



# 2022 BENEFITS AT A GLANCE

State of Montana Employees



Summary overview of the state employee benefits provided to eligible employees. Refer to your Wrap Plan Document (WPD) for specific plan and eligibility information.

BENEFIT	COVERAGE OPTIONS
<p><b>MEDICAL</b></p>	<ul style="list-style-type: none"> <li>● <b>Participating providers and facilities have contracted with Allegiance in Montana and Cigna outside of Montana to charge a low, fair rate for care* –</b> <ul style="list-style-type: none"> <li>○ <b>Copays</b> (Copays count toward your max out-of-pocket, but not toward your deductible) <ul style="list-style-type: none"> <li>▪ Montana Health Center - \$0 Copay</li> <li>▪ Primary Care Office Visit - \$25 Copay</li> <li>▪ Specialist Office Visit - \$35 Copay</li> <li>▪ Urgent Care Office Visit - \$35 Copay</li> </ul> </li> <li>○ <b>Deductible</b> (Counts towards max out-of-pocket) - \$1,000 per member per plan year</li> <li>○ <b>Benefit Percentage</b> (What the plan pays after you meet your deductible. Counts towards max out-of-pocket.) - 75% after deductible is met, 100% after max out-of-pocket is met</li> <li>○ <b>Max Out-of-Pocket</b> - \$4,000 per member, \$8,000 per family</li> </ul> </li> <li>● <b>In State Non-Participating Providers</b> –In state non-participating providers and facilities have chosen not to sign a contract with Allegiance. If you use a non-participating facility or provider in Montana, you pay the cost sharing shown above and the State Plan will pay a fair rate for your care, but the non-participating provider may balance bill you for more. You are responsible for this balance bill and it does not count toward your deductible or max out-of-pocket.</li> <li>● <b>Out-of-State Non-Participating Providers</b> - If you go out-of-state and use a non-Cigna provider or facility, the cost sharing is as follows for all services unless stated otherwise in the WPD: <ul style="list-style-type: none"> <li>○ <b>Annual Deductible</b> (Counts towards max out-of-pocket) - \$1,500 per member per plan year (This is separate from the \$1,000 deductible above)</li> <li>○ <b>Benefit Percentage</b> (What the plan pays after you meet your deductible) - Balance bill does not count towards max out-of-pocket - 65% + balance billing</li> <li>○ <b>Max Out-of-Pocket</b> - \$4,950 per member + balance billing, \$10,900 per family + balance billing (These are separate from annual deductible, benefit percentage, and max out-of-pockets shown above)</li> </ul> </li> </ul> <p><i>* All members covered on the Medical Plan are entitled to one routine vision and eye health evaluation each year for a \$10 copay at a participating provider.</i></p>
<p><b>DENTAL</b></p>	<ul style="list-style-type: none"> <li>● <b>Delta Dental (third party administrator)</b> – Provides services for Preventive, Basic, and Major dental care up to \$1,800 per individual per year</li> </ul>
<p><b>VISION</b></p>	<ul style="list-style-type: none"> <li>● <b>Vision Hardware Plan (administered by Cigna Vision)</b> – Includes an annual eye exam (\$10 copay) <ul style="list-style-type: none"> <li>○ If you elect vision hardware coverage, it will apply to everyone covered on your Medical Plan</li> <li>○ <b>You must re-enroll each year during the Open Enrollment Period.</b></li> </ul> </li> </ul>

BENEFIT	COVERAGE OPTIONS
<b>FLEXIBLE SPENDING ACCOUNTS (FSA)</b>	Enroll in the ASIFlex FSA to pay for health and dependent care expenses with tax-free dollars: <ul style="list-style-type: none"> <li>• <b>Healthcare FSA</b> – \$120 - \$2,750 per employee per year (you are allowed to rollover up to \$550 to the next Plan Year)</li> <li>• <b>Dependent Care FSA</b> – \$120 - \$5,000 per household (rollover is not allowed)</li> <li>• <b>You must re-enroll each year during the Open Enrollment Period.</b></li> </ul>
<b>BASIC LIFE INSURANCE</b>	<ul style="list-style-type: none"> <li>• <b>BlueCross BlueShield of Montana (BCBSMT)*</b> – \$14,000 life coverage</li> </ul> <p><i>* Included when employee enrolls in medical benefits</i></p>
<b>VOLUNTARY LONG TERM DISABILITY</b>	<ul style="list-style-type: none"> <li>• <b>BCBSMT Voluntary Long Term Disability (LTD)*</b> – Replaces 60% of your insured pre-disability earnings – the amount you were earning before you became disabled – reduced by deductible income. If you become disabled and your claim for LTD benefits is approved, LTD benefits are payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during the benefit waiting period.</li> </ul> <p><i>*Available to active employees who are enrolled in the Medical Plan</i></p>
<b>VOLUNTARY LIFE AND ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b>	<ul style="list-style-type: none"> <li>• <b>BCBSMT Voluntary Life Plan (Employee)</b> - Minimum election of annual salary rounded to the next highest \$5,000, up to maximum of \$500,000 with Evidence of Insurability (EOI)</li> <li>• <b>BCBSMT Voluntary Life Plan (Spouse)</b> - Increments of \$5,000, not to exceed the amount of employee</li> <li>• <b>BCBSMT Voluntary Life Plan Spouse/Child(ren)</b> – \$2,000 per spouse, \$1,000 per child of coverage</li> <li>• <b>BCBSMT Voluntary AD&amp;D Plan (Employee)</b> – \$25,000 - \$500,000 in increments of \$25,000</li> <li>• <b>BCBSMT Voluntary AD&amp;D Plan (Employee and Dependents)</b> – A spouse with no children is eligible for 50% of the employee coverage. A spouse with children is eligible for 40% of the employee coverage. Children are eligible for 10% of the employee coverage</li> </ul>
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	<ul style="list-style-type: none"> <li>• <b>Uprise Health</b> - Employee Assistance Program (EAP) provides no-cost, confidential counseling and support for a wide range of personal issues, such as stress and emotional health; substance abuse; parenting and child or elder care; financial coaching; legal consultation; and more.</li> </ul>
<b>WELLNESS</b>	<ul style="list-style-type: none"> <li>• <b>State of Montana’s Live Life Well Program</b> <ul style="list-style-type: none"> <li>○ Prenatal/Maternity Benefits</li> <li>○ Wellness Coaching</li> <li>○ Weight Management</li> <li>○ Disease Management</li> <li>○ Disease Prevention Programs</li> <li>○ Diabetes Prevention Program</li> <li>○ Preventative Benefits</li> <li>○ Nicotine Cessation Programs</li> </ul> </li> <li>• Visit <a href="https://benefits.mt.gov/livelifewell">benefits.mt.gov/livelifewell</a> for more information</li> </ul>
<b>MONTANA HEALTH CENTERS</b>	<ul style="list-style-type: none"> <li>• <b>Premise Health</b> - Operates Montana Health Centers in Anaconda, Billings, Butte, Helena, and Missoula which offer the same kinds of services found at a regular doctor’s office at no-cost to eligible plan members and a much lower cost to the self-funded State Plan.</li> <li>• <b>Primary Care and Wellness Coaching</b> - Provides integrated primary, behavioral health, preventive care, and wellness coaching at no-cost to eligible plan members.</li> <li>• <b>Virtual Primary Care</b> - telemedicine benefit provides fast virtual access to board certified physicians 24/7/365.</li> <li>• Make an appointment at <a href="https://mypremisehealth.com">mypremisehealth.com</a>, more information at <a href="https://healthcenters.mt.gov">healthcenters.mt.gov</a>.</li> </ul>



For additional details on eligibility, benefit coverage details, and plan limits visit [benefits.mt.gov](https://benefits.mt.gov) or scan the QR code.