

# 2026 Benefits at a Glance

## Summary of State Plan Benefits



HEALTH CARE &  
BENEFITS DIVISION

Benefit	Coverage Details
<p><b>Medical</b></p>	<p><b>BlueCross BlueShield of Montana (BCBSMT) is the State Plan's medical plan Third Party Administrator (TPA) and processes medical claims.</b> Medical benefits include medical, prescription drug, basic vision (\$10 copay for an annual routine vision and eye exam at an In-Network VSP Vision Care provider), basic life insurance, and use of the Montana Health Centers and designated One Health Clinics. Includes access to a 24/7 Nurse Line.</p> <ul style="list-style-type: none"> <li>• <b>In-Network Provider or Facility</b> - Contracted with BCBSMT <ul style="list-style-type: none"> <li>○ <b>Copay</b> (count towards Maximum Out-of-Pocket, but not towards deductible) <ul style="list-style-type: none"> <li>▪ Montana Health Centers and One Health Clinics - \$0 Copay</li> <li>▪ Primary Care Office Visit - \$25 Copay</li> <li>▪ Specialist Office Visit - \$35 Copay</li> <li>▪ Urgent Care Office Visit - \$35 Copay</li> </ul> </li> <li>○ <b>Deductible</b> (counts toward Maximum Out-of-Pocket) - \$1,000 per member per Plan Year</li> <li>○ <b>Coinsurance</b> (what the plan pays after member meets their deductible. Counts toward Maximum Out-of-Pocket.) - 75% after deductible is met, 100% after Maximum Out-of-Pocket is met</li> <li>○ <b>Maximum Out-of-Pocket</b> - \$4,000 per member or \$8,000 per family</li> </ul> </li> <li>• <b>Out-of-Network Provider or Facility</b> – Not contracted with BCBSMT. Member may be balance billed and is responsible for the balance bill. Balance billing does not count towards the out-of-network deductible or out-of-network Maximum Out-of-Pocket. Out-of-Network cost sharing is as follows for all out-of-network services unless stated otherwise in the Wrap Plan Document (WPD). <ul style="list-style-type: none"> <li>○ <b>Annual Deductible</b> (counts toward Maximum Out-of-Pocket.) - \$1,500 per member per Plan Year and is separate from the \$1,000 in-network deductible above</li> <li>○ <b>Coinsurance</b> (what the plan pays after member meets the deductible. Balance billing does not count towards Maximum Out-of-Pocket.) - 65% plus balance billing</li> <li>○ <b>Maximum Out-of-Pocket</b> (separate from annual in-network Maximum Out-of-Pocket above.) - \$4,950 per member plus balance billing or \$10,900 per family plus balance billing.</li> </ul> </li> </ul>
<p><b>Prescription Drug</b></p>	<p><b>Navitus is the State Plan's prescription drug plan Pharmacy Benefit Manager (PBM) and processes pharmacy claims.</b> Includes the option to fill a three-month 90-day supply of some medications for a two-month copay when filled at an In-Network Navitus retail or mail order pharmacy.</p> <ul style="list-style-type: none"> <li>• <b>Prescription Maximum Out-of-Pocket</b> (separate from medical Maximum Out-of-Pocket) - \$1,800 per individual or \$3,600 per family</li> </ul>
<p><b>Dental</b></p>	<p><b>Delta Dental is the State Plan's dental plan TPA and processes dental claims.</b></p> <ul style="list-style-type: none"> <li>• Provides preventive, basic, and major dental coverage up to \$1,800 per plan member per Plan Year.</li> <li>• Annual deductible of \$50 per plan member or \$150 per family per calendar year (does not apply to preventive services).</li> </ul>
<p><b>Vision</b></p>	<p><b>VSP Vision Care is the State Plan's vision plan TPA and processes vision claims.</b></p> <ul style="list-style-type: none"> <li>• <b>Basic Vision Plan</b> (included in medical benefits) - \$10 copay for an annual eye exam per member at an In-Network VSP Vision Care provider, plus additional discounts.</li> <li>• <b>Vision Hardware Plan</b> – Includes \$10 copay for annual eye exam and hardware coverage. <ul style="list-style-type: none"> <li>○ \$20 materials copay, retail frame allowance of \$150 then 20% off every other calendar year or contact lenses allowance of \$150 per Plan Year in lieu of frames.</li> <li>○ When elected, vision hardware coverage will apply to everyone covered on the Medical Plan. Employee must re-enroll each year during the annual Open Enrollment Period.</li> </ul> </li> </ul>
<p><b>Flexible Spending Accounts (FSAs) *</b></p>	<p><b>ASI Flex is the TPA for the State Plan's Medical and Dependent Care FSAs.</b> FSAs allow employees to pay for health and dependent care expenses with tax-free dollars. There is a \$2.16 monthly fee. Employees must re-enroll each year during the annual Open Enrollment Period.</p> <ul style="list-style-type: none"> <li>○ <b>Medical FSA</b> – \$120 - \$3,300 per employee per Plan Year with limited rollover.</li> <li>○ <b>Dependent Care FSA</b> – \$120 - \$7,500 per household (\$3,750 if married filing separately) per Plan Year with no rollover.</li> </ul>

Benefit	Coverage Details
<b>Life Insurance**</b>	<p><b>Life Insurance Plans are fully insured and administered by BCBSMT.</b> Plans are term life, provide inexpensive protection, and do not earn cash value. Depending on when coverage is elected and the level of coverage elected, Evidence of Insurability (EOI) may be required. All life insurance premiums are paid after tax.</p> <ul style="list-style-type: none"> <li>• <b>Basic Life Insurance</b> (included with medical benefits) - \$14,000 term life coverage</li> <li>• <b>Employee Supplemental Life Insurance</b> - Minimum election of annual salary rounded to the next highest \$5,000, up to maximum of \$1 million.</li> <li>• <b>Spouse Supplemental Life Insurance</b> - Minimum election of \$5,000, up to a maximum of the amount of Employee Supplemental Life Insurance in place, cannot exceed \$500,000.</li> <li>• <b>Dependent Life Insurance</b> (pick one) - Option A with a coverage amount of \$2,000 for a spouse or domestic partner, \$1,000 per dependent child OR Option B with a coverage amount of \$4,000 for spouse or domestic partner, \$2,000 per dependent child.</li> <li>• <b>Accidental Death &amp; Dismemberment (AD&amp;D) Insurance Employee Only</b> - Minimum election of \$25,000, up to maximum of \$1 million.</li> <li>• <b>AD&amp;D Insurance Employee and Dependents</b> - A spouse or domestic partner 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.</li> </ul>
<b>Long Term Disability (LTD)*</b>	<p><b>BCBSMT provides fully insured LTD insurance for employees.</b> LTD pays a monthly benefit to the employee if they are unable work because of a covered illness or injury.</p> <ul style="list-style-type: none"> <li>• Premiums withheld from paycheck after tax to maximize the benefit should the employee ever need it. Paying LTD premiums after tax means the benefit can be paid out tax free.</li> <li>• Monthly benefit is 60% of employee’s insured pre-disability earnings reduced by deductible income.</li> </ul>
<b>Employee Assistance Program (EAP)</b>	<p><b>Guidance Resources provides EAP services to State Plan members and their households.</b></p> <ul style="list-style-type: none"> <li>• EAP services help individuals privately solve problems that may interfere with work, family, and life in general. It's confidential, provided by experts, and free to employees and their household members.</li> <li>• Support is available for a wide variety of needs including emotional support, work-life solutions, financial resources, and legal guidance. Virtual support available 24/7 in the Guidance Resource app.</li> </ul>
<b>Wellness Programs</b>	<p><b>Wellness Programs managed by the State Plan in partnership with some of its TPAs.</b> Eligible members may participate in as many wellness programs as they wish. Most programs have no additional out-of-pocket cost. Program examples:</p> <ul style="list-style-type: none"> <li>• Wellbeing management programs with BCBSMT</li> <li>• Prenatal/maternity benefits and programs</li> <li>• Monthly wellness classes and workshops</li> <li>• Weight Management</li> <li>• Wellness Coaching</li> <li>• Chronic Disease Support</li> </ul>
<b>Montana Health Centers (MHCs)</b>	<p><b>Premise Health manages the MHCs which can serve as a plan member’s primary care provider.</b> MHCs are doctor offices that provide comprehensive health care, focused on all aspects of health and overall wellbeing. Locations in Anaconda, Billings, Butte, Helena, and Missoula offer primary care, acute care, chronic disease management, and wellness, as part of a robust integrated primary and behavioral health care offering at no cost to the plan member. Medicare Retirees are only eligible for health screenings and flu shots.</p> <ul style="list-style-type: none"> <li>• <b>Virtual Telehealth</b> - 24/7 virtual access to a board-certified physician that can diagnose illness, recommend treatment, and prescribe medications over the phone or through video chat.</li> </ul>
<b>One Health Clinics</b>	<p><b>One Health provides no-cost primary and behavioral health services to State Plan members.</b></p> <ul style="list-style-type: none"> <li>• One Health provides integrated medical and behavioral health care; pharmacy; substance use disorder treatment; community outreach and education; and obstetrics.</li> <li>• Locations in Ashland, Chinook, Glendive, Hardin, Harlem, Lewistown, and Miles City.</li> </ul>

\*Benefit not available to Legislators or Retirees.

\*\* Only Basic Life Insurance is available to Non-Medicare Retirees. No life insurance benefit is available to Medicare Retirees.



For additional details on eligibility, benefit coverage, rates, and plan limits visit [doa.mt.gov/HCBD](https://doa.mt.gov/HCBD) or scan the QR code. Refer to the Wrap Plan Document (WPD) for specific plan details and eligibility information.