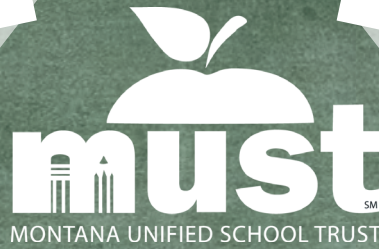




Burnham School—Hill County

Photo © Charlotte Caldwell



Benefit SUMMARY

Benefits for the Future
2021



BELGRADE SCHOOL DISTRICT

We Know SCHOOLS...BENEFITS...MONTANA

MUST is proud to offer

a variety of medical plan designs and benefits to meet the needs of our members. All plans include an accident benefit, access to CareHere and virtual visits, and preventive benefits.

MUST requires at least 75% enrollment of all eligible employees, excluding eligible employees waiving coverage because they are covered under a spouse plan.

ABOUT OUR NETWORKS

MUST utilizes Blue Cross and Blue Shield of Montana's (BCBSMT) extensive nationwide provider networks.

MUST members will experience the lowest out-of-pocket costs when utilizing network providers. Though members are free to see non-network providers, there are many advantages to using network providers.

Network providers agree to accept pre-determined allowable amounts as payment in full. This protects members as they are not subject to charges beyond MUST's allowable limits (often referred to as *balance billing*). Network providers also agree to submit claims on members' behalf, and MUST will make payments directly to those providers through BCBSMT. Non-network providers are under no obligation to accept pre-determined allowable amounts as payment in full, subjecting members to possible balance billing.

In addition, non-network providers are under no obligation to submit claims for members. Therefore, a member may be responsible for submitting the claim and paying the provider.

Balance billed amounts do not accrue toward member deductibles and out-of-pocket maximums.

CAREHERE HEALTH CENTERS

CareHere Health Centers provide a variety of services. The goal is to remove barriers that keep people from seeking medical care. Patients book appointments in 20-minute

increments, and are never double booked. For members on Traditional Plans, services are available at zero cost to the member. For members on HDHPs, services are available for a \$55 office charge (until the deductible is met).

See page 5 for more details.

CARE MANAGEMENT

MUST has case management professionals available to help identify immediate and ongoing member needs and plan courses-of-care with measurable goals and objectives.

Care management is an integrated care approach to managing illness which includes member education, referral coordination, utilization review, screenings, check-ups, monitoring, and individual care planning. The program can improve your quality of life while reducing health care costs if you have a chronic disease by preventing or minimizing the effects of a disease.

See page 12 for more details.

COBRA ADMINISTRATION

MUST administers COBRA provisions for continuation of coverage.

DIABETIC EDUCATION

MUST provides 5 diabetic visits for nutrition and insulin management education at no charge. The education must be performed by a licensed health care provider and may take place in classes through approved diabetic courses or as individual instruction.

DISEASE MANAGEMENT

MUST members with conditions (such as asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, and heart failure) have access to a confidential disease management program that helps them take control of such medical conditions and maintain good health.

LIFE INSURANCE

A Basic Group Life Insurance and Accidental Death and Dismemberment (AD&D) benefit of \$10,000 is provided to all active employees enrolled in a MUST health benefit plan (unless waived by the group prior to 2006).

Additional life and AD&D benefits, both employer and employee paid, are available for an additional premium. Dependent Life Insurance is included with the employee-paid life and AD&D option. For an additional premium, the member may purchase \$5,000 or \$10,000 Dependent Life for a spouse, and \$5,000 or \$10,000 per child.

See page 11 for more details.

LONG-TERM DISABILITY

MUST provides Basic Long Term Disability (LTD) coverage to eligible employees of participating member groups (unless waived by the group prior to 2006) at no additional cost to the member group or the employee. Member groups may enhance coverage for employees by electing the LTD buy-up and/or the LTD Employer-paid non-medical plans. MUST LTD coverage is not available for retirees or school-board trustees.

See page 11 for more details.

MATERNITY PROGRAM

MUST medical participants are eligible for free, confidential prenatal education and a high-risk-pregnancy identification program to help expecting 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.

PRESCRIPTION DRUG BENEFITS

The pharmacy program is managed by Prime Therapeutics. For RM and CM, Prime uses a Performance Drug List and the Advantage Plus Pharmacy Network to provide members with a managed selection of pharmacy choices. Members on HDHP plans will pay 100% of the cost for medications

until their medical plan deductible is met. Qualifying ACA preventive medications are provided at no cost to members. Members on the MUST Basic Plan can use their MUST ID card for certain pharmacy discounts. The card must be provided at point of service. Members receive medications at the discounted price.

See page 9 for more details.

PREVENTIVE BENEFITS

All MUST plans include a variety of preventive benefits. These benefits include a vision exam and contraceptive coverage for all covered members.

See page 5 for more details.

VIRTUAL VISITS (TELEHEALTH)

Virtual Visits allow members to have a live consultation with an independently contracted board-certified MDLIVE doctor. Instead of going to the office, members can talk with a doctor while at home, work or any place. Virtual Visits can cost less than going to the urgent care clinic or emergency room.

Simple, non-emergency medical health conditions can be addressed via telephone, online video or the mobile app-Blue Access MobileSM (access type depends on the state where the member is at the time of service). Montana law requires virtual visits incorporate a visual between provider and member. Visit mustbenefits.org for more information.

See page 4 for more details.

VISION & DENTAL BENEFITS

Employees and dependents are eligible to elect vision and dental coverage in districts offering those benefits.

See page 10 for more details.

WELLNESS PROGRAMS

Eligible members and their spouses on MUST plans have access, at no additional cost, to track their health and put valuable health information where it will do the most good—in their doctor's hands.

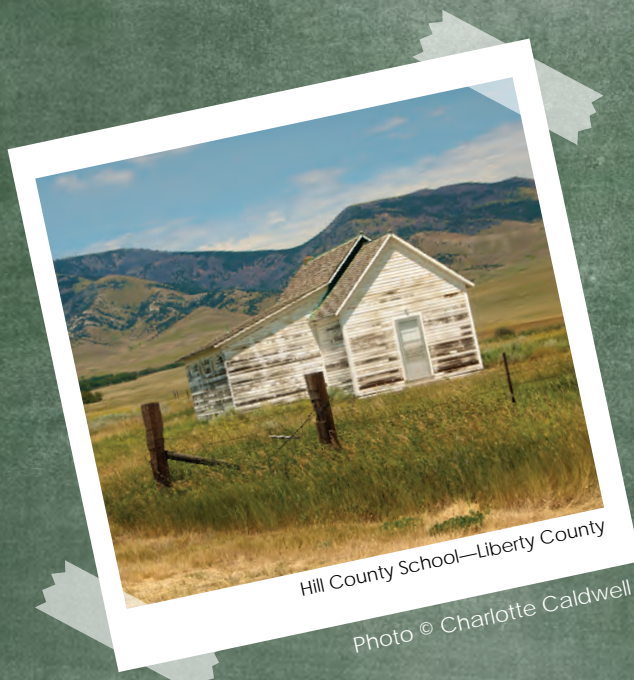
See page 13 for more details.

IMPORTANT NOTE

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

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Hill County School—Liberty County

Photo © Charlotte Caldwell

MAKE THE *most* OF YOUR BENEFITS

MAKING THE MOST OF YOUR BENEFITS is more than just visiting in-network providers and knowing what is covered by your benefits. MUST wants to make it easy for you to utilize your benefits. Virtual visits, the Provider Finder® tool, Blue Access MobileSM, and a 24/7 hour NurseLine are all available for members.

BLUE ACCESS FOR MEMBERSSM

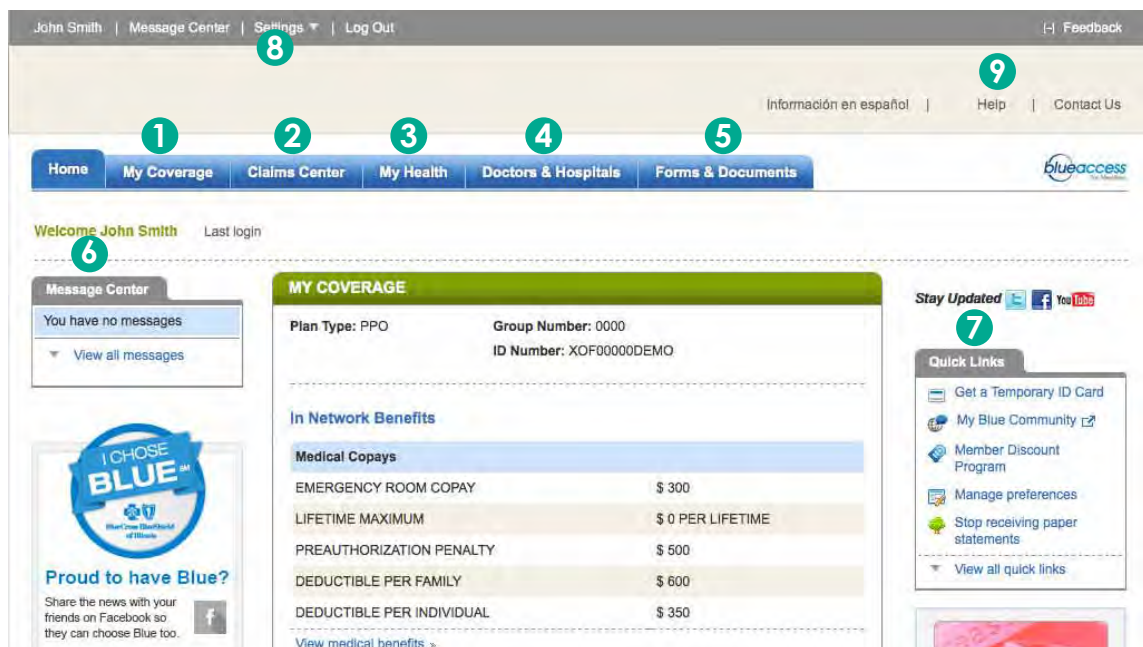
MAKE INFORMED DECISIONS

The Provider Finder® is an innovative tool when choosing a provider, or estimating the cost for hundreds of medical procedures. The tool allows you to know more about providers who take care of you or your family and compare provider costs by location. The Provider Finder tool is available at bcbsmt.com by logging in to Blue Access for MembersSM (BAMSM) or by downloading the BCBSMT Mobile app to your smartphone.

Get information about your health benefits, anytime, anywhere.

Access the Blue Cross and Blue Shield of Montana (BCBSMT) secure member website, Blue Access for MembersSM (BAMSM) with any one of these devices:

- computer
- phone
- tablet



- 1 My Coverage**—Review benefit details for you and family members covered under your plan.
- 2 Claims Center**—View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health**—Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals**—Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents**—Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center**—Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links**—Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 Settings**—Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 9 Help**—Look up definitions of health insurance terms, get answers to frequently asked questions and find articles and videos.

virtual HEALTHCARE...

WHERE AND WHEN YOU NEED IT

VIRTUAL VISITS

TELEHEALTH POWERED BY MDLIVE® or **VIRTUAL VISITS** are an efficient and cost-effective care solution available on all MUST plans. For a maximum charge of \$44 (refer to your plan), simple, non-emergency medical health conditions can be addressed via telephone, online video or mobile app. Members, through their Blue Access for MemberSM (BAMSM) account, can register and access Virtual Visits. Montana law requires virtual visits to incorporate a visual between provider and member.

No matter where you are, a doctor is available **24 HOURS A DAY/ SEVEN DAYS A WEEK**. MDLIVE virtual visit doctors can save time, help treat and prescribe needed medications.

GENERAL HEALTH

- Allergies
- Asthma
- Joint aches
- Sinus infections

PEDIATRIC CARE

- Cold/flu
- Ear infections
- Pink eye

24/7 NURSELINE

NURSES AVAILABLE WHEN YOU NEED THEM

The 24/7 Nurseline can answer health questions and help you decide whether you should go to the emergency room, urgent care center, or make an appointment with your provider. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions! Also, when you call you can access an audio library of more than 1,000 health topics.



2 CONVENIENT WAYS TO REGISTER AND LOG IN

ONLINE—Visit bcbsmt.com and click the Sign Up or Log In tab to access your Blue Access for MembersSM (BAMSM) account. Once logged in, access Virtual Visits from the quick links on the left.

OR

MOBILE—Using your smart phone, text your own online virtual assistant! This makes activation quick and easy. To start, just text BCBSMT to 635-483.

Download the MDLIVE app from the Apple StoreTM or Google Play StoreTM



WHEN YOU SHOULD YOU CALL THE 24/7 NURSELINE?

877.213.2565

- Asthma, back pain or chronic health issues
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat



preventive CARE

PREVENTIVE SERVICES are designed to comply with terms of the Patient Protection and Affordable Care Act (PPACA), current recommendations of the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Examples of preventive health care services include, but are not limited to—

- Well baby/Well child care
- Preventive, routine physicals
- Well woman visits*
- Preventive mammograms
- Immunizations
- Preventive colonoscopy
- Prostate cancer screening

Preventive and screening tests and services must be ordered by a treating health care provider.

Preventive care does not include diagnostic treatment, lab, x-ray, follow-up care, or maintenance care of existing conditions or chronic disease.

Any plan deductible, co-payment, and/or co-insurance amounts stated in the Benefit Summary are waived when provided by an in-network provider. When out-of-network providers are used, the member is subject to deductible, co-insurance, and any charges beyond MUST's allowable limits (balance billing). Balance billing charges do not apply to member deductibles and out-of-pocket maximums.

When preventive services and diagnostic or therapeutic services occur during the same visit, the member pays deductibles and co-insurance for diagnostic or therapeutic services but not for preventive services.

Visit mustbenefits.org/preventive-benefits for more information.

**Women on all MUST plans have access to generic oral contraceptives, diaphragms, cervical caps, sterilization procedures, patient education, and counseling. Over-the-counter female contraceptives are covered when prescribed by a provider.*



Premise HEALTH CENTERS

Formerly CareHere, Premise Health Centers have the same great care and value **available to ALL MUST members**, helping reduce out-of-pocket costs.

Premise Health provides same day appointments, online scheduling, \$0 cost (\$55 copay for HDHP plans), as well as certain labs and diagnostic testing, including x-rays.

To schedule your appointment:

- ❖ Call 855.200.6822
- ❖ Visit MyPremiseHealth.com
- ❖ Download the My Premise Health app

ANACONDA

610 E. Park Plaza, Suite 602

BILLINGS

1501 14th Street W. #230

BUTTE

3703 Harrison Ave, Suite B

HELENA

405 Saddle Drive

MISSOULA

1211 Reserve, Suite 202

plan DETAILS

MUST OFFERS a variety of plan designs and benefits to meet the needs our members. All plans include an accident benefit, access to CareHere and virtual visits, and preventive benefits.

RM

REVISED MAJOR MEDICAL PLAN

The RM plan has the most robust benefits. It includes a \$25 co-pay for office visits, with 10 combined chiropractic and acupuncture visits. This plan also includes a pharmacy benefit with tiered co-pays and a \$1650 individual out-of-pocket maximum.

CM

COMPREHENSIVE MAJOR MEDICAL PLAN

The CM plan is our standard plan. Generally, all claims will apply to the deductible, coinsurance and out-of-pocket maximum. It includes 6 combined chiropractic and acupuncture visits after the deductible is met. This plan also includes a benefit with tiered co-pays and a pharmacy \$1650 individual out-of-pocket maximum.

BP

BASIC PLAN

The BP plan includes a \$300 first dollar benefit, as well as a \$300 accident benefit, before the deductible is met. However, this plan does not include chiropractic or acupuncture coverage, and includes a pharmacy discount program only. The **Basic Plan does not** meet the Affordable Care Act (ACA) minimum essential health benefits standards.

HDHP

HIGH DEDUCTIBLE HEALTH PLAN

The HDHP meets the IRS requirements to allow members to utilize a Health Savings Account (HSA) and therefore, with a few exceptions, claims apply to the deductible, coinsurance and out-of-pocket maximum. The exceptions include a \$500 accident benefit and an **Expanded Preventive Drug List**. This plan also includes an integrated pharmacy benefit - meaning all pharmacy claims apply to the medical deductible, coinsurance and out-of-pocket maximum.



“

Students in the *arts* or *athletics* outperformed their peers by a wide margin: 14% more students were proficient in English, 20% more were proficient in math, 16% more were proficient in science, and 16% more were proficient in social studies.

RIM PLAN



IMPORTANT NOTE: This document is intended to be an easy-to-use reference for members. The Summary Plan Description and related amendments will supersede this general information with regard to individual participants' eligibility and benefits. The benefit levels below apply when provided by a network provider. To find out if your doctor is a network provider, visit www.mustbenefits.org and follow the provider links.

GROUP INFORMATION

Group name:	Individual/family deductible:
Benefit percentage: 80/20%	Individual/family OOPM:

MEDICAL BENEFITS

Deductible Waived

Accident benefit: Deductible waived on the first \$500 after which the deductible and co-insurance apply; claims must be submitted within 90 days of the date of accident	Preventive benefit: Deductible waived, paid at 100% (see Preventive Benefit flier for details)	
Chiropractic/acupuncture visits: deductible waived and no co-insurance, 10 combined visits per benefit period	Office visits (physician/chemical dependency/mental illness): deductible waived	
	In-network: \$25 co-pay	Out-of-network: 80/20%
Chemical dependency/mental illness (outpatient): First 3 outpatient office visits paid at 100%		
Virtual Visits: \$25		

Deductible Applies

Hospital services	Rehabilitation therapy: maximum of 50 outpatient visits or 60 inpatient days
Diagnostic/chiropractic X-ray	Home healthcare: 180 visit maximum
Lab work	Skilled nursing facility: 60 days maximum
Chemical dependency/mental illness (outpatient): First 3 outpatient office visits paid at 100%, then deductible and co-insurance apply	Autism spectrum disorders
Chemical dependency/mental illness (inpatient)	Transplant coverage

PHARMACY

Pharmacy Plan: See Benefit Summary for details.

HIDHP PLAN



IMPORTANT NOTE: This document is intended to be an easy-to-use reference for members. The Summary Plan Description and related amendments will supersede this general information with regard to individual participants' eligibility and benefits. The benefit levels below apply when provided by a network provider. To find out if your doctor is a network provider, visit www.mustbenefits.org and follow the provider links.

GROUP INFORMATION

Group name:

Individual/family deductible:

Benefit percentage: 100/0%

Individual/family OOPM:

Embedded deductible: In this plan, any one member of the family can meet the individual deductible, at which point the plan starts to pay its share of claims for that member.

MEDICAL BENEFITS

Deductible Waived

Preventive benefit: Deductible waived, paid at 100% (see Preventive Benefit flier for details)

Virtual Visits: \$44

Accident benefit: Deductible waived on the first \$500 after which the deductible and co-insurance apply; claims must be submitted within 90 days of the date of accident

Deductible Applies

Office visits (physician/chemical dependency/mental illness)

Chemical dependency/mental illness (outpatient)

Chiropractic/acupuncture visits: Deductible applies, no co-insurance, but limited to 10 combined visits per benefit period

Chemical dependency/mental illness (inpatient)

Chiropractic X-ray: Deductible applies, no co-insurance

Rehabilitation therapy: maximum of 50 inpatient days or 60 outpatient visits

Hospital services

Home healthcare: 180 visit maximum

Diagnostic X-ray

Skilled nursing facility: 60 days maximum

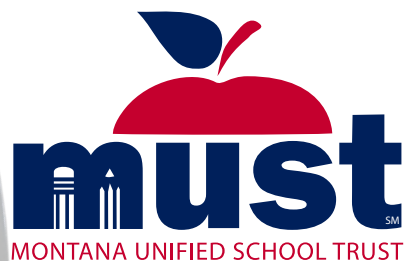
Lab work

Autism spectrum disorders

Transplant coverage

Prescription charges apply to medical deductible and co-insurance, and once deductible is met, the plan pays prescription claims at benefit percentage level.

HIDHP PLAN



IMPORTANT NOTE: This document is intended to be an easy-to-use reference for members. The Summary Plan Description and related amendments will supersede this general information with regard to individual participants' eligibility and benefits. The benefit levels below apply when provided by a network provider. To find out if your doctor is a network provider, visit www.mustbenefits.org and follow the provider links.

GROUP INFORMATION

Group name:

Individual/family deductible:

Benefit percentage: 100/0%

Individual/family OOPM:

Embedded deductible: In this plan, any one member of the family can meet the individual deductible, at which point the plan starts to pay its share of claims for that member.

MEDICAL BENEFITS

Deductible Waived

Preventive benefit: Deductible waived, paid at 100% (see Preventive Benefit flier for details)

Virtual Visits: \$44

Accident benefit: Deductible waived on the first \$500 after which the deductible and co-insurance apply; claims must be submitted within 90 days of the date of accident

Deductible Applies

Office visits (physician/chemical dependency/mental illness)

Chemical dependency/mental illness (outpatient)

Chiropractic/acupuncture visits: Deductible applies, no co-insurance, but limited to 10 combined visits per benefit period

Chemical dependency/mental illness (inpatient)

Chiropractic X-ray: Deductible applies, no co-insurance

Rehabilitation therapy: maximum of 50 inpatient days or 60 outpatient visits

Hospital services

Home healthcare: 180 visit maximum

Diagnostic X-ray

Skilled nursing facility: 60 days maximum

Lab work

Autism spectrum disorders

Transplant coverage

Prescription charges apply to medical deductible and co-insurance, and once deductible is met, the plan pays prescription claims at benefit percentage level.

pharmacy BENEFITS

RM & CM

Pharmacy benefits detailed below are included in the **Revised Major Medical (RM)**, **Comprehensive Major Medical (CM)**.

MUST's pharmacy benefits are managed by **Prime Therapeutics**. Prime uses a **Performance Drug List** and **Advantage Plus Pharmacy Network** to provide members with a managed selection of pharmacy choices.

Prime has over 55,000 participating pharmacies nationwide with over 240 of those in Montana. Some retail pharmacies can provide 90-day supplies. Members may use mail order benefits through **Prime using ESI Mail Order Services, Ridgeway or Costco Pharmacy**.

MUST exclusively uses Prime and Accredo Specialty Pharmacy for specialty medications. Prior authorization/step therapy is likely required before coverage. Other specialty pharmacies are out-of-network. Please visit mustbenefits.org/explore-plans/pharmacy.

Clinical management programs are part of the MUST pharmacy benefit.

THESE PROGRAMS INCLUDE:

- **Prior Authorization:** Appropriateness of use
- **STEP Therapy:** Lower cost therapeutic equivalents
- **Dispensing Limits:** Eliminates waste

BE PROACTIVE

- Check the **Prime Performance Drug List** for drug coverage and limitations. Ensure drug is covered and be aware of utilization management programs.
- Check the **Prime Advantage Plus Pharmacy Network** for contracted pharmacies. Note: CVS-owned* pharmacies and CVS pharmacies in Target® stores are not in your pharmacy network.

If you have questions about prescriptions, utilization management, need to find a pharmacy, estimate drug costs, or want to view the **Advantage Performance Drug List**, please visit mustbenefits.org/explore-plans/pharmacy.

HDHP

Members on High Deductible Health Plans (HDHPs) pay 100% of the cost of their medications until their medical plan deductible is met.

All HDHP plans include an **EXPANDED PREVENTIVE DRUG LIST**, that covers additional preventive prescriptions at \$0 before deductible. The preventive drug program includes prescription drugs in the following categories: anti-coagulants/anti-platelets, bowel preparation, breast cancer prevention, contraceptives, diabetes medications and supplies, fluoride supplements, high blood pressure, high cholesterol, osteoporosis, respiratory, tobacco cessation, and vaccines.

Learn more about your pharmacy benefit at mustbenefits.org/explore-plans/pharmacy.

BASIC

Members on the Basic Plan can use their MUST ID card for certain pharmacy discounts. The card must be provided at point of service. ACA preventive prescriptions are covered at 100%.

90-DAY FILLS

Mail order or at select retail stores:
90 days (retail & mail) = 2 x 30-day copay.



PERFORMANCE DRUG LIST TIERS	30 DAY MEMBER CO-PAY FOR NON-HDHP PLANS.
Preferred generic	\$10
Non-preferred generic	\$30
Preferred brand	\$50
Non-preferred brand	\$150
Preferred specialty	\$150
Non-Preferred specialty	\$300
Pharmacy Out-of-Pocket Max.	Pharmacy Max Out-of-Pocket: \$1,650 individual/\$3,300 family

(MAIL ORDER OR AT SELECT RETAIL STORES): 2X CO-PAY = 90 DAYS

*Member responsibility will be the lower of the contracted rate or the copay.

VISION & DENTAL

Note—Groups offering Vision and/or Dental benefits to their employees can do so without requiring enrollment under a medical plan.

VISION

MATERIALS	PER LENS	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	N/A	\$110*
Frames	N/A	\$85

Members may choose one set of glasses (frames and lenses) or one set of contact lenses, but not both, during a given benefit period.

*One pair per year or one year supply of disposable lenses up to \$110

EXAMS

One vision exam per benefit period is available to all MUST members under the preventive medical benefit. Present your MUST MEDICAL ID CARD at the time of the eye exam.

- Includes **1 retinal scan** every 2 years (max of \$40).

EXAM + HARDWARE BENEFIT

- If option selected by employer, eligible district employees **not enrolling** in Medical coverage may select vision plan.
- Includes **1 vision exam** per benefit plan year in addition to hardware (\$150 eye exam benefit maximum).
- Includes **1 retinal scan** every 2 years (max of \$40) in addition to hardware.

The American Dental Association recommends that people visit the dentist at least twice a year. However, everyone's teeth differ, and some people may need to visit the dentist even more often in order to adequately prevent problems.

DENTAL

DENTAL COVERAGE

Maximum benefit/period/covered person (Combined Type A, B, and C expenses)	\$1,250
Type A - Diagnostic/Preventive	
Deductible waived	No co-payment
Type B - Routine/Basic Care	
Deductible waived	20% co-insurance
Type C - Major Restorative	
\$25 deductible	50% co-insurance

ORTHODONTIA COVERAGE (for dependents under 19)

Maximum lifetime benefit	\$1,000
Orthodontia	
\$50 deductible	50% co-insurance

DENTAL BENEFIT

- If selected, eligible district employees **not enrolling** in Medical coverage may select dental plan. (Benefits outlined above.)



IMPORTANT NOTE: If a member elects vision or dental coverage, but drops it at the end of the year, there is a two year waiting period before coverage can be reinstated. Members may not drop dental or vision coverage mid-year unless they are also dropping medical coverage. Mid-year drops are not allowed when the benefit has been utilized unless the drop is due to leaving employment.

ELIGIBILITY (FOR DENTAL AND VISION COVERAGE): Employee enrollment is required to enroll any dependents in dental and/or vision benefits.

LIFE & LTD BENEFITS

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

BASIC LIFE AND AD&D (PAID FOR BY MUST)

MUST provides \$10,000 of Basic Group Life Insurance coverage to eligible employees of participating member groups (unless waived by the group prior to 2006) at no additional cost to the member group or the employee. Member groups may enhance coverage for employees by electing the Employer Paid Life and/or the Employee Paid Voluntary Life plans. MUST Group Life Insurance coverage is not available for retirees or school-board trustees.

ADDITIONAL LIFE OPTIONS

Employer-Paid Life. This is an additional Life and Accidental Death & Dismemberment (AD&D) policy paid for by the employer. Employers may elect any amount in increments of \$10,000 to a maximum of \$150,000.

Employee-Paid Voluntary Life Buy-Up. If elected at the group level, an employee can purchase additional Life and AD&D. They can elect any amount in increments of \$10,000 to the lesser of \$500,000 or four times base annual earnings. Employees can elect up to \$100,000 without submitting evidence of insurability upon initial enrollment.

Voluntary Dependent Life. This is an additional Life policy paid for by the employee who purchases the Voluntary Life Buy-Up. Dependent coverage of \$5,000 or \$10,000 may be purchased on the spouse and each eligible child.

MORE INFORMATION

Visit mustbenefits.org for details on available benefits under these plans.

LONG-TERM DISABILITY (LTD)

MUST provides Basic Long Term Disability (LTD) coverage to eligible employees of participating member groups (unless waived by the group prior to 2006) at no additional cost to the member group or the employee. Member groups may enhance coverage for employees by electing the LTD buy-up and/or the LTD Employer-paid non-medical enrolled buy-up. MUST LTD coverage is not available for retirees or school-board trustees.

BASIC LTD PLAN (PAID FOR BY MUST)

BASIC LTD NON-MEDICAL (PAID FOR BY EMPLOYER)

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

Member groups (school districts) may enhance this LTD coverage for their active employees by electing an LTD buy-up. The premium for this buy-up is paid by the employer.

LTD BUY-UP (PAID FOR BY EMPLOYER)

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

SETTING MUST APART

- **Basic Life & AD&D Insurance of \$10,000**—For employees enrolled in Medical coverage.
- **Beneficiary Resource Services**—includes additional grief and financial counseling (up to 5 working sessions), in addition to unlimited phone contact for 1 year with a grief counselor, legal advisor, or financial planner.
- **Basic LTD benefit 50% of pre-disability earnings**—For employees enrolled in Medical coverage.
- **Disability Resource Services**—Includes web-based EAP services, in addition to unlimited 24/7 confidential online/phone support and face-to-face sessions (up to 3 visits available at no additional cost) for LTD insured employees.
- **Solutions for Education Professionals**—Enhanced benefits to help cover your specific needs at no additional cost!
- **K-12 Campus Violence Benefit**—As part of the accidental death & dismemberment (AD&D) coverage benefit is paid due to a violent event that occurred on the student's campus.
- **College Assistance Plan**—Help plan for, pay for, and reduce the cost of college.
- **Disability Coverage During School Breaks**—Ensures that all disabilities are treated the same, regardless of whether they occur while school is in session or not.
- **Office Depot Discount Program**—Office Depot offers you a special 10% discount on most of their office supplies to help alleviate financial strain that teachers may have.
- **Travel Assistance**—Active employees covered under the MUST medical and LTD coverage have access. This benefit provides emergency assistance to members and their dependents traveling more than 100 miles from home, and includes benefits such as foreign language assistance, evacuation services, and repatriation services.



MUST HAVE *tools*

PROVIDER FINDER[®] /TRANSPARENCY TOOL

MAKE INFORMED DECISIONS

The Provider Finder[®] is an innovative tool when choosing a provider, or estimating the cost for hundreds of medical procedures. The tool allows you to know more about providers who take care of you or your family and compare provider costs by location. The Provider Finder tool is available at **bcbsmt.com** by logging in to Blue Access for MembersSM (BAMSM) or by downloading the BCBSMT Mobile app to your smartphone where you can:

- Find a network primary care physician, specialist or hospital
- Filter search and compare results by doctor, specialty, ZIP code, and gender – even get directions
- Estimate the cost of procedures, treatments and tests, and your deductible/out-of-pocket expense based on your actual MUST benefit plan
- Review quality designations for facilities and physicians
- View patient reviews on physicians and add your own

CARE MANAGEMENT

MUST members have access to an integrated health management program, including pharmacy coordination, for chronic and acute care.

UTILIZATION MANAGEMENT

- Management of inpatient and specified outpatient procedures

HOLISTIC HEALTH MANAGEMENT

- A member centered approach to care management. Provides clinical outreach for those who need it most, when they need it most to improve health outcomes and reduce costs
- Coordinates all health concerns, regardless of condition
- Multidisciplinary team to address complex health challenges; partners with specialist as necessary, including behavioral health experts and pharmacists

BEHAVIORAL HEALTH

- Inpatient management, case management, outpatient management and specialty teams to assist with opioid/substance abuse, autism, and eating disorder care team.

**Programs may have participation criteria.*



BLUE ACCESS FOR MEMBERSSM

Get started by logging in to Blue Access for MembersSM (BAMSM) at **bcbsmt.com**. Then go to My Health to access all your health and wellness programs. For example, the Well onTarget[®] program can help you figure out where you might want to make some changes, then help you reach those goals.

Digital self-management programs can teach you about managing asthma, diabetes, finances, fitness, and other health related issues.

MOBILE APP

BCBSMT APP

Once logged in, members can view their digital ID card, benefits and eligibility, claim status, My Care Profile, user profile, and health and wellness resources. Members also have the ability to sign up for text messaging alerts.

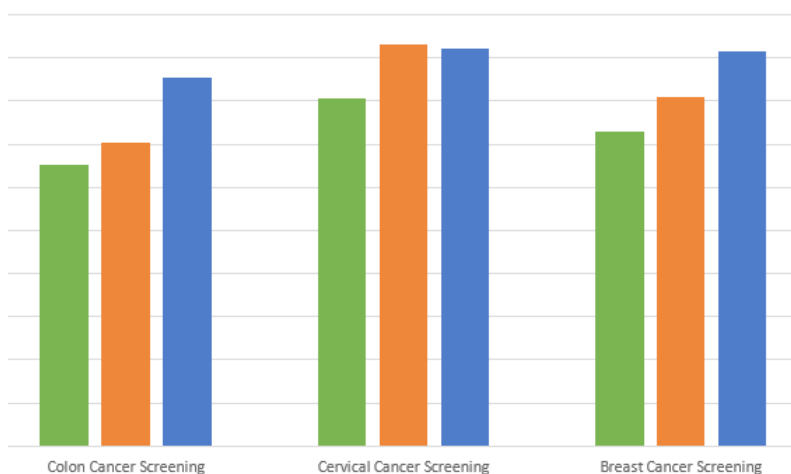
wellness PROGRAMS

ELIGIBLE MEMBERS AND THEIR SPOUSES* ON MUST PLANS have a great way, at no additional cost, to track their health and put valuable health information where it will do the most good - in their doctor's hands.

Participating in the Healthy Futures Wellness Program is a win-win because eligible parties can improve their health and receive **\$100 off their plan deductible in the following benefit year** while doing it! Visit with your provider and get to know your health numbers.

- Download a Blue Cross and Blue Shield of Montana (BCBSMT) Total Health Management (THM) Assessment Form at mustbenefits.org/forms.
- Take the form with you to your primary care physician.
- Have your provider complete the THM form and make sure both you and your provider sign the form. It will be considered incomplete if not signed by both parties.
- Fax or mail the completed form to BCBSMT for processing. You will be notified when your THM form is received at BCBSMT if you provided a legible e-mail address.
- The THM form must be completed and submitted by **June 30, 2022** for the 2021-22 benefit year.
- Employees and covered spouses are eligible for this program.
- In the next benefit year, when covered under a MUST medical plan, you will receive a \$100 credit to your plan deductible.

TOTAL HEALTH MANAGEMENT PREVENTIVE CANCER SCREENINGS
Summary Statistics 2019



* Employee and covered spouse enrolled in a medical plan qualify for the program, other dependents do not. Medicare-eligible members, retiree members, and dependent children do not qualify for program participation.



**RECEIVE \$100 OFF YOUR
PLAN DEDUCTIBLE!**
**for completing the HEALTHY
FUTURES Wellness Program!**

**(\$100 off plan deductible in the
following benefit year)**

new DIGITAL LIFESTYLE MANAGEMENT PROGRAMS

**WONDR
HEALTH®**

A behavioral counseling program for metabolic syndrome reversal, weight management and diabetes prevention.

**TELEDOC/
LIVONGO®**

A diabetes management system that combines a connected glucose meter and personal support.

OMADA®

Expanded condition coaching services integrates remote monitoring tools, educational curriculum and social community.

glossary TERMS

ALLOWABLE LIMITS

Non-network provider charges can be greater than MUST's allowable limits. Network providers agree to the terms of MUST's allowable limits.

BENEFIT PERCENTAGE

Once deductibles are satisfied, members and MUST share allowable charges up to the member's Out-of-Pocket Maximum (OOPM) amount. The benefit percentages listed herein are 100/0%, 80/20%, 70/30%. See co-insurance.

BENEFIT PERIOD

Also known as the plan or benefit year. This refers to that duration of time between renewal periods which members are covered for elected services.

CO-INSURANCE

Member's portion of the benefit percentage. For example, if the benefit percentage is listed as 80/20%, MUST's portion is 80% and the member's co-insurance is 20%.

CO-PAYMENT

A flat rate a member pays for a given service.

DEDUCTIBLE

Amount the member is expected to pay before the costs of services are shared by MUST (co-insurance) and varies depending upon the member group's plan elections.

MEMBER APPEAL

If your claim is denied, you have the right to appeal the denial. For information on how to file an appeal, consult your Summary Plan Document or contact your MUST marketing representative. See back cover for contact information.

NETWORK PROVIDER

Also referred to as a participating provider. The provider agrees to submit claims on the member's behalf and to accept MUST's allowable limit amount

as payment in full. Using network providers ensures members the highest possible benefit and avoiding balance billing by the provider.

Balance billed amounts do not accrue toward the member's deductibles and Out-of-Pocket Maximum.

OUT-OF-POCKET MAXIMUM (OOPM)

The maximum financial exposure a member has in a given benefit period, which means, after this amount is met, the plan pays eligible claims at 100% of in-network provider services up to allowable limits. Deductibles, co-insurance, and co-payments count toward this amount.

PREVENTIVE BENEFIT

Includes any number of first-dollar benefits offered to all MUST members, including coverage for certain screenings and immunizations billed by healthcare providers as a preventive service.

SPECIALTY DRUGS

Refers to a narrowly defined class of extremely high-cost, biologic drugs that often require special handling, administration, and careful adherence to treatment protocols. Prime Speciality is the exclusive provider.


THIRD-PARTY ADMINISTRATOR (TPA)

MUST uses a third-party administrator, Blue Cross and Blue Shield of Montana (BCBSMT), to administer day-to-day health plan functions. This relationship not only brings large provider networks to members, but also processes claims and provides front-line customer service, working with MUST's high level customer service.

For more glossary terms, please visit mustbenefits.org/about-us/other-resources.

Questions?

If you have questions concerning any of the offerings and programs outlined in this Benefit Summary, make sure to visit mustbenefits.org or contact MUST.

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IMPORTANT NOTE

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

MSSF/MUST ADMINISTRATION

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For more information on plans, benefits and staff, please visit our website at mustbenefits.org |  @MUSTbenefits