

BENEFIT SUMMARY 2010-2011

MONTANA

UNIFIED

SCHOOL

TRUST



INTRODUCTION

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.

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 goal is 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

- **Autism-spectrum disorders.** As per the requirements of SB 234, children diagnosed with autism-spectrum disorders qualify for habilitative/rehabilitative care, medication, and psychiatric/psychological and therapeutic care.
- **Chemical dependency.** Medically necessary inpatient and outpatient care for chemical dependency treatment now matches medical benefits up to plan lifetime maximums.
- **Limited pre-authorization.** The following procedures and services will require pre-authorization: air ambulance (except in life-threatening circumstances); dental-trauma services; unproven experimental/investigational services (including administration of chemotherapy); PET scans; reconstructive/plastic surgery; stereotactic radiosurgery; surgery for sleep apnea; varicose-vein procedures; services for autism-spectrum disorders; other covered services determined periodically by the plan administrator.
- **Specialty Pharmacy.** Those drugs classified as specialty pharmaceuticals are limited to 30-day supplies.

BENEFIT PLANS OFFERED

Benefit design options coupled with multiple deductible

selections enable educational communities to tailor plans to fit local needs. MUST offers the following benefits and includes group life insurance and long-term disability insurance with group medical plans.

- Revised Major Medical Plan (RM)
- Comprehensive Major Medical Plan (CM)
- Value Major Medical Plan (VM)
- HSA-Qualifying Plan (HSA)
- Basic Medical Plan (BP)

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, Comprehensive Major Medical, or Value Major Medical Plans, at least 20% of the group's participants must elect coverage under one of those plans. The exception to this rule is the \$5,000-deductible CM plan, which has no minimum participation requirement.

PRESCRIPTION DRUG BENEFITS

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. An Enhanced Prescription Plan is available for an additional premium.

DENTAL & VISION BENEFITS

Employees and dependents enrolled in the medical plan are eligible for both dental and vision benefits. The premium varies by school district depending on participation levels.

PREVENTIVE BENEFITS

- Outpatient well-child care through 36 months-of-age following the American Academy of Pediatrics recommended schedule
- \$300 Preventive Care allowance for all participants age three and older per Benefit Period
- Deductible and co-payment waived for CDC-recommended immunizations 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 Ben-

- efit Period
- Colon-cancer screening for members age 50 and over (fecal occult blood test, sigmoidoscopy, and colonoscopy)
- \$250 allowance for Diabetic Education per Benefit Period (deductible applies on HSA-Qualifying Plan)

for an additional premium. The benefit is \$5,000 for a spouse and \$5,000 per child.

LONG-TERM DISABILITY

MUST provides basic Long Term Disability (LTD) coverage through Standard Life Insurance Company to eligible employees of participating member groups at no additional cost to the member group or the employee. Member groups may enhance this LTD coverage for employees by electing one of the available Optional Plans.

WELLNESS PROGRAM

MUST offers the Healthy Futures Wellness Program on a rotating schedule to approximately one-third of MUST groups per Benefit Period. The wellness program includes a blood screening and Health Risk Assessment to help identify participants' health risks. Participants with certain high-risk indicators receive personal contact and are provided health-improvement information.

COBRA ADMINISTRATION

MUST administers COBRA provisions for temporary health insurance continuation for all member groups.

MATERNITY PROGRAM

MUST medical participants are eligible for the free, confidential services of Avidyn Health's Precious Cargo Program, which provides prenatal education and high-risk pregnancy identification to help mothers carry their babies to term. The result is an increased number of healthy, full-term deliveries and a decrease in costly, long-term hospital stays.

HIPAA PRIVACY

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

CASE & DISEASE MANAGEMENT

MUST contracts 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 conditions such as diabetes, asthma, coronary heart disease, congestive heart failure, chronic obstructive pulmonary disease, hypertension, and depression have access to a confidential disease-management program (AccordantCare) that helps MUST members take control of medical conditions and maintain good health.

LIFE INSURANCE

- A Standard Life Insurance and Accidental Death & Dismemberment (AD&D) benefit of \$10,000 is provided to all active employees enrolled in a MUST health-benefit plan.
- Optional Life and AD&D benefits are available for an additional premium. Member groups may enhance this benefit (through Standard Life Insurance Company) for eligible employees, school-board trustees, and retirees.
- Dependent Life Insurance is also available



MEDICAL BENEFITS	REVISED MAJOR MEDICAL (RM)					COMPREHENSIVE MAJOR MEDICAL (CM)				
Minimum group participation	20% of enrolled group					20% of enrolled group*				
Deductible – individual	\$200	\$500	\$1,000	\$1,500	\$2,000	\$500	\$750	\$1,000	\$2,000	\$5,000
Deductible – family	\$400	\$1,000	\$2,000	\$3,000	\$4,000	\$1,000	\$1,500	\$2,000	\$4,000	\$10,000
Out-of-Pocket Max – individual	\$1,200	\$1,500	\$3,000	\$1,500	\$4,000	\$1,500	\$2,000	\$3,000	\$4,000	\$7,500
Out-of-Pocket Max – family	\$2,400	\$3,000	\$6,000	\$3,000	\$8,000	\$3,000	\$4,000	\$6,000	\$8,000	\$15,000
Co-payment	80/20% or 70/30%					80/20% or 70/30%				
Non-Preventive First Dollar Benefit	N/A					N/A				
Maximum Lifetime Benefit	\$5,000,000					\$5,000,000				
Well-Child Care — through 36 months										
Deductible, Benefit Percentage	Deductible Waived, 80/20% or 70/30%					Deductible Waived, 80/20% or 70/30%				
Immunizations	Doctor's Office		County Health Department			Doctor's Office		County Health Department		
Well-child immunizations through 36 months	Deductible Waived, 80/20% or 70/30%		Deductible Waived, 100%			Deductible Waived, 80/20% or 70/30%		Deductible Waived, 100%		
CDC recommended & flu shots	Deductible Waived, 80/20% or 70/30%		Deductible Waived, 100%			Deductible Waived, 80/20% or 70/30%		Deductible Waived, 100%		
Preventive Benefit — 3 years & older										
Deductible, Benefit Percentage	Deductible Waived, 100%					Deductible Waived, 100%				
Maximum per Benefit Period	\$300					\$300				
Preventive Mammogram — in addition to \$300 Preventive Benefit										
Deductible, Benefit Percentage	Deductible Waived, 100%					Deductible Waived, 100%				
Maximum per Benefit Period	\$250, 1 per Benefit Period					\$250, 1 per Benefit Period				
Preventive Pap Smear (lab charges) —in addition to \$300 Preventive Benefit										
Deductible, Benefit Percentage	Deductible Waived, 100%					Deductible Waived, 100%				
Diabetic Education — in addition to \$300 Preventive Benefit										
Deductible, Benefit Percentage	Deductible Waived, 100%					Deductible Waived, 100%				
Maximum per Benefit Period	Up to \$250 per Benefit Period					Up to \$250 per Benefit Period				
Colon Cancer Prevention										
Fecal Occult Blood Test — in addition to \$300 Preventive Benefit										
Deductible, Benefit Percentage	Deductible Waived, 100%					Deductible Waived, 100%				
Age limit and frequency	Age 50 and over, annually					Age 50 and over, annually				
Sigmoidoscopy — in addition to \$300 Preventive Benefit										
Deductible, Benefit Percentage	Deductible Waived, 100%					Deductible Waived, 100%				
Age limit and frequency	Age 50 and over, every 5 years					Age 50 and over, every 5 years				
Colonoscopy — in addition to \$300 Preventive Benefit										
Dollar Benefit	\$1,000					\$1,000				
Age limit and frequency	Age 50 and over, every 10 years					Age 50 and over, every 10 years				
Virtual Colonoscopy — in addition to \$300 Preventive Benefit										
Dollar Benefit	\$1,000					\$1,000				
Age limit and frequency	Age 50 and over, every 5 years					Age 50 and over, every 5 years				

* There is no minimum group-participation level for those electing the \$5,000-deductible CM plan.

VALUE MAJOR MEDICAL (VM)		BASIC PLAN (BP)		HSA-QUALIFYING PLAN (HM / HE)	
20% of enrolled group		None		<p>MUST offers several Health Savings Account-Qualifying Plans with and without embedded deductibles.</p> <p>— See insert —</p>	
\$2,000		\$2,000			
\$4,000		\$4,000			
\$4,000		\$4,000			
\$8,000		\$8,000			
70/30%		70/30%			
\$300		\$300			
\$3,000,000		\$1,000,000			
Deductible Waived, 70/30%		Deductible Waived, 70/30%		Deductible Waived, 100%	
Doctor's Office	County Health Department	Doctor's Office	County Health Department		
Deductible Waived, 70/30%	Deductible Waived, 100%	Deductible Waived, 70/30%	Deductible Waived, 100%	Deductible Waived, 100%	
Deductible Waived, 70/30%	Deductible Waived, 100%	Deductible Waived, 70/30%	Deductible Waived, 100%	Deductible Waived, 100%	
Deductible Waived, 100%		Deductible Waived, 100%		Deductible Waived, 100%	
\$300		\$300		\$300	
Deductible Waived, 100%		Deductible Waived, 100%		Deductible Waived, 100%	
\$250, 1 per Benefit Period		\$250, 1 per Benefit Period		\$250, 1 per Benefit Period	
Deductible Waived, 100%		Deductible Waived, 100%		Deductible Waived, 100%	
Deductible Waived, 100%		Deductible Waived, 100%		Deductible Applies, 100%	
Up to \$250 per Benefit Period		Up to \$250 per Benefit Period		Up to \$250 per Benefit Period	
Deductible Waived, 100%		Deductible Waived, 100%		Deductible Waived, 100%	
Age 50 and over, annually		Age 50 and over, annually		Age 50 and over, annually	
Deductible Waived, 100%		Deductible Waived, 100%		Deductible Waived, 100%	
Age 50 and over, every 5 years		Age 50 and over, every 5 years		Age 50 and over, every 5 years	
\$1,000		\$1,000		\$1,000	
Age 50 & over, every 10 years		Age 50 & over, every 10 years		Age 50 and over, every 10 years	
\$1,000		\$1,000		\$1,000	
Age 50 and over, every 5 years		Age 50 and over, every 5 years		Age 50 and over, every 5 years	

— All benefits are paid either at the negotiated network rate or up to allowable limits —
— Deductible is included in the Maximum Out-of-Pocket —

MEDICAL BENEFITS	REVISED MAJOR MEDICAL (RM)	COMPREHENSIVE MAJOR MEDICAL (CM)
Accident Benefit		
Deductible, Benefit Percentage	Deductible Waived, 100%	Deductible Waived, 100%
Maximum Benefit per Accident	\$500 within 90 days of accident	\$500 within 90 days of accident
Inpatient Hospital Services		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Physician Office Visit		
Deductible, Benefit Percentage	Deductible Waived , 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Diagnostic X-ray and Labs		
Deductible, Benefit Percentage	Ded Waived , first \$600 paid at 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum Amount	Plan Maximum	Plan Maximum
Chiropractic/Acupuncture Visits		
Deductible, Benefit Percentage	Deductible Waived , 100%	Deductible Applies, 100%
Maximum Payment per Visit	\$25	\$25
Maximum Visits per Benefit Period	25 (combined visits)	25 (combined visits)
Chiropractic X-rays		
Deductible, Benefit Percentage	Deductible Waived , 100%	Deductible Applies, 80/20% or 70/30%
Maximum per Benefit Period	\$100	\$100
Chemical Dependency — Outpatient & Inpatient		
Deductible, Benefit Percentage	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Maximum per Benefit Period and Lifetime	Plan Maximum	Plan Maximum
Mental Illness — Outpatient / Inpatient		
Deductible, Benefit Percentage	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Maximum per Benefit Period and Lifetime	Plan Maximum	Plan Maximum
Autism Spectrum Disorders		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum per Benefit Period (age 0-8)	\$50,000	\$50,000
Maximum per Benefit Period (age 9-18)	\$20,000	\$20,000
Rehabilitation Services		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum — Inpatient	Subject to \$100,000 Lifetime Maximum	Subject to \$100,000 Lifetime Maximum
Maximum/Benefit Period — Outpatient	\$5,000	\$5,000
Home Health/Hospice Care		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum per Benefit Period	180 (combined visits)	180 (combined visits)
Transplants		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Not to exceed Lifetime Maximum	Plan Maximum	Plan Maximum
Skilled Nursing Facility		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum Days	60 days	60 days
Prescription Pharmacy Benefit	Pharmacy charges <u>do not</u> apply to medical deductible and co-pays. See Pharmacy Benefits.	Pharmacy charges <u>do not</u> apply to medical deductible and co-pays. See Pharmacy Benefits.

VALUE MAJOR MEDICAL (VM)	BASIC PLAN (BP)	HSA-QUALIFYING PLAN (HM / HE)
Deductible Waived, 100%	Deductible Waived, 100%	Deductible Applies , 100%
\$300 within 90 days of accident	\$300 within 90 days of accident	N/A
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
\$10,000	\$5,000	Plan Maximum
No Benefit	No Benefit	
N/A	N/A	Deductible Applies, 100%
N/A	N/A	\$25
N/A	N/A	25 (combined visits)
No Benefit	No Benefit	
N/A	N/A	Deductible Applies, 100%
N/A	N/A	\$100
First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%	Deductible Applies
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
Plan Maximum	Plan Maximum	Plan Maximum
First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%	Deductible Applies
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
Plan Maximum	Plan Maximum	Plan Maximum
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
\$50,000	\$50,000	\$50,000
\$20,000	\$20,000	\$20,000
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
Subject to \$75,000 Lifetime Maximum	Subject to \$50,000 Lifetime Maximum	Subject to \$100,000 Lifetime Maximum
\$3,000	\$2,000	\$5,000
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
120 (combined visits)	90 (combined visits)	180 (combined visits)
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
\$100,000 Lifetime Maximum	\$25,000 Lifetime Maximum	Plan Maximum
Deductible Applies, 70/30%	Deductible Applies, 70/30%	Deductible Applies, 100%
60 days	60 days	60 days
Pharmacy charges <u>do not</u> apply to medical deductible and co-pays. See Pharmacy Benefits.	No prescription coverage, but ID card can be used for prescription discounts.	Pharmacy charges <u>apply</u> to medical deductible and co-pays. ID card can be used for prescription discounts.

— All benefits are paid either at the negotiated network rate or up to allowable limits —
— Deductible is included in the Maximum Out-of-Pocket —

PHARMACY BENEFITS

The pharmacy benefits detailed below are included in the Revised Major Medical, Comprehensive Major Medical, and Value Major Medical plans only. Members holding HSA-Qualifying Plans must pay for prescriptions at the point-of-purchase and submit them to the medical plan for reimbursement. Prescription charges for HSA-Qualifying Plans apply to the medical deductible; once met, remaining charges are reimbursed at 100%. Those with HSA-Qualifying or Basic Plans can use their MUST ID Card for certain discounts at pharmacies.

STANDARD PLAN			
Individual deductible		\$75	
Maximum Out-of-Pocket		\$1,500*	
Up to 30-day supply filled at participating pharmacy			
Generic	Co-payment		\$ 10
Preferred	Greater of 30% or		\$ 20
Non-Preferred	Greater of 40% or		\$ 40
Up to 30-day supply of <u>specialty drugs</u> filled via Caremark mail-order service			
Preferred	Lesser of 30% or		\$500
Non-preferred	Lesser of 40% or		\$500
90-day supply filled via mail-order or at participating 90-day pharmacy (<u>excludes specialty Rx</u>)			
Generic	Co-payment		\$ 20
Preferred	Greater of 30% or		\$ 40
Non-preferred	Greater of 40% or		\$ 80

VALUE PLAN (Maximum benefit \$5,000)			
Individual deductible		\$350	
Maximum Out-of-Pocket		N/A	
Up to 30-day supply filled at participating pharmacy			
Generic	Co-payment		\$ 20
Preferred	Co-payment		50%
Non-Preferred	Co-payment		50%
Up to 30-day supply of <u>specialty drugs</u> filled via Caremark mail-order service			
Preferred	Lesser of 50% or		\$500
Non-preferred	Lesser of 50% or		\$500
90-day supply filled via mail-order or at participating 90-day pharmacy (<u>excludes specialty Rx</u>)			
Generic	Co-payment		\$ 40
Preferred	Co-payment		50%
Non-preferred	Co-payment		50%

— Only available with the Value Major Medical Plan —

ENHANCED PLAN			
Individual deductible		\$75	
Maximum Out-of-Pocket		\$1,500*	
Up to 30-day prescription filled at participating pharmacy (<u>includes specialty Rx</u>)			
Generic	Co-payment		\$ 10
Preferred	Co-payment	30%	
	Minimum		\$ 20
	Maximum		\$ 40
Non-preferred	Co-payment	40%	
	Minimum		\$ 40
	Maximum		\$ 60
90-day supply filled via mail-order or at participating 90-day pharmacy (<u>excludes specialty Rx</u>)			
Generic	Co-payment		\$ 20
Preferred	Co-payment	30%	
	Minimum Co-pay		\$ 40
	Maximum Co-pay		\$ 80
Non-preferred	Co-payment	40%	
	Minimum Co-pay		\$ 80
	Maximum Co-pay		\$120

* Plan pays 100% after Maximum Out-of-Pocket (\$1,500) is met

DENTAL

Type A — Diagnostic/Preventive	Deductible Waived, No Co-Payment
Type B — Routine/Basic Care	Deductible Waived, 20% Co-Payment
Type C — Major Restorative	\$25 Deductible, 50% Co-Payment
Maximum Benefit/Period/Covered Person (Type A, B, and C expenses)	\$1,250
Orthodontia Benefit (for dependents under age 19)	\$50 Deductible, 50% Co-Payment
Maximum Lifetime Orthodontia Benefit	\$1,000



If a participant elects Dental and Vision coverage, but later drops the coverage, there is a two-year waiting period before it can be reinstated.

VISION

EXAMS

Exam — with Refraction	\$60 allowance per Benefit Period
Exam — without Refraction	\$49 allowance per Benefit Period

MATERIALS

	Cost per lens	Cost per pair
Single Vision Lenses	\$ 32	\$ 64
Bifocal Lenses	\$ 41	\$ 82
Trifocal Lenses	\$ 54	\$108
Progressive Lenses	\$ 54	\$108
Lenticular Lenses	\$ 77	\$154
Necessary Contacts	\$165	\$330
Elective Contacts		\$110
Frames		\$ 85



Members may choose either one set of frames and lenses or one set of contact lenses, but not both, during a given Benefit Period.

If a participant elects Dental and Vision coverage, but later drops the coverage, there is a two-year waiting period before the coverage can be reinstated.

LIFE

Additional Life Insurance and Retiree Insurance will be provided by Standard Life Insurance Company. This is in addition to the basic \$10,000 amount of Group Life Insurance MUST provides at no cost to participants.

ADDITIONAL LIFE OPTIONS

- **Employer-Paid.** This is an Additional Life and Accidental Death & Dismemberment (AD&D) policy paid for by the employer. Employer may elect any amount in increments of \$10,000 to a maximum of \$150,000. This amount cannot exceed \$100,000 for member groups with fewer than 10 eligible employees. Late enrollment rules apply.
- **Employee/Retiree-Paid.** This is an Additional Life and AD&D policy paid for by the employee or retiree (though the district can elect to pay a portion of the premium). Employee can elect any amount in increments of \$10,000 to the lesser of \$500,000 or four times annual earnings. Guaranteed issue amount is based on district size: those in districts with 10 or more eligible employees can elect up to \$50,000 without submitting evidence of insurability; those in districts with fewer than 10 eligible employees can elect up to \$30,000 without submitting evidence of insurability. Late enrollment rules apply.

MEDEX TRAVEL ASSIST

MUST members with life insurance through Standard are automatically enrolled for Medex Travel Assist. This program provides emergency assistance to members and their dependents traveling more than 100 miles from home, and includes benefits such as foreign-language assistance, hotel-convalescence arrangement, evacuation services, and repatriation services if needed.

LONG-TERM DISABILITY

MUST provides its members with Basic Long Term Disability (LTD) insurance from Standard Insurance Company. Active employees currently enrolled in MUST medical coverage are automatically enrolled in the Basic LTD Plan.

BASIC LTD PLAN (PAID FOR BY MUST)

LTD benefit: 50% of pre-disability earnings
Max monthly benefit: \$5,000
Benefit waiting period: 180 days

Member groups (school districts) may enhance this LTD coverage for their employees by electing one of the following options. The premium for this increased coverage is paid by the member group.

OPTION 1

LTD benefit: 60% of pre-disability earnings
Max monthly benefit: \$6,000
Benefit waiting period: 180 days

OPTION 2

LTD benefit: 60% of pre-disability earnings
Max monthly benefit: \$6,000
Benefit waiting period: 90 days

GLOSSARY

Allowable limits. MUST's TPA has negotiated deals with preferred-provider networks that ensure optimal pricing for services. Those providers who opt not to belong to one of these networks sometimes charge more than regional standards allow. MUST will pay for such providers' charges only up to allowable limits.

Benefit percentage. Once deductibles are satisfied, members and MUST split allowable charges up to the Maximum Out-of-Pocket amount according to the benefit percentage elected by member groups (e.g., 80/20% or 70/30%).

Benefit period. Also known as the plan year, this refers to that duration of time between renewal periods during which members are covered for elected services.

Co-payment. This is the member's portion of the benefit percentage. For example, if the benefit percentage is listed as 70/30%, MUST's portion is 70% while the member's co-payment is 30%.

Deductible. This is the amount the member is expected to pay before the costs of services are shared by MUST and range greatly depending upon the member group's plan elections.

Embedded/non-embedded deductible. When a member holds an HSA-qualified plan with an embedded deductible, any one member of a family can meet the individual deductible, at which point the plan starts to pay its share of claims. With a non-embedded deductible, the full family deductible amount must be reached by an individual or a combination of family members before MUST pays claims on the plan.

First-dollar benefit. This is a dollar amount the plan agrees to pay for certain procedures prior to the member's deductible responsibility. For example, MUST's preventive benefits are first-dollar benefits and some plans have additional first-dollar coverage.

HSA. This stands for Health Savings Account, which is a certain kind of narrowly defined account earmarked specifically for pre-tax, health-related spending. HSAs are limited for use with qualifying high-deductible health plans.

Lifetime Maximum. This is the maximum dollar benefit a member is entitled to over the lifetime of a given plan.

Maximum Out-of-Pocket. This is the maximum financial exposure a member is exposed to in a given benefit period, which means that, after this amount is met, the plan pays claims at 100% up to allowable limits.

Member. Anyone covered by a MUST plan is considered a member.

Participant. The participant is the primary coverage holder.

Preferred/non-preferred prescriptions. Preferred prescriptions are those narrowly defined drugs, determined by our Pharmacy Benefit Manager, which provide optimal results in the treatment of a given condition.

Preventive benefit. This includes any number of first-dollar benefits offered to all MUST members, which include coverage for certain screenings and immunizations billed by healthcare providers as preventive services. It also includes a \$300 allotment for other unspecified services also billed as preventive care.

Specialty drugs. This refers to a narrowly defined class of extremely high-cost, biologic drugs that often require special handling, administration, and careful adherence to treatment protocols.

Well-child care. This refers to routine, CDC-recommended preventive care for children up to age three years.

VISIT WWW.MUSTBENEFITS.ORG

MSSF CONTACTS



P.O. Box 4579 Helena, MT 59604

Phone: (406) 457-4400
Toll free: (800) 845-7283
Fax: (406) 442-4161
E-mail: contact@ms-sf.org

MARKETING / CUSTOMER SERVICE

Bev Spoja (Helena)
(406) 457-4417

Shelly Batista (Helena)
(406) 444-5166

Garth Cox (Polson)
Office: (406) 883-4005
Cell: (406) 270-9076

Tamara Crowder (Culbertson)
Office: (406) 787-5239
Cell: (406) 461-0847

Greg Disney (Columbus)
Office: (406) 322-5002
Cell: (406) 366-3252

Marcia Ellermeyer (Helena)
Office: (406) 457-4416
Cell: (406) 459-9027

Dawn Sullivan (Choteau)
Office: (406) 466-2295
Cell: (406) 217-1188

ENROLLMENT / CUSTOMER SERVICE

Judy Sanchez
(406) 444-5160

Julie Wulf
(406) 457-4403

ACCOUNTING

Pat Cooper
(406) 457-4404

Kelli Hargreaves
(406) 444-5169

