



Montana Schools Health and Welfare Plan

Guide to MSHWP Benefits
2010-2011

Over the past six decades, Blue Cross and Blue Shield of Montana has been built on a rock-solid foundation and has earned the trust of more Montanans than any other insurer. That trust rests on five cornerstones:

ACCESS

More doctors and hospitals in Montana, the U.S., and across the globe partner with Blue than any other health insurer.

BETTER HEALTH

We're making health the focus of health care with our Well with BlueSM and Integrated Healthcare Management programs. Healthy habits. Active employees. Improved outcomes. Efficient health care. Because better health means better business.

CONVENIENCE

Our industry-leading online tools put everything you need to know about your benefits at your fingertips. Find a provider, check benefit information, track the status of a claim, pay an invoice online. Fast, easy, and secure.

FLEXIBILITY

We offer a variety of customizable plans to ensure that your health insurance will reflect your needs, no matter how unique they are. For small businesses with big aspirations and big businesses that remember how they got that way.

STABILITY

Here, stability means nearly 70 years doing business exclusively in Montana. It means a strong financial rating. It means reliable payment of claims. And it means more. More doctors, more hospitals, more businesses, and more Montanans choose Blue.



The following is a summary of the MSHWP benefit options. For a more comprehensive explanation of benefits and eligibility requirements, please refer to your Group Contract or Member Guide.

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Montana's Premier Health Insurance Provider

PARTNERING WITH BLUE CROSS AND BLUE SHIELD OF MONTANA

Montana Schools Health and Welfare Plan (MSHWP) is a statewide, **fully insured** medical plan, underwritten by Blue Cross and Blue Shield of Montana (BCBSMT). For more than 60 years, BCBSMT has been Montana's premier health insurance provider. The company's in-depth knowledge of local and national healthcare trends ensures that members receive the best coverage at the best price.

BCBSMT is committed to delivering additional value to its groups and members, and MSHWP members reap the benefits of that commitment through access to extensive provider and facility networks. If a member travels outside of Montana, the Blue Cross and Blue Shield of Montana card is accepted and trusted worldwide.

Introduction to MSHWP

SERVING MONTANA SCHOOLS FOR TWO DECADES

Established in the 1980s, the Montana Schools Health and Welfare Program (MSHWP) enables Montana schools to join together to stabilize rates and manage risk. Currently, over 50 Montana schools participate in MSHWP. Educators and their families from communities all across Montana—Scobey to Libby, Stevensville to Ekalaka—have benefited from the premium stability afforded through being a member of the MSHWP. Since 2002, the largest rate increase any MSHWP school has received is 11.75%. The average rate increase over the past 7 years is 7.5%.

MISSION STATEMENT

The Montana Schools Health and Welfare Plan is committed to improving the health of Montana's educators. We allow School Districts to act collaboratively in providing quality health insurance for their employees.

MSHWP is committed to providing a stable, fully insured benefit program with no unknown financial exposure to the participating School Districts. This means that schools in MSHWP cannot be assessed a fee if the group's claims exceed its premiums.

MSHWP SERVICING PHILOSOPHY

In the state of Montana, education has a long and proud tradition of local control. At MSHWP, we realize how important local support—both in the form of property taxes and assistance from local businesses—is to ensuring a school's success. For this reason, service responsibility for participating schools is handled locally. A school can only be as strong as the community in which it operates. Keeping businesses local and respecting their contributions in our rural communities is important to MSHWP and to successful schools across Montana.

For more information on MSHWP please visit www.mshwp.org.

Program Overview

BENEFIT PLANS OFFERED

A variety of benefit design and deductible options allow schools to customize plans to suit their unique needs. Group medical plans can include life and long-term disability insurance.

At least 75 percent of eligible employees must enroll in a group medical plan, excluding employees insured under another plan. If a school is offering multiple options, the participation requirements below must be met for each respective plan.

Comprehensive Major Medical PPO Plan *[20% participation required.]*

High Deductible Health Plan PPO *[No minimum employee participation required.]*

BCBSMT PROVIDER NETWORKS

HealthLink Preferred Provider Organization (PPO)

In Montana, the HealthLink PPO Network is utilized under this benefit plan. HealthLink is a network of participating hospitals and surgery centers available throughout Montana. You receive a richer benefit by utilizing this network. If you obtain services or supplies from a non-PPO Network provider, payment will be reduced by 25 percent from that which would be paid to a PPO Network provider.

The exceptions to the benefit reduction are:

1. Emergency services provided when you cannot reasonably reach a PPO Network provider;
2. Services that are unavailable within the PPO Network

Currently, 100% of Montana hospitals and 84% of surgery centers participate in this network.

For a current list of participating PPO hospitals and surgery centers, please visit www.bcbsmt.com.

Traditional Network

In addition to our PPO Network, BCBSMT brings you the most extensive provider network available anywhere. In Montana, this network includes physicians, hospitals and outpatient surgery centers (not already participating in our PPO Network), skilled nursing facilities, home health agencies, hospice agencies, durable medical equipment supply houses, podiatrists, physician assistants, nurse practitioners, physical therapists, occupational therapists, speech therapists, chiropractors, certified nurse anesthetists, advance practice registered nurses, psychologists, licensed professional counselors, optometrists, mental health social workers, and urgent care centers.

Ninety-four percent (94%) of Professionals, 100% of hospitals, and 100% of outpatient surgery centers participate in our network.

Nationwide and Worldwide Networks

With BlueCard, you have access to participating providers across the country and around the world. No matter where you are, you'll receive the same great benefits you get when you're at home. By utilizing Blue Cross and/or Blue Shield professional providers and PPO facilities, you will receive the highest level of benefits. To find BlueCard participating providers and facilities, visit the Blue Cross and Blue Shield Association website at www.bcbs.com/healthtravel or call 800-810-BLUE (2583).

Program Overview

NETWORK ADVANTAGES

Using providers in the networks will generally reduce the overall costs of your health care. These providers accept the BCBSMT allowable fee as the full payment for services; they may bill you for the deductible and coinsurance and/or copayment amounts but not for charges in excess of the allowable fee for each service. These providers also file claims for you. Payment is made directly to the provider for these claims.

If network providers are not utilized the following will apply:

On the **Comprehensive Major Medical PPO Plans**, the allowable fee for nonparticipating providers (excluding hospitals and surgery centers) is reduced by twenty percent. On the **High Deductible PPO Health Plans**, the allowable fee is reduced by ten percent. These providers may bill you the difference between their charge and the BCBSMT payment. Payment is made directly to you for claims from these providers.

However, if services are received by a non-PPO hospital or surgery center, payments will be reduced by 25% from that which would be paid to a PPO hospital or surgery center. Note: Some out of state Blue Cross and/or Blue Shield Plans require professional services to be provided by a PPO provider in order to avoid this 25% reduction.

DELTA DENTAL

MSHWP partners with Delta Dental, the country's largest dental insurance carrier, to make dental coverage available to our schools with very low participation requirements. The plan includes a free WELLNESS exam through a Delta provider. The benefit is provided by the employer, and the employee can select a more comprehensive dental plan through payroll deduction.

VSP VISION

All MSHWP plan members receive an annual WELLNESS eye exam through a VSP provider free of cost. Employees can select a more comprehensive vision plan through payroll deduction.

UNUM TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

MSHWP partners with UNUM, the country's largest disability insurance carrier, to provide a minimal Life and AD&D benefit for employees and sponsored by the employer. The employer will be given the option to increase that coverage amount. Employees may also select a more generous plan with a high guarantee issue (no medical questions required) available through payroll deduction.

UNUM LONG TERM CARE (LTC)

MSHWP partners with UNUM, the country's largest disability insurance carrier, to provide a minimal LTC benefit the employer may sponsor for their employees. Employees can also select a more generous plan with a high guarantee issue (no medical questions required) available through payroll deduction.

UNUM LONG TERM DISABILITY (LTD)

MSHWP partners with UNUM, the country's largest disability insurance carrier, to provide a minimal LTD benefit the employer may sponsor for their employees. This plan allows an employee to work part time and still be eligible to receive benefits of 60% of their monthly earnings up to \$6,000.

Program Overview

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP provides counseling, will preparation services, and other professional services at no cost to employees. EAP is powered through Ceridian®, a 24 hour Website and Toll-Free hotline for employees AND dependents. Three face-to-face counselor visits for employees AND dependents (per issue / per person) are available.

Identity Theft and Legal Advice are also available at no cost.

FLEXIBLE BENEFIT PLAN OPTIONS

MSHWP partners with Insurance Coordinators of Montana (ICMI) to provide an array of options for sheltering “tax free” dollars for the benefits provided to your employees.

TRAVEL ASSISTANCE

Powered through Assist America®, this benefit is available 24 hours a day, 7 days a week for employees AND dependents, beginning when members are travelling at least 100 miles from their residence.

Some services include: Emergency Medical Evacuation, Return of Vehicle, and Prescription Assistance.

VOLUNTARY BENEFITS

Voluntary benefits are available through Insurance Coordinators (ICMI). These include Cancer, Accident, Critical Illness, and Hospital Indemnity plans at affordable costs for employees through payroll deduction.

WELLNESS PROGRAM

MSHWP members have access to a comprehensive wellness program that promotes healthy living.

This program includes sophisticated electronic tools, including online health assessments, giving members the opportunity to assess their health behaviors and risks, and design activities to improve their health. Members also are offered a comprehensive biometric (blood) screening.

Incorporated into the MSHWP benefit designs are preventive services to enable members to maintain a proactive healthcare agenda. Along with routine medical services, the members have access to a free, 24/7 Nurse Line that can save members both time and money.

ALICARE MEDICAL MANAGEMENT 24/7 NURSE LINE

There’s an experienced, compassionate Registered Nurse Counselor waiting to talk to you, 24 hours a day, seven days a week free of charge.

MOMMYTRAX

Expectant mothers have free access to a host of services designed to help moms have safe and healthy pregnancies and babies. Free services include a Maternity Health Assessment, free prenatal vitamins, ongoing access to Registered Nurses for support, coordination with physicians, follow-up screening, and even a \$150 cash award for enrolling during the first trimester.

Benefit Plans

Medical Benefits	High Deductible Health Plan PPO			Comprehensive Major Medical PPO Plans						
Minimum Group Participation	No Minimum			20% of enrolled group						
Deductible - Individual	\$2,400	\$3,500	\$5,000	\$200	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500
Deductible - Family <i>(embedded)</i>	\$4,800	\$7,000	\$10,000	\$400	\$1,000	\$1,500	\$2,000	\$3,000	\$4,000	\$5,000
Out-of-Pocket Max - Individual	\$2,400	\$3,500	\$5,000	\$1,100	\$1,350	\$1,700	\$2,700	\$1,500	\$3,700	\$5,000
Out-of-Pocket Max - Family <i>(embedded)</i>	\$4,800	\$7,000	\$10,000	\$2,200	\$2,700	\$3,400	\$5,400	\$3,000	\$7,400	\$10,000
Copayment	100/0%			80/20% or 70/30%						
First Dollar Benefit	Preventive Services			Preventive Services						
Maximum Lifetime Benefit	\$5,000,000			\$5,000,000						
Well Child Care - Through 7 years of age										
Deductible Benefit Percentage	Deductible Waived 100%			Deductible Waived 80/20% or 70/30%						
Immunizations - Doctor's Office										
Well-child immunizations through 7 years of age	Deductible Waived 100%			Deductible Waived 80/20% or 70/30%						
CDC recommended and flu shots	Deductible Waived 100%			Deductible Waived 80/20% or 70/30%						
Preventive Benefits - 8 years of age and older										
Deductible Benefit Percentage	Deductible Waived 100%			Deductible Waived 100%						
Maximum per Benefit Period	\$250			\$300						
Preventive Mammogram - In addition to the Preventive Benefit										
Deductible Benefit Percentage	Deductible Waived 100%			Deductible Waived 100%						
Maximum per Benefit Period	Paid in full when utilizing a participating provider			Paid in full when utilizing a participating provider						
Preventive Pap Smear (Lab Charges) - In addition to the Preventive Benefit										
Deductible Benefit Percentage	Paid in full when utilizing a participating provider			Paid in full when utilizing a participating provider						
Diabetic Education - In addition to the Preventive Benefit										
Deductible Benefit Percentage	Deductible Waived 100%			Deductible Waived 100%						
Maximum per Benefit Period	Up to \$250 per benefit year. Deductible applies after the first \$250 is paid.			Up to \$250 per benefit year. Deductible and Coinsurance apply after the first \$250 is paid.						
Colon Cancer Prevention (Fecal Occult Blood Test) - In addition to the Preventive Benefit										
Deductible Benefit Percentage	Paid in full when utilizing a participating provider			Paid in full when utilizing a participating provider						
Age Limit Frequency	Age 50 and over Annually			Age 50 and over Annually						
Preventive Sigmoidoscopy - In addition to the Preventive Benefit										
Deductible Benefit Percentage	Paid in full when utilizing a participating provider			Paid in full when utilizing a participating provider						
Age Limit Frequency	Age 50 and over Every 5 years			Age 50 and over Every 5 years						
Preventive Colonoscopy - In addition to the Preventive Benefit										
Dollar Benefit	Paid in full when utilizing a participating provider			Paid in full when utilizing a participating provider						
Age Limit Frequency	Age 50 and over Every 10 years			Age 50 and over Every 10 years						
Accident Benefit										
Deductible Benefit Percentage	Deductible Applies 100%			Deductible Waived 100%						
Maximum per Benefit Period				\$500 within 90 days of accident						

Benefit Plans

Medical Benefits	High Deductible Health Plan PPO	Comprehensive Major Medical PPO Plans
Inpatient Hospital Services		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Office Visit		
Deductible Benefit Percentage	Deductible Applies 100%	\$25 copay - 80/20% plan \$35 copay - 70/30% plan
Diagnostic X-ray & Labs		
Deductible Benefit Percentage	Deductible Applies 100%	Included in office call copay - professional billed
Chiropractic Office Visit		
Deductible Benefit Percentage	Deductible Applies 100%	\$25 copay - 80/20% plan \$35 copay - 70/30% plan
Maximum Payment Per Visit	\$25	\$25
Maximum Visits Per Year	40	40
Chiropractic X-rays		
Deductible Benefit Percentage	Deductible Applies 100%	Included in office call copay - professional billed
Maximum per Benefit Period	\$100	\$100
Chemical Dependency - Outpatient		
Deductible Benefit Percentage	Deductible Applies 100%	First 3 outpatient visits paid at 100% Included in office call copay - professional billed
Chemical Dependency - Inpatient		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Mental Illness - Outpatient		
Deductible Benefit Percentage	Deductible Applies 100%	First 3 outpatient visits paid at 100% Included in office call copay - professional billed
Mental Illness - Inpatient		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Rehabilitation / Cardiac Therapy		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Outpatient Professional	Deductible Applies 100%	Included in office call copay - professional billed
Maximum Inpatient Outpatient	Subject to \$100,000 Lifetime \$5,000 per year	Subject to \$100,000 Lifetime \$5,000 per year
Home Health Care		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Maximum per Year	180 Visits	180 Visits
Transplants		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Outpatient Professional	Deductible Applies 100%	Included in office call copay - professional billed
Skilled Nursing Facility		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Maximum Days	60 Days per Benefit	60 Days per Benefit Year
Autism Spectrum Disorder		
Deductible Benefit Percentage	Deductible Applies 100%	Deductible Applies 80/20% or 70/30%
Outpatient Professional	Deductible Applies 100%	Included in office call copay - professional billed
Maximum per Year	\$50,000 for a child 8 years of age or younger \$20,000 for a child 9 through 18 years of age	\$50,000 for a child 8 years of age or younger \$20,000 for a child 9 through 18 years of age

Benefit Plans

Medical Benefits	High Deductible Health Plan PPO	Comprehensive Major Medical PPO Plans
Rx Pharmacy Benefit - Option I	Rx Pharmacy Benefit - Pharmacy Integrated Benefit	
Deductible	Medical Plan Deductible applies	Deductible - \$150 per Member <i>Pharmacy charges do not apply to medical deductible and copays.</i>
Annual Out of Pocket Maximum	Medical Plan Out-of-Pocket Maximum applies	\$1,000 Individual Out of Pocket Maximum \$2,000 Family Out of Pocket Maximum <i>Plan pays 100% after out of pocket maximum is met. Deductible is included in the Out of Pocket Maximum.</i>
Pharmacy - 30 Day Supply	Plan pays 100% after deductible and out of pocket maximum have been met.	Generic: Greater of 20% or \$8
		Formulary: Greater of 30% or \$15
		Non-Formulary: Greater of 40% or \$40
Mail Order - 90 Day Supply	Plan pays 100% after deductible and out of pocket maximum have been met.	Generic: Greater of 20% or \$16
		Formulary: Greater of 30% or \$30
		Non-Formulary: Greater of 40% or \$80
Rx Pharmacy Benefit - Option II		
Deductible		Deductible - \$150 per Member <i>Pharmacy charges do not apply to medical deductible and copays.</i>
Annual Out of Pocket Maximum		\$1,000 Individual Out of Pocket Maximum \$2,000 Family Out of Pocket Maximum <i>Plan pays 100% after out of pocket maximum is met. Deductible is included in the Out of Pocket Maximum.</i>
Pharmacy - 30 Day Supply		Generic:
		Coinsurance – 20%
		Minimum Copay - \$8
		Maximum Copay - \$16
		Formulary:
		Coinsurance – 30%
		Minimum Copay - \$15
		Maximum Copay - \$30
		Non-Formulary:
Coinsurance – 40%		
Minimum Copay - \$40		
Maximum Copay - \$60		
Mail Order - 90 Day Supply		Generic:
		Coinsurance – 20%
		Minimum Copay - \$8
		Maximum Copay - \$32
		Formulary:
		Coinsurance – 30%
		Minimum Copay - \$15
		Maximum Copay - \$60
		Non-Formulary:
Coinsurance – 40%		
Minimum Copay - \$40		
Maximum Copay - \$120		

Definition of Terms

Deductible - The dollar amount each member must pay for covered medical expenses incurred during the benefit period before payment is made for such services. The deductible is waived for some specified benefits.

Copayment - The specific dollar amount payable by the member for covered medical expenses.

Coinsurance - The percentage of the allowable fee payable by the member for covered medical expenses.

Allowable Fee - The amount determined by BCBSMT to be an appropriate fee for a specific service rendered or the actual charge, whichever is less.

Out-of-Pocket Maximum - The total amount a member pays in a single benefit period. Once the total of the deductible, coinsurance and/or copayment reaches this amount, payment will be made at 100% of the allowable fee on covered services. The aggregate family amount before payment increases to 100% is twice that for an individual. There are some specified services to which this provision does not apply.

Nonparticipating Provider Differential - The allowable fee for nonparticipating providers is reduced by 20% on the Comprehensive Major Medical PPO Plan and 10% on the High Deductible Health PPO Plan before deductible and coinsurance/copayment are applied. The difference between the allowable fee and the total charge is the member's responsibility.

Non-PPO Network Provider Benefit Reduction - If services or supplies are obtained from a non-PPO provider, payment will be reduced by 25% from that which would be paid to a PPO provider. Any payment reduction is the member's responsibility.

Lifetime Maximum Benefit - The total amount per member BCBSMT will pay for specific benefits or all benefits while member is covered.

Prescription Drug Benefits

A group must choose one Rx plan, and all members of the group must be covered under that plan, with the exception of members who choose the HDHP plan. Prescription drugs are processed under Medical Benefits on HDHP plans at the point of purchase at the pharmacy. No additional claim forms are needed.

OPTION I

Deductible \$150 per Member
Annual Out of Pocket Maximum \$1,000 Individual | \$2,000 Family Aggregate
Deductible is included in the Out of Pocket Maximum.

30 Day Supply:

Filled at participating pharmacy.

Generic: Greater of 20% or \$8
 Formulary: Greater of 30% or \$15
 Non-Formulary: Greater of 40% or \$40

90 Day Supply:

Filled via mail or at participating 90 day pharmacy.

Generic: Greater of 20% or \$16
 Formulary: Greater of 30% or \$30
 Non-Formulary: Greater of 40% or \$80

(Not available for HDHP plans. HDHP plans process prescription drugs under Medical Benefits.)

OPTION II

Deductible \$150 per Member
Annual Out of Pocket Maximum \$1,000 Individual | \$2,000 Family Aggregate
Deductible is included in the Out of Pocket Maximum.

30 Day Supply

Filled at participating pharmacy.

Generic: Coinsurance 20%
 Minimum Copay \$8
 Maximum Copay \$16

Formulary: Coinsurance 30%
 Minimum Copay \$15
 Maximum Copay \$30

Non-Formulary: Coinsurance 40%
 Minimum Copay \$40
 Maximum Copay \$60

90 Day Supply

Filled via mail or at participating 90 day pharmacy.

Generic: Coinsurance 20%
 Minimum Copay \$8
 Maximum Copay \$32

Formulary: Coinsurance 30%
 Minimum Copay \$15
 Maximum Copay \$60

Non-Formulary: Coinsurance 40%
 Minimum Copay \$40
 Maximum Copay \$120





(Not available for HDHP plans. HDHP plans process prescription drugs under Medical Benefits.)

Insurance Coordinators of Montana, Inc. (ICMI)

For over 30 years Insurance Coordinators of Montana, Inc. (ICMI) has served its customers by providing employer sponsored group plans and employee paid ancillary insurance products. That tradition continues with an expanded menu of products designed to help protect the important things in life—you and your family. MSHWP has partnered with ICMI to help provide the best ancillary plans that are designed to be affordable and represent some of the most recognized insurance companies in America.

The ancillary offerings include employer-paid group products as well as voluntary products paid by employees through payroll deduction. Some of the voluntary products are portable, so employees can keep coverage after leaving employment. Also many of the products may be purchased through a Section 125 (aka Flex) Plan that allows premiums to be paid with pretax dollars, saving money by reducing payroll taxes paid by both the employee and the employer.

The following are products that MSHWP has made available through ICMI for all schools who are member of MSHWP:

- VSP Vision
- Delta Dental 
- UNUM Term Life & Accidental Death and Dismemberment (AD&D) 
- UNUM Long Term Disability (LTD) 
- UNUM Long Term Care (LTC) 
- ICMI Premium Only Flex Plan (POP)
- ICMI Full Flex Plan (FSA)
- ICMI Limited Flex Plan
- ICMI Health Savings Account (HSA)
- ICMI Health Reimbursement Account (HRA)
- ICMI Voluntary Products

Delta Dental through ICMI

- \$300 calendar year maximum
 - 100% of the allowable fee for diagnostic and preventive services (including oral examinations, routine cleanings, xrays and fluoride treatment)
 - 10% of the allowable fees for basic and major services
- No balance billing with Delta Dental PPO or Premier Providers
- No deductible
- No waiting period
- 100% Paid by the Employer

Monthly Rate: \$13.72 per employee per month

Employees can elect to include their dependents on the employer funded plan:

Monthly Rate:

\$10.28 to add a spouse

\$14.55 to add child(ren)

\$27.73 to add a family

Employees can elect additional coverage:

- \$950 calendar year maximum (for a total of \$1,250)
- 100% of the allowable fees for diagnostic and preventive services
- 70% of the allowable fees for paid for basic services (for a total of 80%)
- 40% of the allowable fees for paid for major services (for a total of 50%)
- 12 month waiting period for major and orthodontic services (waived for prior coverage)
- 50% of the allowable fees for paid for orthodontics for children up to the age of 25
- \$1,000 lifetime orthodontic maximum
- \$50 deductible for an individual / \$150 for a family – waived on diagnostic and preventive services

Monthly Rate:

\$26.08 Employee Only

\$52.34 Employee and Spouse

\$68.30 Employee and Child(ren)

\$106.56 Employee and family

VSP Vision through ICMI

- 100% paid for yearly exams
- No balance billing with a VSP Provider
- No deductible
- No waiting period
- Up to 20% discount for additional features or materials (including sunglasses)

Monthly Rate: FREE for all employees and dependents

Employees can elect additional coverage:

- 100% paid in full for lenses every 12 months
- \$120 allowance for frames every 24 month
- \$120 allowance for contacts every 12 month (if lenses and frames are not elected that year)
- \$20 deductible for lenses or frames
- Up to 20% discount for additional features or materials (including sunglasses)

Monthly Rate:

\$13.00 - Employee Only

\$26.00 - Employee and Spouse

\$27.25 - Employee and Child(ren)

\$34.00 - Employee and family

UNUM Life through ICMI

- Flat \$5,000 Life
- Flat \$15,000 Accident Death and Dismemberment
- Employee Assistance Program
- Travel Assistance
- 100% Paid by the Employer

Monthly Cost of: \$1.47 per employee per month

Additional Options for the Employer:

Option I: Increase Life benefit to \$15,000

Monthly Cost of: \$3.51 per employee per month

Option II: Increase Life benefit to \$25,000

Monthly Cost of: \$5.55 per employee per month

Option III: Increase Life benefit to \$55,000

Monthly Cost of: \$11.67 per employee per month

Employees can elect additional coverage at age banded rates:

- 5 times salary to a maximum benefit of \$500,000
- \$150,000 Guarantee Issue (no medical questions)

Examples of a monthly cost:

34 year old electing \$10,000 = \$0.56 a month

54 year old electing \$10,000 = \$3.06 a month

UNUM Long Term Disability through ICMI

Plan allows an employee to work part-time and still be eligible to receive benefits of 60% of their monthly earnings up to \$6,000

- 90 day elimination period
- 2 year own occupation
- Benefit duration to age 65
- Employee Assistance Program
- Travel Assistance
- 100% Paid by the Employer

Monthly Rate: \$0.36 per \$100 of covered payroll*

*This rate is contingent upon final enrollment

UNUM Long Term Care through ICMI

- \$1,000 Facility Monthly Benefit
- 3 year Benefit Duration
- 90 days Elimination Period
- \$36,000 Lifetime Maximum
- 100% Paid by the Employer

Monthly Age Banded Rates: Average cost of \$8.58 per employee per month

Employees can elect additional coverage at age banded rates:

- Increase the Facility Monthly Benefit to \$9,000
- Increase the Benefit Duration to 6 years or Unlimited
- Additional Rider of an Inflation Increase
- Additional Rider of a Accelerated Payment Option

Examples of a monthly cost:

34 year old electing \$3,000/6 years = \$10.80 a month

54 year old electing \$3,000/6 years = \$34.80 a month

Flex Plans through ICMI/FlexConnect

WHAT ARE FLEX PLANS?

Also referred to as Flexible Benefit Plans, Cafeteria Plans, Section 125 and Flexible Spending Accounts - Flex Plans allow for employer and employee tax savings through payroll deductions.

There are three types of plans offered—Premium Only, Full Flex and Limited.

A Premium Only Plan (POP) enables eligible employee-paid premiums to be paid through payroll deduction on a pre-tax basis. This saves the employee Federal, State and FICA taxes and saves the employer matching FICA taxes.

A Full Flex (FSA) includes pre-tax premium savings and also enables employees to save Federal, State and FICA taxes on out-of-pocket medical and dependent daycare expenses. This can provide for greater employer and employee tax savings.

A Limited Flex Plan allows participants in a health savings account to seek reimbursement for dental, vision and preventive care expenses through the Health Flexible Spending account.

FULL FLEX PLAN ALLOWABLE BENEFITS

Unreimbursed Medical “Health Flexible Spending Account”

Out-of-pocket medical expenses can be for employee, spouse and children even if they are not covered under the employer’s group medical plan.

**An employee’s full, annual election is available prior to the funds accumulating.*

**Over the Counter medications are allowable expenses.*

Dependent Care Assistance

Work related daycare expenses up to \$5,000.

**Funds must be accumulated in the account prior to reimbursement.*

Adoption Assistance Account

Qualified adoption expenses incurred in the course of an adoption of a child. Does not include amounts incurred for an adoption of a child of your spouse.

Insurance Premium Reimbursement

Individual Policies held by employees that are not employer sponsored (and not through a spouse’s employer).

Health Savings Accounts (HSAs)

Contributions can be made pre-tax through a POP or Full Flex. There must be an HSA-Qualified High Deductible Health Plan in place to be eligible.

Flex Plans through ICMI/FlexConnect

HEALTH SAVINGS ACCOUNTS

What are Health Savings Accounts?

Also referred to as HSA's – A tax favored account designed to pay for current and future qualified medical and Preventive expenses. Contributions can be tax-free through the flex plan.

FLEX PLAN DETAILS

Reimbursement Options

Maximum of three day turn around for reimbursement once the claim is received.

- **Manual request** - A copy of receipt(s) and completed claim form sent via mail, fax or email.
- **Automatic Deposits** - Reimbursements made directly into employee's checking or savings account.
- **Debit Card** - A debit card, if individually elected, can be used at point of sale for all qualified medical expenses. NO annual or monthly fee for this option.
- **Claims Crossover** - If claims crossover is elected, there is no need to submit a manual claim to FlexConnect. Any amount due, which is the employee's responsibility to pay, can be electronically transferred from Blue Cross and Blue Shield of Montana to FlexConnect. (Some limitations to claims rollover are transmissions that refer to adjusted claims and employees with dual-coverage.)

HEALTH REIMBURSEMENT ARRANGEMENTS

What are Health Reimbursement Arrangements?

Also referred to as HRA's – A total Employer funded benefit designed to specifically assist employees with expenses. (Based on plan document language.)

MOUNTAIN WEST BENEFITS

877.343.1060

1 N. Last Chance Gulch, Ste 3, Helena, MT 59601
info@mwbs-insurance.com

INSURANCE COORDINATORS OF MONTANA, INC. (ICMI)

866.449.9777

55 West 14th St., Suite 101, Helena, MT 59601
email: wecare4u@icmont.com
www.insurancecoordinators.com

BLUE CROSS AND BLUE SHIELD OF MONTANA (BCBSMT)

800.447.7828

560 N. Park Ave., Helena, MT 59601
www.bcbsmt.com

BCBSMT DISTRICT OFFICES

Billings: 800.539.5628

2180 Overland Ave. Suite 103
Billings, MT 59108

Bozeman: 888.447.3644

1283 N. 14th St. Suite 102
Bozeman, MT 59771

Butte: 800.635.5912

49 N. Main St., Suite D
Butte, MT 59703

Great Falls: 800.826.5802

600 Smelter Ave. NE
Great Falls, MT 59403

Kalispell: 800.858.1187

125 Commons Way Suite 2
Kalispell, MT 59901

Missoula: 800.351.6622

3819 Stephens Ave., Suite 202
Missoula, MT 59801

Montana Schools Health and Welfare Plan

www.mshwp.org