



Blue Cross and Blue Shield of Montana Wants You to Have the Information You Need to Help You Use Your Health Plan

It's more important than ever to stay informed about your health insurance from Blue Cross and Blue Shield of Montana. You can visit bcbsmt.com to get information on topics such as the below.

What is a Point of Service Plan?

A point of service health plan is designed so that you have care personalized to you. Your care is coordinated by one provider who knows you — your health history, current issues and medication, lifestyle and how your family's health history may affect your health. See bcbsmt.com/pos for more about the point of service plan, such as:

- How to choose and work with your primary care provider
- Information about the referral process
- How to access a specialist or behavioral health care provider
- Emergencies and what to do in an emergency or non-emergency
- How to change your PCP
- How to get care after normal business hours

Use our online provider directory at bcbsmt.com/find-a-doctor-or-hospital (see page 2) or call Customer Service at the number on your member ID card to find in-network providers in the plan's service area.

You do not need a referral to see an in-network specialist, behavioral health care provider or an obstetrical and gynecological health care professional. You will need a referral to visit a hospital for non-emergency services.

Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSMT is required to access non-emergency or non-urgent care outside the plan's service area.

For resources and answers to frequently asked questions about claims, payments, membership, finding care, and more, please visit bcbsmt.com/help-center.

How Your Health Plan Works

To understand how your health plan works and to take full advantage of your health insurance benefits, see "Making Your Health Insurance Work for You" at bcbsmt.com/help-center/insurance-basics/making-your-health-insurance-work-for-you. For example:

Blue Cross and Blue Shield of Montana regularly evaluates the use of new and existing medical technologies. This allows us to make decisions about what's covered. It also ensures that you have access to safe and effective care.

Your Online Member Account

Your account helps you make the most of your plan benefits and coverage. In your account you can:

- Review your health history.
- View your benefits.
- Check on claim payments.
- Use BCBSMT's online health tools.
- Enroll in wellness programs.
- And more.

Signing up is easy.

- Go to **bcbsmt.com**. You'll need your member ID card.
- Select: (1) "Log In," (2) "Member," (3) "Activate Your Account."
- Follow the steps to create your account.

How to Find a Provider or Hospital

A provider is a licensed health care facility, program, agency, ambulance company, doctor (including Doctor of Medicine, Osteopathy, Chiropractic and Podiatric Medicine), or other qualified health professional who delivers health care services.

Use our online provider directory at **bcbsmt.com/find-a-doctor-or-hospital** to find doctors, hospitals and other qualified health care providers who contract with BCBSMT under your point of service health plan. You can learn about providers in your plan's network, including:

- Name, address and phone numbers.
- Professional qualifications.
- Specialty.
- Medical school.
- Residency completion.
- Board certification status.

You may call Customer Service at the phone number on your member ID card or write to the address below to ask for a paper or electronic copy of the provider directory. We update the directory four times a year.

Customer Service
Blue Cross and Blue Shield of Montana
PO Box 660044
Dallas, TX 75266-0044

Where to Find Enrollment Information

Refer to your Benefit Book for information about benefits coverage (including coordination of care), access to medical services, the complaint/appeal process, confidentiality of personal health information, and new medical technology. You can also log in to your member account.

Medical Emergencies

Your plan provides coverage for medical emergencies. If you can, although not required, you may contact your primary care provider or network provider before you go to the hospital emergency room. They can help you decide if you need emergency care or treatment.

Your primary care provider may suggest you schedule an appointment to see them or that you go to an urgent care center when you need medical care for a condition that is not life threatening. Urgent care center visits can be either scheduled or unscheduled. Call Customer Service if you have questions about after-hours access.

If you can't contact your provider or Customer Service and your condition is not life threatening, you can visit bcbsmt.com/find-a-doctor-or-hospital or "Find Care" within your member account to find the nearest in-network urgent care center or walk-in clinic.

However, if you believe you are experiencing a life-threatening emergency, you should go directly to the nearest emergency room or call 911 immediately. You do not need to contact your primary care provider or get prior authorization. Let your PCP know that you had an emergency as soon as you can. They can follow your treatment and manage any follow-up care you may need.

Customer Service

You can call Customer Service toll free at **1-855-258-8471**. The phone number is also on your member ID card.

Health Management Programs Available to You

Did you know your benefits allow you to have a Case Manager assigned to help you manage your health concerns and questions without additional cost? BCBSMT offers Health Management programs to address your medical and behavioral health needs. These programs aim to help:

- Keep you healthy.
- Manage your emerging health risks.
- Assist with your safety and health outcomes.
- Manage your chronic illness, if you have one.

Referrals to Health Management Programs can be made by members or caregivers, providers/practitioners, hospital discharge planners, or other medical management programs.

For details on Health Management Programs available to you and how to enroll, see the table starting on page 5 or call the Customer Service number on your member ID card.

Utilization Management

If you have questions about the Utilization Management process, call the Customer Service number on your member ID card. The Customer Service team will help you answer any questions you may

have about prior authorization or whether your point of service plan may approve payment for a test or procedure your doctor orders or admission to a hospital.

We offer services for members whose first language is not English and/or who have special communication needs. You may ask to speak to a bilingual (English-Spanish) representative when you call the Customer Service number on your member ID card. Our staff members also have access to a telephone-based translation service to help with over 200 other languages.

Our members who are deaf or hard of hearing or have speech disabilities and have questions about the Utilization Management process can communicate with a Customer Service representative by dialing the Telecommunications Relay Service at 711.

Care Decisions

BCBSMT:

- Does not allow decisions about your care to be made in exchange for financial rewards.
- Bases health care decisions only on the care and services that are appropriate for your health needs and coverage.
- Does not reward doctors or other providers or persons for underusing benefits or for denials of coverage.
- Does not give financial incentives to staff members who make medical or coverage decisions that limit or restrict your benefits.

List of Health Management Programs

Please note these programs are voluntary and subject to change.

Email Reminders	Who Is This Program for?	How to Opt Into or Out of the Program	How Does This Program Work?
Annual Flu Shot	Adult members ages 18 to 64 with an on-exchange plan*	You will get an annual email from BCBSMT.	The email you get from BCBSMT will remind you to talk to your provider about screenings, immunizations, and tests. Use this information to make an appointment.
Breast Cancer Screenings	Female members with an on-exchange plan* who are age 40 or over and have not had a breast cancer screening	You can call the Customer Service number on your member ID card to opt into or out of this program.	
Cervical Cancer Screenings	Female members with an on-exchange plan* who are age 21 to 64 and have not had a cervical cancer screening within the last 3 years		
Childhood Immunizations	Children who are 6 months old and older who are on an on-exchange plan*; sent to policy holder		
Colorectal Cancer Screenings	Members with an on-exchange plan* who are age 45 to 75 who have not had appropriate colon cancer screening		
Diabetic Testing	Adult members with an on-exchange plan* who have diabetes		

Physical Health Disease and Case Management Programs	Who Is This Program for?	How to Opt Into or Out of the Program	How Does This Program Work?
Condition Case Management — Diabetes (a whole mind and body approach to diabetes health care)	Members with diabetes	BCBSMT may contact you to see if you would like to take part in this program. You can call the Customer Service number on your member ID card to opt into or out of this program.	A clinician may refer you to community resources and help you to: <ul style="list-style-type: none"> • Coordinate care with providers • Learn more about disease, self-management and medication • Navigate the health care system
Condition Case Management — CAD (a whole mind and body approach to heart health care)	Members with coronary artery disease		
Inpatient Readmission Prevention	Members at risk of being admitted to the hospital more than once for the same condition		
Avoidable Emergency Room Visits	Members who have been to the ER 2 or more times during the previous 2 weeks		
Comprehensive (Holistic) Case Management and Complex Case Management	Members with 2 or more chronic conditions or complex needs with a life-changing event		

Pharmacy Program	Who Is This Program for?	How to Opt Into or Out of the Program	How Does This Program Work?
PHARMACISTS ADDING VALUE & EXPERTISE® Program	Members with an on-exchange plan* who are 18 years old or over and who have been prescribed drugs to control: <ul style="list-style-type: none"> • Diabetes • Blood pressure • Cholesterol 	You may get information from BCBSMT in the mail. You can call the Customer Service number on your member ID card to opt into or out of this program.	Your pharmacist will work with you. You will get tools to help you take your prescription drugs as prescribed by your provider.
Maternity Program	Who Is This Program for?	How to Opt Into or Out of the Program	How Does This Program Work?
Special Beginnings®	Members with an on-exchange plan* who are pregnant	BCBSMT may contact you to see if you would like to take part in this program. You can call the Customer Service number on your member ID card to opt into or out of this program.	This program provides support and education from early pregnancy to six weeks after delivery. You can use online tools and get information on pregnancy and infant care.

Behavioral Health Programs	Who Is This Program for?	How to Opt Into or Out of the Program	How Does This Program Work?
Condition Case Management	Members with one or more of the following: <ul style="list-style-type: none"> • Depression • Alcohol or substance use disorder • Anxiety/panic disorders • Bipolar disorder • Eating disorders • Schizophrenia and other psychotic disorders • Autism Spectrum Disorders • Members with multiple chronic conditions, including major depression, bipolar, schizophrenia 	BCBSMT may contact you to see if you would like to take part in this program. You can call the Customer Service number on your member ID card to opt into or out of this program.	Case managers help you locate services and offer education, resources and support. They are available to discuss treatment options.
Intensive Case Management	Members with multiple behavioral health conditions with more complex needs		Case managers help you locate services and offer education, resources and support. They are available to discuss treatment options over a longer period of time to ensure complex needs are met.
Follow Up After Hospitalization	Members who have stayed overnight in the hospital for behavioral health needs		BCBSMT will work with you to help coordinate your care after you leave the hospital.

Behavioral Health Programs	Who Is This Program for?	How to Opt Into or Out of the Program	How Does This Program Work?
Risk Identification & Outreach Program	Members with a behavioral health benefit and Prime Therapeutics pharmacy benefit who are at risk for specific health and substance-related conditions	<p>BCBSMT may contact you to see if you would like to take part in this program.</p> <p>You can call the Customer Service number on your member ID card to opt into or out of this program.</p>	This program provides support and education on alternative pain management therapies.

* An on-exchange plan is a health plan that you enrolled in through the Health Insurance Marketplace®. These plans follow guidelines set by the Affordable Care Act.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by Blue Cross and Blue Shield of Montana to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsmt.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.



中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohjí' 855-710-6984 (TTY: 711) hodíilnih doodago nika'anáwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تاپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.