

KALISPELL 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. Kalispell School District has elected the following plans:

- Revised Major Medical Plan (RM)
- Comprehensive Major Medical Plan (CM)
- 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, at least 20% of the group's participants must elect coverage under one of those plans. This is not the case for the \$6,000-deductible CM or Basic plans, which have no minimum participation requirement.

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 Benefit 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

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.

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.

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.

COBRA ADMINISTRATION

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

HIPAA PRIVACY

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

PRESCRIPTION DRUG BENEFITS (NOT AVAILABLE WITH BASIC PLAN)

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.

Deductible

\$100

30-day supply filled at participating pharmacy

Generic	\$10
Preferred	\$20
Non-preferred	\$40

90-day supply filled via mail-order or at participating 90-day pharmacy

Generic	\$20
Preferred	\$40
Non-preferred	\$80



Medical Benefits	Revised Major Medical Options 1, 2, 3			Comprehensive Major Medical Option 4
Minimum group participation	20% of enrolled group			None
Premium* (includes \$15,000 Basic Life and AD&D)	\$847.45	\$764.45	\$732.45	\$641.45
Deductible – individual	\$1,000	\$2,000	\$3,000	\$6,000
Deductible – family	\$2,000	\$4,000	\$6,000	\$12,000
Out-of-Pocket Max – individual	\$3,000	\$4,000	\$5,000	\$8,000
Out-of-Pocket Max – family	\$6,000	\$8,000	\$10,000	\$16,000
Co-payment	70/30%			80/20%
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 (waived), Benefit Percentage	Deductible Waived, 70/30%			Deductible Waived, 80/20%
Immunizations	Doctor's Office	County Health Department	Doctor's Office	County Health Department
Well-child immunizations through 36 months	Deductible Waived, 70/30%	Deductible Waived, 100%	Deductible Waived, 80/20%	Deductible Waived, 100%
CDC recommended & flu shots	Deductible Waived, 70/30%	Deductible Waived, 100%	Deductible Waived, 80/20%	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— in addition to \$300 Preventive Benefit				
Fecal Occult Blood Test				
Deductible, Benefit Percentage	Deductible Waived, 100%			Deductible Waived, 100%
Age limit and frequency	Age 50 and over, annually			Age 50 and over, annually
Sigmoidoscopy				
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				
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				
Dollar Benefit	\$1,000			\$1,000
Age limit and frequency	Age 50 and over, every 5 years			Age 50 and over, every 5 years

* Premiums are listed at the employee rate. Retiree rates vary, but are within about a dollar of the listed rate.

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

G L O S S A R Y

Basic Option 5	
None	
\$505.45	
\$5,000	
\$10,000	
\$10,000	
\$20,000	
70/30%	
\$300	
\$1,000,000	
Deductible Waived, 70/30%	
Doctor's Office	County Health Department
Deductible Waived, 70/30%	Deductible Waived, 100%
Deductible Waived, 70/30%	Deductible Waived, 100%
Deductible Waived, 100%	
\$300	
Deductible Waived, 100%	
\$250, 1 per Benefit Period	
Deductible Waived, 100%	
Deductible Waived, 100%	
Up to \$250 per Benefit Period	
Deductible Waived, 100%	
Age 50 and over, annually	
Deductible Waived, 100%	
Age 50 and over, every 5 years	
\$1,000	
Age 50 & over, every 10 years	
Deductible Waived, 100%	
\$1,000	
Age 50 and over, every 5 years	

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. Accordingly, network providers should not balance bill you for amounts discounted from their normal charges.

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.

Eligible expenses. The maximum amount of any charge for a covered service, treatment, or supply that may be considered for payment by the plan, including any portion of that charge that may be applied to the deductible, co-payment, or used to satisfy the Maximum Out-of-Pocket.

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 for eligible expenses, which means that, after this amount is met, the plan pays claims at 100% up to allowable limits.

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Medical Benefits	Revised Major Medical Options 1, 2, 3	Comprehensive Major Medical Option 4
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, 70/30%	Deductible Applies, 80/20%
Physician Office Visit		
Deductible, Benefit Percentage	Deductible Waived , 70/30%	Deductible Applies, 80/20%
Diagnostic X-ray and Labs		
Deductible, Benefit Percentage	Ded Waived , first \$600 paid at 70/30%	Deductible Applies, 80/20%
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%
Maximum per Benefit Period	\$100	\$100
Chemical Dependency — Outpatient & Inpatient		
	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible, Benefit Percentage	Deductible Applies, 70/30%	Deductible Applies, 80/20%
Maximum per Benefit Period and Lifetime	Plan Maximum	Plan Maximum
Mental Illness — Outpatient / Inpatient		
	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible, Benefit Percentage	Deductible Applies, 70/30%	Deductible Applies, 80/20%
Maximum per Benefit Period and Lifetime	Plan Maximum	Plan Maximum
Autism Spectrum Disorders		
Deductible, Benefit Percentage	Deductible Applies, 70/30%	Deductible Applies, 80/20%
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, 70/30%	Deductible Applies, 80/20%
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, 70/30%	Deductible Applies, 80/20%
Maximum per Benefit Period	180 (combined visits)	180 (combined visits)
Transplants		
Deductible, Benefit Percentage	Deductible Applies, 70/30%	Deductible Applies, 80/20%
Not to exceed Lifetime Maximum	Plan Maximum	Plan Maximum
Skilled Nursing Facility		
Deductible, Benefit Percentage	Deductible Applies, 70/30%	Deductible Applies, 80/20%
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.

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

Basic Option 5
Deductible Waived, 100%
\$300 within 90 days of accident
Deductible Applies, 70/30%
Deductible Applies, 70/30%
Deductible Applies, 70/30%
\$5,000
No Benefit
N/A
N/A
N/A
No Benefit
N/A
N/A
First 3 outpatient visits paid at 100%
Deductible Applies, 70/30%
Plan Maximum
First 3 outpatient visits paid at 100%
Deductible Applies, 70/30%
Plan Maximum
Deductible Applies, 70/30%
\$50,000
\$20,000
Deductible Applies, 70/30%
Subject to \$50,000 Lifetime Maximum
\$2,000
Deductible Applies, 70/30%
90 (combined visits)
Deductible Applies, 70/30%
\$500,000 Lifetime Maximum
Deductible Applies, 70/30%
60 days
No prescription coverage, but ID card can be used for prescription discounts.

VISIT WWW.MUSTBENEFITS.ORG

(G L O S S A R Y C O N T I N U E D)

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.





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