



Medical Plan

Eligibility

All regular full-time, regular part-time and seasonal employees who are scheduled to work at least 20 hours per week, or for a minimum of 1,000 hours per year, are eligible to participate in the company's medical plan. An employee is eligible to be covered under the plan as either a Participant or a Dependent.

A regular part-time employee will receive a prorated company contribution towards their medical premium cost that is based on the number of hours actually worked during a pay period.

Your family members (Dependents) are also eligible for coverage under the company's medical plan.

Eligible Dependents include your:

- Legal spouse (unless you are legally divorced); and
- Children who are:
 - Less than age 26, regardless of marital status; and
 - Your natural child; step-child; legally adopted child; a child placed with you for adoption and for whom, as part of such placement, you have a legal obligation for the partial or full support of the child, including providing coverage under the company's plan pursuant to a written agreement; or a child for whom you have been appointed the legal guardian by a court of competent jurisdiction prior to the child reaching age 19.

Coverage by More than One Plan

When coverage is provided by more than one medical plan, the company's plan will coordinate payment of an incurred expense with the other plan using a method called Maintenance of Benefits (MOB). MOB limits the total payment provided to no more than what the company's plan would have paid had it been the only plan that provides coverage.

Example: Both the employee and his/her spouse are enrolled for coverage under the company's plan (80/20 coinsurance plan) and the spouse also has coverage under his/her employer's plan (70/30 coinsurance plan). The spouse incurs a medical expense of \$100. Under both plans, the individual deductible amount has been met. Here is how the claim will be processed using MOB:

	Spouse's Plan	Company's Plan
Claim	\$100	
Coinsurance	70/30	80/20
Payment	\$70	\$10

In this example, if both plans had been 80/20 coinsurance plans, the company's plan would not have made a payment on this claim.

Notes:

1. Your Dependent Child's spouse or children are not eligible for coverage under the company's medical plan.
2. The age requirement is waived if your Dependent Child is mentally handicapped/challenged or physically handicapped/challenged, provided that the Child is incapable of self-supporting employment and is chiefly dependent upon you for support and maintenance. Proof of incapacity must be furnished upon request and additional proof may be required from time to time.
3. Your Dependent Spouse or Child on active military duty for more than thirty-one (31) consecutive days is not eligible for coverage under the company's medical plan.
4. A leased employee, independent contractor, or nonresident alien (as defined in the company's flexible compensation plan) is not eligible for coverage under the plan.



Medical Plan (continued)

Plan

Blue Cross and Blue Shield of Montana (BCBSMT) is the administrator for the company's medical plans. Express Scripts, Inc. (ESI) is the administrator for the pharmacy benefits. Information for BCBSMT and ESI can be found in the resource section of this guide.

Plan Options

Participants can elect coverage under the Premier Plan or the HSA-Qualified Plan. Both plans have deductibles, coinsurance and out-of-pocket maximums.

Participant Tiers

Under each plan option, participants can elect coverage under any of the following tiers:

- Single (employee only)
- Two Party (employee plus spouse or child)
- Family (employee plus spouse and/or children)

Allowable Fee

The company's medical plan makes claims based on an allowable fee for a given procedure or service. Member providers are bound contractually to accept the plan's allowable fee as the appropriate amount to charge for a product or service. The deductible and coinsurance expenses are the participant's responsibility. Participants using a nonmember provider who bills more than the allowable fee may be responsible to pay the provider any amount that exceeds the plan's allowable fee.



Medical Plan (continued)



MEDICAL PLAN OPTION COMPARISON CHART

	Premier Plan	HSA-Qualified Plan
General Provisions		
Deductible¹	\$750/individual \$1,500/family	\$1,750/single \$3,500/family
Coinsurance²	80%/20%	80%/20%
Out-of-Pocket Maximum³ (Includes deductible)	\$3,000/individual \$6,000/family	\$3,500/single \$7,000/family
Lifetime Maximum	Unlimited	Unlimited
At the Doctor's Office		
Office Visit	Subject to deductible & coinsurance	Subject to deductible & coinsurance
At the Hospital		
Inpatient/Outpatient	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Surgical Center	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Urgent Care	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Emergency Room	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Ambulance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Other Medical Care		
Chiropractic Benefits limited to 35 visits/year; \$30/visit; \$100 for x-rays/year	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Diabetes Education Benefits limited to \$250 per year	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Routine Hearing Exams	Not covered	Not covered
Medical Hearing Exams (If ordered by a Physician)	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Hearing Aids (Employee only coverage)	Deductible waived; plan pays 50% up to \$500 per 5 year period for each ear	Deductible applies; plan pays 50% up to \$500 per 5 year period for each ear
Home Health Care	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Pregnancy		
Prenatal Office Visit	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Prenatal Lab	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Screening Ultrasound	Deductible waived, plan pays 100% for 1 ultrasound per pregnancy; all other charges, including additional ultrasounds, subject to deductible & coinsurance	Deductible waived, plan pays 100% for 1 ultrasound per pregnancy; all other charges, including additional ultrasounds, subject to deductible & coinsurance
Routine Newborn Exam	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Preventive Care - Children⁴ (Birth through 18 years)	Deductible waived; plan pays 100%	Deductible waived; plan pays 100%
Routine Physical Exam	Routine physical exam and associated routine testing provided or ordered at the time of the exam	
Routine Immunization	<p>Recommended immunizations adopted by the Centers for Disease Control and Prevention (CDC)</p> <ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Tetanus, Diphtheria, Pertussis • Influenza – Type B • Influenza – Seasonal • Measles, Mumps and Rubella • Pneumococcal • Rotavirus • Inactivated Poliovirus • Varicella • Meningococcal • Human Papillomavirus <p>Frequency established under CDC Recommended Immunization Schedule "For Persons Aged 0 Through 6 Years", "For Persons Aged 7 Through 18 Years" or "Catch-up Schedule For Persons Aged 4 Months Through 18 Years." See Resource section of this guide for website address to access these schedules</p>	



Medical Plan (continued)

MEDICAL PLAN OPTION COMPARISON CHART (continued)		
	Premier Plan	HSA-Qualified Plan
Assessment & Screening	<p>As recommended by the American Academy of Pediatrics and Bright Futures.</p> <p>Assessment Screening</p> <ul style="list-style-type: none"> Health History Height, Weight and Body Mass Blood Pressure Developmental Surveillance Alcohol and Drug Use Psychosocial/Behavioral Oral Health Risk Anticipatory Guidance Sensory - Vision and Hearing Developmental Autism Metabolic Hematocrit or Hemoglobin Lead Exposure Dyslipidemia Tuberculin Test Sexually Transmitted Infection Cervical Dysplasia <p>Age and frequency established under "Periodicity Schedule - Recommendations for Preventive Pediatric Health Care" as adopted by the American Academy of Pediatrics and Bright Futures; see Resource section of this guide for website address to access the schedule</p>	
Other Preventive Care	<p>Services with a rating of A or B in the recommendations of the U.S. Preventive Services Task Force</p> <p>Screening</p> <ul style="list-style-type: none"> Visual acuity – children less than 5 years old Obesity – children age 6 and older Depression – children age 12-18 Hearing loss - newborns Hemoglobinopathies (sickle cell) - newborns Phenylketonuria (PKU) – newborns HIV – adolescent children at increased risk <p>Counseling</p> <ul style="list-style-type: none"> Obesity – children age 6 and older Sexually transmitted infections – adolescent children at increased risk <p>Other</p> <ul style="list-style-type: none"> Iron supplements – As prescribed, for children age 6-12 months at increased risk for anemia Oral Fluoride - As prescribed, for children age 6 months or older if water source is deficient in fluoride Prophylactic medication for gonorrhea – newborns 	
Preventive Care - Adults⁴ (Age 19 and older)	Deductible waived; plan pays 100%	Deductible waived; plan pays 100%
Routine Physical Exam	Routine physical exam and associated routine testing provided or ordered at the time of the exam	
Routine Immunization	<p>Recommended immunizations adopted by the Centers for Disease Control and Prevention (CDC).</p> <ul style="list-style-type: none"> Hepatitis A Hepatitis B Tetanus, Diphtheria, Pertussis Influenza Measles, Mumps and Rubella Pneumococcal Varicella Meningococcal Human Papillomavirus Shingles <p>Frequency established under CDC Recommended Adult Immunization Schedule; see Resource section of this guide for website address to access the schedule</p>	
Mammogram	Routine exam and associated lab charges	
Pap Test	Routine exam and associated lab charges	
PSA Test	Routine exam and associated lab charges	
Colorectal Cancer Screening	Tests and procedures within the age and frequency guidelines established by the American Cancer Society (ACS); see Resource section of this guide for website address to access the ACS guidelines (Note: Pursuant to the Affordable Care Act, tests/procedures at any age if at high risk)	
Other Preventive Care (cont.)	<p>Services with a rating of A or B in the recommendations of the U.S. Preventive Services Task Force</p> <p>Screening</p> <ul style="list-style-type: none"> Interventions to support breast feeding – pregnant women High blood pressure Cholesterol abnormalities - men age 35+ or age 20+, if at increased risk; women age 45+ or age 20+, if at increased risk Diabetes - adults with sustained blood pressure (either treated or untreated) greater than 135/80 Abdominal aortic aneurysm - men age 65-75 who have smoked Depression Obesity Bacteriuria - pregnant women at 12 to 16 weeks gestation or at first prenatal visit, if later Iron deficiency anemia - asymptomatic pregnant women Hepatitis B - pregnant women. Rh incompatibility- pregnant women Osteoporosis - women age 65+ or age 60+ if increased risk of osteoporotic fractures Chlamydial infection - women age <24 or age 19+, if at increased risk Gonorrhea – women at increased risk Syphilis – adults at increased risk HIV - adults at increased risk 	



Medical Plan (continued)

MEDICAL PLAN OPTION COMPARISON CHART (continued)				
	Premier Plan			HSA-Qualified Plan
Other Preventive Care (cont.)	Services with a rating of A or B in the recommendations of the U.S. Preventive Services Task Force (continued)			
	Counseling <ul style="list-style-type: none"> BRCA screening – women with family history of BRCA 1 or BRCA 2 risk factors Chemoprevention of breast cancer – women at high risk Nutrition/Dietary – adults at increased risk for cardiovascular and diet-related chronic disease Obesity Tobacco use Alcohol misuse Sexually transmitted infections – adults at increased risk 			Other <ul style="list-style-type: none"> Aspirin to prevent cardiovascular disease – men age 45-79; women age 55-79, when prescribed by a physician Folic acid supplements - women capable of pregnancy Women's Preventive Services <ul style="list-style-type: none"> Well-woman visits - annually Screening for gestational diabetes - women 24 to 28 weeks pregnant and those at high risk Human papillomavirus testing - age 30+, every 3 years Counseling for sexually transmitted infections Counseling and screening for human immune-deficiency virus Contraceptives methods and counseling Breastfeeding support, supplies, and counseling Screening and counseling for interpersonal and domestic violence
Prescription Drugs	Employee Co-Pay			Employee Coinsurance
				Drugs on HSA-Qualified Plan Preventive List - coinsurance amount indicated below All Other Covered Drugs - 100% until medical deductible is met, then coinsurance amount indicated below
Retail - 30 day supply	%	Min	Max	
Generic ⁵	10%	\$20	\$200	0%
Preferred Brand ⁶	20%	\$30	\$200	10%
Non-Preferred Brand ⁷	30%	\$45	\$200	20%
Retail - 31-60 day supply	%	Min	Max	
Generic ⁵	10%	\$40	\$400	0%
Preferred Brand ⁶	20%	\$60	\$400	10%
Non-Preferred Brand ⁷	30%	\$90	\$400	20%
Retail - >60 day supply	%	Min	Max	
Generic ⁵	10%	\$60	\$600	0%
Preferred Brand ⁶	20%	\$90	\$600	10%
Non-Preferred Brand ⁷	30%	\$135	\$600	20%
Specialty - 30 day supply	%	Min	Max	
Generic ⁵	10%	\$20	\$200	0%
Preferred Brand ⁶	20%	\$30	\$200	10%
Non-Preferred Brand ⁷	30%	\$45	\$200	20%
Specialty - >30 day supply	%	Min	Max	
Generic ⁵	10%	\$60	\$600	0%
Preferred Brand ⁶	20%	\$90	\$600	10%
Non-Preferred Brand ⁷	30%	\$135	\$600	20%
Mail Order - 90 day supply				
Generic		\$30		0%
Preferred Brand		\$50		10%
Non-Preferred Brand		\$80		20%
Rx Out-of-Pocket Max⁸		\$750 per family member		Medical Out-of-Pocket Max