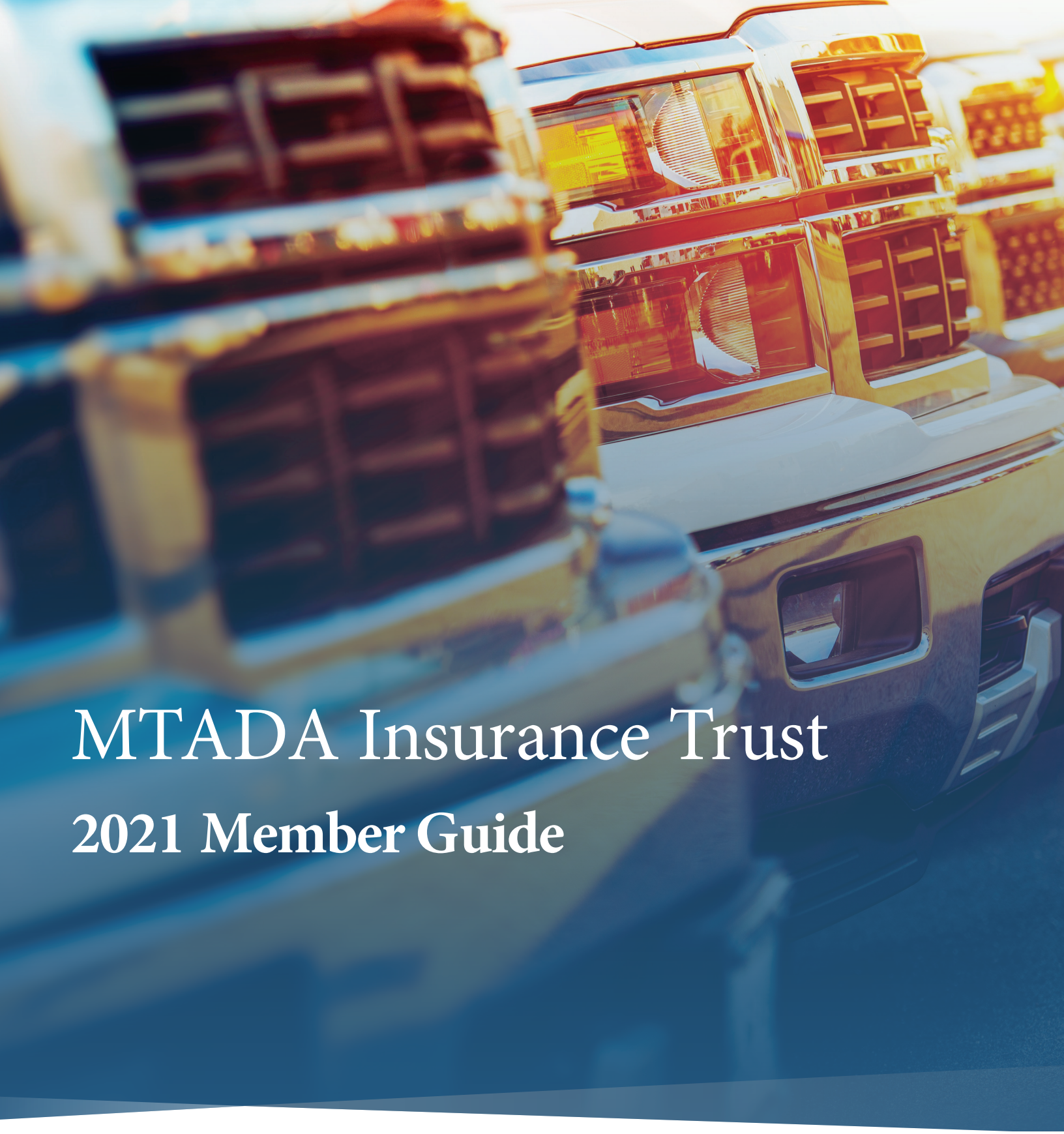

MTADA Insurance Trust

2021 Member Guide

MTADA

ALIGNED

BUSINESS SOLUTIONS

The MADA Insurance Trust is committed to providing quality benefits while managing costs through innovative solutions. Countrywide, healthcare costs continue to trend upward and currently account for over 20% of U.S. Gross Domestic Product. Inflation in healthcare costs, coupled with the lack of competition and transparency in Montana's healthcare industry, is a continual struggle for all health plans in Montana. While only 10% of the total number of claims submitted to MADA Insurance Trust are for payments to hospitals or care facilities, these payments amount to 60% of the total dollars the Trust spends. To combat these problems, the Trust has put into effect the following cost-control solutions:

1. Direct contracts and partnerships with Montana hospitals and surgery centers.
2. Access to most Montana physicians through the InterWest Practioner-only Network (https://interwesthealth.com/providers/).
3. Balance bill protection for out-of-network services from ELAP (1-800-977-7381).
4. Patient advocacy services and second opinions from VezaHealth (1-800-970-6571).

Montana Hospital Partners

The Trust has partnered with the following hospitals and surgery centers listed to the right. These healthcare providers will accept and submit claims to EBMS on your behalf and agree to limit what they will charge for services based on agreed to allowable limits. By going to these providers you will avoid the risk of balance billing.

Montana Hospital Partners are fully executed at:

Anaconda, MT – Community Hospital of Anaconda
Billings, MT – St. Vincent Healthcare
Billings, MT - Yellowstone Surgery Center
Butte, MT – St. James Healthcare
Forsyth, MT – Rosebud Health Care Center
Glendive, MT – Glendive Medical Center
Great Falls, MT – Benefis Health System
Great Falls, MT – Great Falls Clinic
Helena, MT – St. Peter's Hospital
Lewistown, MT – Central Montana Medical Center
Miles City, MT – Holy Rosary Healthcare
Missoula, MT – Community Medical Center
Whitefish, MT – North Valley Hospital

IMPORTANT

Some out-of-network providers may ask that you pay in advance of receiving services and/or required to complete a self-pay form. If you are asked to pay in advance of receiving services or complete a self-pay form, please contact EBMS at 866.894.1499 and they will assist you. If you are asked to sign any form detailing the estimated cost for your services, or if you are not sure what to do when asked to sign anything, please contact EBMS at 866.894.1499 immediately. Out-of-network practitioner claims will be processed by EBMS at 90% of UCR (usual, customary and reasonable charge) to set the allowable payment limit. **Most providers will accept 90% UCR as payment in full, however for those that don't, you could be balance billed for the difference between their billed charge and the Plan's 90% UCR allowable payment limit.**

InterWest Practitioner-only Network

For care outside of the hospital (care from a physician's office), this Plan contains provisions under which you may receive more benefits by using InterWest's physicians. ("Preferred Providers" or "PPO Providers"). PPO Providers are individuals and entities that have contracted with the Plan to provide services to our members at pre-negotiated rates. The Preferred Provider list can change; therefore, it is important you verify with the provider that they are in InterWest's Practitioner-only network before receiving services. You are responsible for determining a provider's participation in InterWest. To access a list of Preferred Providers, visit https://interwesthealth.com/providers/ and select Practitioner-only Network. Physicians associated with Billings Clinic and Kalispell Regional Medical Center do not participate in the Preferred Provider Organization (PPO).

Balance Bills

On January 1, 2015, the MADA Insurance Trust began reimbursing hospitals and other non-physician facilities based on a model designed to ensure these providers earn a reasonable profit while also allowing the Plan to avoid paying excessive and unreasonable charges that bear no relation to the value of services received. The Trust contracts with ELAP Services, LLC, which audits all Non-Network facility claims to determine an allowable payment limit equal to the greater of Medicare's allowable payment plus 20%, or the actual cost of the service plus 12%. The facility or air ambulance carrier could bill you for the difference between the allowable payment limit, referred to as the Eligible Amount shown on your EBMS Explanation of Benefits, and the Facility's actual charge after your deductible and coinsurance has been applied as shown on your EBMS Explanation of Benefits in the Ineligible Amount column is called balance billing. If you are balance billed, contact ELAP immediately, and their attorneys will defend your balance bill at no cost to you.

ELAP is not available for balance bill defense of practitioner claims. Since some claims could be processed as both a practitioner and a facility claim (e.g. doctor visit with lab work), we suggest that you contact EBMS at (866) 894-1499 for assistance as they can tell you if your claim was sent as a practitioner claim, a facility claim, or both, and if your claim is eligible for balance bill defense in the event you are balance billed.

Also, DO NOT PAY UPFRONT FOR FACILITY SERVICES as you may pay more than what you may be required to pay under your health plan through ELAP audit. If you pay more than you are required, it is very likely you will not receive the additional amount back from the facility. If a facility is requiring you pay upfront or agree to a payment plan, please call EBMS right away at (866) 894-1499 for guidance.

ELAP Balance Bill Department Contact Information:

Call: (800) 977-7381

Live call center available
9:00am – 7:00pm ET

Off hours messaging system available to receive a next day call back

Email: balancebills@elapservices.com

Fax: (888) 560-2447

70/30 — Claim Example

Sally is covered on the the Traditional 70/30 health plans. She has met her $3,000 max out-of-pocket and suffered a fall resulting in a broken leg. Sally was sent to a nearby hospital which is partnered with the MADA Insurance Trust.

EBMS processes as follows:

1. The hospital charge is considered a facility claim so EBMS sends the claim to ELAP for audit. ELAP determines that $750 is a reasonable charge for the visit and sends the audit back to EBMS who sends an Explanation of Benefits (EOB) to both the hospital and Sally showing the "Patient May Owe" $0 because Sally had met her deductible/max and the Plan pays the $750 to the hospital; the balance of $500 is considered ineligible billed charges as documented in the EOB. The hospital didn't consider the $750 payment as payment in full so they bill Sally for the remaining $500; she has just been balance billed $500. Sally contacts ELAP for balance bill defense.

2. The surgeon is not in-network so EBMS processes the claims at 90% UCR which is $450. EBMS sends an EOB to both the doctor and Sally showing the "Patient May Owe" $0 because Sally had met her deductible/max and the Plan pays $450 to the surgeon. The surgeon didn't accept $450 as payment in full and bills Sally for$50; Sally has just been balance billed $50. Because this is a practitioner claim, this claim is not eligible for ELAP balance bill defense and Sally will be responsible for the$50 but can ask the provider to write-off the balance.

Sally's responsibility under the Plan is: $0-$50 (depending on if the surgeon balance bills her or not).

VezaHealth

Are you contemplating any inpatient or outpatient medical procedures? If so, VezaHealth can help you navigate the Healthcare System! There is also a $100 incentive that goes toward your deductible and/or max out of pocket for utilizing VezaHealth.

Highest Quality Physician Access

VezaHealth partners with the nation's most respected physicians who are leaders in their specialty. We carefully select these physicians because they are skilled in the latest minimally invasive technologies, they emphasize patient education, and they provide clinical options with the best outcomes.

Second Opinions

Members will receive second opinions from one of our high-quality physicians and learn about all their appropriate health care options.

Cost Control

Health plans will experience savings through VezaHealth's negotiations and the reduction of health care waste.

Domestic Medical Travel

If the second opinion demonstrates that medical travel will result in better health and financial outcomes, the VezaHealth Consultant will manage all travel logistics and provide intensive case management consistent with the high-quality physician's recommendations.

Holistic Approach

VezaHealth takes a holistic approach when partnering with health plans by understanding their goals, membership, and other partners. Similarly, we support patients by recognizing and accounting for their lifestyle and health goals.

MTADA ALIGNED BUSINESS SOLUTIONS

Medical Benefit - Administered by EBMS

	Traditional 70/30	HSA 2800	HSA 4500
Deductible			
Individual	$1,500	$2,800	$4,500
Family	$3,000	$5,600	$9,000
Maximum Out-Of-Pocket			
Individual	$3,000	$2,800	$4,500
Family	$6,000	$5,600	$9,000
Coinsurance	70/30	100/0	100/0
Physician Office Visit	$35 co-pay when utilizing a professional participating provider.	Medical deductible applies, then paid at 100%	Medical deductible applies, then paid at 100%
RX Pharmacy	No Deductible	Applies to Deductible then below copays to $1,450 OOP	Applies to Deductible then below copays to $1,450 OOP
Preventive Generic	$0	$0	$0
Generic	$15	$15	$15
Brand Name Formulary	$40	$40	$40
Brand Name Non-formulary	50%	50%	50%
Specialty	$100	$100	$100
Maximum Rx Out-of-Pocket	$1,450 Single/$2,900 Family	$1,450 Single/$2,900 Family	$1,450 Single/$2,900 Family

A $10,000 Unum life insurance policy is included for every covered employee in the Trust. One vision exam covered at 100% is included for every employee and dependent in the Trust.

MTADA Wellness Program - A benefit everyone should utilize...

It Starts With Me HEALTH

A focus of the Trust is to help individuals maintain or improve their health. In order to reduce the chances of chronic diseases such as diabetes and heart disease the Trust offers comprehensive health screenings for members. It Starts With Me Health uses state of the art technologies and employs the best health professionals in the field to assure that you have a premier and private experience.

Health Screening:

The basic health screening is covered 100% through your membership in the healthcare Trust, including employees, spouses and dependents 18 years old or older. The screening includes the following features: Comprehensive Metabolic Panel, Lipid Panel, Complete Blood Count, TSH, PSA, Blood Pressure, Body Composition, Personal Health Report, and Easy-to-Read Lab Report.

Non-Participation Surcharge:

In order to increase participation, a surcharge of $60.00 per month will be applied to employee and spouse members who do not participate in the Trust sponsored screenings from It Starts With Me Health. The Trust provides annual health screenings throughout the year so please make sure you attend.

If you have questions you can reach It Starts With Me Health at (866) 932-6467.

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Dental Benefit — Insured by Delta Dental

Benefits & Covered Services	PPO Plan Pays
Diagnostic and Preventive	100%
Sealants	80%
Basic Restorative	80%
Oral Surgery	80%
Endodontics	80%
Periodontics	80%
Major Restorative	50%
Implants	50%
Orthodontics – Child	50%
Orthodontics – Adult	Not a benefit
TMJ Services	Not a benefit
DEDUCTIBLES PER CALENDAR YEAR (Diagnostic, preventive and orthodontic services are waived from deductible.)	
Per enrollee	$50
Per family	$150

Benefits & Covered Services	PPO Plan Pays
MAXIMUMS	
Per enrollee each Calendar Year	$1,200
Lifetime maximum for orthodontic services per enrollee	$1,000
WAITING PERIODS	
Major Restorative, Prosthodontics	12 months
Orthodontics – Child	12 months
MONTHLY RATES Premiums are separate from association dues and/or fees charged to members and employees.	
Employee Only	$34.40
Employee & Spouse	$77.49
Employee & Child(ren)	$83.55
Employee & Family	$114.74

This program is offered per dealership. Your dealership may or may not have opted to offer this benefit.

Vision Benefit - Administered by EBMS

Benefits & Covered Services

Eye Exam, once per Calendar Year	
Reimbursement Rate:	100%, no deductible
Benefit maximum per calendar year	1 exam per Calendar Year
Frames and Frame-type lenses or Contact Lenses	
Reimbursement Rate:	80%, no deductible
Benefit maximum per Calendar Year	$320

This program is offered per dealership. Your dealership may or may not have opted to offer this benefit.

Savvy Healthcare + Benefits Tips

- **Have an established Primary Care Provider.** Find a local physician in the Interwest network that you like and is accessible to you. Being an active patient with a primary care provider is more important than ever. With online tools like MyChart and other telehealth solutions, you can receive support (e.g., change in prescription, minor medical support and advice) without going into the office. It's convenient and it helps you save money.

- **Use online tools and telephonic services.** Along with contacting your primary care provider with a web-based tool, there are other online and telephonic resources that will improve your healthcare experience.

    - **Ebms.com** Requeset new ID cards, print off EOBs (Explanations of Benefits), view important documents (plan document, Summary of Benefits and coverages) and much more.

    - **Call VezaHealth (800) 970-6571** For support in seeking care outside of your community or to a receive a remote second opinion, call the nurses at VezaHealth.

    - **Dr. On Demand, Bridge by Benefis.** Use app services like Dr. On Demand or Bridge by Benefis to replace unnecessary trips to the emergency room and urgent care facilities. Submit your receipts from these services to EBMS and they will apply it to your benefits.

- **Review your EOBs and bills.**

    - **It is critical you match any health care provider bill to the EOB you receive from EBMS.** If the bill exceeds the "Amount You May Owe" noted on the EOB, call the provider and tell them you are not willing to pay the excessive, additional charge. If they are unwilling to reduce the charge, call our insurance consultant, Erin Jimison (406-696-7383).

    - **Review the EOB and provider bill to verify it only includes services you received.** If you in fact find an erroneous or fraudulent charge you may earn 50% of the savings for your due diligence. Erin Jimison will be able to support you in this situation as well.

- **Buy prescriptions wisely.** Consider utilizing one of the mail order services for your prescriptions. It will save you time and money and will help the Trust continue to manage costs. There are also other coupon and cost-saving programs offered by ProAct. Simply, call the ProAct number on your ID card and see if you qualify for any of them.

MTADA ALIGNED BUSINESS SOLUTIONS

MTADA Insurance Trust Partners

Employee Benefit Management Services (EBMS)

Processing claims and customer service support. Access your benefit and claims information online

(866) 894-1499

www.ebms.com

ELAP

Audits facility claims (except for NRHA claims) to set allowable payment limits, checks for billing errors, and provides balance bill defense

(800) 977-7381

www.elapservices.com

InterWest

Primary network of practitioners

(406) 542-1912

https://interwesthealth.com/providers/

ProAct

Pharmacy benefit administrator

(877) 635-9545 phone

www.ProActRx.com

Unum

Life insurance benefit

(800) 854-1446

VezaHealth

Second opinion and domestic travel services

(800) 970-6571

www.vezahealth.com

MTADA

Association executive office

(406) 442-1233

www.mtada.com

Aligned Business Solutions

Erin Jimison

(406) 696-7389 phone

erin@aligned-inc.com

Member support and plan consulting - Call Erin with any questions or concerns regarding the benefits and programs.

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DISCLAIMER: In the event there is a discrepancy between this communication and the plan documents, the plan documents will supersede any information in this guide.