

Healthcare Highlights

Eligibility

Health Insurance Benefits are available to all employees who meet eligibility requirements. For eligibility standards contact your Human Resources Department.

Other than the Initial Enrollment Period and Open Enrollment Period allowed by this Plan, certain persons may enroll during Special Enrollment period. To change coverage because of a family status change, an employee must complete the request of coverage on the Plan's enrollment form within thirty (30) days after the following event:

- Marriage of the Employee;
- Birth of the Employee's child; or
- Adoption of or placement of a child for adoption with the Employee.
- Change in spouse's employment status

Most Employees Are Saving Hundreds of Dollars By Joining FLEX

When you join the FLEX Plan, the amounts you pay for qualified health and day care expenses are exempt from taxes. When your tax deductions are lower, your spendable income is higher. **For most employees, FLEX can mean hundreds of dollars more each year in their pocket.**

How it Works: When you participate in your employer's Flexible Benefit Plan, you elect to have a specified amount of "before-tax" dollars deducted from your pay check each pay period. Basically there are three areas in which you can make "before tax" elections:

- Group medical insurance premiums (for your employers Medical Plan)
- Qualified out-of-pocket medical expenses
- Qualified dependent care expenses

Your Medical Plans At-A-Glance

LIFETIME MAXIMUM BENEFIT		\$2,000,000	
	Option I	Option II	
Annual Deductible	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	
Out-of-Pocket Maximum*	\$1,700 per person \$3,400 per family	\$2,900 per person \$4,600 per family	
Feature	In-Network	Out-of-Network No Referral	Out-of-Network w/Referral from Network Provider
Local Primary Care Provider Office Visit (Deductible Waived)	Participant pays the greater of 20% or \$12 of the office visit	N/A	N/A
Physician/Provider Office Visit (Deductible Applies)	80%	50%	80%
Medical Benefits			
Before satisfaction of out-of-pocket max	80%	50%	80%
After satisfaction of out-of-pocket max	100%	50%	80%
Inpatient Hospital	80%	50%	80%
Emergency Room			
Deductible Applies, Percentage	80%	80%	80%
Well-Child Care (through 24 months of age)	100% (Deductible waived) \$300 Max benefit/period	100% (Deductible waived) \$300 Max benefit/period	100% (Deductible waived) \$300 Max benefit/period
X-ray & Lab Procedures	80%	50%	80%
Annual Pap (Lab Only), Mammogram (X-Ray Only), Prostate & Testicular Testing (Lab Only) (procedures in excess of 1 per benefit period will be subject to the applicable Deductible and Percentage)	100% (Deductible waived) 1 Max procedure/period	100% (Deductible waived) 1 Max procedure/period	100% (Deductible waived) 1 Max procedure/period
Routine Inpatient Nursery/Physician Care	80%	80%	80%
Chiropractic Care	80% max benefit/period \$750 max \$100 max benefit diagnostic x-rays	80% max benefit/period \$750 max \$100 max benefit diagnostic x-rays	80% max benefit/period \$750 max \$100 max benefit diagnostic x-rays
Mental Illness			
Outpatient	Deductible waived 50%: 15 max outpatient visits/period	Deductible waived 50%: 15 max outpatient visits/period	Deductible waived 50%: 15 max outpatient visits/period
Inpatient	50%: 30 days max inpatient confinement/period; 45 Days max lifetime inpatient confinement/period	50%: 30 days max inpatient confinement/period; 45 Days max lifetime inpatient confinement/period	50%: 30 days max inpatient confinement/period; 45 Days max lifetime inpatient confinement/period
Rehabilitation Therapy	80%: \$100,000 Lifetime Max per Covered Person	80%: \$100,000 Lifetime Max per Covered Person	80%: \$100,000 Lifetime Max per Covered Person
Home Health Care	100% (deductible waived); 2 visits per day; \$10,000 max benefit/period	100% (deductible waived); 2 visits per day; \$10,000 max benefit/period	100% (deductible waived); 2 visits per day; \$10,000 max benefit/period
Prescription Drugs			
Network Participating Pharmacies \$700 Pharmacy Deductible	Generic Prescriptions Copayment per Prescription 20% (\$5 minimum); Preferred Brand (Formulary) Prescriptions Copayment per Prescription 20% (\$20 minimum); Non-Preferred Brand (Non-Formulary) Copayment per Prescription 20% (\$35 minimum)		

The Out-of-Pocket Maximum includes the deductible and applicable co-payment amounts. See Summary Plan Description for further clarification.

Problems with Medical Claims

Please contact the number below should you have any questions regarding claims:

Allegiance Benefit Plan Management, Inc.
2806 South Garfield St.
P.O. Box 3018
Missoula, MT 59806-3018
Missoula Area Phone Number: (406) 721-2222
Toll-Free Number: (800) 877-1122

Problems with Pharmacy

Please contact the number below should you have any pharmacy questions:

ScriptSense
3349 Executive Parkway, Suite I
Toledo, OH 43606
Help Desk
1-800-787-4231

Allegiance Benefit Plan Management, Inc.

Flex participants can now access their account balance on-line, check the status of pending claims, browse the new Q & A section, and even ask specific flex questions on-line. Also, participants can download or print enrollment forms, flex claim fax forms, ACH forms, and flex worksheets when accessing the website at www.abprmtpa.com.

ScriptSense

ScriptSense website can be accessed at www.scriptsense.net.

Summary Plan Description

The Summary Plan Description is available on the Montana Health Network website at www.montanahealthnetwork.com.

Key Dates

Open Enrollment	Nov. 1-Nov. 30
• Effective Date	January 1

Reminder:

Work related injuries for dependents are not covered under this Plan.

In Network Members

Beartooth Hospital & Health Center Red Lodge, MT
Big Horn Hospital Association Hardin, MT
Central Montana Medical Center Lewistown, MT
Community Health Partners Livingston, MT
Crook County Medical Services Sundance, WY
Dahl Memorial Healthcare Assoc Ekalaka, MT
Daniels Memorial Hospital Scobey, MT
Deaconess Billings Clinic Billings, MT
Eastern Montana Community Mental Health Miles City, MT
Fallon Medical Complex Baker, MT
Frances Mahon Deaconess Hospital Glasgow, MT
Gabert Medical Clinic Glendive, MT
Garfield County Health Center Jordan, MT
Glendive Medical Center Glendive, MT
Holy Rosary Healthcare Miles City, MT
Liberty County Hospital Chester, MT
Livingston Memorial Hospital Livingston, MT
Madison Valley Hospital & Clinic Ennis, MT
McCone County Health Center Circle, MT
Missoula Radiology Missoula, MT
Missouri River Medical Center Fort Benton, MT
Monida Healthcare Network, Missoula, MT
Mountainview Medical Center White Sulphur Springs, MT
North Central Montana IPA Great Falls, MT
North Valley Hospital Whitefish, MT
Northeast Montana Health Services Wolf Point/Poplar, MT
Phillips County Hospital Malta, MT
Prairie Community MAF & Nursing Home Terry, MT
Roosevelt Memorial Medical Center Culbertson, MT
Rosebud Health Care Center Forsyth, MT
Roundup Memorial Hospital Roundup, MT
Ruby Valley Hospital Sheridan, MT
Sheridan Memorial Hospital Plentywood, MT
Sidney Health Center Sidney, MT
South Central Regional Mental Health Center Billings, MT
St. John's Lutheran Ministries Billings, MT
Stillwater Community Hospital and Nursing Home Columbus, MT
Sweet Memorial Nursing Home Chisook, MT
Teton Medical Center Choteau, MT
Valley View Nursing Home Glasgow, MT
Weston County Health Services New Castle, WY
Wheatland Memorial Hospital Harlowton, MT

 MONTANA
HEALTH NETWORK
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Miles City, MT 59501
(406) 234-1420
Fax: (406) 234-1423



Your
Benefits,
Your
Decisions

Sheridan Memorial
Hospital