

Health Care & Benefits Division (HCBD)  
(800) 287-8266 or TTY (406) 444-1421  
BenefitsQuestions@mt.gov  
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# 2026 Employee State Plan Benefits Booklet



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## State Plan Overview

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The State of Montana Benefit Plan (State Plan) is self-funded. This is different than traditional insurance.

### Traditional Insurance

With traditional insurance, members pay an insurance company a monthly premium and if a member goes to a doctor or hospital the insurance company pays some of the cost. The insurance company decides what's covered and how much is paid out-of-pocket. They also accept financial risk if a member has a serious health condition like cancer or a heart attack.

### Self-Funded State Plan

State Plan coverage is funded by the State of Montana via the employer contribution, by employees via their bi-weekly contribution, and by legislators and retirees via their monthly contribution. The State Plan:

- Provides coverage in accordance with state and federal law
- Sets the monthly rates and out-of-pocket costs
- Carries the liability for all 29,000 members

### Third Party Administrators (TPAs) and Vendors

With 29,000 members state-wide, the State Plan partners with outside companies to help it process claims and administer benefits, as well as relies on their expertise and cost saving contracts.

#### Current TPAs:

- BlueCross BlueShield of Montana (BCBSMT) - Medical Benefits
- VSP Vision Care - Vision Benefits
- Delta Dental - Dental Benefits
- Navitus Health Solutions - Prescription Drug Benefits
- ASIFlex - Medical and Dependent Care Flexible Spending Accounts

#### Other Vendors:

- Premise Health operates the Montana Health Centers
- BCBSMT provides fully insured life and accidental death and dismemberment insurance options, as well as long term disability insurance
- GuidanceResources administers the Employee Assistance Program (EAP)

### Bottom Line

Since the State Plan is funded by both your contributions and taxpayer dollars, it's important that we all work together to make informed health care choices. You can do your part by reading this book to understand your benefits, reviewing updates from HCBD, participating in wellness programs, and visiting [benefits.mt.gov](https://benefits.mt.gov) regularly.

## State Plan Enrollment

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### **31-Day Initial Enrollment Period**

Enroll within 31 days of your date of hire to take full advantage of all State Plan benefits available to you. Your coverage is effective on your date of hire. Flexible Spending Accounts become effective on a different date, see page 20 for details.

### **Joint Core**

If you and your spouse both work for the State (as an employee or legislator) and have at least one dependent child who needs to be enrolled on the State Plan, you can elect to be Joint Core. Your family shares one family maximum out-of-pocket for medical expenses, one family maximum out-of-pocket for prescription expenses, and your bi-weekly contribution is less. To elect Joint Core, contact HCBD.

### **Late Enrollment**

If you waive coverage, or do not enroll within 31 days of your date of hire, you may be able to join the State Plan at a later date, but you will only be eligible for State Plan medical benefits for yourself. You will not be able to add a spouse or domestic partner or dependent children to the plan or elect optional benefits without a Special Enrollment Period. If you enroll after the first 31 days of your date of hire, the effective date of coverage will be the first of the month following receipt of your request for enrollment.

### **Medical Benefits**

**Employees who enroll in the State Plan must enroll in Medical Benefits, which includes:**

- Medical coverage
- Prescription Drug coverage
- Basic Vision coverage (\$10 copay for an annual eye exam per member at an In-Network VSP Vision Care provider)
- Basic Life Insurance (\$14,000 of term life coverage)

### **Optional Benefits**

- Medical coverage for spouse or domestic partner or children
- Dental coverage
- Vision Hardware coverage
- Additional life insurance for you and/or your spouse or domestic partner and/or children
- Long-Term Disability (LTD) coverage
- Accidental Death & Dismemberment (AD&D) coverage
- Flexible Spending Accounts (FSAs) for medical expenses and/or dependent care (daycare) expenses

## **Proof of Dependent Eligibility**

If you want to add a spouse or domestic partner or children to the State Plan, you must provide proof of eligibility before they are enrolled. See page 8 for details. Once verification is provided, dependent coverage is placed retroactively to the effective date and any retroactive contributions will be withheld from your paycheck.

## **Employer Contribution**

The State contributes \$1,080 per month per eligible employee to the State of Montana Benefit Plan (State Plan).

## **Paying for Coverage**

The State of Montana employer contribution may not cover all of your benefit costs. Any extra cost is automatically deducted from your bi-weekly paycheck. You start owing your benefit contribution the day your coverage begins. If you submit your benefit elections within 31 days of your date of hire, but after your first pay period, you will see two pay periods worth of contributions come out of your second or third paycheck. After that, the contributions will be distributed evenly.

## **Tax Information**

Most of your benefit contribution will be deducted pretax out of your paycheck with the exception of the following:

- Life Insurance coverage for yourself and your dependents
- Long Term Disability (LTD) insurance coverage
- Non-tax dependent coverage (i.e. domestic partner and domestic partner children)

## **Benefit Identification Cards**

You will receive medical, dental, vision, and prescription drug plan identification cards within two to three weeks of completing your enrollment.

## **Open Enrollment**

You will have the opportunity to make changes to your State Plan options during the annual two-week Open Enrollment Period that takes place each fall. These changes take effect January 1 of the following Plan Year. Be sure to read all mail and emails from HCBP for details about Open Enrollment.

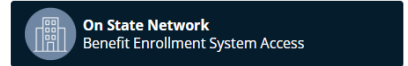
*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](https://benefits.mt.gov/publications).*

# How to Enroll

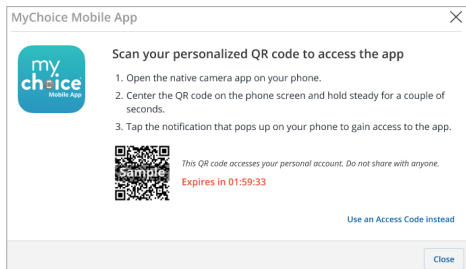
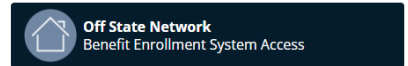
## 1 Access & Login

To access the benefits enrollment system, go to [benefits.mt.gov](https://benefits.mt.gov).

If accessing on the State of Montana network, click “On State Network Benefit Enrollment System Access” to automatically enter the system. You will not be required to register.



If accessing outside of the State of Montana network, click “Off State Network Benefit Enrollment System Access” then login using the prompts provided. You will need to register with a User Name and Password then answer a few security questions. **The case-sensitive company key is stateofmontana.**



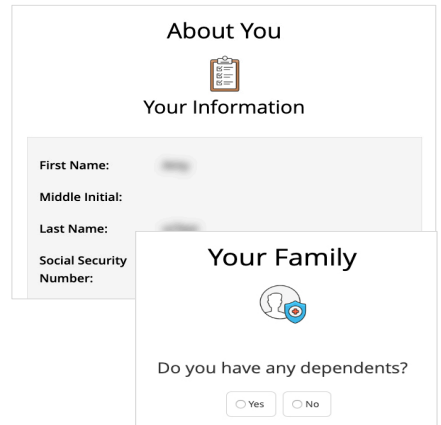
After you have created an enrollment account, you have the option to enroll using the MyChoice Mobile App on your smartphone or tablet. Download the app through the Google Play Store for Android or the Apple App Store for iOS. Once downloaded, log in at [benefits.mt.gov](https://benefits.mt.gov) to receive your access code.

## 2 Start Enrollment

Click “Start Here” and follow the instructions to enroll in your benefits or waive coverage.

You must make your elections by the deadline shown on the calendar. If you miss the deadline you will not be able to add dependents to the plan or elect optional benefits without a Special Enrollment Period or until the annual Open Enrollment Period.

You will need to provide each dependent’s legal name, Social Security Number, and date of birth to add them to your coverage. You also will be required to provide documentation to prove your relationship to each dependent (see page 8 for details).




### 3 Make Elections

Begin your benefit elections by indicating that you want to enroll in State Plan benefits. Follow the prompts to elect each of your coverage options.

Note: You will make your vision election at the same time you make your medical election. Any dependents added to your medical coverage will also be added to your vision election.

#### Medical Election Summary



Review Your Election

Enrolled in Medical?	<a href="#">Edit</a>
Yes	
Covered Dependents	<a href="#">Edit</a>
<b>Members</b>	<b>Covered</b>
Jane Doe Effective Date: 04/01/2020	Yes
Plan Selected	<a href="#">Edit</a>
Plan Selected	Medical Plan
<b>Employee Cost</b>	<b>\$587.34</b>
Your employer will be paying <b>\$252.91</b> for this benefit.	<b>Monthly</b>
<a href="#">← Back</a> <span style="float: right;"><a href="#">Looks Good →</a></span>	

### 4 Review & Finalize Elections

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click “I Agree.” When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

#### Confirmation

**Thank you for enrolling in your new hire benefits.** To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner.

If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

\*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.  
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.  
Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

✕ I Disagree
Total Employee Cost: **\$587.34**
✔ I Agree

Monthly

#### Thank You!

✔ Transaction Complete [Print Benefit Summary](#)

Your information has been submitted.  
Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Confirmation Number

Visit [benefits.mt.gov](https://benefits.mt.gov) anytime you want to learn more about your benefits or to change your coverage due to a qualifying life event.

## Proof of Dependent Eligibility Documentation

If you add a spouse or domestic partner or children to the State Plan, you will be required to provide the following:

### **Dependent Children**

- A copy of your children's birth certificates, adoption order, pre-adoption order; OR
- A copy of a court-ordered parenting plan, custody agreement or guardianship order.

### **Spouse**

- A copy of your certified marriage certificate; or
- A copy of the front page of your tax return showing your tax filing status as "married" (you may black out any financial information); OR
- A copy of your recorded and notarized Affidavit of Common Law Marriage (available at [benefits.mt.gov/forms](https://benefits.mt.gov/forms)).

### **Domestic Partner**

- Declaration of Domestic Partner Relationship and Affidavit of Shared Residence form which includes two forms of proof of address from each partner matching the address on the Affidavit of Shared Residence form (available at [benefits.mt.gov/forms](https://benefits.mt.gov/forms));
- A copy of mutually-granted powers of attorney or health care powers of attorney; OR
- A copy of mutual designations of primary beneficiary in wills, life insurance policies or retirement plans.

### **Grandchildren**

- A copy of a grandchild's adoption order or pre-adoption papers, a court-ordered custody agreement or legal guardianship order.

### **Stepchildren or Domestic Partner Children**

- Required documentation listed above for spouse or domestic partner if individual is not enrolled; AND
- A copy of your stepchildren's or domestic partner children's birth certificates, adoption order, pre-adoption order, or guardianship order.
- A copy of a court ordered parenting plan, custody agreement, or guardianship.

## Tobacco Surcharge

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The State Plan charges a Tobacco Surcharge for employees who use nicotine. The surcharge adds \$60 per month to the contribution amount for employees who use nicotine and/or \$60 per month if the employee's covered spouse or domestic partner uses nicotine.

Note: The Tobacco Surcharge is separate from the Live Life Well (LLW) Incentive nicotine attestation. Indicating you are not a nicotine user to earn the LLW Incentive does not remove the Tobacco Surcharge, you must complete enrollment to attest your nicotine use for the Tobacco Surcharge.

### Definitions

#### Nicotine

- Nicotine is an addictive stimulant proven to have negative health effects that is found in cigarettes, cigars, chewing tobacco, and most vaping products.

#### Nicotine Free

- You are nicotine free if you have never used nicotine, have quit using nicotine, use only FDA-approved Nicotine Replacement Therapy (NRT), or infrequently use nicotine (less than 4x per month).
- You are nicotine free if you are currently using nicotine but have completed an eligible alternative (nicotine cessation program or a nicotine counseling session with a medical provider) during the past 12 months.

#### Nicotine User

- You are a nicotine user if you are currently using nicotine and have **not** completed an eligible alternative (nicotine cessation program or a nicotine counseling session with a medical provider) during the past 12 months.

**To avoid the \$60 per month Tobacco Surcharge you need to annually self-attest your, and if applicable, your covered spouse or domestic partner's, nicotine use.**

Visit [benefits.mt.gov/TobaccoSurcharge](https://benefits.mt.gov/TobaccoSurcharge) for more information.

## Monthly Benefit Costs

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### Medical, Dental, and Vision Hardware

A contribution of \$1,080 per month per eligible employee is made to the State Plan by the State of Montana (employer contribution). Below is your out-of-pocket costs after the Employer Contribution is applied.

Plans	Medical*	Dental	Vision Hardware	Potential Live Life Well Incentive
Employee Only	\$60.00	+\$0.00	+\$7.64	up to \$60 off
Employee & Spouse	\$318.00	+\$21.40	+\$14.42	up to \$120 off
Employee & Children	\$134.00	+\$19.90	+\$15.18	up to \$60 off
Employee & Family	\$397.00	+\$28.90	+\$22.26	up to \$120 off
Joint Core	\$60.00 per Employee/ Legislator	+\$0.00	+\$22.26 (Primary Member Only)	up to \$60 off

\*Medical includes: Medical, Prescription, Basic Vision (\$10 copay for an annual eye exam per member at an In-Network VSP Vision Care provider) and Basic Life Insurance.

### Flexible Spending Accounts (FSA)

FSA contribution limits are set annually by the IRS in accordance with federal regulations and are not determined at the state level. More details at [benefits.mt.gov/fsa](http://benefits.mt.gov/fsa).

- \$2.16 per month fee
- Medical FSA: \$120 - \$3,300 per employee per year with limited rollover
- Dependent Care (Daycare) FSA: \$120 - \$7,500 per household per year (\$3,750 if married filing separately) with no rollover

### Life Insurance

Premiums withheld after tax. Age Rates on page 24 or visit [benefits.mt.gov/life-rates](http://benefits.mt.gov/life-rates).

Plans	Monthly Contributions
Employee Supplemental Life	(every \$1,000 of coverage) x (Age Rate)
AD&D Employee Only	\$0.020 per \$1,000 of coverage
AD&D Employee Plus Dependents	\$0.030 per \$1,000 of coverage
Dependent Life Option A	\$0.44 per month
Dependent Life Option B	\$0.88 per month
Spouse Supplemental Life	(every \$1,000 of coverage) x (Age Rate)

### Long Term Disability

\$8.46 per employee per month after tax for active employees only.

## Medical Plan

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BlueCross BlueShield of Montana (BCBSMT) is the State Plan's Medical Plan third party administrator. BCBSMT processes medical claims for the State Plan. The State Plan decides rates, out-of-pocket costs, and coverages.

In Addition to Medical Benefits, the Medical Plan Includes:

- One routine eye exam per plan member per plan year with a \$10 copay at an In-Network VSP Vision Care provider
- Prescription drug coverage
- Use of all Montana Health Centers and designated One Health Clinics at no cost (details on page 26 and 27)
- **No cost access to a 24/7 Nurse Line by calling (877) 213-2565**
  - Registered nurses are on call to answer your health questions and give general health tips 24 hours a day, seven days a week.

### Eligibility

Employees, legislators, retirees, COBRA participants, and eligible spouse or domestic partners and children. For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Document available at [benefits.mt.gov/publications](https://benefits.mt.gov/publications).



**HEALTH CARE &  
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(800) 287-8266  
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[BenefitsQuestions@mt.gov](mailto:BenefitsQuestions@mt.gov)  
[benefits.mt.gov](https://benefits.mt.gov)

- Eligibility (Who's Covered)
- Mid-year Changes
- Open Enrollment
- Benefit Contributions
- Live Life Well Incentive



**BlueCross BlueShield  
of Montana**

(888) 901-4989  
TTY 711  
[bcbsmt.com](https://bcbsmt.com)

- Claims or Billing
- In-Network Providers
- Online Account Information
- What's Covered
- Recommended Clinical Reviews
- Case Management
- Appeals

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](https://benefits.mt.gov/publications).*

## Medical Plan Cost Sharing

Providers and medical facilities are either in-network or out-of-network. Receiving services out-of-network results in a separate deductible and maximum out-of-pocket and you may be balanced billed.



### BlueCross BlueShield of Montana

(888) 901-4989 or TTY 711

[bcbsmt.com](http://bcbsmt.com)

### In-Network Provider or Facility

In-network providers and facilities have contracted with BlueCross BlueShield of Montana (BCBSMT). All deductibles and maximums will be based upon a Plan Year, which is January 1 through December 31.

### Cost Sharing for In-Network Provider or Facility

Montana Health Center*	\$0 Copay
Designated One Health Clinics*	\$0 Copay
Primary Care Office Visit*	\$25 Copay
Specialist Office Visit*	\$35 Copay
Urgent Care Office Visit*	\$35 Copay
Deductible*	\$1,000 per member per Plan Year
Coinsurance* (What the plan pays after you meet your deductible.)	75% after deductible met 100% after maximum out-of-pocket met
Maximum out-of-pocket	\$4,000 per member, \$8,000 per family

\*Counts towards Maximum out-of-pocket

### Find In-Network Care

Follow the steps below for assistance finding an in-network provider and/or facility, and to compare or estimate costs.

1. Go to [bcbsmt.com](http://bcbsmt.com)
2. Click "Find Care" in the top bar and select "Find a Doctor or Hospital"
3. Click "Search as a Guest"
4. Choose "Blue Preferred PPO" as the plan/network type

## Out-of-Network Provider or Facility

If you use an out-of-network provider or facility, the cost sharing is shown below. It applies to all services unless stated otherwise in the Wrap Plan Document, which can be found at [benefits.mt.gov/publications](https://benefits.mt.gov/publications).

It is important to note that you may be balance billed by an out-of-network provider or facility. You are responsible for the balance bill and it does not count towards your deductible or maximum out-of-pocket.

## Cost Sharing for Out-of-Network Provider or Facility

Deductible*	\$1,500 per member per Plan Year (This is separate from the \$1,000 deductible shown on page 12.)
Coinsurance* (What the plan pays after you meet your deductible. Balance billing does not count towards maximum out-of-pocket.)	65% plus balance billing
Maximum out-of-pocket	\$4,950 per member plus balance billing \$10,900 per family plus balance billing (These are separate from annual maximum out-of-pocket shown on page 12.)

\*Counts towards Maximum out-of-pocket

## Out-of-Network Provider Benefit Exception

When a covered service is rendered by an out-of-network provider, charges will be paid as if the service were rendered by an in-network provider under any of the following circumstances:

1. Charges for an emergency, as defined by the State Plan, limited to only emergency medical procedures necessary to treat and stabilize an eligible injury or illness and then only to the extent that the same are necessary for the member to be transported, at the earliest medically appropriate time to an in-network hospital, clinic, or other facility, or discharged.
2. Charges incurred as a result of and related to confinement in or use of an in-network hospital, clinic, or other facility only for out-of-network provider services and providers whom or which the member does not have any choice in or ability to select.
3. Charges for emergency use of an air ambulance.

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](https://benefits.mt.gov/publications).*

## Prescription Drug Plan

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Navitus Health Solutions is the State Plan's Prescription Drug Plan third party administrator. Navitus processes pharmacy claims for the State Plan. For information on how to access the formulary listing (shows what tier prescriptions fall under) and pharmacy network information visit [benefits.mt.gov/prescription](http://benefits.mt.gov/prescription).

	<b>Retail Network Pharmacy (34-days) or Out-of-Network Pharmacy (10-days)</b>	<b>Retail Network or Mail Order Pharmacy (90-days)</b>
<b>\$0 Preventive products*</b>	\$0 Copay	\$0 Copay
<b>Tier 1</b> - Preferred generics and some lower cost brand products	\$15 Copay	\$30 Copay
<b>Tier 2</b> - Preferred brand products (may include some high cost non-preferred generics)	\$50 Copay	\$100 Copay
<b>Tier 3</b> - Non-preferred products (may include some high cost non-preferred generics)	50% Coinsurance (does not apply to maximum out-of-pocket)	50% Coinsurance (does not apply to maximum out-of-pocket)
<b>Tier 4</b> - Specialty products	<b>Preferred Specialty Pharmacy</b> \$200 Copay for Brand Speciality Medications \$0 Copay for Generic Specialty Medications	<b>Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy</b> 50% Coinsurance (does not apply to maximum out-of-pocket)

\*\$0 Preventive products apply to certain medications (as defined by the Affordable Care Act [ACA]) and other select medications. See the formulary for a list of \$0 covered products.

### Prescription Maximum Out-of-Pocket

Separate from medical maximum out-of-pocket (see medical plan cost sharing on pages 12 and 13). Maximum out-of-pocket will be based upon a Plan Year, which is January 1 through December 31.

- \$1,800 per individual
- \$3,600 per family

## Pharmacy Options

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### Find In-Network Pharmacies

For a full list of in-network pharmacies, formulary\* list, and a cost comparison tool, go to [navitus.com](https://navitus.com) and create an account.

\*The formulary list tells you which prescriptions are covered and which tier a covered prescription falls under.

### Save with a 90-Day Supply of Your Medication

You can get a three month (90-day) supply of some maintenance medication for a two month copay. The State Plan pays less for many medications when a 90-day supply is filled at an in-network retailer or preferred mail order pharmacy. We pass those savings on to you by reducing your copay.

#### 90-Day Supply Options

- Most in-network retail pharmacies (refer to Navitus network directory)
- Ridgeway: (800) 630-3214, [ridgewayrx.com](https://ridgewayrx.com)
- Costco: (800) 607-6861, [pharmacy.costco.com](https://pharmacy.costco.com) (membership not required)

### Specialty Pharmacy

Lumicera Health Services is the State Plan's preferred pharmacy to handle specialty medications (drugs that require special administration). Using a pharmacy other than Lumicera for specialty medications could cost significantly more and does not accumulate toward your prescription annual maximum out-of-pocket.



(866) 333-2757  
TTY 711  
[Navitus.com](https://navitus.com)



(855) 847-3553  
TTY 711  
[Lumicera.com](https://lumicera.com)

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](https://benefits.mt.gov/publications).*

## Dental Plan

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Delta Dental is the State Plan's Dental Plan third party administrator. Delta Dental processes dental claims for the State Plan.



### Delta Dental

(866) 496-2370 or TTY 711

[DeltaDentalins.com/StateofMontana](https://www.DeltaDentalins.com/StateofMontana)

### Dental Networks

To find an in-network dentist, go to [DeltaDentalins.com/StateofMontana](https://www.DeltaDentalins.com/StateofMontana) and create an account. You can visit any licensed dentist and receive coverage under the State Plan, but you will usually get the most value from your State Plan benefit when you choose a PPO or Premier Dentist. PPO and Premier Dentists agree to accept the Delta Dental Allowance. You will only be responsible for your deductible and coinsurance amounts up to the maximum payable amount when using a PPO or Premier Dentist. A non-network dentist can bill you your deductible and coinsurance amounts, plus any amount over the Delta Dental allowance.

You are responsible for any amount over the \$1,800 maximum payable amount regardless of provider network status.

### Preferred Provider (PPO Dentist)

Have agreed to the lowest contracted fees. Your annual maximum dollars go further and you won't be balanced billed.

### Premier Dentist

Have agreed to reduced contracted fees (not as low as PPO). Still provides dental insurance benefit, although you may end up paying more out-of-pocket. You won't be balance billed.

### Non-Network Dentist

There's no contracted fee agreement, so your dentist can charge any amount. You still receive State Plan benefits, but using a non-network dentist can result in you reaching your annual maximum sooner and potentially being balanced billed, as well as having to pay up front for services.

## Dental Plan Cost Sharing

Deductibles and maximums are based upon a Plan Year, which is January 1 through December 31.

<b>Services</b>	<b>% Plan Pays After Deductible is Met up to Maximum Amount</b>
Diagnostic & Preventive Benefits*	100%
Basic Benefits**	80%
Major Benefits**	50%
Implant Benefits	50%

<b>Deductible*</b>	
Per Member per Calendar Year	\$50
Per Family per Calendar Year	\$150
<b>Maximum Amount Plan Pays Per Member</b>	
Per Calendar Year	\$1,800
Lifetime for Implant Benefits	\$1,500
<b>Waiting Periods</b>	
None for Basic, Major, or Prosthodontics Services	

\*Diagnostic & Preventive Benefits are not subject to the deductible

\*\*For details including what is covered under Basic and Major Benefits see the dental section of the Wrap Plan Document at [benefits.mt.gov/publications](http://benefits.mt.gov/publications) or call Delta Dental.

### Eligibility

Employees, legislators, retirees, COBRA participants, and eligible spouse or domestic partners and children. For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Document available at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).*

## Vision Plans

VSP Vision Care is the State Plan's Vision Plan third party administrator. The State Plan has two vision plans, a Basic Vision Plan and a Vision Hardware Plan.



### VSP Vision Care

(800) 877-7195 or TTY (800) 428-4833

[Montana.VSPforMe.com](http://Montana.VSPforMe.com)

**Don't forget to make sure both your eye doctor and the store where you purchase your hardware are in-network.**

### Find In-Network Care

To find an in-network doctor near you, go to [vsp.com](http://vsp.com) and select "Find a Doctor". You may search by location, office name, or doctor name.

### Eligibility

Employees, legislators, retirees, COBRA participants, and eligible spouse or domestic partners and children. For detailed information on who's eligible for the State Plan, please refer to the Wrap Plan Document available at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).

### Basic Vision Plan

All members covered on the medical plan are entitled to one routine vision and eye health evaluation each year for a \$10 copay at an In-Network VSP Vision Care provider at no additional cost. If you use a VSP provider, discounts are available for certain services and hardware. See [benefits.mt.gov/vision](http://benefits.mt.gov/vision) for details.

Coverage	In-Network	Out-Of-Network
Exam Copay	\$10	\$10
Exam Allowance (once per Frequency Period*)	100% after Copay	Up to \$45
Discounts	Yes	No

\*Frequency Period begins on January 1 (Calendar year basis)

## Vision Hardware Plan

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### Vision Hardware Plan

You may enroll for vision hardware coverage each year for an extra cost which provides for one annual routine vision and eye health evaluation, as well as hardware coverage.

- If you elect vision hardware coverage, it will apply to everyone covered on your Medical Plan.
- **You must re-enroll each year during the Open Enrollment Period.**

Coverage	In-Network	Out-Of-Network
<b>Exam Copay</b>	\$10	\$10
<b>Exam Allowance</b> (once per Frequency Period*)	100% after Copay	Up to \$45
<b>Materials Copay</b>	\$20	\$20
<b>Basic Prescription Lenses Allowance</b> (one pair per Frequency Period*)		
Single Vision	100% after Copay	Up to \$45
Lined Bifocal	100% after Copay	Up to \$55
Lined Trifocal	100% after Copay	Up to \$65
Lenticular	100% after Copay	Up to \$80
<b>Contact Lenses Allowance</b> (prescription contact lenses in lieu of glasses)	\$150 Allowance	Up to \$95
<b>Frame Retail Allowance</b> (every other calendar year)		
VSP Doctor	\$150 Allowance then 20% off balance	Up to \$52
Costco, Walmart, or Sam's Club Optical	\$80 allowance	

\*Frequency Period begins on January 1 (calendar year basis)

All maximums are based upon a Plan Year, which is January 1 through December 31.

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).*

## Flexible Spending Accounts

ASIFlex is the third party administrator for the State Plan's Medical and Dependent Care Flexible Spending Accounts (FSAs).

**ASIFlex**

(800) 659-3035 or TTY 711

[asiflex.com](http://asiflex.com)

**You Must Re-Enroll for FSA Each Plan Year**

Employees can enroll in a Medical or Dependent Care FSA. Accounts become effective the first day of the month following your date of hire. Legislators and retirees are not eligible for FSAs. Contributions are taken out of each bi-weekly paycheck, before taxes, in equal installments throughout the Plan Year (24 pay periods). FSA funds may only be used for claims incurred on or after your FSA effective date.

### Medical FSA

- Annual maximum contribution per employee \$3,300.
- Rollover is available from year to year. Details at [benefits.mt.gov/MedicalFSA](http://benefits.mt.gov/MedicalFSA).
- May be used for **eligible medical expenses** for yourself, your spouse or domestic partner, and/or your children.
- Eligible expenses include: deductibles, copays, coinsurance, prescription drug costs, dental and vision expenses, and non-covered medical expenses. Complete list at [asiflex.com/EligibleExpenses.aspx](http://asiflex.com/EligibleExpenses.aspx).
- Entire yearly contribution may be used starting on your FSA effective date.

### Dependent Care (Day Care) FSA

- Annual maximum contribution is \$7,500 per household per year (\$3,750 if married filing separately).
- May only be used for child care (day care) for children age 13 and under or disabled dependents.
- Complete eligibility list at [asiflex.com/EligibleExpenses.aspx](http://asiflex.com/EligibleExpenses.aspx).
- Funds are only available as contributed.
- **Dependent Care FSA funds may *not* be used for dependent medical expenses.**

Note: The State Plan is not a High Deductible Health Plan and cannot offer a Health Savings Account (HSA) to members, as it pays for some services prior to the member meeting the full deductible. For example, the State Plan has copays in place for office visits and prescriptions drugs that apply before a member meets their deductible.

## FSA Reimbursement Options

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### Key Information

- \$120 per year minimum contribution for each type of FSA.
- \$2.16 per month administrative fee for Medical and/or Dependent Care FSA.
- You have until April 30 of the next Plan Year to submit claims to ASIFlex for the current year's expenses (120 days after end of the Plan Year).

### Reimbursement Options

- **Debit Card (Medical FSA only):** When you enroll in Medical FSA for the first time, you will automatically receive two ASIFlex Debit Cards. If you re-enroll in Medical FSA, you may continue to use your current debit card and will not receive new cards in the mail. A new debit card will automatically be mailed to you upon expiration. When using the debit card, you will be required to provide documentation showing proof of eligible expense after the card swipe has occurred.
- **Online:** You may submit your reimbursement requests online by creating an account at [asiflex.com](http://asiflex.com). Click on "File a Claim" and follow the prompts.
- **Mobile App:** You may submit your reimbursement requests using the ASIFlex app. After creating an account, sign in to take a photo of your documentation then submit your claim.
- **Mail\*:** ASIFlex's mailing address is: PO Box 6044, Columbia, MO 65205-6044. However, if you are sending something through a courier service such as UPS or FedEx, you will need to use the physical address: 201 West Broadway, Building 4, Suite C, Columbia, MO 65203.
- **Fax\*:** You may fax your claims to ASIFlex's toll-free claim submission line at (877) 879-9038.
- **Recurring Direct Pay Program (Dependent Care FSA only):** After one-time set up, ASIFlex will pay your dependent care provider directly from your ASIFlex account on the schedule you and your dependent care provider choose.

\*If you mail or fax your FSA claim, you will need to include the ASIFlex General FSA Claim Form, which can be found at [asiflex.com/claimforms.aspx](http://asiflex.com/claimforms.aspx).

## Life Insurance

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State Plan Life Insurance Plans are fully insured and administered by BlueCross BlueShield of Montana (BCBSMT).



### **BlueCross BlueShield of Montana**

Phone: (866) 739-4090 or TTY 711 | [bcbsmt.com/ancillary](https://bcbsmt.com/ancillary)

General Inquires: [service.ancillary.bcbsmt.com](https://service.ancillary.bcbsmt.com)

For Claim Related Questions Contact HCBD

### **Life Insurance Information**

Plans are term life, provide inexpensive protection, do not earn cash value, and are paid after tax. Employees are eligible until separation from service. At separation, contact BCBSMT for portability or conversion options.

At retirement, Basic Life Insurance may be continued without portability or conversion until Medicare eligible if enrolling in the State Plan as a retiree. Basic Life insurance may be converted once a retiree becomes Medicare eligible.

### **During Open Enrollment You May**

- Add, increase, or decrease Employee and/or Spouse Supplemental Life Insurance (minimum amount for Employee Supplemental Life Insurance is your annual salary rounded to the next highest \$5,000 increment).
- Add, increase, or decrease Accidental Death & Dismemberment (AD&D) Insurance
- Remove Dependent Life Insurance, Employee and/or Spouse Supplemental Life Insurance, and/or AD&D Insurance.
- Elect or terminate Long Term Disability (LTD) Insurance. LTD election requires EOI.

If you are adding or increasing life insurance coverage, you may be required to complete Evidence of Insurability (EOI).

### **Basic Life Insurance**

Basic Life Insurance is part of the medical benefit for all active employees, legislators, and non-Medicare retirees. It provides \$14,000 of term life coverage and is paid for via the employer contribution, no employee contribution required.

## Optional Life Insurance Plans

**All life insurance premiums are withheld after tax.** For complete details about all life insurance options refer to the BCBSMT Life Insurance Certificates at [benefits.mt.gov/publications](https://benefits.mt.gov/publications).

### **Employee Supplemental Life Insurance I**

Available during 31-day initial enrollment period without EOI\* up to your annual salary. Enrollment after the 31 days requires EOI\*. Coverage may be elected at anytime with EOI\*.

- Coverage Amount: Your annual salary rounded to the next highest \$5,000.
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate\*\*)

### **Employee Supplemental Life Insurance II**

Must be enrolled in Employee Supplemental Life Insurance I to qualify for Employee Supplemental Life Insurance II.

- Coverage Amount: Minimum of any amount over your annual salary rounded to the next highest \$5,000, maximum amount of \$1 million combined total of Employee Supplemental Life Insurance I and II.
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate\*\*)

### **Spouse Supplemental Life Insurance**

Employee must be enrolled in Employee Supplemental Life for the spouse to be eligible. Coverage is available up to \$10,000 without EOI\*. Coverage over \$10,000 may be elected at anytime with EOI\*.

- Coverage Amount: Coverage is for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of Employee Supplemental Life Insurance with a maximum election amount of \$500,000. Coverage of more than \$10,000 requires EOI\*.
- Monthly Cost: (Every \$1,000 of coverage) x (Age Rate\*\*). Spouse's rate is based on the employee's age, not the spouse's age.

### **Employee Only Accidental Death & Dismemberment (AD&D) Insurance**

Available during 31-day initial enrollment period . If coverage is not elected during 31-day initial enrollment period , it may be elected at any time.

- Coverage Amount: (Employee Only) \$25,000 increments, maximum \$1 million
- Monthly Cost: \$0.02 per \$1,000 of coverage

## Employee & Dependent Accidental Death & Dismemberment (AD&D) Insurance

Available during 31-day initial enrollment period . If coverage is not elected during the 31-day initial enrollment period , it may be elected at any time.

- Coverage Amount: A spouse with no children is eligible for 50% of the Employee coverage amount. A spouse with children is eligible for 40% of the Employee coverage amount. Children are eligible for 10% of the Employee coverage amount.
- Monthly Cost: \$0.03 per \$1,000 of coverage

## Dependent Life Insurance

Only available during 31-day initial enrollment period and within the first 60 days of marriage or 91 days of having your first child. Option to select between Option A or Option B.

- Option A with a coverage amount of \$2,000 for a spouse, \$1,000 per dependent child, and \$0.44 monthly cost.

OR

- Option B with a coverage amount of \$4,000 for spouse or domestic partner, \$2,000 per dependent child, and a \$0.88 monthly cost.

**\*Evidence of Insurability (EOI)**, also known as “evidence of good health,” is the process that determines if a person is healthy enough to be considered eligible for the amount of insurance coverage they are requesting. Instructions on how to submit EOI can be found at [benefits.mt.gov/life-and-accident](http://benefits.mt.gov/life-and-accident).

**\*\*Age Rates** for Employee and Spouse Supplemental Life insurance coverages are based on the employee’s age on the last day of the month coverage becomes effective. Once coverage is effective, rates change the first of the month following the employee’s attainment of age based on the rate schedule below.

0-29.....\$0.019	50-54..... \$0.151
30-34..... \$0.033	55-59..... \$0.282
35-39..... \$0.052	60-64..... \$0.433
40-44..... \$0.065	65+.....\$0.644
45-49..... \$0.098	

## Long Term Disability Insurance

BlueCross BlueShield of Montana provides fully insured Long Term Disability (LTD) insurance for the State Plan. LTD is an insurance plan that pays a monthly benefit to you if you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, helping you with financial costs in a time of need.



### BlueCross BlueShield of Montana

Phone: (866) 739-4090 or TTY 711

General Inquires: [service.ancillary.bcbs.com](mailto:service.ancillary.bcbs.com)  
[bcbsmt.com/ancillary](http://bcbsmt.com/ancillary)

### Eligibility

Available to active employees who are enrolled in the Medical Plan. Retirees, legislators, and COBRA participants are not eligible. Enrollment anytime after 31-day initial enrollment period requires EOI.

### Cost

\$8.46 per employee per month regardless of age or income level. Payment will be **taken from your pay check after tax** in order to maximize the benefit should you ever need it. Paying LTD premiums after tax means the benefit can be paid out tax free.

### Benefit Amount

The monthly LTD benefit is 60% of your insured pre-disability earnings (the amount you were earning before you became disabled) reduced by deductible income.

### Benefit Duration

If you become disabled and your claim for LTD benefits is approved, LTD benefits are payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during the benefit waiting period.

For complete details about Long Term Disability coverage, refer to the Long Term Disability Certificate found at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).

\*Evidence of Insurability (EOI) instructions at [benefits.mt.gov/life-and-accident](http://benefits.mt.gov/life-and-accident).

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).*

## Montana Health Centers

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Premise Health manages the Montana Health Centers. The Montana Health Centers offer the same kinds of services you would find at your regular doctor's office and more, all at no-cost to you and a much lower cost to the self-funded State Plan.



### Premise Health

General Information: [HealthCenter.mt.gov](https://HealthCenter.mt.gov)

Appointments: [MyPremiseHealth.com](https://MyPremiseHealth.com), (855) 200-6822, or TTY 711

**Clinics in Anaconda, Billings, Butte, Helena, & Missoula**

### Who Can Use the Montana Health Centers

Employees, legislators, COBRA participants, and their covered spouse or domestic partner and/or dependent children age two or older, as well as non-Medicare eligible retirees and their covered non-Medicare eligible spouse or domestic partners and their non-Medicare eligible dependent children age two and older.

Medicare eligible retirees and their Medicare eligible dependents may only use the Montana Health Centers for flu shots and State-Sponsored Health Screenings.

### Services

The Montana Health Centers offer acute care, chronic disease management, and wellness, as part of a robust integrated primary and behavioral health care offering.

Primary care services including treatment for colds, flus, COVID-19, infections, minor stitches, strains, sprains, wound care, asthma, cardiovascular disease, chronic kidney disease, chronic stress, pre-diabetes, diabetes, gastroesophageal reflux disease, high blood pressure, specialized diets, tobacco cessation and much more.

## Primary Care & Wellness Coaching

The Montana Health Center provides integrated primary, behavioral health, preventive care, and wellness coaching, including:

- Same day service for acute conditions
- Virtual behavioral health
- Comprehensive wellness physicals and health screenings
- Behavioral care such as stress management and tobacco cessation
- Sports physicals, personal training, weight management
- Personalized coaching, individual goal setting
- Nutrition guidance, diabetes, blood pressure, or cholesterol management
- And more

A team of healthcare professionals including physicians, physician assistants, nurse practitioners, nurses, dietitians, and fitness experts are here to help. Visit [HealthCenter.mt.gov](https://HealthCenter.mt.gov) for more information.

## 24/7 Virtual Telehealth

The State Plan provides a no cost telehealth benefit to all eligible members called Virtual Primary Care. This service is provided through the State Plan's contract with Premise Health. Get access from anywhere in the U.S. to board certified physicians that can diagnose illness, recommend treatment, and prescribe medications over the phone or through video chat. Quality medical care is available 24 hours a day, 7 days a week, and 365 days per year. Visit [HealthCenter.mt.gov/Virtual-Telehealth](https://HealthCenter.mt.gov/Virtual-Telehealth) for appointment scheduling instructions.



## One Health Clinics

State Plan members have access to comprehensive health care at One Health clinics in Ashland, Chinook, Glendive, Hardin, Harlem, Lewistown, & Miles City.

All One Health clinics offer primary care and behavioral health services for State Plan members with no out-of-pocket cost. More information at [benefits.mt.gov/one-health](https://benefits.mt.gov/one-health).

## Live Life Well Programs

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The Live Life Well Program's mission is to promote healthy lifestyle choices and improve the health, well being and quality of life for State Plan employees, legislators, retirees and their dependents.



**LIVE LIFE WELL PROGRAMS**  
HEALTH CARE & BENEFITS DIVISION

### Wellness Program Benefits

Members may choose to participate in as many wellness programs as they like. Most programs have no additional out-of-pocket cost. Examples of program offerings:

- Weight Management
- Disease Prevention Programs
- Prenatal and Maternity Benefits and Programs
- Wellness Coaching
- Preventive Benefits (health screenings, health risk assessment, vaccinations, etc.)
- Nicotine Cessation Programs
- Chronic Disease Support (arthritis, diabetes, asthma, etc.)
- Blood Pressure Management
- Monthly Wellness Classes and Workshops

Visit [benefits.mt.gov/LiveLifeWell](https://benefits.mt.gov/LiveLifeWell) for details.

### Healthy Weight Incentive

Earn a \$200 incentive by successfully completing and reporting program requirements.

Incentive Requirements:

1. Participation in one eligible program for a duration of four months or more. Eligible programs include:
  - Weight Watchers
  - Healthy For Life Self-Study Program
  - Diabetes Prevention Program
2. Losing 10% of starting weight or achieving a normal body mass index (BMI).
3. Participating in regular physical activity (flexible based on personal needs).

The Healthy Weight Incentive is available to employees of the State Plan and their covered spouse or domestic partner. One incentive can be earned per employee or spouse or domestic partner per Plan Year. Visit [benefits.mt.gov/Healthy-Weight-Incentive](https://benefits.mt.gov/Healthy-Weight-Incentive) for details.

## Live Life Well Incentive

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One of the Live Life Well Program's offerings is an opportunity to earn \$60 off the monthly benefit contribution by completing four activities which show an employee is engaged with maintaining a healthy lifestyle. This incentive is available to covered employees and their enrolled spouse or domestic partner.

### Live Life Well Incentive

More Information: [benefits.mt.gov/incentive](https://benefits.mt.gov/incentive)

**Earn \$60 per month off your benefit contribution!**

### Live Life Well Incentive

To earn \$60 per month off your 2027 monthly benefit contribution, you must complete the following activities by October 31, 2026.

1. Complete a Health Assessment via the MediKeeper Wellness Platform.
2. Complete a State-sponsored Health Screening through a Montana Health Center or Montana Health Center off-site event.
3. Self-report Nicotine Free status or completion of an eligible alternative.
4. Self-report an Eligible Provider Visit, which is an annual checkup with a medical provider. Any kind of medical provider is acceptable, from a nurse practitioner to a specialist, depending on who is most appropriate for your health needs.

More information and instructions for how to self-report incentive activities are available at [benefits.mt.gov/incentive](https://benefits.mt.gov/incentive).

## Employee Assistance Program

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The Employee Assistance Program (EAP) helps you privately solve problems that may interfere with your work, family, and life in general. EAP services are free to you and your dependents. EAP services are confidential and provided by experts. **GuidanceResources provides EAP services 24/7 to all employees, their dependents, and household members.**

**GuidanceResources®**

### **GuidanceResources**

24/7 Support, Resources, and Information

(844) 506-5374 or TTY: 711

[GuidanceResources.com](https://www.GuidanceResources.com) | App: GuidanceResources Now

Web ID: MontanaEAP

### **Confidential Emotional Support**

Highly trained clinicians will listen to your concerns and help you or your family members with any issues, including anxiety, depression, stress, grief, loss and life adjustments, as well as relationship or marital conflicts.

### **Work-Life Solutions**

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as finding child or elder care, hiring movers or home repair contractors, or planning events, locating pet care, and more.

### **Financial Resources**

Financial experts can assist with a wide range of issues, such as retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy and more.

### **Legal Guidance**

Talk to attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts and more. Get a free 30-minute consultation and a 25% reduction in fees.

### **Online Support**

GuidanceResources online is your 24/7 link to vital information, tools and support. Create an account at [GuidanceResources.com](https://www.GuidanceResources.com) for articles, podcasts, videos, slideshows, on-demand trainings, and "Ask the Expert" for personal responses to your questions.

## My Health Navigator

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My Health Navigator is a State Plan sponsored program available to State Plan members at no additional charge. My Health Navigator helps members identify the safest, most effective and least costly medications, control health issues, and navigate a complicated healthcare system.



### My Health Navigator

(406) 780-8018 or TTY 711

[MyHealthNavigator.net](http://MyHealthNavigator.net)

### My Health Navigator Can Help You:

- Minimize Prescription Costs
- Get Answers About Your Health
- Control Healthcare Expenses
- Simplify Medication Management
- Improve Overall Health
- Manage Long-Term and Chronic Conditions
- \$0 copay diabetic test strips and savings on some Continuous Glucose Monitoring (CGM) sensors as part of the My Health Navigator Diabetes Program. More details at [benefits.mt.gov/diabetes](http://benefits.mt.gov/diabetes).
- Reduced copay on some asthma medications and \$0 copay peak flow meter and holding chamber as part of the My Health Navigator Asthma Program. More information at [benefits.mt.gov/asthma](http://benefits.mt.gov/asthma).

*For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at [benefits.mt.gov/publications](http://benefits.mt.gov/publications).*

## Ovia Health

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Ovia Health apps offer support for reproductive health, starting a family, having a healthy pregnancy, balancing life as a parent, and managing menopause. The three Ovia Health apps are included as part of your State Plan medical benefit and available in the Apple or Google Play store.

oviahealth™

### **Ovia Health**

*Maternity and Family Support*

Ovia Fertility, Cycle, & Health App

Ovia Pregnancy App

Ovia Parenting & Baby Tracker App

(888) 421-7781

[oviahealth.com](http://oviahealth.com)

### **Ovia Fertility, Cycle, & Health App**

Choose your goal: cycle tracking, trying to conceive, or managing menopause and the Ovia app will customize your experience to deliver personalized insights, tips, and content.

### **Ovia Pregnancy App**

Find answers to all your prenatal questions - read weekly updates, find symptom relief, learn what's safe to eat, share bump pictures, and try the baby name feature. Ovia Pregnancy is your pocket companion for each trimester (and beyond).

### **Ovia Parenting & Baby Tracker App**

Track baby's day with Ovia Parenting so you always know when the next feeding, nap, or diaper change is coming. Record important developmental milestones and family pictures securely in the app.

### **Get Started**

1. Download the app that's right for you
2. Select "I have Ovia Health as a benefit" during sign-up
3. Enter "BCBSMT" as your health plan
4. Enter "State of Montana" as your employer name (optional)

## Notice of Privacy Practices

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### State of Montana HIPPA Notice of Privacy Practices

The State of Montana HIPAA Notice is available at [benefits.mt.gov](https://benefits.mt.gov).

If you have any questions about your privacy rights, please contact the State Plan at the following address:

- Contact Office or Person: Privacy Official
- Plan Name: State of Montana Benefit Plan
- Telephone:(800) 287-8266 or TTY (406) 444-1421
- Email: [BenefitsQuestions@mt.gov](mailto:BenefitsQuestions@mt.gov)
- Address: Health Care & Benefits Division  
PO Box 200130  
Helena, MT 59620-0130

A copy of the Notice of Privacy Practices is available at 125 N. Roberts St., Helena, MT 59601. You may request a copy by calling HCBD or sending a request by email to the above address.

### Disclaimer

The Patient Protection and Affordable Care Act (PPACA) was enacted on March 23, 2010. The United States Departments of Health and Human Services, Labor, and Treasury have issued regulations to help entities comply with PPACA. However, additional clarifications to address issues that may arise under these regulations could also be published by the Departments on an on-going manner through administrative guidance possibly in another form than a regulation. Where the statutes or regulations were not clear regarding benefits, the State of Montana made a reasonable interpretation of the act and made a good faith effort to comply with the statutes and regulations. The State of Montana reserves the right to alter provisions of this document and its plan in order to comply with applicable law.

## Benefit Term Decoder

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The following explanations are to help you understand the terms in this book and do not replace the definitions found in the Wrap Plan Document. The definitions in the Wrap Plan Document govern the rights and obligations of the State Plan and Plan Members.

**Balance Billing** - The amount over the State Plan's allowable charge that may be billed to the plan member by an out-of-network provider.

**Benefit Payment/Contribution** - What you pay each month for your State Plan coverage.

**Coinsurance** - The percent the State Plan pays after you meet your deductible.

**Copay** - A copay is a fixed dollar amount you pay for a covered service.

**Deductible** - A deductible is how much you must pay each Plan Year before the State Plan starts to pay.

**Grandfathered Month** - If you were hired before August 1, 1998 and have had no lapse in State Plan coverage, you are entitled to one extra month of employer contribution and benefits coverage upon retiring or leaving State employment.

**Initial Enrollment Period** - A period of time when an employee, legislator, or retiree initially becomes eligible to enroll in State Plan benefits.

**In-Network Provider and/or Facility** - In-network providers and/or facilities have contracted with our third party administrators.

**Maximum Out-of-Pocket** - The maximum out-of-pocket is the most you will have to pay for covered services in a Plan Year.

**Mid-Year Benefit Change** - Also known as a Special Enrollment Period. A period of time allowed by the State Plan, other than the eligible employee or retiree's initial enrollment period or an Open Enrollment Period, during which an eligible employee, legislator, or retiree may request or terminate coverage under the State Plan as a result of certain events that create special enrollment rights. To change your State Plan benefits due to a Special Enrollment Event (i.e. marriage, birth, divorce, gain or loss of coverage, etc.) you must do so within 60 days of the date of the event (91 days if the event is birth or adoption).

**Out-of-Network Providers and/or Facilities** - Out-of-network providers and facilities have chosen not to sign a contract with our third party administrators. If you use an out-of-network facility or provider, the State Plan will pay a fair rate for your care, but the out-of-network provider or facility may balance bill you for more. You are responsible for any balance bills you receive.

**Open Enrollment Period** - A period each fall in which you have the opportunity to make changes to your State Plan benefits for the following Plan Year. These changes take effect January 1 of the following year.

**Plan Member** - Anyone covered on the State Plan including employees, legislators, retirees, COBRA participants, and eligible spouse or domestic partner or children.

**Plan Year** - The Plan year starts January 1 and ends December 31 each year.

**Recommended Clinical Review** - Establishes in advance the medical necessity or experimental or investigational nature of certain care and services covered under the State Plan.

**Specialty Drugs** - Specialty drugs usually require special handling, administration, unique inventory management, a high level of patient monitoring and more intense support than conventional therapies. They could include all routes of administration (self-injectable, oral, or infused). They are typically very expensive.

**State Plan** - The self-funded State of Montana Benefit Plan.

**Tobacco Surcharge** - \$60 per month charge for being a Nicotine User.

# Language Assistance

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## Language Assistance – General Taglines

*State of Montana is required by federal law to provide the following information.*

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-270-3877 (TTY: 711)。

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-270-3877 (TTY:711) まで、お電話にてご連絡ください。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-270-3877 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-270-3877 (ATS: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-270-3877 (телетайп: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-270-3877 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-270-3877 (رقم هاتف الصم والبكم: 117).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

**MERK:** Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-866-270-3877 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-270-3877 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-270-3877 (телетайп: 711).

**Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).**

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-270-3877 (TTY: 711).

## Non-Discrimination Notice

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State of Montana complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact HCBP at (800) 287-8266. If you believe that State of Montana has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance the State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email:

State Diversity Program Coordinator  
Department of Administration, State Human Resources Division  
125 N. Roberts, P.O. Box 200127, Helena, MT 59620  
Phone: (406) 444-3871 or email: SABHRSHR@mt.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW., Room 509F,  
HHH Building, Washington, D.C. 20201  
(800) 368-1019, 800-537-7697 (TDD)

## Vendor Contact Information

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### Montana Health Centers

Phone: (855) 200-6822 or TTY 711

General Information: [HealthCenter.mt.gov](http://HealthCenter.mt.gov)

Appointments: [MyPremiseHealth.com](http://MyPremiseHealth.com) or (855) 200-6822

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### Medical Claims, Benefits, In-Network Providers

Phone: (888) 901-4989 or TTY 711; [bcbsmt.com](http://bcbsmt.com)

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### Prescriptions, In-Network Pharmacies, Formulary

Phone: (866) 333-2757 or TTY 711; [Navitus.com](http://Navitus.com)

**Specialty Medication:** Lumicera Health Services  
(855) 847-3553, TTY 711; [Lumicera.com](http://Lumicera.com)

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### Dental Benefits, Claims, In-Network Providers

Phone: (866) 496-2370 or TTY 711

[DeltaDentalins.com/StateOfMontana](http://DeltaDentalins.com/StateOfMontana)

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### Vision Service Providers & Hardware Coverage

Phone: (800) 877-7195 or TTY (800) 428-4833,  
[Montana.VSPforMe.com](http://Montana.VSPforMe.com)

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### Life, Accident, and Long Term Disability Insurance

Phone: (866) 739-4090 or TTY 711, [bcbsmt.com/ancillary](http://bcbsmt.com/ancillary)

General Inquires: [service.ancillary.bcbs.com](http://service.ancillary.bcbs.com)

*For claims related questions, contact HCBd.*

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### My Health Navigator

(406) 780-8018 or TTY 711

[MyHealthNavigator.net](http://MyHealthNavigator.net)

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### Employee Assistance Program

Available to employees, their dependents and household members

Phone: (844) 506-5374 or TTY 711,

[GuidanceResources.com](http://GuidanceResources.com), Web ID: MontanaEAP

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### Medical & Dependent Care Flexible Spending Accounts

Phone: (800) 659-3035 or TTY 711, Fax: (877) 879-9038,  
[asiflex.com](http://asiflex.com)

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### One Health Clinics

[benefits.mt.gov/one-health](http://benefits.mt.gov/one-health)

# Notes

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HEALTH CARE &  
BENEFITS DIVISION

PO Box 200130, Helena, MT  
59620  
(800) 287-8266  
TTY (406) 444-1421