

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 Survivor State Plan Benefits Booklet



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Survivor Benefit Eligibility

Eligibility for State Plan Coverage

Pursuant to 2-18-704, MCA, surviving spouses and dependent children may remain covered by the State Plan as follows:

1. The surviving spouse of a Participant or Retiree may remain a Covered Person of the Plan as long as the spouse is eligible for retirement benefits accrued by the deceased Participant or Retiree as provided by law unless the spouse is eligible for Medicare under the federal Health Insurance for Aged Act or unless the spouse has or is eligible to participate in another group plan with substantially the same or greater benefits at an equivalent cost.
2. The surviving children of a Participant may remain Covered Persons of the Plan as long as they are eligible for retirement benefits accrued by the deceased Participant as provided by law unless they have equivalent coverage with substantially the same or greater benefits at an equivalent cost or are eligible for insurance coverage by virtue of the employment of a surviving parent or legal guardian.

Eligibility Upon a Retiree's Death

The covered surviving spouse or domestic partner and dependent children of retirees that pass away may remain covered by the State Plan regardless of other coverage status.

Survivor Benefits & Electing Coverage

State Plan Coverage Options

Coverage Type	Surviving Dependent(s)
Medical	If previously enrolled
Prescription Drug	If previously enrolled
Dental	If previously enrolled
Vision Hardware Plan	If previously enrolled

Changes to the coverage listed above can be made during a Special Enrollment Period or the annual Open Enrollment Period. See Benefit Term Decoder on pages 28-29 for definitions.

Continue Coverage on the State Plan:

Complete the necessary forms and return them with payment to HCBD, PO Box 200130, Helena MT 59620-0130 within 60 days of the date of death of the primary plan member.

- **Surviving Spouse or Dependents Election Form:** Complete this form indicating who will be continuing coverage and by circling the coverage to be continued.
- **Electronic Benefit Payment Deduction Authorization Form:** Complete this form to have monthly payments withheld electronically from a checking or savings account, which occurs on the 5th of every month.

Your coverage will begin retroactive to the day your active employee or retiree coverage ended, as soon as the required forms and payment are received.

If you do not complete and return the required forms and submit payment within 60 days of the date of death of the primary plan member, your State Plan coverage will be terminated and will not be able to be reinstated.

Alternative Coverage Considerations

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 Survivors 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. Make sure you 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.

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

Alternative Coverage Options

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 survivor 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 survivor 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 CSImt.gov.

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

Not Yet Medicare Eligible But Unable To Work

Public Consulting Group (PCG) can assist. PCG is a no-cost service to help State Plan members with applying for Social Security Disability Insurance (SSDI) and early Medicare coverage. This service applies to State Plan members who are experiencing health conditions that would prevent them from working full-time. Services are paid for by the State Plan, 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.

Learn more by calling (800) 805-8329 or emailing disability@pcgus.com.

Monthly Benefit Costs

Non-Medicare Survivor Medical Plan Rates

Plans	Monthly Rate	Potential Live Life Well Incentive
Non-Medicare Survivor Only	\$1,529	up to \$60 off
Non-Medicare Survivor & Children	\$1,963	up to \$60 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 Survivor Medical Plan Rates

Plans	Monthly Rate	Potential Live Life Well Incentive
Medicare Survivor Only	\$575	up to \$60 off
Medicare Survivor & Children	\$940	up to \$60 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).

Survivor Dental & Vision Hardware Plan Rates

Plans	Dental	Vision Hardware
Survivor Only	\$42.37	\$7.64
Survivor & Children	\$62.27	\$15.18

You must return the Survivor Election Form and your first month payment within 60 days of the active employee or retiree date of death.

Your Survivor coverage will be re-instated retroactive to when your active employee or retiree coverage ended once your forms and payment are received.

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.

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 18 and 19)
- **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, survivors, 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 10.)
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 10.)

*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 10 and 11). 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, survivors, 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, survivors, 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.

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, (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 survivors 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 survivors 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.

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, survivors, 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 survivor is engaged with maintaining a healthy lifestyle. This incentive is available to covered survivors 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.

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 survivors, their dependents, and household members.**

GuidanceResources®

GuidanceResources

24/7 Support, Resources, and Information

(844) 506-5374 or TTY: 711

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

Web ID: MontanaEAP

Confidential Emotional Support

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

Work-Life Solutions

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

Financial Resources

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

Legal Guidance

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

Online Support

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

My Health Navigator

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)

Tobacco Surcharge

That State Plan charges a \$60 per month Tobacco Surcharge for survivors who use 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.

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, retiree, or survivor 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, legislator, retiree, or survivor's initial enrollment period or an Open Enrollment Period, during which an eligible employee, legislator, retiree, or survivor 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, survivors, 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.

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.

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)

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).

Notes

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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



My Health Navigator

(406) 780-8018 or TTY 711

MyHealthNavigator.net



Employee Assistance Program

Available to survivors, 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