Provider Finder® is an innovative tool when choosing a provider, or estimating the cost for hundreds of medical procedures. The tool allows you to know more about providers who take care of you or your family and compare provider costs by location. The Provider Finder tool is available at bcbsmt.com by logging in to Blue Access for MembersSM (BAMSM) or by downloading the BCBSMT Mobile app to your smartphone. This tool can be used to:

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

Care Management

As a MUST member, you 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 disorders.

**Programs may have participation criteria.*

Blue Access For MembersSM

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

ONLINE: Visit bcbsmt.com and click the **Sign Up** or **Log In** tab to access your Blue Access for MembersSM (BAMSM) 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™



HEALTHCARE

built for you

MANAGED BY **Premise Health**® 

REGISTER ONLINE

1. Go to mypremisehealth.com and click "SIGN UP NOW"
2. Follow the prompts to setup your account
3. If you cover a dependent under 18 on your plan, you must request access to their chart in order to make appointments for them.
 - ▶ Use your My Premise Health account, log in, click "Menu" in the top left-hand corner, select "Request Minor Chart Access," enter the requested information and click "Submit." This can take up to one business day to complete; or
 - ▶ Call **(855) 200-6822** and schedule the appointment for your dependent. When you arrive for your appointment, request portal access for your dependent(s).
4. A spouse, domestic partner, or dependent 18 or older on your plan must create their own account and make their own appointments.
5. If you need assistance with registration visit mypremisehealth.com and click "Contact Support" under the "Need Help" section.

CARE WHEN & WHERE YOU NEED IT

With Virtual Primary Care through Premise Health, you have 24/7 phone or video access to a board-certified physician. The average wait time is less than fifteen minutes, making this a convenient alternative to an in-person visit, a trip to urgent care, or the ER.

GET CARE NOW FOR:

- ▶ Allergies
- ▶ Earaches
- ▶ Headache
- ▶ Rashes and bites
- ▶ And more!
- ▶ Cold/Cough/Flu
- ▶ Fever
- ▶ Nausea
- ▶ Sinus infections



YOUR REGIONAL HEALTH CENTER

No long waits, fewer hassles, and convenient access. We've partnered with Premise Health to offer you a regional health center for an effortless experience. Call, or use the My Premise Health app.

Formerly CareHere, Premise Health Centers have the same great care and value available to ALL MUST members, helping reduce out-of-pocket costs.

Premise Health provides same day appointments, online scheduling, \$0 cost (\$55 co-pay for HDHP Plans), as well as certain labs and diagnostic testing, including x-rays.

LOCATIONS

ANACONDA	602 E Park Ave
BUTTE	3703 Harrison Ave, Suite B
BILLINGS.....	1501 14th St W, Suite 230
HELENA.....	405 Saddle Dr
MISSOULA.....	1211 S Reserve, Suite 202

TALK TO A HEALTHCARE PROVIDER NOW

- 1 Online at mypremisehealth.com or on the My Premise Health app.
- 2 Select "Get Care Now" to get started.
- 3 Call **(855) 200-6822** with questions.

Virtual visits are available at no cost to all eligible plan members (\$55 co-pay for HDHP Plans), no matter where they live.

Set up an Online Account:

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in Without an ID Card:

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date, and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate Dual Coverage:

If you're covered under two plans, ask your dental office to include information about both plans with your claim—we'll handle the rest.

Understand Transition of Care:

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage. Log in to your online account to find this date.

Get LASIK and Hearing Aid Discounts:

With access to QualSight and Amplifon Hearing Health Care, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.



your DENTAL BENEFITS

Stay in Network to Save

Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Find a PPO dentist at deltadentalins.com. If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.



Register Online @ www.deltadentalins.com

Find a Provider · Print Off a Copy of Your Dental Card

View Your Benefits · See Your Claims History

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$25 per person each benefit period \$50 Ortho Lifetime deductible per person (age limit up to 19)			
Deductibles waived for Diagnostic & Preventive (D & P)	Yes			
Maximums	Basic Plan: \$1,500 per person each benefit period Enhanced Plan: \$2,500 per person each benefit period			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %
Basic Services Fillings	80 %	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %	80 %
Major Services Crowns, inlays, onlays, cast restorations and TMJ	50 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	50 %	50 %	50 %
Orthodontic Benefits Dependent children (age limit up to 19)	50 %	50 %	50 %
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.



www.deltadentalins.com 1-800-521-2651
P.O. Box 1809, Alpharetta, GA 30023-1809

your VISION BENEFITS

See Healthy and Live Happy with MUST and VSP

Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.



Register Online @ www.vsp.com
 Find a VSP Provider Near You
 View Your Benefits · See Your Claims History

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Please check if your Walmart/Sam's Club/Costco optometrist is a participating retail provider 	\$0 \$0	Every 12 months*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes. Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club frame allowance \$85 Costco frame allowance 	\$0	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Scratch-resistant coating Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 40% savings on additional pairs of prescription glasses from same VSP Network provider who performed your WellVision exam within 12 months of your last exam. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam.....up to \$45	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50
Frame.....up to \$70	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$115
Single Vision Lenses.....up to \$30		

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to vsp.com to find an in-network provider based on your plan type.



vision care

www.vsp.com 1-800-877-7195
 P.O. Box 385018, Birmingham, AL 35238-5018



Using Your Benefit is Easy:

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

Value and Savings You Love:

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

Provider Choices You Want:

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and more than 700 Visionworks® retail locations nationwide.

Quality Vision Care You Need:

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.



LEADERSHIP TEAM

ANDREW HOLMLUND
Chief Executive Officer
OFFICE: (406) 457-4400 X 401
EMAIL: aholmlund@ms-sf.org

DENA GORMELY
Chief Financial Officer
OFFICE: (406) 457-4400 X 402
EMAIL: dgormely@ms-sf.org

JEFF GOODY
Marketing & Sales Director
OFFICE: (406) 457-4400 X 415
CELL: (406) 475-1045
EMAIL: jgoody@ms-sf.org

ROXY WALLIS
Administrative & Operations Officer
OFFICE: (406) 457-4400 X 406
EMAIL: rwallis@ms-sf.org

BENEFITS TEAM

MISSY SMITH
Benefits Specialist
OFFICE: (406) 457-4400 X 504
EMAIL: msmith@ms-sf.org

MARK REESE
Benefits Specialist
OFFICE: (406) 457-4400 X 408
EMAIL: mreese@ms-sf.org

MANDI HINMAN
Benefits Specialist
OFFICE: (406) 457-4400 x 502
EMAIL: mhinman@ms-sf.org

AMY FISH
Benefits Specialist
OFFICE: (406) 457-4400 x 405
EMAIL: afish@ms-sf.org

BILLING TEAM

KELLI HARGREAVES
Accounting Specialist
OFFICE: (406) 457-4400 X 404
EMAIL: khargreaves@ms-sf.org

DEANNIE HIGGINS
Accounting Specialist
OFFICE: (406) 457-4400 X 403
EMAIL: dhiggins@ms-sf.org

MARKETING TEAM

REGION 1
FABIAN DENEAULT (Ronan)
Marketing & Sales Representative
CELL: (406) 270-8320
EMAIL: fdeneault@ms-sf.org

REGION 2
DEANNA MILMINE (Helena)
Marketing & Sales Representative
CELL: (406) 459-9027
EMAIL: dmilmine@ms-sf.org

REGION 3
JARETT LADEN (Billings)
Marketing & Sales Representative
CELL: (406) 366-3252
EMAIL: jladen@ms-sf.org

REGION 4
JIM MEPHAM (Great Falls)
Marketing & Sales Representative
CELL: (406) 217-1188
EMAIL: jmepham@ms-sf.org



SPONSORED BY



ENDORSED BY



For more information on plans, benefits, and staff, please visit our website at
MUSTBENEFITS.ORG

MSSF/MUST ADMINISTRATION
P.O. BOX 4579 | HELENA, MT 59604