



**Can't get medical insurance
for health reasons?**

On a limited income?

**Losing your group health
insurance coverage?**

CALL MCHA

MCHA OFFERS THREETYPES OF PLANS:

Portability Plan – for persons who have lost qualifying employer group coverage due to employment or coverage ending

Traditional Plan – for persons who have been denied coverage by other carriers

Premium Assistance Plan – for persons who have qualifying income and have been denied coverage by other carriers

ELIGIBILITY:

Here are the eligibility criteria that you must meet to be eligible for each plan. You must meet all eligibility criteria listed to be eligible for the coverage.

Portability Plan (Portability Eligible) –

- You are a resident of Montana; and
- Your most recent prior creditable coverage was under a group health plan, governmental plan, or church plan and you had an aggregate of 18 months or more prior creditable coverage; and
- You do not have any other health insurance coverage; and
- You are not eligible for coverage under a group plan, Medicare, or Medicaid; and
- If you were eligible for continuation coverage under a COBRA continuation provision or under a similar state program, you elected that coverage and have now exhausted that coverage; and
- Application for this plan must be made within 63 days of the mailing date of the certificate of creditable coverage.
- If you have been certified as eligible for Federal Trade Adjustment Act (TAA) assistance and a health insurance tax credit or for Pension Benefit Guarantee Corporation (PBGC) assistance, you may be eligible for the Portability Plan. All other criteria apply, except you would have to have a minimum of three months creditable coverage. If you have less than

three months creditable coverage or apply after 63 days, a 12-month preexisting condition exclusion period may apply.

Traditional Plan (Medically Eligible) –

- You are a resident of the state of Montana for at least 30 days; and
- You have been rejected or offered a restrictive rider by one insurer within the last six months or have one of the specified major illnesses listed on the application*; and
- You are not eligible for any other health insurance coverage; or you have comparable coverage but are paying or have received a notice of a premium rate that is more than 150% of the average premium rate used to calculate MCHA premium rates.

Premium Assistance Plan

(Medically and Income Eligible) –

- You are a resident of the state of Montana for at least 30 days; and
- You have been rejected or offered a restrictive rider by one insurer within the last six months or have one of the specified major illnesses listed on the application*; and
- You are not eligible for any other health insurance coverage; or you have comparable coverage but are paying or have received a notice of a premium rate that is more than 150% of the average premium rate used to calculate MCHA premium rates; and
- You have family income less than the qualifying income. (Documentation of income required.) (See Income Guidelines for details.)

*Children under 19 must have one of the specified major illnesses listed on the application. If an under 19 applicant does not have one of the listed conditions, the

applicant must provide proof of the applicant's serious medical condition, and MCHA may consider a waiver of this requirement.

Preexisting Condition Exclusion Period

If you are eligible for the Traditional, Premium Assistance, or Portability Plan (as a TAA or PBGC eligible) you may have a preexisting condition exclusion period placed on your coverage. No payment will be made for treatment of any preexisting condition, including pregnancy, until you have been continuously covered under the Plan for 12 months, (4 months for Premium Assistance).

This preexisting condition exclusion period may not apply to newborn children, children placed for adoption, or children under age 19, or, if:

- coverage was not voluntarily canceled by the applicant,
- application was made within 30 days of the last day of your previous coverage (Traditional and Premium Assistance Plans),
- all other options for health insurance, including COBRA or state continuation, have been exhausted, and,
- premium rate paid (or quoted) for current coverage is more than 150% of the average premium rates used to calculate MCHA premiums (if applying under the affordability clause.)

Options for Medicare Eligible Persons

If you are under age 65 and eligible for Medicare A & B, you may qualify for Medicare Carve Out PPO or Premium Assistance Medicare Carve Out PPO Plans at a reduced rate. Your MCHA plan will be secondary coverage. After Medicare processes your claim, MCHA will pay benefits in accordance with MCHA's contract benefits and in coordination with Medicare. MCHA will not pay more than the remaining balance after Medicare's payment.

Some common services for which coverage is provided are:

- * Preventative Health Care
- * Inpatient Hospital Care
- * Convalescent Home
- * Outpatient Hospital Care
- * Office Visits
- * Surgery and Anesthesia
- * X-ray and Lab
- * Immunizations
- * Radiation Therapy and Chemotherapy
- * Ambulance
- * Oxygen
- * Durable Medical Equipment
- * Prosthetics
- * Diabetes Education
- * Newborn and Adopted Children Coverage for First 31 Days
- * Well-Child Care
- * Home Health Care
- * Hospice
- * Mammography
- * Maternity
- * Transplants
- * Inpatient Rehabilitation Therapy
- * Treatment of Severe Mental Illness (defined as Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major depression, Panic disorder, Obsessive-compulsive disorder, Autism)
- * Prescription Drug Program
- * Autism Spectrum Disorders (see policy for limitations)
- * Annual Benefit Maximum: \$1,250,000 (for 2012)

Additional coverage provided by Portability Plan only:

- * Chemical Dependency & Mental Illness

Some common services for which coverage is not provided are:

- * Eyeglasses
- * Hearing Aids
- * Treatment for Chemical Dependency (Traditional and Premium Assistance only)
- * Treatment for Mental Illness (Traditional and Premium Assistance only)

Prescription Drug Program

Prescription drugs are not covered on the Medicare Carveout Option but can be obtained through Medicare Part D

Deductible \$0

Pharmacy Benefit for up to 34-day supply:

Generic	\$10
Brand Name Formulary	\$35+20% of remaining cost Maximum copay per script \$200
Brand Name Non-Formulary	\$50+30% of remaining cost Maximum copay per script \$300

Mail Order Service for up to 90-day supply:

Generic	\$20
Brand Name Formulary	\$70+20% of remaining cost Maximum copay per script \$400
Brand Name Non-Formulary	\$100+30% of remaining cost Maximum copay per script \$600

Specialty Pharmaceuticals are covered only when obtained through a Specialty Care Pharmacy. These drugs are subject to a 30 day dispensing limitation and are not available under the Mail Order Service.

Self-Audit Program

You may be eligible to receive 50 percent of the savings up to \$1,000 if you detect and identify an error on your bill that has been processed by the lead carrier.

Additional Benefits

Integrated Health Management (IHM) provides a variety of services for MCHA members. IHM provides case management for members with certain health conditions.

As a new member to MCHA, an IHM Care Coordinator, who's a registered nurse, will contact you and explain available programs. These programs have a Nurse to assist you and your primary care provider coordinating your care. There are several programs to assist you: Wellness, Case Management, and Disease Management. Components of our Wellness program are available on the BSBSMT website at www.bcbsmt.com/member/Wellness/Well with Blue.

Case Management is an individualized coordination of your care plan maximizing your benefits. If you have a chronic condition: Diabetes, Asthma, (CAD) hypertension, COPD (emphysema), or Congestive Heart Failure a health coach is available for consultation and educational materials. To request screening to determine if you are eligible for any of our programs contact our customer service reps at 1-800-447-7828.

With these programs, you have direct access to a Care Coordinator, should you need them to help you manage your health conditions.

This is not a contract. This brochure is only a brief outline of the important benefits of the MCHA Programs. If you become insured by MCHA, read your policy carefully.

MCHA is pleased to offer several options for coverage. The following indemnity plan options are available:

Plan/Option	Deductible	Coinsurance*	Maximum Annual Liability**
Portability Indemnity 1000	\$1,000	70/30	\$3,000
Traditional Indemnity 1000	\$1,000	80/20	\$5,000

Annual Benefit Maximum***: \$1,250,000 (for 2012)

MCHA also offers several PPO Plans:

Plan/Option	Deductible	Coinsurance*	Maximum Annual Liability**
Portability PPO 1000	\$1,000	70/30 50/50	\$4,000
Portability PPO 2500	\$2,500	70/30 50/50	\$5,750
Portability PPO 5000	\$5,000	70/30 50/50	\$8,500
Portability PPO 7500	\$7,500	70/30 50/50	\$11,250
Portability PPO 10000	\$10,000	70/30 50/50	\$14,500
Traditional PPO 1000 or Medicare Carveout PPO 1000	\$1,000	80/20 60/40	\$5,000
Traditional PPO 2500	\$2,500	80/20 60/40	\$6,750
Traditional PPO 5000	\$5,000	80/20 60/40	\$9,500
Traditional PPO 7500	\$7,500	80/20 60/40	\$12,250
Traditional PPO 10000	\$10,000	80/20 60/40	\$15,000

Annual Benefit Maximum***: \$1,250,000 (for 2012)

Plan/Option	Deductible	Coinsurance*	Maximum Annual Liability**
Premium Assistance PPO 1000 or Medicare Carveout PPO 1000	\$1,000	80/20 60/40	\$5,000

Annual Benefit Maximum***: \$1,250,000 (for 2012)

- * Coinsurance listed are In Network & Out of Network
- ** Includes deductible and coinsurance. The maximum annual deductible and coinsurance amounts you will be responsible for vary depending on the option chosen. Your copayments for prescription drugs provided through the Prescription Drug Benefit DO NOT APPLY TO THIS OUT-OF-POCKET MAXIMUM.
- ***Annual Benefit Maximum for:
 2011 = \$750,000
 2012 = \$1,250,000
 2013 = \$2,000,000

The PPO (Preferred Provider Organization) options utilize the BCBSMT Healthlink PPO Network and the BCBSMT Participating Provider Networks. When you receive services from a BCBSMT Participating Professional or Facility Provider (other than hospitals or surgery centers) or a Healthlink PPO Network hospital or surgery center, you receive the most value from your health care benefits while limiting your out-of-pocket expenses. In return, you receive lower MCHA premium rates.

If you use a non-PPO hospital or surgery center or a nonparticipating provider, a higher copayment will apply to those services.

Locate Participating Providers, e.g., physicians, durable medical equipment providers, skilled nursing facilities, and HealthLink PPO hospitals and surgery centers by visiting the BCBSMT website at www.bcbsmt.com or call Customer Service at **1-800-447-7828, Extension 2113**.

Nationwide Networks are at your fingertips. With BlueCard, you have access to PPO and Participating Providers across the country. Visit the Blue Cross Blue Shield Association website at www.bcbs.com/healthtravel/ or call **1-800-810-BLUE**.

Participating Providers accept the allowable fee as their full reimbursement. Plan payment, deductible, and copayment is the full reimbursement. **They will NOT bill you for charges in excess of the allowable fee for covered services.**

Payment for services of **nonparticipating providers** is made directly to you. **Nonparticipating providers may bill you for charges above the allowable fee in addition to deductible and coinsurance.**

Note: If you work for an employer who has between 2 and 50 employees, you may now be eligible to join your employer's group health program. For more information about small group coverage, please call the Montana Department of Insurance at 1-800-332-6148.

What is the Montana Comprehensive Health Association (MCHA)?

The MCHA was established by the Montana Legislature to make comprehensive health insurance benefits available to individuals regardless of their physical condition.

The continued viability of the program is ensured through various funding mechanisms, which include the premiums paid by plan members and assessments made to the health insurers operating in the state.

Who does MCHA serve?

MCHA is for those persons who lose qualifying group health insurance. MCHA health coverage is also available to qualifying persons who are considered uninsurable and cannot get health insurance in the regular marketplace. MCHA also has a plan for qualifying uninsurable low-income persons.

MCHA's Vision

MCHA is committed to providing access to quality health insurance coverage for uninsurable Montanans. In fulfilling our vision, we believe in:

- quality health insurance programs
- accessibility for qualifying Montanans
- effective programs to manage health care claims and expenses
- collaborative industry involvement

For Information on MCHA:

Call the Administrator, Blue Cross and Blue Shield of Montana, at 1-800-447-7828, Extension 2128, or any of the district offices of Blue Cross and Blue Shield of Montana, or

- Call any health insurance producer/agent, or
- Call the Montana Department of Insurance at 1-800-332-6148 or 444-2040.

Visit the MCHA Website at:
www.mthealth.org

Administered By:
Blue Cross and Blue Shield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association. BCBSMT provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.