

Montana Unified School Trust
Benefit Summary:
Kalispell School District #5

2009 - 2010



Important Note

This summary is intended to be an easy-to-use reference for members and others interested in MUST Health Benefits. The Summary Plan Description and other materials specific to your plan supersede this general information with regard to individual participants' eligibility and benefits.



INTRODUCTION

Montana Unified School Trust (MUST) has been serving schools and school-related entities in Montana since 1987 and is the third-largest health-benefits provider in Montana, behind only the State of Montana and University System employee groups. Because of dedication to quality customer service, MUST has achieved considerable recognition in public schools. It maintains solid working relationships with its members who, in turn, have a strong sense of ownership in the Trust.

The MUST mission is to be the benefit-provider for all Montana Public Schools. Our goals are to provide the best benefit plans available, the finest service in the industry, the most cost-effective management, leading-edge wellness services, and a solid financial base. By pooling approximately 9,000 school employees and 19,000 total covered lives, MUST has the ability to lessen claim and rate volatility and to control costs by spreading risk over a large population base.

Benefit Changes



Each year MUST reviews plan offerings in an attempt to identify areas that might be improved and to re-evaluate those areas of concern expressed by members. As a result, the following benefit changes apply for the 2009-2010 Benefit Period.

- The maximum lifetime benefit increases from \$3,000,000 to \$5,000,000 for all but the Basic Medical Plan.
- A virtual colonoscopy benefit is included as part of the Colon Cancer Prevention Benefit.
- The minimum hours required for benefit coverage decreases from 17.5 hours per week to 15 hours per week for schools that adopt four-day workweeks.
- Acupuncture services are added to the Chiropractic Benefit for all but the Basic Medical Plan. Eligible members are allowed 25 chiropractic or acupuncture visits (or some combination thereof) per Benefit Period.
- Coverage for a newborn infant is now guaranteed for the first 31 days whether or not parents elect to continue coverage for the newborn.
- Dental and Vision Coverage is available for all districts with premium rates reflective of participation levels.

General Notes

- There is no penalty for using a non-preferred provider. However, balance billing may apply.
- Pre-certification is recommended for inpatient care.
- All benefits are paid either on the negotiated network rate or at the 90th percentile of Usual, Customary, or Reasonable charges.

Benefit Plans Offered

Benefit design options coupled with multiple deductible selections enable the educational community to tailor plans to fit local needs. Kalispell School District has elected the following benefits:

- Basic Medical Plan (no minimum employee participation required)
- Catastrophic Medical Plan (no minimum employee participation required)
- Revised Major Medical Plan (20% participation required)

MUST requires a member group to enroll at least 75% of all eligible employees, excluding eligible employees waiving coverage because they are insured under another plan. For a member group to carry the Revised Major Medical or Comprehensive Major Medical Plans as an option, at least 20% of the participants must elect coverage under one of those plans.

Preventive Benefits (included in every plan)

- Outpatient well-child care through 36 months-of-age following the American Academy of Pediatrics recommended schedule-of-visits
- \$300 allowance for Preventive Care for all participants three years-of-age and older per Benefit Period
- Deductible and co-payment waived for CDC-recommended immunizations if administered by County Health Department
- Deductible and co-payment waived for flu vaccinations if administered by County Health Department
- Preventive pap test, one per Benefit Period – lab work paid at 100%
- Preventive mammogram benefit of up to \$250 per Benefit Period
- Colon cancer screening for members age 50 and over (fecal occult blood test, sigmoidoscopy, and colonoscopy benefits)
- \$250 allowance for Diabetic Education per Benefit Period

Healthy Generations for Expectant Mothers

MUST medical participants are eligible for the free, confidential services of Healthy Generations, a pro-active benefit for expectant mothers. Healthy Generations' registered nurses provide answers to members' questions, pregnancy wellness information, support services to complement providers' care, and assistance with special needs. Free prenatal vitamins and educational materials are also offered to members for early enrollment and participation in the Healthy Generations program.

Case & Disease Management

MUST provides Case Management professionals who identify immediate and ongoing participant needs and plan courses-of-care with measurable goals and objectives. Case Managers work with participants, families, providers, caregivers, and payers to arrange the most appropriate, effective, and cost-efficient treatment possible.

Members with Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Heart Failure, or Peptic Ulcer Disease have access to AccordantCare, a confidential health-management program sponsored by MUST that helps members take control of medical conditions and maintain good health.

COBRA Administration

MUST administers the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provisions for temporary health insurance continuation for all member groups.

HIPAA Privacy Information

MUST is fully compliant with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Prescription Drug Benefits (\$100 deductible)




MUST contracts with Caremark to provide members the convenience and cost-savings of the Caremark purchasing network and the ease of purchasing prescription drugs with the MUST Health ID Card (at participating pharmacies). Caremark offers mail-order prescriptions and 221 local pharmacies within its 272-pharmacy network provide 90-day prescriptions at near-mail-order prices.

30-day prescription filled at participating pharmacy



Generic co-pay	\$10
Preferred	\$20
Non-Preferred	\$40

90-day prescriptions (mail-order or participating 90-day pharmacy)

Generic co-pay	\$20
Preferred	\$40
Non-Preferred	\$80

Medical Benefits	Basic Medical Plan	Catastrophic Medical Plan
	BP2000-70%-4000	CM5000-80%-7500
Premium (includes \$15,000 Basic Life & AD&D)	\$488.00	\$495.00
Deductible — Individual	\$2,000	\$5,000
Deductible — Family	\$4,000	\$10,000
Maximum Out-of-Pocket — Individual	\$4,000	\$7,500
Maximum Out-of-Pocket — Family	\$8,000	\$15,000
Co-payment	70/30%	80/20%
First Dollar Benefit	\$300	N/A
Maximum Lifetime Benefit	\$1,000,000	\$5,000,000 
Accident Benefit		
Deductible, Benefit Percentage	Waived, 100%	Waived, 100%
Maximum Benefit per Accident	\$300 within 90 days of accident	\$500 within 90 days of accident
Inpatient Hospital Services		
Deductible, Benefit Percentage	Applies, 70/30%	Applies, 80/20%
Physician Services		
Deductible, Benefit Percentage	Applies, 70/30%	Applies, 80/20%
Diagnostic X-ray & Labs		
Deductible, Benefit Percentage	Applies, 70/30%	Applies, 80/20%
Maximum Amount	\$5,000 Maximum	Plan Maximum
Chiropractic/Acupuncture Visits 	No Benefit	
Deductible, Benefit Percentage	N/A	Applies, 100%
Maximum Payment per Visit	N/A	\$25
Maximum Visits per Benefit Period	N/A	25 (combined visits) 
Chiropractic X-rays	No Benefit	
Deductible, Benefit Percentage	N/A	Applies, 80/20%
Maximum per Benefit Period	N/A	\$100
Chemical Dependency — Outpatient & Inpatient	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible, Benefit Percentage	Applies, 70/30%	Applies, 80/20%
Maximum per Benefit Period	\$4,000	\$10,000
Maximum Lifetime	\$8,000	\$20,000
Reinstated Max per Benefit Period	\$1,000	\$2,000
Mental Illness — Outpatient & Inpatient	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible, Benefit Percentage	Applies, 70/30%	Applies, 80/20%
Maximum per Benefit Period	Plan Maximum	Plan Maximum
Maximum Lifetime	Plan Maximum	Plan Maximum
Rehabilitation Therapy		
Deductible, Benefit Percentage	Applies, 70/30%	Applies, 80/20%
Maximum — Inpatient	Subject to \$50K Lifetime Maximum	Subject to \$100K Lifetime Maximum
Maximum per Benefit Period — Outpatient	\$2,000	\$5,000
Home Health Care		
Deductible, Benefit Percentage	Applies, 70/30%	Applies, 80/20%
Maximum per Benefit Period	90 Visits	180 Visits

All benefits are paid either on the negotiated network rate or at the 90th percentile of Usual, Customary, or Reasonable charges.

Revised Major Medical Plan			Notes
RM2000-50%	RM1000-50%	RM1000-70%	
\$597.00	\$659.00	\$689.00	
\$2,000	\$1,000	\$1,000	
\$4,000	\$2,000	\$2,000	
\$4,000	\$3,000	\$3,000	
\$8,000	\$6,000	\$6,000	
50/50%	50/50%	70/30%	
N/A			
\$5,000,000 			
Waived, 100%			
\$500 within 90 days of accident			
Applies, 50/50%	Applies, 50/50%	Applies, 70/30%	
Waived, 50/50%	Waived, 50/50%	Waived, 70/30%	
First \$600 Waived, 50/50%	First \$600 Waived, 50/50%	First \$600 Waived, 70/30%	
Plan Maximum			
Waived, 100%			
\$25			
25 (combined visits) 			
Waived, 100%			
\$100			
First 3 outpatient visits paid at 100%			
Applies, 50/50%	Applies, 50/50%	Applies, 70/30%	
\$10,000			
\$20,000			
\$2,000			
First 3 outpatient visits paid at 100%			
Applies, 50/50%	Applies, 50/50%	Applies, 70/30%	
Plan Maximum			
Plan Maximum			
Applies, 50/50%	Applies, 50/50%	Applies, 70/30%	
Subject to \$100K Lifetime Maximum			
\$5,000			
Applies, 50/50%	Applies, 50/50%	Applies, 70/30%	
180 Visits			

Medical Benefits	Basic Medical Plan		Catastrophic Medical Plan	
Transplants				
Deductible, Benefit Percentage	Applies, 70/30%		Applies, 80/20%	
Per Transplant Not to Exceed Lifetime Maximum	\$500,000 Maximum		Plan Maximum	
Convalescent Nursing Facility				
Deductible, Benefit Percentage	Applies, 70/30%		Applies, 80/20%	
Maximum Convalescing	60 days		60 days	
Well-Child Care — through 36 months				
Deductible, Benefit Percentage	Waived, 70/30%		Waived, 80/20%	
Immunizations	Doctor's Office	County Health Department	Doctor's Office	County Health Department
Well-child immunizations — through 36 months	Waived, 70/30%	Waived, 100%	Waived, 80/20%	Waived, 100%
CDC recommended & flu shots	Waived, 70/30%	Waived, 100%	Waived, 80/20%	Waived, 100%
Preventive Benefit — 3 years-of-age & older				
Deductible, Benefit Percentage	Waived, 100%		Waived, 100%	
Maximum per Benefit Period	\$300		\$300	
Preventive Mammogram — in addition to \$300 Preventive Benefit				
Deductible, Benefit Percentage	Waived, 100%		Waived, 100%	
Maximum per Benefit Period	\$250		\$250	
Preventive Pap Smear (Lab test) — in addition to \$300 Preventive Benefit				
Deductible, Benefit Percentage	Waived, 100%		Waived, 100%	
Diabetic Education — in addition to \$300 Preventive Benefit				
Deductible, Benefit Percentage	Waived, 100%		Waived, 100%	
Maximum per Benefit Period	\$250		\$250	
Colon Cancer Prevention				
Fecal Occult Blood Test — in addition to \$300 Preventive Benefit				
Deductible, Benefit Percentage	Waived, 100%		Waived, 100%	
Age limit and frequency	Age 50 & over, annually		Age 50 & over, annually	
Sigmoidoscopy — in addition to \$300 Preventive Benefit				
Deductible, Benefit Percentage	Waived, 100%		Waived, 100%	
Age limit and frequency	Age 50 & over, every 5 years		Age 50 & over, every 5 years	
Colonoscopy — in addition to \$300 Preventive Benefit				
Dollar Benefit	\$1,000		\$1,000	
Age limit and frequency	Age 50 & over, every 10 years		Age 50 & over, every 10 years	
Virtual Colonoscopy — in addition to \$300 Preventive Benefit				
Dollar Benefit	\$1,000		\$1,000	
Age limit and frequency	Age 50 & over, every 5 years		Age 50 & over, every 5 years	
Prescription Pharmacy Benefit	No prescription drug coverage		Pharmacy charges do not apply to medical deductible and co-pays.	



All benefits are paid either on the negotiated network rate or at the 90th percentile of Usual, Customary, or Reasonable charges.

Revised Major Medical Plan			Notes
Applies, 50/50%			
Applies, 50/50%	Applies, 50/50%	Applies, 70/30%	
Plan Maximum			
Applies, 50/50%			
Applies, 50/50%	Applies, 50/50%	Applies, 70/30%	
60 days			
Applies, 50/50%			
Waived, 50/50%	Waived, 50/50%	Waived, 70/30%	
Doctor's Office		County Health Department	
Waived, 50/50% or 70/30%		Waived, 100%	
Waived, 50/50% or 70/30%		Waived, 100%	
Waived, 100%			
\$300			
Waived, 100%			
\$250			
Waived, 100%			
Waived, 100%			
Waived, 100%			
Waived, 100%			
Age 50 & over, annually			
Waived, 100%			
Age 50 & over, every 5 years			
\$1,000			
Age 50 & over, every 10 years			
\$1,000			
Age 50 & over, every 5 years			
Pharmacy charges do not apply to medical deductible and co-pays.			



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