

Health Care & Benefits Division (HCBD)
(800) 287-8266 or TTY (406) 444-1421
BenefitsQuestions@mt.gov
doa.mt.gov/HCBD

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information



2026 Retiree State Plan Benefits Booklet



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Enrolling in Retiree Benefits

Complete Your Retiree Benefits Enrollment

You must complete and submit the Retiree Election Form within 60 days of the date your active service ends otherwise your State Plan coverage will remain terminated and will not be reinstated.

Retiree Forms

- **Retiree Election Form** (Required): Complete form by circling the coverage you wish to continue, the dependents you wish to cover, and your preferred method of payment. Return this form, and any of the following forms that pertain to you, within 60 days of the date your active service ends.
- **BlueCross BlueShield of Montana Beneficiary Designation/Change Form** (Optional): Non-Medicare eligible retirees are required to continue the \$14,000 Basic Life Insurance coverage until Medicare eligible. If you are not Medicare eligible, the Beneficiary Designation/Change Form allows you to update your beneficiaries. If you have more beneficiaries than the form allows, you may add more to the back of the form.
- **Electronic Benefits Payment Deduction Authorization Form** (Optional): Complete this form if you would like to have your monthly contributions withheld electronically from your checking or savings account (occurs on the 5th of every month), include a voided check with the completed form.
- **MPERA Authorization for Deduction of Health Insurance Premiums** (Optional): Complete this form if you would like to have your monthly contributions withheld electronically from your MPERA retirement benefit. This option may take up to 60 days to become effective.

Your retiree State Plan coverage will begin retroactive to the day your active service coverage ended as soon as the required forms and payment are received.

Complete the necessary forms and return them with payment to HCBD at PO Box 200130, Helena, MT 59620-0130 or email BenefitsQuestions@mt.gov.

If you have questions, contact HCBD at (800) 287-8266, TTY (406) 444-1421, or BenefitsQuestions@mt.gov.

Retiree Benefits Eligibility

Eligibility for State Plan Coverage in Retirement

To continue your State Plan coverage when you retire, you must be eligible to receive retirement benefits under the applicable provisions of your retirement system when you leave active State employment. You must notify the State Plan of your decision to elect retiree benefits by submitting the Retiree Election Form within 60 days of the end of your State of Montana service.

Judge Eligibility for State Plan Coverage in Retirement

A member of the judges' retirement system who leaves judicial office but continues to be an inactive vested member of the judges' retirement system may continue coverage under the State Plan if the judge notifies the State Plan by completing and submitting the Retiree Election Form within 90 days of the end of the judge's judicial service.

Transferring State Plan Coverage to Spouse or Domestic Partner

Contact HCBD if any of the following scenarios apply to you:

- A retiree may choose to become a dependent of an employed or retired spouse or domestic partner on the State Plan while still keeping their right to return to State Plan coverage under their own name at a later date.
- A retiree who transfers to another State Plan member's coverage does not have to begin a new deductible for the remainder of the Plan Year.
- If you transfer to your spouse or domestic partner's State Plan coverage, and your spouse or domestic partner is an active employee, you may be able to transfer some or all of your Supplemental Life Insurance.
- If you transfer to your retired spouse or domestic partner's State Plan coverage, you lose all life insurance coverage.
- If your retiree coverage is reinstated due loss of eligibility for other State Plan coverage (ie. your spouse or domestic partner's termination of employment, death, or divorce) and you are not Medicare eligible, Basic Life coverage is reinstated.

Retiree Benefits Information

The following chart gives you an outline of your State Plan coverage options in retirement.

	Non-Medicare	Medicare Eligible	Dependents
Medical	Required	Required	Optional*
Prescription	Required	Required	Optional*
Dental	Optional	Optional	Optional (If retiree elects dental)
Basic Life Insurance	Required (Terms when Medicare Eligible)	May Port/Convert See page 7	May Port or Convert See page 7
Optional Life Insurance Plans	May Port or Convert See page 7	May Port or Convert See page 7	May Port or Convert See page 7
Accidental Death & Dismemberment	Not Eligible	Not Eligible	Not Eligible
Vision Hardware	Optional	Optional	Optional (If retiree elects Vision Hardware)
Flexible Spending Accounts	Option to prepay for the rest of the Plan Year in which you retire See page 6	Option to prepay for the rest of the Plan Year in which you retire See page 6	Not Eligible
Long Term Disability Insurance	Not Eligible	Not Eligible	Not Eligible

*If you currently have dependents who are covered under your Dental Plan, but not your Medical Plan, you can only add them to your Medical Plan if you qualify for a Special Enrollment Period or during the annual Open Enrollment Period.

Survivor Benefits

Surviving spouses or domestic partners and dependent children of retirees that pass away may remain covered by the State Plan.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at doa.mt.gov/HCBD/Resources/Publications.

Disability Waiver Of Life Insurance Premiums

If you are retiring prior to age 60 and are permanently and totally disabled, you may qualify for waiver of life insurance premiums through BlueCross BlueShield of Montana (BCBSMT). Contact BCBSMT for more information about the disability waiver.

Long Term Disability Insurance

If you are enrolled in long term disability insurance, your coverage ends the date you retire.

Medical Flexible Spending Account (FSA)

Your account terminates the end of the month in which contributions have been collected. You have 120-days after the date your account terminates to submit receipts for eligible expenses incurred during the time your account was active.

To continue accessing your Medical FSA funds for dates of service after your retirement, you may:

- Pre-pay the remainder of your annual FSA election with your final paycheck on a pre-tax basis. Your FSA funds will continue to be available until the end of the Plan Year in which you retire. Discuss this option with your agency payroll prior to receiving your final paycheck; this option is only available when you elect retiree benefits and prepay all retiree benefit contributions.

OR

- If you do not pay the remainder of your annual FSA election from your final paycheck you may be eligible to elect COBRA Continuation Coverage due to the termination of employment.

Dependent Care Flexible Spending Account (FSA)

Your account terminates at the end of the month in which you retire and is not eligible to be pre-paid. You have 120-days from the end of the Plan Year to submit receipts for eligible expenses incurred during the Plan Year.

Life Insurance Options

Non-Medicare Retirees

Basic Life Insurance is required if you stay on the State Plan. However, you are no longer eligible for supplemental life insurance benefits. Coverage for Basic Life Insurance terminates when you become Medicare eligible.

Medicare Eligible Retirees

If you are Medicare eligible when you retire or become Medicare eligible after retirement, you are no longer eligible for any group life insurance.

Portability and Conversion Information

Portability: Allows you to “port” (or buy) group life insurance coverage when you lose coverage because your employment is being voluntarily or involuntarily terminated.

Conversion: Allows you to convert some or all of your group life insurance coverage to an individual whole life insurance policy when your coverage is reduced or terminated for any reason other than non-payment of premiums.

When you lose eligibility for group life insurance coverage you are eligible to port or convert your life insurance coverage to an individual policy by making application to BlueCross BlueShield of Montana (BCBSMT). The deadline to apply and pay premium for portability is 31 days after employment terminates. For conversion, the deadline to apply and pay premium is 31 days after coverage was reduced or ended. Note the termination date for employment may differ from the termination date for coverage.

As you plan for retirement, contact BCBSMT to discuss the portability and conversion options available to you for your current life insurance coverage.

Note: Portability and conversion is not available for Accidental Death and Dismemberment (AD&D) coverage.

Payment Options

You will need to indicate your method of payment when you complete your enrollment. Once your enrollment is completed and payment is received, your retiree coverage will be re-instated retroactive to when your employee coverage ended.

- 1. Prepayment from Your Final Pay Check:** You may prepay benefit contributions from your final paycheck for any months remaining in the current Plan Year. This option is only available if your final paycheck has not yet been issued. To pre-pay, you must complete and return the Retiree Election Form and a Retiree Prepayment Option Form (available from your agency payroll) to your agency payroll before your final pay period ends.
- 2. Electronic Deduction of Benefit Contributions from a Checking or Savings Account:** Benefit contributions are deducted from your designated account on the 5th of each month. If the 5th falls on a Saturday, payment will be withheld on Friday the 4th. If the 5th falls on a Sunday, payment will be withheld on Monday the 6th. You must self-pay benefit contributions to HCBD for any months prior to the date electronic deductions begin.
- 3. Automatic Deduction from MPERA Retirement Benefit:** Contact HCBD to find out when your first payment can be deducted from your Montana Public Employee Retirement Administration (MPERA) retirement benefit. You must self-pay benefit contributions to HCBD for any months prior to the date MPERA deductions begin. This option normally takes 60 days to start.

Montana VEBA HRA

If you will have a Montana Voluntary Employees' Beneficiary Association (VEBA) Health Reimbursement Account (HRA), you can select any of the options above. With Montana VEBA HRA, you will pay the State Plan for your benefits and Montana VEBA HRA will reimburse you.

For questions regarding payment options and billing contact HCBD.

Medicare Eligibility and Enrollment

It is important Retirees and their spouse or domestic partner and/or dependents covered by the State Plan enroll in Medicare Parts A and B when they become eligible. When you become eligible for Medicare Parts A and B, the State Plan will coordinate your State Plan benefits with the benefits you are eligible for with Medicare. **If you do not enroll in Medicare Parts A and B, the State Plan will pay claims as if you were enrolled, which will result in larger out-of-pocket costs for you.**

Medicare Retiree Rate

Your monthly premium contribution amount (see rates on page 14) will automatically be reduced to the Medicare Retiree Rate the first of the month following the date you or your spouse or domestic partner become Medicare eligible.

Medicare Part D Coverage

As a State Plan retiree, you and your spouse or domestic partner and/or dependent's Medicare Part D prescription drug coverage is provided by the State Plan. When enrolled on State Plan coverage, you may NOT purchase Medicare Part D coverage with any other provider. If you enroll in other Medicare Part D coverage, all of your State Plan coverage (medical, prescription, vision, dental, and life insurance) will be terminated. Contact Navitus Medicare Rx for more information at (866) 270-3877 or [MedicareRX.Navitus.com](https://www.MedicareRX.Navitus.com).

Not Yet Medicare Eligible But Unable to Work

Public Consulting Group (PCG) assists State Plan members with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to retirees, their spouses, and dependents, who are experiencing health conditions that would prevent them from working full-time. These services are paid for by the State, with no cost to you.

PCG is a nationally recognized leader in Social Security disability advocacy and has been successful with helping plan members navigate through what can be a complex process. If you, or your dependents, are interested in learning more about these services, PCG is ready to answer questions and provide you with assistance. See back cover of booklet for contact information.

Alternative Coverage

Many retirees have had State Plan coverage for years and aren't aware of other available coverage options. A lot has changed in the health insurance market, including the cost, benefits, and availability of private and marketplace plans. Please take the time to educate yourself and find the best insurance option for you and your family.

Reminder: If you elect to terminate State Plan coverage for any reason, you will not be eligible to return to the State Plan in the future. Once you terminate coverage, you are no longer eligible for the State Plan.

Things to consider when choosing coverage:

- **Premiums:** Coverage sold through the Health Insurance Marketplace or Medicare Supplements may be less expensive than State Plan coverage.
- **Preexisting conditions:** Non-Medicare eligible retirees cannot be denied coverage or charged more for coverage because of preexisting conditions for plans on the Health Insurance Marketplace.
- **Providers:** If you're currently getting care or treatment for a condition, a change in your health insurance may affect your access to a particular health care provider. You should verify if your current health care providers will accept any new insurance coverage you consider.
- **Service Areas:** Some plans do not have extensive out-of-state healthcare provider access. You should check out-of-state provider access if you travel for extended periods of time. If you move permanently to another area of the country, or out of the country, you will need to inform your insurer immediately and you may need to change your health plan or Medicare supplement coverage. Some health plans available in the Health Insurance Marketplace have narrower provider access, but those plans are often cheaper.
- **Drug Formularies:** If you're currently taking medication, a change in your health insurance may affect the cost of your medication and your medication may not be covered by another insurance plan. You should check if your current medications are listed in the drug formularies for other health insurance coverage.
- **Other Cost-Sharing:** In addition to premiums or contributions for health insurance coverage, be sure to consider copays, deductibles, coinsurance, and other cost sharing amounts when comparing insurance options. Cost sharing can vary significantly among different plans, so you should shop carefully for a plan that fits your health and financial needs. For example, one option may have much lower monthly premiums, but much higher deductible, coinsurance, and maximum out-of-pocket.
- **Out-of-network:** Healthcare services from out-of-network providers or facilities may have high cost-sharing. Be aware of how going out-of-network or using non-participating providers or facilities could effect you.

Alternative Coverage Non-Medicare Eligible

If you are not eligible for Medicare, you may be able to get coverage through the Health Insurance Marketplace that costs less than State Plan Retiree coverage.

Health Insurance Marketplace

The Marketplace offers “one-stop shopping” to find and compare most private health insurance options. You can access the Montana Marketplace at HealthCare.gov.

- You can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll.
- You can learn if you qualify for free or low-cost coverage from Medicaid.

Eligibility

Being offered State Plan Retiree coverage won't limit your eligibility for coverage through the Health Insurance Marketplace.

Contact An Expert For Free

Insurance professionals available to assist with alternative coverage options include:

- **Certified Insurance Agents or Certified Exchange Producers (CEPs)** are registered Montana Insurance Agents who have taken special training to understand the Health Insurance Marketplace. CEPs are found throughout the state.
- **Certified Application Counselors (CACs)** are health care provider staff who have been trained to help people understand, apply for, and enroll in insurance coverage through the Health Insurance Marketplace. You will find these individuals in hospitals and community health centers throughout the state.
- **Navigators** are public advisors who help people compare the health insurance options on the Health Insurance Marketplace website. Navigators have taken Federal and State training and have been fingerprinted and undergone a Montana background check.

For assistance finding an expert in your area, contact the Office of the Commissioner of Securities and Insurance at (800) 332-6148, TTY (406) 444-3246 or visit CSlmt.gov.

You should consult only with insurance professionals who are certified by the Montana Insurance Commissioner.

Alternative Coverage Medicare Eligible

If you are eligible for Medicare, you do not qualify for a plan on the Health Insurance Marketplace, but you might want to consider Medicare Supplemental Insurance or Medicare Advantage Plans.

Montana State Health Insurance Assistance Program

The Montana State Health Insurance Assistance Program (SHIP) provides free health-benefits counseling and advocacy for Medicare beneficiaries and their families or caregivers. Its mission is to educate, advocate for, counsel and empower people to make informed benefit decisions.

The Montana SHIP is an independent, objective, and confidential assistance program funded by The Administration on Community Living and is not affiliated with the insurance industry. It's administered by the Montana Office on Aging. For more information, contact SHIP at (800) 551-3191 or visit dphhs.mt.gov/sltc/aging/SHIP.

Certified Insurance Agent

You may also consult with a Certified Insurance Agent who is trained in Medicare Supplement Insurance or Medicare Advantage Plans.

Alternative Coverage FAQs

What if I sign up for the State Plan in retirement, but later decide to enroll in a different plan?

If you would like to leave the State Plan, you must submit a written request to HCBD before the first of the month in which you would like your coverage to end.

What if I leave the State Plan but later want to come back?

Retirees who leave the State Plan will not have an opportunity to re-enroll at a later date. Once you terminate State Plan coverage as a retiree, you are no longer eligible for State Plan coverage.

What if I'm in a Montana VEBA HRA?

The Affordable Care Act (ACA) regulations state participation in a VEBA HRA may potentially disqualify participants from becoming eligible for a premium tax credit to purchase qualified health insurance from the Health Insurance Marketplace (if available).

If you are a State of Montana VEBA HRA participant, contact the State of Montana's VEBA administrator, Rehn & Associates, at (800) 832-2101, TTY 711, or Montana@RehnOnline.com to ask about your options.

What if I need help transitioning to Medicare?

The State Plan has partnered with Public Consulting Group (PCG) to assist retirees with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to retirees, their spouses, and dependents, who are experiencing health conditions that would prevent them from working full-time. Services are paid for by the State, with no cost to you.

PCG is a nationally recognized leader in Social Security disability advocacy and has been successful with helping plan members navigate through what can be a complex process. If you, or your dependents, are interested in learning more about these services, PCG is ready to answer questions and provide you with assistance. Contact PCG at (800) 805-8329, TTY 711, or disability@pcgus.com.

Monthly Benefit Costs

Non-Medicare Retiree Medical Plan Rates

Plans	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Retiree Only	\$1,529	up to \$60 off
Non-Medicare Retiree & Non-Medicare Spouse	\$2,451	up to \$120 off
Non-Medicare Retiree & Medicare Spouse	\$1,807	up to \$120 off
Non-Medicare Retiree & Children	\$1,963	up to \$60 off
Non-Medicare Retiree, Non-Medicare Spouse, & Children	\$2,717	up to \$120 off
Non-Medicare Retiree, Medicare Spouse, & Children	\$2,281	up to \$120 off

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

Medicare Retiree Medical Plan Rates

Plans	Monthly Rate	Potential Live Life Well Incentive
Medicare Retiree Only	\$575	up to \$60 off
Medicare Retiree & Non-Medicare Spouse	\$1,533	up to \$120 off
Medicare Retiree & Medicare Spouse	\$1,031	up to \$120 off
Medicare Retiree & Children	\$940	up to \$60 off
Medicare Retiree, Non-Medicare Spouse, & Children	\$1,760	up to \$120 off
Medicare Retiree, Medicare Spouse, & Children	\$1,198	up to \$120 off

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

Retiree Dental & Vision Hardware Plan Rates

Plans	Dental	Vision Hardware
Retiree Only	\$42.37	\$7.64
Retiree & Spouse	\$63.77	\$14.42
Retiree & Children	\$62.27	\$15.18
Retiree & Family	\$71.27	\$22.26

Basic Life Insurance

Non-Medicare retirees must also pay \$0.63 per month for Basic Life Insurance coverage.

Medical Plan

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.

Questions



**HEALTH CARE &
BENEFITS DIVISION**

(800) 287-8266
TTY (406) 444-1421
BenefitsQuestions@mt.gov
doa.mt.gov/HCBD

- 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

- 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 doa.mt.gov/HCBD/Resources/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

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
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.

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 16.)
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 16.)

*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 doa.mt.gov/HCBD/Resources/Publications.

Prescription Drug Plan

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 doa.mt.gov/HCBD/Prescription.

	Retail Network Pharmacy (34-days) or Out-of-Network Pharmacy (10-days)	Retail Network or Mail Order Pharmacy (90-days)
\$0 Preventive products*	\$0 Copay	\$0 Copay
Tier 1 - Preferred generics and some lower cost brand products	\$15 Copay	\$30 Copay
Tier 2 - Preferred brand products (may include some high cost non-preferred generics)	\$50 Copay	\$100 Copay
Tier 3 - Non-preferred products (may include some high cost non-preferred generics)	50% Coinsurance**	50% Coinsurance**
Tier 4 - Specialty products	Preferred Specialty Pharmacy \$200 Copay for Brand Specialty Medications \$0 Copay for Generic Specialty Medications	Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy 50% Coinsurance**
Tier 4 - Specialty Products (Medicare eligible retirees)	Preferred Specialty Pharmacy \$50 Copay	Retail Network, Non-Preferred Specialty and Out-of-Network Pharmacy 50% Coinsurance**

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

**Does not apply to the Maximum Out-of-Pocket

Prescription Maximum Out-of-Pocket

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

Separate from medical maximum out-of-pocket (see medical plan cost sharing on pages 16 and 17). Maximum out-of-pocket will be based upon a Plan Year, which is January 1 through December 31.

Pharmacy Options

Find In-Network Pharmacies

For a full list of in-network pharmacies, formulary* list, and a cost comparison tool, go to 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
- Costco: (800) 607-6861, 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.



Lumicera Health Services

Phone: (855) 847-3553 or TTY 711



Navitus Health Solutions

Non-Medicare Retiree: Phone: (866) 333-2757 or TTY 711 | Navitus.com
 Medicare Retiree: Phone: (866) 270-3877 or TTY 711 | MedicareRX.Navitus.com

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at doa.mt.gov/HCBD/Resources/Publications.

Dental Plan

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.

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

Deductible*	
Per Member per Calendar Year	\$50
Per Family per Calendar Year	\$150
Maximum Amount Plan Pays Per Member	
Per Calendar Year	\$1,800
Lifetime for Implant Benefits	\$1,500
Waiting Periods	
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 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.

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

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 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.

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 doa.mt.gov/HCBD/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

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
Exam Copay	\$10	\$10
Exam Allowance (once per Frequency Period*)	100% after Copay	Up to \$45
Materials Copay	\$20	\$20
Basic Prescription Lenses Allowance (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
Contact Lenses Allowance (prescription contact lenses in lieu of glasses)	\$150 Allowance	Up to \$95
Frame Retail Allowance (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 doa.mt.gov/HCBD/Resources/Publications.

Life Insurance

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

General Inquires: service.ancillary.bcbsmt.com

For Claim Related Questions Contact HCBD

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.

Life Insurance and Retirement

Plans are term life, provide inexpensive protection, do not earn cash value, and are paid after tax.

When you lose eligibility for group life insurance coverage, you are eligible to port or convert your life insurance coverage to an individual policy by making application to BlueCross BlueShield of Montana (BCBSMT). The deadline to apply and pay premium for portability is 31 days after employment terminates. For conversion, the deadline to apply and pay premium is 31 days after coverage was reduced or ended. The termination date for employment may differ from the termination date for coverage.

As a non-Medicare retiree, Basic Life Insurance may be continued without portability or conversion until Medicare eligible. Basic Life Insurance may be converted once a retiree becomes Medicare eligible.

As you plan for retirement, contact BCBSMT to discuss the portability and conversion options available to you for your current life insurance coverage.

Note: Portability and conversion is not available for Accidental Death and Dismemberment (AD&D) coverage.

Employee Assistance Program

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.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at doa.mt.gov/HCBD/Resources/Publications.

Montana Health Centers

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: doa.mt.gov/HCBD/Health-Center

Appointments: [MyPremiseHealth.com](https://www.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 doa.mt.gov/HCBD/Health-Center 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 doa.mt.gov/HCBD/Health-Center 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 doa.mt.gov/HCBD/Medical/One-Health.

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at doa.mt.gov/HCBD/Resources/Publications.

Live Life Well Programs

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 doa.mt.gov/HCBD/Live-Life-Well 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 retirees of the State Plan and their covered spouse or domestic partner. One incentive can be earned per retiree or spouse or domestic partner per Plan Year.

Live Life Well Incentive

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 a retiree is engaged with maintaining a healthy lifestyle. This incentive is available to covered retirees and their enrolled spouse or domestic partner.

Live Life Well Incentive

More Information: doa.mt.gov/HCBD/Live-Life-Well/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 doa.mt.gov/HCBD/Live-Life-Well/Incentive.

My Health Navigator

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

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.
- Reduced copay on some asthma medications and \$0 copay peak flow meter and holding chamber as part of the My Health Navigator Asthma Program.

Note: My Health Navigator is not available if you have Medicare as your primary insurer.

Ovia Health

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

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)

For complete details about the State Plan, refer to the Wrap Plan Document (WPD) at doa.mt.gov/HCBD/Resources/Publications.

Tobacco Surcharge

The State Plan charges a Tobacco Surcharge for retirees who use nicotine. The surcharge adds \$60 per month to the contribution amount for retirees who use nicotine and/or \$60 per month if the retiree'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 doa.mt.gov/HCBD/Resources/#tobacco for more information.

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 certificate, 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 doa.mt.gov/HCBD/Resources/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 doa.mt.gov/HCBD/Resources/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 certificate, adoption order, pre-adoption order, or guardianship order.
- A copy of a court ordered parenting plan, custody agreement, or guardianship.

Benefit Term Decoder

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

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 språkassistentetjenester 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, kannsch 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

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 HCBDB 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)

Notice of Privacy Practices

State of Montana HIPPA Notice of Privacy Practices

The State of Montana HIPAA Notice is available at doa.mt.gov/HCBD.

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
- 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 HCBBD 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.

Notes

State Plan Vendor Contact Information



Montana Health Centers

Phone: (855) 200-6822 or TTY 711

General Information: doa.mt.gov/HCBD/Health-Center

Appointments: MyPremiseHealth.com or (855) 200-6822



One Health Clinics

doa.mt.gov/HCBD/Medical/One-Health



Medical Claims, Benefits, In-Network Providers

Phone: (888) 901-4989 or TTY 711; bcbsmt.com

Non-Medicare Prescriptions & Customer Service

Phone: (866) 333-2757 or TTY 711; Navitus.com



Medicare Prescriptions & Customer Service

Phone: (866) 270-3877 or TTY 711; MedicareRX.Navitus.com

Specialty Medication: Lumicera Health Services

(855) 847-3553 or TTY 711; Lumicera.com



Dental Benefits, Claims, In-Network Providers

Phone: (866) 496-2370 or TTY 711

DeltaDentalins.com/StateOfMontana



Vision Service Providers & Hardware Coverage

Phone: (800) 877-7195 or TTY (800) 428-4833,

Montana.VSPforMe.com



Basic Life Insurance, Portability & Conversion

Phone: (866) 739-4090 or TTY 711, bcbsmt.com/Ancillary

General Inquires: Service.Ancillary.bcbsmt.com

For claims related questions, contact HCBd.



My Health Navigator

(406) 780-8018 or TTY 711

MyHealthNavigator.net



Employee Assistance Program

Available to retirees, their dependents and household members

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

GuidanceResources.com, Web ID: MontanaEAP



Assistance with SSDI & Early Medicare Coverage

Phone: (800) 805-8329 or TTY 711

disability@pcgus.com