



# Plans & Services



**HEALTH PROFESSIONS OF  
MONTANA PLAN & TRUST**

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The HPM Health Plan was created in 2008 by physicians to meet the needs of healthcare providers and their employees by offering them group health benefits in the state of Montana. With a thorough understanding of our colleagues’ health insurance needs, we offer innovative, cost-effective benefits and services – delivered in a manner of superior service.

**We value:**

- **Outstanding Service** – We provide prompt and thorough support the day you enroll and every day thereafter.
- **Integrity** – We are transparent and responsible in our management of the trust.
- **Innovation** – We are flexible and creative in our ability to deliver solutions.
- **Progress** – We work hard to improve and grow.
- **Wellness** – We are committed to the well-being of all of our members.

The goal of the HPM Health Plan is to be your primary choice for health benefits in Montana.

The HPM Health Plan is a Multi-Employer Welfare Arrangement (MEWA). As such, we offer several advantages over the more limited fully insured plans. Contact us to learn more.

406-443-4919 • [ksweeney@hpmpt.org](mailto:ksweeney@hpmpt.org)

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# HPM Plan Differentials



## HPM Plan

- Utilizes the Blue Cross Blue Shield of Montana Network.
- Offers free COBRA administration to qualifying group members.
- Has no separate deductibles, coinsurance, copays, or out-of-pocket maximums for out-of-network providers.
- Has an expanded safe harbor Rx preventive care list for qualifying HDHP plans.
- Has dual choice plan offerings for groups under 25 lives and three or more plans for groups over 25 lives.
- Provides claims data to groups of 50 or more subscribers. Most carriers only provide this information to groups over 100 and most associations do not provide data.
- Medical plan covers pediatric preventive dental and vision benefits for dependents up to age 18.
- All plans include \$10,000 Basic Life/AD&D insurance for all members.



## Blue Cross Blue Shield Global Core Travels with You

With the Blue Cross Blue Shield Global Core mobile app, you have convenient access to doctors, hospitals and resources around the world.

### Information When You Need It

Use your mobile device to find medical care across the globe. With a few simple taps you can:

- ▶ Locate medical, mental health and dental providers using GPS or by entering your location.
- ▶ Learn if your medication is available and what it is called in your destination.
- ▶ Find embassy contact information and locations.
- ▶ View important security alerts in your destination.
- ▶ Translate medical terms and phrases for many symptoms and situations; use the audio feature to play the translation.
- ▶ Submit your claim.

### Get it Now

The Blue Cross Blue Shield Global Core mobile app is available for Apple® and Android™ devices. Visit the appropriate app store to download the latest app for your device.



# Frequently Asked Questions

**Q: How long has the HPM Health Plan been in operation?**

**A:** The HPM Health Plan was started in 2008. Since that time, we have grown to nearly 1,600 employee lives and over 2,800 total lives.

**Q: When can we join the HPM Health Plan?**

**A:** You can join the HPM Health Plan any month during the year. The benefit year renews January 1.

**Q: What do we need to do to get a quote?**

**A:** To get a quote, please contact Kris Sweeney at 406-443-4919 or [ksweeney@hpmpt.org](mailto:ksweeney@hpmpt.org).

**Q: How many employees are we required to have to join the plan?**

**A:** To join the plan an employer must have at least two employees.

**Q: Does an employer have to contribute to an employee's premium?**

**A:** Yes, an employer must contribute at least 50% to the employee's premium.

**Q: What is the Sponsor Service Fee?**

**A:** The Sponsor Service Fee is paid to the Trust's sponsor organization and is used to pay costs and services related to the establishment, design, and promotion of the Trust and is paid by the Employer group.

**Q: Can an employer choose eligibility requirements?**

**A:** Yes, the employer may choose the hours required to be eligible (minimum of 80 hours per month) as well as the waiting period.

**Q: Does the HPM Health Plan offer COBRA administration?**

**A:** For groups over 20 the HPM Health Plan will provide COBRA administration at no additional charge.

**Q: Can retirees remain on the HPM Health Plan?**

**A:** This is optional. The group must elect to allow it and the employer group must continue to be enrolled in the plan with two active employees.

**Q: How many plan choices are there?**

**A:** The HPM Health Plan offers a minimum of five traditional plan options and over ten health savings account qualifying high deductible health plan options.

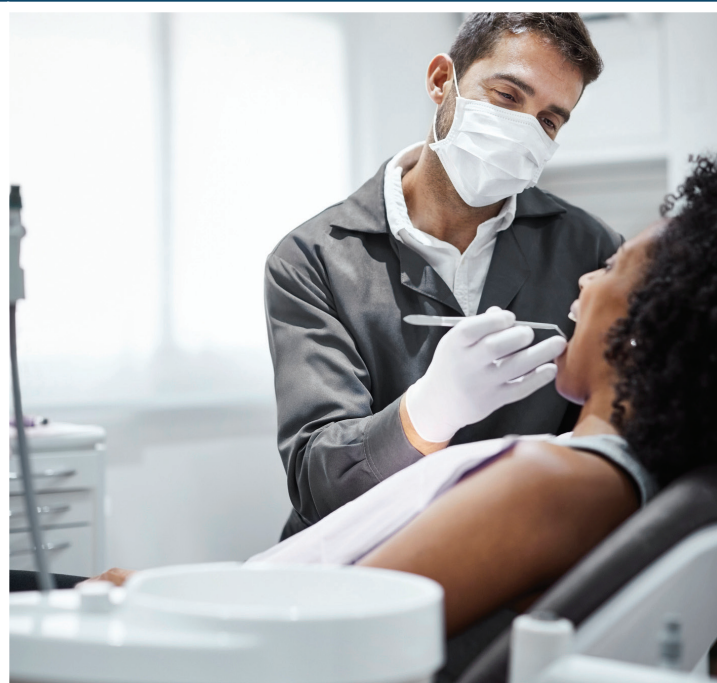
**Q: Do you handle Health Savings Accounts?**

**A:** The HPM Health Plan provides the health benefits, the group may choose any HSA provider for the savings account.

**Q: If we join mid-year, can we get credit for deductibles already earned?**

**A:** Yes, if the employer currently provides group insurance to their employees and moves to the HPM Health Plan mid benefit year, we will give deductible credit at no extra charge.

# Features



The HPM Health Plans include \$10,000 Basic Life/AD&D insurance for all members.

The HPM Health Plan DOES NOT have separate deductibles, coinsurance, copays or out-of-pocket maximums for out-of-network providers.

The HPM Health Plan includes the "safe harbor" preventive drug list for HSA qualifying HDHP plans.

*This list includes drugs for chronic conditions such as asthma, high blood pressure, high cholesterol, or diabetes and for these prescriptions the deductible is waived, and the member pays at the medical coinsurance amount.*





# Medical Plans Comprehensive

**Please note:** This document is intended to be an easy-to-use reference for members. The Summary Plan Description (SPD) supersedes this general information. HPM Plans do not have separate deductibles, coinsurance/copays, or out-of-pocket maximums for out-of-network providers, however, members may encounter balance billing. Members avoid balance billing by using in-network providers. To find out if your doctor is a network provider, please visit [bcbsmt.com](http://bcbsmt.com).

## DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM RANGES

Individual/Family Deductible	Coinsurance	Individual/Family OOPM:
\$500/\$1,000 to \$5,000/\$10,000	80%/20%, 70%/30%	\$2,000/\$3,500 to \$6,750/\$16,500

## MEDICAL BENEFITS

### Deductible Waived

Accident benefit: deductible is waived on first \$500 of eligible claims within 90 days of accident	Primary Care Physician visits: \$30 copay applies Specialist visits: \$60 copay applies Urgent Care: \$50 copay applies
Outpatient mental illness and chemical dependency: coinsurance applied	Preventive benefits: paid at 100% when in network

### Deductible Applies

Inpatient Hospital Services	Home Health Care
Diagnostic X-ray and Laboratory Services	Skilled Nursing Facility
Inpatient Mental Illness and Substance Abuse	Surgical Implant and/or Devices
Rehabilitation Therapy, PT and OT	Transplants

## PHARMACY

There is no prescription deductible. The out-of-pocket maximum (OOP max) for prescriptions is included with Medical.

	30-day Retail	Mail Order
Generic Drugs	\$15 copay	\$30 copay
Preferred Brand Drugs	\$40 copay	\$80 copay
Non-Preferred Drugs	\$60 copay	\$120 copay
Specialty Drugs	\$200 copay	\$200 copay

## ADDITIONAL FEATURES

**PREVENTIVE PEDIATRIC DENTAL AND VISION** – Paid at 100% for dependents up to age 18.

# Medical Plans

## High Deductible Health Plans



**Please note:** This document is intended to be an easy-to-use reference for members. The Summary Plan Description (SPD) supersedes this general information. HPM Plans do not have separate deductibles, coinsurance/copays, or out-of-pocket maximums for out-of-network providers, however, members may encounter balance billing. Members avoid balance billing by using in-network providers. To find out if your doctor is a network provider, please visit [bcbsmt.com](http://bcbsmt.com).

### DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM RANGES

Individual/Family deductible	Coinsurance	Individual/Family OOPM:
\$3,000/\$6,000 to \$7,500/\$15,000	100%/0%, 80%/20%, 70%/30%	\$3,000/\$6,000 TO \$7,500/\$15,500

### MEDICAL BENEFITS

#### Deductible Waived

Preventive Benefits: *paid at 100% when in network. These include but are not limited to annual exam, immunizations, colonoscopy (limits).*

Preventive prescriptions: *ACA preventive list pay at \$0 copay, HDHP expanded SAFE HARBOR preventive drug list pay at medical coinsurance level amount.*

#### Deductible Applies

Accident Benefit	Physician Office Visits
Diagnostic X-ray and Laboratory Services	Inpatient Hospital Services
In/Outpatient Mental Illness/Substance Abuse	Surgical Implant and/or Devices
Rehabilitation Therapy, PT and OT	Transplants
Home Health Care	Skilled Nursing Facility

### PHARMACY

Prescription drug charges apply to the medical deductible. Except for certain designated preventive medications, members on an HDHP will pay 100% of the cost of their medications until their plan deductible is met. Once deductible is met, the plan pays prescription claims at copay level.

**FOR 100% COINSURANCE PLANS** – After deductible is met, the plan pays eligible prescription claims at 100%.

**FOR 80% and 70% COINSURANCE PLANS** – After deductible is met, the plan pays eligible prescription claims at the copay levels below until the out-of-pocket maximum is met, at which point the plan then pays 100%.

	30-day Retail	Mail Order
ACA Preventive Drugs	\$0 copay	\$0 copay
Generic Drugs	\$15 copay	\$30 copay
Preferred Brand Drugs	\$40 copay	\$80 copay
Non-Preferred Drugs	\$60 copay	\$120 copay
Specialty Drugs	\$200 copay	\$200 copay

### ADDITIONAL FEATURES

#### QUALIFIES FOR HEALTH SAVINGS ACCOUNT

**INCLUDES ACA SAFE HARBOR PREVENTIVE DRUG LIST** - This list includes drugs for chronic conditions such as asthma, high blood pressure, high cholesterol, or diabetes and for these prescriptions the deductible to be waived and the member pays at the medical coinsurance amount.

**PREVENTIVE PEDIATRIC DENTAL AND VISION** - Paid at 100% for dependents up to age 18.



# Dental & Vision Benefits

## DENTAL BENEFITS

<b>Deductible Per Benefit Period Per Covered Person</b>	\$50
<b>Type A (Preventive Care) Dental Expenses</b>	
Deductible	Waived
Benefit Percentage	100%
<b>Type B (Basic Care) Dental Expenses</b>	
Deductible	Applies
Benefit Percentage	80%
<b>Type C (Major Restorative) Dental Expenses</b>	
Deductible	Applies
Benefit Percentage	50%
<b>Maximum Benefit Per Benefit Period Per Covered Person</b>	
For type A, B, and C expenses combined	\$1,500
<b>Orthodontia Benefit</b>	
<b>For dependent children less than eighteen (18) years of age</b>	
Deductible	Waived
Benefit Percentage	50%
Maximum Lifetime Benefit	\$1,500

A benefit period is the calendar year (1/1 - 12/31). HPM Health Plan uses the BCBSMT Traditional Dental Network and members may be balance billed if using nonparticipating providers.

## VISION BENEFITS

<b>Vision Exam</b>	
Every Benefit Period	\$100
<b>Materials</b>	
Every Benefit Period	\$200

The limit may be used for frames, lenses, contact lenses, or disposable contacts

A benefit period is the calendar year (1/1 - 12/31). HPM Health Plan does not use a network for vision benefits.



# Preventive & Wellness



## Wellness Program

The HPM Health Plan offers a wellness program to encourage primary care visits. All members and their covered spouses are eligible to participate in the program. This program includes visiting your primary care provider, completing a simple one page form and returning to HPMPT. In return, each member will receive a \$300 reduction on the following year's deductible.

In addition to these benefits, the HPM Health Plan, in conjunction with BCBSMT, provides many services to assist our members, including: (Go to [bcbsmt.com](https://bcbsmt.com) for more information.)

- ▶ [Case Management Services](#)
- ▶ [24/7 Nurseline](#)
- ▶ [Well on Target](#)
- ▶ [Health Club Membership Programs](#)
- ▶ [Blue Points Program](#)
- ▶ [Digital Mental Health](#)

Text **BCBSMT** to **33633** to get the app.

## Preventive Benefits

In accordance with the Patient Protection and Affordable Care Act (PPACA), the HPM Health Plan offers an extensive list of preventive benefits to all covered members. These benefits are paid at 100% before the deductible is met when a network provider is used. The preventive services include wellness exams, immunizations, men's and women's preventive care, and colon cancer screenings over the age of 45. In addition, all HPM Health Plans include pediatric preventive dental and vision for dependents up to age 18. A comprehensive list of the preventive benefits may be found in the HPM Health Plan Summary Plan Document (SPD) which is posted on the Blue Access for Members (BAM) portal. To use Blue Access for Members (BAM) visit [bcbsmt.com](https://bcbsmt.com).



# Ancillary Benefits



The Health Professions of Montana Plan and Trust offers Ancillary Benefits in partnership with The Standard Insurance Company. We are offering a comprehensive and robust array of benefits including a guarantee issue of up to \$150,000 on voluntary life. We hope this will allow employers to “package” their benefits to better attract and retain employees in their firms. These new benefits include:



**Basic Life/AD&D - \$10,000** – The HPM Health Plan provides this benefit to covered employees of participating groups at no additional charge to the group or to the employee.



**Voluntary Life/AD&D** – This benefit must be elected by the participating employer and requires at least 20% of the group’s employees enroll in the coverage. It offers a Guarantee Issue of \$150,000 for the employee and \$30,000 for the spouse. Rates are age based and are elected in \$10,000 increments to a maximum of \$300,000 for employees and \$150,000 for spouses. There is an additional voluntary benefit offered for dependent child coverage at \$10,000.



**Short-term Disability (STD) and Long-Term Disability (LTD)**– The STD benefit is 60% to a maximum of \$1,500 per week for 13 weeks and LTD includes a 60% benefit with an \$8,100 maximum benefit per month. For groups with existing coverages, we guarantee to match benefits and put in place competitive pricing for groups with less than 10 employees and a 10% rate reduction for groups over 10 employees.

# Online Tools

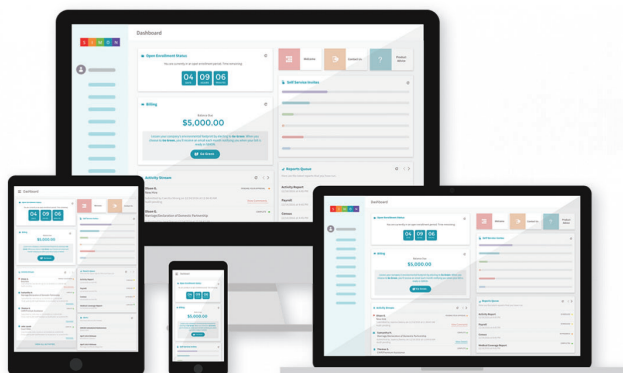


## Online Enrollment and Billing Platform - SIMON

The HPM Plan uses an enrollment and billing system, through Vimly Benefit Solutions, called SIMON to assist group managers and/or brokers on the management of employee health benefits. Manage medical, vision, dental, and ancillary benefits with the HPM Plan all in one place!

Group managers can log into SIMON and accomplish all new enrollments and changes as well as view invoices and generate reports. They will have access to a plethora of information and documents. Managers will be able to view their enrollments, invoice, benefits information, and any alerts that may be sent from HPMPT. Tiles on the employer portal will include links to our website, Summary Plan Documents, training videos and the user manual.

Individual employees must still use Blue Access for Members (BAM) to view claim information such as EOBs, etc. Employees should not make any demographic changes in their BAM portal. Any changes such as address, or email should be made through the employer or HPMPT.

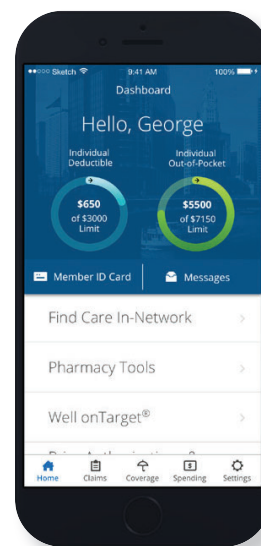


## Blue Access for Members<sup>SM</sup> (BAM)

### Access medical information with BAM:

- Use our Provider Finder<sup>®</sup> tool to search for a health care provider, hospital or pharmacy
  - Request or print your ID card
  - Check the status or history of a claim
  - View or print Explanation of Benefits statements
  - Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
  - Download our app from your app store
  - Sign up for text or email alerts
1. Go to [bcbsmt.com/member](https://bcbsmt.com/member)
  2. Click Log Into My Account
  3. Use the information on your HPMPT ID card to sign up

Or, text\* **BCBSMTAPP** to **33633** to get the BCBSMT App that lets you use BAM while you're on the go.





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