



The Newsletter of the Montana University System's Flexible Benefits Program

Preventative Care and Screenings

■ An ounce of prevention may literally be worth a pound of gold when it comes to your personal health. Good preventative care and regular screenings might not just save you and the plan money, but it might even save your life. That is the reason that the MUS medical plans sponsor the Wellness Program regular WellChecks, Well Baby exams and immunizations, dental cleanings, gynecological exams, mammograms, and other services. Our health plans try to give you financial incentives to engage in the most medically appropriate behaviors by covering most of the costs of these preventative services. Yet it is remarkable how much of this “free money” is left on the table each plan year.

Like everything else in health care, the costs of these preventative services has risen significantly in recent years. Medical inflation accounts for much of this increase and advances in medical technology account for the remainder. New diagnostic screens and new immunizations have come on board in recent years and all health insurance plans struggle to keep their coverages current and to pay for these new and often life-saving but expensive procedures. For example, coverage for screening colonoscopies and sigmoidoscopies was added to our program last year. These procedures can detect colon cancer early enough to possibly save a life, but they do not come cheaply. A new immunization for the human papillomavirus (HPV) administered to adolescent women can possibly prevent future cervical cancer and a new immunization for Herpes Zoster can prevent the onset or severity of “shingles” attacks for those over 60. These costly vaccines have just recently been released and are being heavily marketed. Current allowables under the MUS plans will cover only part of the costs. Should allowables be increased? These are issues all medical plans face.

A Preventative Care Task Force met over the summer to consider changes to our immunization and screening programs. The committee consisted of Doug Young, Chair of the MSU Benefits Committee; Barb Wheeler, Wellness Director; Bob McKenzie, M.D., Medical Director of the Wellness Program; Jim Mitchell, Director of Student Health Services; and Jerry Coffey, Editor of the Choices Newsletter. Their charge was to review our current programs to see how they conform to national standards and recommend appropriate changes and secondly, look at the impacts of the recently enacted Montana Code on “coverage for well-child care” to be certain that our plan is in conformance with its requirements. Starting July 1, 2007 Montana Statute mandates that all health insurance plans in the State cover “without deductibles” routine well-child exams and standard immunizations up to age 7. Our Preventative Care Task Force studied the preventative services “best practices” and schedule of immunizations recommended by the U.S. Department of Health and Human Services to see how closely our plans conformed to these national standards. For the most part the MUS plans do quite well, but there were areas of concern. This task force then developed a set of recommended enhancements to our preventative care programs to bring us closer to these national standards. These recommendations are now being “costed” and will be acted upon at a future InterUnits Benefits Committee meeting.

In the mean time there is much we can do as smart medical consumers to maximize our benefits under the current preventative programs, actions that might save us money in the long run and lead to better health for us all. Remember that our Managed Care Plans by design pay more of the “first dollar” coverage for routine care than do the traditional plans (but only if you stay “in-network”). Our preventative services are greatly under-utilized and it is false economy for any plan member to avoid recommended preventative care just because you will be “out-of-pocket.” What follows are a product of the Task Forces deliberations - some recommended strategies for using our current preventative services more effectively. The descriptions are brief and members should consult their Summary Plan Documents (on-line at www.montana.edu/choices) for complete details.

1. Primary Care Physician - Everyone needs an established relationship with a primary physician who can deliver routine care and serve as an entry point into the complex health care system and the world of specialists. This person should have a complete record of your family and personal

health history, immunizations, medications, allergies, blood panels, specialists seen and records, etc. There is not yet a centralized database of health records and you should be sure to gather all of your information together with your primary

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The Choices Newsletter

is designed to help

promote a sense

of our ownership

and responsibilities

within the program.

Preventative Care and Screenings *(Continued from Page 1)*

care physician. Only then can your physician monitor changes in your health status, drug interactions, screenings, and other indications of your overall health. HIPAA privacy regulations require that you sign release forms so that records from other providers can be sent to your primary care physician. Be sure to do this. A family or general practitioner can serve as the primary care physician for the entire family. Adults might use an internist for this function and pediatricians can perform this role for your children up to age 21. Women still require a primary care physician in addition to their OB/gynecologist.

2. Routine Physical Exam- The annual physical exam is largely passe' and is no longer recommended. Infants require routine care much more frequently. Adults with no ongoing health issues can see their physician at much longer intervals. Everyone should have **one** baseline physical exam with their primary care physician. The exam should include a complete physical, personal and family history, urinalysis, and a review of a recent blood panel, immunization records, and medications. The blood panel should be done in advance though Wellness. Sign permissions at this time so that all of your medical records are gathered together at this one place, your "medical home." After that, unless an ongoing medical issue or family history dictates otherwise, a routine physical every 5 years or so is more than sufficient for adults age 21 to 50. Those over 50 might consider a routine physical every two to three years. These exams will be covered by our managed care plans with a \$15 co-pay. Currently, our indemnity plans do not cover a routine physical, yet it is still a wise thing to do. Those on Medicare Part B are eligible for a free one-time "Welcome to Medicare" baseline exam when first joining.

3. Gynecologic Exams and Mammograms - All sexual active women and women 21 and older should have an **annual** gynecologic exam. For PAP tests women should follow the recommendations of their physician with regard to frequency of testing. Women 40 and over should have an **annual** mammogram as well. All MUS plans will cover the cost of these exams up to the allowable amounts. Under the traditional plans, there will be no costs for your annual gynecologic exam if you use a network provider. The managed care plans assess a \$15 co-pay for these tests. There are no co-pays or deductible charges for screening mammograms. You no longer go through Wellness to arrange a mammogram. Now it is essential that you get your gynecologic exam first and a referral at the same time. **Most hospitals will not perform a mammogram without a recent clinical breast exam and a prescription from your physician.**

4. WellChecks - offer a variety of screenings on all of the MUS campuses and, although there are fees associated with many of the tests, the charges are far below the prices you would pay at a medical lab. Most WellCheck sites offer the following tests:

a. Blood Chemistry Screen - Once every 2 to 3 years is sufficient for most adults with no out-of-range results from a previous screen and with no on-going medical issues. Follow the advice of your physician in every case. Remember that you can get this blood panel at any time your physician requires it and at a greatly reduced price by going through Wellness. \$20 at WellCheck and \$25 at a Drop-in Blood Draw.

b. PSA Test - Free every plan year at WellCheck for men 50 or older. \$25.

c. Other Blood Screens - get the following tests at WellCheck only if your physician recommends them: Complete Blood Count (CBC) - \$16, C-Reactive Protein - \$34, Hemoglobin A1c - \$30.

d. Free WellCheck Screens - Colon Cancer Occult Stool Kit (recommended annually for all members age 50 or older); Flu shots (Fall WellCheck only) and Blood Pressure tests are recommended for all.

e. Resting Metabolic Rate Measurement - only if recommended by your physician or dietician. \$35 at WellCheck.

f. Bone Density Scans - Recommended for all women 50 and older. \$15 at WellCheck. Otherwise, our managed plans cover this procedure with a 25% coinsurance fee.

A complete schedule of WellChecks on the various campuses during the current plan year is available on-line at www.montana.edu/wellness. New this year: **you must pre-register for any blood draw.** You may do this on-line at the Wellness Website or by calling your local Wellness Office.

It does no good to get the results from these WellCheck screens and then just file them away somewhere. Make copies of all test results and get them to your primary care physician. If any numbers are out of range, be sure to discuss the issues with your physician and then follow his or her advice with regards to diet, exercise, medications, etc. Every year our Wellness physicians see individuals with high cholesterol, high blood pressure, weight issues, etc. and with no improvement in their numbers from one year to the next. The money spent on Wellness and

these screenings is largely wasted unless each one of us makes an effort to address the medical issues flagged by these tests and to commit ourselves to improving our health. Your local Wellness Office has programs that can help.

5. Well-Child Exams - Routine infant exams are covered the first two years of life up to a total of \$500 in the traditional plans with no deductibles or coinsurance. A co-pay of \$15 per visit is assessed in the managed care plans (in-network).

6. Immunizations - In the traditional plans standard immunizations are covered to age 19 at a maximum of \$250 per year and \$75 per year after that age. No deductibles apply. The managed care plans charge a \$15 co-pay per office visit or 25% coinsurance without an office visit, but no deductibles or maximums apply.

7. Clinical Prostate Exam - covered in the traditional plans annually for those 50+ with no coinsurance or deductibles. A \$15 co-pay is required under managed care.

8. Colon Screens - proctoscopy, colonoscopy, sigmoidoscopy. One of these screens is covered starting at age 50 and every 10 years thereafter. The colonoscopy is the "gold standard" and recommended. All coinsurance and deductibles apply under the traditional plans. The managed care plans assess 25% coinsurance. As unpleasant as these screens might be, they can save lives. All members over 50 should consider having a "baseline" colonoscopy and a follow-up screen every 10 years thereafter.

9. Routine Dental Cleanings - Semi-annual cleanings are covered under both the Basic and Premium Delta Dental Plans. The allowable amounts should cover the majority of the costs. One of the great mysteries of our claims data is that some 38% of our active members never file a single claim in any given plan year. Now this means that either those individuals fail to get their teeth professionally cleaned in that year even though it is essentially free or that they fail to file the claims. We suspect the former. Research shows that poor dental health and associated low-grade infections are strongly correlated to coronary disease. We understand that dental phobia is pandemic. Nonetheless, we strongly advise you to get your teeth cleaned regularly and save your heart.

We must conclude by urging you to make full use of your plan's preventative services. Both you and the plan stand to gain. ■

Dependents and the IRS

Reading about IRS regulations is about as exciting as reading the phone book, yet the information gathered from each might just prove to be significant to your personal and financial health. And as if there were not yet enough letters and acronyms in your life, unfortunately you need one more set: WFTRA - the Federal government's Working Families Tax Relief Act. Now you have every right to get suspicious or even cynical when Congress uses the phrase "tax relief" and in this case your suspicions are warranted. WFTRA may result in tax increases for some of you. The good news is that if you act promptly, the increases will be quite modest. The bad news is that WFTRA creates one more form for you to fill out and incredible hassles for our payroll/benefits offices. Read on - it may just save you money.

The Problem - Until recently, the way the IRS defined a "qualifying" dependent was very similar to the MUS's regulations for dependents "eligible" for health care coverage under our plan. Therefore, employees were able to pay the premiums for their spouse and eligible dependents using "pre-tax" dollars. Two recent changes have altered all of this. First, WFTRA has revised the provisions by which a dependent becomes "qualified," and second, MUS has recently extended coverage to individuals clearly not "qualified" under IRS rules (for example, same sex domestic partners and unmarried children up to age 25 whether or not they are full time students). There are now many members "eligible" for coverage under MUS rules but "non-qualified" under IRS regulations. The bottom line is that the Feds want their cut; as of the first of the year all employees will be required to pay for their "non-qualified" dependents with "post-tax" dollars. Therefore, the IRS is insisting that all employees make a declaration of tax status for their spouse and each of their covered dependents before the end of the year and that MUS adjust the employee's Federal and State withholding taxes accordingly.

The Solution - All active employees will now be required to fill out an "**EMPLOYEE DECLARATION OF TAX STATUS OF DEPENDENTS**" form and file it with your respective payroll/benefits office by November 15, 2007. Retired members need not file this form, since they already pay their premiums out-of-pocket with post-tax dollars and therefore are not effected by these WFTRA provisions. In early October shortly after reading this, you will be receiving a mailing from the Commissioner's Office that will include a letter of explanation from Paul Bogumill, Director of Benefits, the "Employee Declaration of Tax Status of Dependents" form and a summary of some but not all of

the provisions for a "qualified" dependent under the Tax Codes. You should not ignore this mailing.

For the typical "Leave It To Beaver" family with a spouse and minor children living at home, all will clearly "qualify" and the form will take minutes to complete. In the case of a divorce, blended family, adult dependent, older child, or domestic partner, things become far more complex. There are various relationship, age, support, and residency requirements that must be applied to determine qualification and most of these are summarized in the flow chart enclosed with the mailing. Like most things in the tax code, these regulations are extremely complex and the enclosed documentation is far from complete. Some of you may be forced to consult the complete regulations at www.irs.gov or even seek the advice of your tax advisor to make a final determination.

The Default - Your inaction will end up costing you money. If you fail to file the "Employee Declaration of Tax Status of Dependents" by November 15th, the IRS will assume that all of your dependents are "non-qualified" and require that your payroll/benefits office pay your premiums with after tax dollars. Your Federal and State withholding taxes will then be increased accordingly. For those who do not itemize or whose medical expenses do not exceed 7.5% of adjusted gross income (and that means most of us), these additional taxes will be unrecoverable. File the form and do not pay taxes unnecessarily.

There are **no changes in eligibility requirements** under the MUS plans and your coverage will remain exactly the same for all of your dependents. **What does change under WFTRA is how your premiums are treated from a tax standpoint.** Even here the changes should be modest for most members. For example, say you have a "non-qualified" older child. The dependent child premium will be divided between all of your eligible children and it is unlikely that your taxes would go up more than a few dollars a month. **Fail to file for your spouse and children, however, and you could see dramatic increases in your withholding.** ■

Footnote - Those of you with Flexible Spending Accounts must bear in mind that you cannot pay for the medical expenses of a "non-qualified" dependent using your flex dollars. Only those expenses that meet the IRS standards for a "qualified" dependent can be paid for out of your Flex accounts. For more information on this contact Employee Benefits Resources at 1-800-765-9429 or www.ebrworld.com.

Getting Your Plan Documents

The Enrollment Workbook that you received last Spring listed the various required and optional programs, a summary of eligibility requirements and coverages, as well as plan premiums. Hopefully, you saved this document for reference. A copy is available on-line if you did not. Another important document for members enrolled in a MUS sponsored health plan is the Summary Plan Document (SPD). Despite the use of "summary" in the title, this document is the full legal description of our medical, dental and pharmacy plans and should always be consulted when a specific question arises.

Because of the expense involved, the official documents will not automatically be distributed to members in print form. The Enrollment Workbook, enrollment forms, and summary plan documents are available on-line at www.montana.edu/choices. To access the documents, go to the left hand side of the page and click on the *Group Plans* link. Those in Allegiance Plan A or B will need only the "Summary Plan Document". Those in one of the Managed Care Plans administered by Blue Cross Blue Shield, Peak, New West or Allegiance Managed Care will need, in addition, the description of amendments listed in their respective "Managed Care Plan." All of these documents are "searchable" and very convenient to use.

Many of you have limited or no access to the Internet and therefore would prefer hard copies of these documents. For **active** employees, you should contact your campus payroll/benefits office and request the documents you need. **Retirees** should contact Sue Schmidt, MUS Benefits, P. O. Box 203201, Helena, MT 59620-3201, (406) 444 - 0614. Be sure to specify the plan you are enrolled in. The appropriate documents will be mailed to you. ■

The (Pre-) Retirees' Corner

Sue Schmitt, Retirement Specialist

The MUS Benefits Office is pleased to announce the availability of a new publication at all twelve of our campuses. Anyone contemplating retirement can now ask for our 20-page handbook entitled "Getting Ready for the Rest of your Life", from which he/she will find current information for people beginning to look at their retirement options. Topics include Social Security; Medicare; Pensions; Retiree Benefits; Working after Retirement; and other pertinent subjects. If you are 55 or older, be sure to ask for a copy. If you anticipate retiring within the next year, it would be wise to start your planning now. Also check to see if there are any pre-retirement workshops on your campus. ■

APS Financial and Legal Services

APS Healthcare are the service providers for our Employee Assistance Programs (EAP). They are perhaps best known for the psychological counseling services that they offer our employees and their families. APS provides short term counseling and a gateway and referrals for long term care. All sessions are strictly confidential. A full description of these counseling services can be found on the *Choices Website* under "Additional Benefits." These services are relatively well known to our members and thus relatively well utilized. Few realize that APS offers our members financial and legal consultations and referrals as well. The information listed below should hopefully prove useful and lead to better utilization of these benefits. Financial and legal consultations are also strictly confidential.

Financial Services - Family problems and daily living issues often include a financial component. For example, clients may be concerned about the impending costs of an upcoming tax bill. Individuals struggling with a difficult domestic situation may be worried about the financial impact of separation or divorce. Clients who contact their Employee Assistance Program (EAP) with financial concerns can be connected to a financial consultant who is able to discuss these concerns and provide suggestions regarding a course of action. This telephone consultation is provided free of charge to the employee or their dependent family members. The financial consultant will review the client's past financial history, assess the current situation and problem solve with the client to develop a resolution strategy. When appropriate, the EAP can provide local community referrals for specific issues.

Examples of areas in which the EAP can help include:

Taxes - failure to file, payment plans, withholding questions, tax preparation.
Housing - utility collections, mortgages, re-financing, avoiding foreclosure.
Retirement Planning - 401 K plans, IRAs, how much will I need?
Education - college funding.
Alternatives to Bankruptcy - credit counseling, credit card debt, overextended, dealing with credit bureaus, negotiating with credit card companies.
Cash Flow - developing a budget.
Bankruptcy - Chapter 7 & 13, what are the consequences?

Legal Services - Because almost every life event can involve a legal question or problem, APS offers both free legal consultations and discounted legal referrals. Complex legal language and the legal system may intimidate many people in general. APS legal services will help calm many fears and anxieties associated with legal concerns by answering basic questions and simplifying the process of obtaining legal help. Issues include: Divorce, Wills, Child Custody, Estate Planning, Immigration, Guardianship, Order for protection, Tenant's rights, Civil disputes, Criminal issues, Taxes, Litigation, Power of attorney, and Consumer's rights.

If you have financial or legal concerns, the EAP is there to help. APS Employee Assistance counselors are available 24 hours per day to assist, no matter what the problem. Call 1-800-999-1077 for these services. ■

CHOICES NEWSLETTER

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Since each individual and family situation is unique, you should always consult your family physician before taking action on any medical advice given here and you should consult your personal financial advisor before acting on any financial advice in the Newsletter. Consult plan documents for complete information.

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