

Montana Unified School Trust

Benefit Summary

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 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

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.
- The first 30-day fill or refill after July 1, 2009 of a generic proton pump inhibitor is free.
- Both 30- and 90-day prescriptions of generic drugs now have \$10 and \$20 co-pays, respectively.
- Generic prescription deductibles are waived for 30- and 90-day prescriptions.
- Preferred and non-preferred prescription deductibles increase from \$50 to \$75.
- 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.

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) (20% participation required)
- Comprehensive Major Medical Plan (CM) (20% participation required)
- High Deductible Health Plan (HM) (no minimum participation required) — qualifies for Health Savings Account
- Catastrophic Medical Plan (CM) (no minimum participation required)
- Basic Medical Plan (BP) (no minimum 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.

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 and 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 (included in every plan)

- Outpatient well-child care through 36 months-of-age following the American Academy of Pediatrics recommended schedule
- \$300 Preventive Care allowance 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 Futures

MUST offers the Healthy Futures Wellness Program, on a rotating schedule, to approximately one-third of the 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.

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.

Life Insurance Benefits

- 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 active employees, school board trustees, and retirees.
- Dependent Life Insurance is also available for an additional premium. The benefit is \$5,000 for a spouse and \$5,000 per child.

Long-Term Disability




MUST provides a Basic Plan of 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.

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 and security provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Medical Benefits	Revised Major Medical Plan (RM)					Comprehensive Major Medical Plan (CM)				
Minimum Group Participation	20% of enrolled group					20% of enrolled group				
Deductible — Individual	\$200	\$500	\$1,000	\$1,500	\$2,000	\$200	\$500	\$750	\$1,000	\$2,000
Deductible — Family	\$400	\$1,000	\$2,000	\$3,000	\$4,000	\$400	\$1,000	\$1,500	\$2,000	\$4,000
Out-of-Pocket Max — Individual	\$1,200	\$1,500	\$3,000	\$1,500	\$4,000	\$1,200	\$1,500	\$2,000	\$3,000	\$4,000
Out-of-Pocket Max — Family	\$2,400	\$3,000	\$6,000	\$3,000	\$8,000	\$2,400	\$3,000	\$4,000	\$6,000	\$8,000
Co-payment	80/20% or 70/30%					80/20% or 70/30%				
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 & over, annually					Age 50 & over, annually				
Sigmoidoscopy — in addition to \$300 Preventive Benefit										
Deductible, Benefit Percentage	Deductible Waived, 100%					Deductible 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				




Deductible is included in the Maximum Out-of-Pocket.

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

High Deductible Health Plan (HDHP)			Catastrophic Medical Plan (CM)		Basic Medical Plan (BP)	
None			None		None	
Single Plan deductible	\$1,200	\$3,000	\$5,000		\$2,000	
Family Plan* deductible	\$2,400	\$6,000	\$10,000		\$4,000	
Single Plan OOP Max	\$3,600	\$5,000	\$7,500		\$4,000	
Family Plan* OOP Max	\$7,200	\$10,000	\$15,000		\$8,000	
80/20%			80/20%		70/30%	
N/A			N/A		\$300	
\$5,000,000 			\$5,000,000 		\$1,000,000	
Deductible Waived, 80/20%			Deductible Waived, 80/20%		Deductible Waived, 70/30%	
Doctor's Office	County Health Department		Doctor's Office	County Health Department	Doctor's Office	County Health Department
Deductible Waived, 80/20%	Deductible Waived, 100%		Deductible Waived, 80/20%	Deductible Waived, 100%	Deductible Waived, 70/30%	Deductible Waived, 100%
Deductible Waived, 80/20%	Deductible Waived, 100%		Deductible Waived, 80/20%	Deductible Waived, 100%	Deductible Waived, 70/30%	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 Applies, 100%			Deductible Waived, 100%		Deductible Waived, 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 & over, annually			Age 50 & over, annually		Age 50 & over, annually	
Deductible Waived, 100%			Deductible Waived, 100%		Deductible Waived, 100%	
Age 50 & over, every 5 years			Age 50 & over, every 5 years		Age 50 & over, every 5 years	
\$1,000			\$1,000		\$1,000	
Age 50 & over, every 10 years			Age 50 & over, every 10 years		Age 50 & over, every 10 years	
\$1,000			\$1,000		\$1,000	
Age 50 & over, every 5 years			Age 50 & over, every 5 years		Age 50 & over, every 5 years	



* For the High Deductible Health Plan Only — Family includes Two-Party, Parent/Child(ren), or Family coverage. The Family deductible and Maximum Out-of-Pocket can be met by a single participant or a combination of participants.

Medical Benefits	Revised Major Medical Plan (RM)	Comprehensive Major Medical Plan (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 & Labs		
Deductible, Benefit Percentage	First \$600 Waived , 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	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum per Benefit Period	\$10,000	\$10,000
Maximum Lifetime	\$20,000	\$20,000
Reinstated Max per Benefit Period	\$2,000	\$2,000
Mental Illness — Outpatient / Inpatient	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum per Benefit Period	Plan Maximum	Plan Maximum
Maximum Lifetime	Plan Maximum	Plan Maximum
Rehabilitation/Cardiac Therapy		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum — Inpatient	Subject to \$100K Lifetime Maximum	Subject to \$100K Lifetime Maximum
Maximum/Benefit Period — Outpatient	\$5,000	\$5,000
Home Health Care		
Deductible, Benefit Percentage	Deductible Applies, 80/20% or 70/30%	Deductible Applies, 80/20% or 70/30%
Maximum per Benefit Period	180 Visits	180 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 per Benefit Period	60 days per Benefit Period
Prescription Pharmacy Benefit	Pharmacy charges do not apply to medical deductible and co-pays. See Pharmacy Benefits.	Pharmacy charges do not apply to medical deductible and co-pays. See Pharmacy Benefits.

Deductible is included in the Maximum Out-of-Pocket.

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


High Deductible Health Plan (HDHP)	Catastrophic Medical Plan (CM)	Basic Medical Plan (BP)
Deductible Applies, 100% \$500 within 90 days of accident	Deductible Waived, 100% \$500 within 90 days of accident	Deductible Waived, 100% \$300 within 90 days of accident
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
Plan Maximum	Plan Maximum	\$5,000
		No Benefit
Deductible Applies, 100%	Deductible Applies, 100%	N/A
\$25	\$25	N/A
25 (combined visits) New	25 (combined visits) New	N/A
		No Benefit
Deductible Applies, 80/20%	Deductible Applies, 80/20%	N/A
\$100	\$100	N/A
Deductible & Co-pay apply	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
\$10,000	\$10,000	\$4,000
\$20,000	\$20,000	\$8,000
\$2,000	\$2,000	\$1,000
Deductible & Co-pay apply	First 3 outpatient visits paid at 100%	First 3 outpatient visits paid at 100%
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
Plan Maximum	Plan Maximum	Plan Maximum
Plan Maximum	Plan Maximum	Plan Maximum
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
Subject to \$100K Lifetime Maximum	Subject to \$100K Lifetime Maximum	Subject to \$50K Lifetime Maximum
\$5,000	\$5,000	\$2,000
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
180 Visits	180 Visits	90 Visits
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
Plan Maximum	Plan Maximum	\$25,000 Maximum Lifetime
Deductible Applies, 80/20%	Deductible Applies, 80/20%	Deductible Applies, 70/30%
60 days per Benefit Period	60 days per Benefit Period	60 days per Benefit Period
Pharmacy charges do apply to medical deductible and co-pays. See Pharmacy Benefits.	Pharmacy charges do not apply to medical deductible and co-pays. See Pharmacy Benefits.	No Prescription Coverage

NOTES

- ✓ *Don't forget to use Preventive Benefit*
- ✓ *Take advantage of Healthy Futures Wellness Program*
- ✓ *Remember to look at benefit changes*


PHARMACY BENEFITS

Included in Catastrophic, Comprehensive Major Medical, and Revised Major Medical Plans only.


Individual Deductible \$ 75 (deductible waived on generic) 
 Annual Prescription Maximum Out-of-Pocket \$1,500 (includes deductible)
 Plan pays 100% after Maximum Out-of-Pocket is met

Standard Plan

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		


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




Generic	Co-payment	\$ 20	
Preferred	Greater of 30% or \$ 40		
Non-preferred	Greater of 40% or \$ 80		

Enhanced Plan



Up to 30-day prescription filled at participating pharmacy

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

Generic	Co-payment	\$ 10	
Preferred	Co-payment	30%	
	Minimum	\$ 20	
	Maximum	\$ 40	
Non-preferred	Co-payment	40%	
	Minimum	\$ 40	
	Maximum	\$ 60	

Generic	Co-payment	\$ 20	
Preferred	Co-payment	30%	
	Minimum	\$ 40	
	Maximum	\$ 80	
Non-preferred	Co-payment	40%	
	Minimum	\$ 80	
	Maximum	\$120	

Specialty Drugs

- One 30-day prescription filled at retail (local) pharmacy — \$500 maximum co-payment 
- 30- or 90-day prescription filled by Specialty Pharmacy — \$500 maximum co-payment 
- Plan pays 100% after Maximum Out-of-Pocket (\$1,500) is met

Health Savings Account Plan Pharmacy Benefits

Prescription drugs must be paid for at the point-of-purchase and then submitted to the medical plan for reimbursement. Prescription charges apply to the medical deductible and, once met, remaining charges are subject to a 20% co-payment until the Maximum Out-of-Pocket is met.

DENTAL BENEFITS*

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

VISION BENEFITS*

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

Member 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 or Vision coverage, but later drops the coverage, there is a two-year waiting period before the coverage can be reinstated.

ADDITIONAL LIFE BENEFITS

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 active employees.

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.

LONG TERM DISABILITY INSURANCE

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



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