

# MACo HEALTH CARE TRUST

## BENEFIT SUMMARY

Medical and Pharmacy

July 1, 2023



# IT'S ALL ABOUT TRUST

**MACo HEALTH CARE  
TRUST  
MARKETING**

Pam Walling 406-366-6893  
Joanne Romasko 406-439-8719

**MACo HEALTH CARE  
TRUST  
ADMINISTRATION**

2717 Skyway Drive, Suite D  
Helena, MT 59602  
(Ph) 406-443-8102  
(F) 406-443-8103  
[mtcounties.org/hct](http://mtcounties.org/hct)

**MACo HEALTH CARE  
TRUST  
CLAIMS**

P.O. Box 1966  
Missoula, MT 59806  
888-883-3233  
[askallegiance.com](http://askallegiance.com)

## **Mission**

The mission of MACo HCT is to provide quality group health benefits for Montana Counties. We accomplish this through member directed leadership, outstanding member service, excellent benefit plans including preventive care and wellness, premium rate stability through shared risk pooling, and responsible transparent financial management.

## **Open Enrollment & Special Enrollments**

After initial enrollment, changes to your plan options can only be made during **Open Enrollment** each year. The only time you may change plans outside of **Open Enrollment** is if you meet criteria for a **Special Enrollment. Special Enrollments** are allowed upon marriage, divorce, birth or adoption, death of a spouse or child, loss of other coverage, or change in you or your spouse's employment. Changes must be made within 60 days of the **Special Enrollment Event**. Changes for other reasons are allowed only during **Open Enrollment** periods. For complete details, please refer to the Summary Plan Description.

## FREQUENTLY NEEDED NUMBERS

SERVICE	DESCRIPTION	CONTACT
<b>Customer Service &amp; Claims</b> Allegiance Benefit Plan Management	Contact for medical, dental, vision coverage and claims questions Pre-Treatment Review Pre-Determination of Benefits	<b>888-883-3233</b> askallegiance.com P.O. Box 1966 Missoula, MT 59806
<b>Case Management</b> Allegiance Care Management	Contact for pregnancy, weight management treatment, and case management support	<b>877-792-7827</b>
<b>Employee Assistance Program (EAP)</b>	Employee assistance program counseling and emergency travel assistance	<b>800-854-1446</b> unum.com/lifebalance
<b>Life Insurance</b> UNUM	Life Insurance and Accidental Death & Dismemberment questions	<b>Contact MACo HCT</b> unum.com/employees/benefits
<b>Pharmacy (Retail)</b> Express Scripts	Contact for prescription related questions	<b>877-819-4026</b> express-scripts.com
<b>Pharmacy (Specialty)</b> Accredo	Contact for high-cost Biotech injectable or Oral Medication prescriptions and questions	<b>800-803-2523</b> accredo.com
<b>TeleMedicine</b> Recuro	24/7/365 access to doctors for medical and behavioral health services	<b>855-935-5842</b>
<b>Utilization Management</b> Allegiance Care Management	Contact for surgery, outpatient and inpatient hospital services, behavioral health, substance abuse, home health, air transport and emergency admissions	<b>800-342-6510</b>

**MACo Health Care Trust**  
**406-443-8102**  
**2717 Skyway Drive Suite D**  
**Helena, MT 59602**  
**mtcounties.org/hct**



# PLAN

## BENEFITS

## REVISED MAJOR MEDICAL PLANS (RM)

	Deductible Waived	
<b>ACCIDENT BENEFITS</b>		
Maximum benefit per accident	✓	<b>\$500 within 90 days of accident</b>
<b>ALTERNATIVE CARE</b>		
Acupuncture*	✓	Deductible waived
Maximum payment/visit		\$50
Chiropractic*	✓	Deductible waived
Maximum payment/visit		\$50
Chiropractic X-rays		Coinsurance applies
Maximum benefit/year		\$100
Massage Therapy*	✓	Deductible waived
Maximum payment/visit		\$50
*Maximum combined visits/year		25 visits
<b>DIAGNOSTIC LABS &amp; X-RAY</b>		
	✓	<b>First \$600 waived &amp; coinsurance applies</b>
<b>DURABLE MEDICAL EQUIPMENT</b>		
CPAP Machines & Supplies	✓	Coinsurance applies
Insulin Pumps & Supplies	✓	Coinsurance applies
Glucose Monitors	✓	Coinsurance applies
<i>Free monitors available through Pharmacy Benefit</i>		
Other DME		Deductible & Coinsurance apply
<b>FOOT ORTHOTICS</b>		
\$400 every 3 years	✓	Coinsurance applies
<b>HEARING AIDS &amp; EXAMS</b>		
\$2000 every 5 years	✓	Coinsurance applies
<b>HOSPITAL &amp; FACILITY BASED SERVICES</b>		
Inpatient Facility		Deductible & Coinsurance apply
Outpatient Facility		Deductible & Coinsurance apply
Skilled Nursing Facility		Deductible & Coinsurance apply
<b>HOME HEALTH &amp; HOSPICE</b>		
		Deductible & Coinsurance apply
<b>LIFE INSURANCE</b>		
MACo HCT Paid - Basic Life and Accidental Death & Dismemberment (member only)	Free	\$25,000 included with medical coverage
Employer Paid (member & dependents)	Per County	Optional @ MACo HCT rate
Employee Paid (member & dependents)	Per County	Optional @ MACo HCT rate

# OPTIONS

## BASIC PLAN (BP)

First Dollar Benefit \$300

## HIGH DEDUCTIBLE PLANS (HD)

Deductible Waived		Deductible Waived	
√	\$300 within 90 days of accident		Deductible applies
	Deductible applies		Deductible applies
	\$50		\$50
	Deductible applies		Deductible applies
	\$50		\$50
	Deductible applies		Deductible applies
	\$100		\$100
	Deductible applies		Deductible applies
	\$50		\$50
	25 visits		25 visits
	Deductible Applies		Deductible Applies
√	Coinsurance applies		Deductible Applies
√	Coinsurance applies		Deductible Applies
√	Coinsurance applies		Deductible Applies
	Deductible & Coinsurance apply		Deductible Applies
√	Coinsurance applies		Deductible Applies
√	Coinsurance applies		Deductible Applies
	Deductible & Coinsurance apply		Deductible Applies
	Deductible & Coinsurance apply		Deductible Applies
	Deductible & Coinsurance apply		Deductible Applies
	Deductible & Coinsurance apply		Deductible Applies
Free	\$25,000 included with medical coverage	Free	\$25,000 included with medical coverage
Per County	Optional @ MACo HCT rate	Per County	Optional @ MACo HCT rate
Per County	Optional @ MACo HCT rate	Per County	Optional @ MACo HCT rate

All benefits payable are subject to the applicable plan exclusions, procedure based maximum expense (PBME), plan maximum limits and medical necessity.

BENEFITS	REVISED MAJOR MEDICAL PLANS (RM)	
<b>MENTAL HEALTH / BEHAVIORAL HEALTH / SUBSTANCE ABUSE</b>	Deductible Waived	
Outpatient	✓	First 3 visits paid at 100% then Coinsurance applies
Inpatient & Residential		Deductible & Coinsurance apply
<b>MORBID OBESITY TREATMENT*</b>		<i>Pretreatment review is recommended.</i>
Morbid obesity treatment		Deductible & Coinsurance apply
Bariatric Surgery		Deductible & Coinsurance apply
<b>OFFICE VISITS</b>		
Primary Care	✓	Coinsurance applies
Specialist	✓	Coinsurance applies
<b>PRESCRIPTION DRUG BENEFITS</b>		
Annual deductible per individual		\$50
Annual Out-of-pocket (OOP) Maximum per individual		\$1,550
30-day supply (filled at Participating Pharmacy)		
Generic	✓	\$0
Preferred		\$25
Non-preferred		\$50
Specialty		30%
90-day supply (filled at Participating Pharmacy)		
Generic	✓	\$0
Preferred		\$62.50
Non-preferred		\$125
*Specialty medication must be filled by Express Scripts / Accredo Specialty Pharmacy		
Consumer Directed Healthcare preventive medications	✓	Paid @ 100%
Contraceptives	✓	Paid @ 100%
Medications on the Patient Assistant Program		\$50
<b>PREVENTIVE SERVICES</b>		
Well-Child care visits	✓	
Immunizations (CDC recommended)	✓	
Preventive visit	✓	
Pap test	✓	Preventive & Diagnostic
Department of Transportation physical	✓	
Mammogram	✓	Preventive & Diagnostic
Colon care screenings (including fecal occult blood test, sigmoidoscopy and colonoscopy)	✓	Preventive & Diagnostic
Diabetic screening and education	✓	
Tobacco Cessation	✓	
<b>TELEHEALTH</b>		
	✓	Coinsurance applies
<b>TRANSPLANTS*</b>		<i>Pretreatment review is recommended.</i>
		Deductible & Coinsurance apply
<b>TRAVEL BENEFITS (Non-Ambulance)*</b>		<i>Preauthorization is recommended.</i>
Maximum Lifetime Benefit of \$5,000		Deductible & Coinsurance apply

BASIC PLANS (BP)		HIGH DEDUCTIBLE PLANS (HD)			
Deductible Waived		Deductible Waived			
	First 3 visits paid at 100% then Deductible & Coinsurance applies		Deductible applies		
	Deductible & Coinsurance apply		Deductible applies		
<i>Pretreatment review is recommended.</i>					
	Deductible & Coinsurance apply		Deductible applies		
	Deductible & Coinsurance apply		Deductible applies		
	Deductible & Coinsurance apply		Deductible applies		
	Deductible & Coinsurance apply		Deductible applies		
	Covered prescriptions are integrated with the medical deductible and can be obtained at the Pharmacy at a discounted rate. Claims are then applied to the medical plan deductible. Once the medical plan deductible is satisfied all remaining prescription drug claims are subject to the medical plan co-insurance until the medical maximum OOP limit is met. Once the medical maximum OOP limit is satisfied, prescription claims are paid at 100% for the remainder of the benefit plan year.		Covered prescriptions are integrated with the medical deductible and can be obtained at the Pharmacy at a discounted rate. Claims are then applied to the medical plan deductible. Once the medical plan deductible is satisfied all remaining prescription drug claims are paid at 100% for the remainder of the benefit plan year.		
✓		Paid @ 100%		✓	Paid @ 100%
✓		Paid @ 100%		✓	Paid @ 100%
		\$50			\$50
✓				✓	
✓				✓	
✓				✓	
✓		Preventive & Diagnostic		✓	Diagnostic: Deductible applies Preventive: Deductible waived
✓				✓	
✓	Preventive & Diagnostic	✓	Diagnostic: Deductible applies Preventive: Deductible waived		
✓	Preventive & Diagnostic	✓	Diagnostic: Deductible applies Preventive: Deductible waived		
✓		✓			
✓		✓			
	Deductible applies		Deductible applies		
<i>Pretreatment review is recommended.</i>					
	Deductible & Coinsurance apply		Deductible applies		
<i>Preauthorization is recommended.</i>					
	Deductible & Coinsurance apply		Deductible applies		

All benefits payable are subject to the applicable plan exclusions, procedure based maximum expense (PBME), plan maximum limits and medical necessity.

DENTAL BENEFITS		VISION BENEFITS	
<b>Annual Deductible per Individual</b>	\$25	<b>Annual Deductible per Individual</b>	\$0
<b>Type A</b> - Diagnostic/Preventive	100%	<b>Exam</b>	\$100/annual allowance
<b>Type B</b> - Routine/Basic Care	80/20%	<b>Hardware</b>	\$350/annual allowance
<b>Type C</b> - Major Restorative	50/50%	<b>The Vision Hardware benefit may be used towards:</b>	
<b>Maximum Dental Benefit per Period per Individual</b> (Type A, B and C Expenses)	\$1,600	<ul style="list-style-type: none"> <li>one pair of frames &amp; prescription lenses, or</li> <li>one pair of frames &amp; prescription sunglass lenses, or</li> <li>a 12-month supply of prescription contact lenses</li> </ul>	
<b>Orthodontia Benefit</b> (For Dependents Under Age 19)	50/50%		
<b>Maximum Lifetime Orthodontia Benefit</b>	\$1,000		

- Members are welcome to seek treatment from any Dental and Vision providers of their choice
- Dental and/or Vision benefits may be voluntarily canceled only during Open Enrollment or a Special Enrollment Event
- If Dental and/or Vision benefits are voluntarily canceled, there is a **two-year waiting period** before coverage can be reinstated

## HOW TO FILE DENTAL & VISION CLAIM

### POINT OF SERVICE

Present your MACo HCT ID Card at the time of service which allows your provider to submit a claim on your behalf.

### ONLINE

Go to: [www.askallegiance.com](http://www.askallegiance.com)

Click: "Submit a Claim" Click: "Health" for claim type

Enter personal information, attach documentation to "Upload and Submit"

### FAX

Copy your MACo HCT ID Card or write your name and ID Number on your detailed Dental or Vision Invoice then fax to: 866-201-0522

### MAIL

Copy your MACo HCT ID Card or write your name and ID Number on your detailed Dental or Vision Invoice then mail to: MACo Health Care Trust Claims, P.O. Box 1966, Missoula, MT 59806



# OTHER VALUE ADDED BENEFITS INCLUDED WITH MACo HEALTH PLANS

## Employee Assistance Program

Counseling—Three visits provided at no charge

Medical Bill Saver—Negotiating team works with providers to get a discount on bills over \$400

Travel Assistance—Whenever you travel 100 miles or more, assistance provided for health needs

Life Planning & Legal Resources

## Life Insurance

MACo HCT \$25,000 provided at no cost with health care plans

Voluntary Life—Guarantee issue of up to \$200,000 for employee, \$30,000 for spouse and \$10,000 for children

County Paid Life—Some counties offer additional life insurance for employees

## Retirement

The MACo HCT Group BCBSMT Medicare Advantage Plan is available to county retirees 65 and older

## Prescription Benefits

Online Access

Delivery

Discount pricing

## Telemedicine *formerly Wellvia*

Recuro telemedicine—24 hours a day 7 days a week on-demand Medical Conditions

Mental Health—Psychiatrist or Licensed Counselor through secure video consultations

## Transparency and Pricing Tool

Shop for care, compare facilities, and save money on your medical services

## Wellness Biometric Screening

Clinical health assessments used to measure key aspect of health

## 2023 Consumer Directed Healthcare (CDH) Preventive Medications - Standard Plus Generics Only

This list provides examples of commonly prescribed preventive medications. It is not an all-inclusive list; but many examples of medications in each category are listed.

This list does not indicate coverage. Please check with your plan administrator and/or benefit information materials if you have questions on coverage. Your cost share will be determined by your plan's drug coverage and formulary plan.

Coverage prior to the deductible being met may not be provided for every strength or dosage form of a listed medication.

### **ASTHMA/COPD**

arformoterol  
albuterol HFA  
albuterol nebulizer solution  
albuterol oral  
budesonide oral inhalation  
cromolyn nebulizer solution  
ipratropium/albuterol nebulizer solution  
ipratropium nebulizer solution  
fluticasone/salmeterol  
formoterol  
levabuterol nebulizer solution  
metaproterenol  
montelukast  
terbutaline oral  
theophylline  
wixela inhub  
zafirlukast  
zileuton er

### **BONE DISEASE AND FRACTURES**

alendronate  
ibandronate oral  
raloxifene  
risedronate  
risedronate dr  
zoledronic acid 5mg

### **CAVITIES**

periomed  
sodium fluoride rinse, gel, cream, paste, tabs and drops

### **COLONOSCOPY PREPARATION\***

gavilyte-c  
gavilyte-g  
gavilyte-n  
polyethylene glycol

### **DEPRESSION**

citalopram  
escitalopram  
fluoxetine  
fluoxetine dr  
fluvoxamine  
fluvoxamine er  
paroxetine  
paroxetine er  
sertraline

### **DIABETES**

acarbose  
generic syringes, lancets and needles  
glimepiride  
glipizide  
glipizide er  
glipizide/metformin  
glyburide  
glyburide micronized  
glyburide/metformin  
metformin  
metformin er  
miglitol  
nateglinide  
pioglitazone  
pioglitazone/glimepiride  
pioglitazone/metformin  
repaglinide  
repaglinide/metformin

### **HEART DISEASE AND STROKE**

#### **BLOOD THINNERS**

aspirin, 81 mg & 325 mg\*  
aspirin-dipyridamole er  
clopidogrel  
dabigatran  
dipyridamole  
jantoven  
prasugrel  
warfarin

#### **CHOLESTEROL LOWERING**

#### **HMG-COA REDUCTASE INHIBITORS\***

atorvastatin  
fluvastatin  
fluvastatin er  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

#### **OTHER CHOLESTEROL LOWERING AGENTS**

amlodipine/atorvastatin  
cholestyramine  
cholestyramine light  
colesevelam  
colestipol  
ezetimibe  
ezetimibe/simvastatin  
fenofibrate  
fenofibric acid  
fenofibric acid dr  
gemfibrozil  
icosapent ethyl  
niacin  
niacin er  
prevalite

# 2023 CDH Preventive Medications - Standard Plus Generics Only

## HIGH BLOOD PRESSURE

### ACE INHIBITORS

benazepril  
captopril  
enalapril  
fosinopril  
lisinopril  
moexipril  
perindopril  
quinapril  
ramipril  
trandolapril

### ACE INHIBITORS/DIURETIC COMBINATIONS

benazepril/hctz  
captopril/hctz  
enalapril/hctz  
fosinopril/hctz  
lisinopril/hctz  
quinapril/hctz

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan  
eprosartan  
irbesartan  
losartan  
olmesartan  
telmisartan  
valsartan

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

candesartan/hctz  
irbesartan/hctz  
losartan/hctz  
olmesartan/hctz  
telmisartan/hctz  
valsartan/hctz

## BETA BLOCKERS

acebutolol  
atenolol  
betaxolol  
bisoprolol  
metoprolol succinate er  
metoprolol tartrate  
nadolol  
nebivolol  
pindolol  
propranolol  
propranolol er  
timolol

### BETA BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone  
bisoprolol/hctz  
metoprolol/hctz  
nadolol/bendroflumethiazide  
propranolol/hctz

### CALCIUM CHANNEL BLOCKERS

amlodipine  
cartia xt  
diltiazem  
diltiazem cd  
diltiazem er  
dilt xr  
felodipine er  
isradipine  
matzim la  
nicardipine  
nifedipine  
nifedipine er  
nisoldipine er  
tiadylt er  
taztia xt  
verapamil  
verapamil er  
verapamil er pm  
verapamil sr

## DIURETICS

chlorothiazide  
chlorthalidone  
hydrochlorothiazide  
indapamide  
metolazone

### OTHER HIGH BLOOD PRESSURE COMBINATIONS

amlodipine/atorvastatin  
amlodipine/benazepril  
amlodipine/olmesartan  
amlodipine/olmesartan/hctz  
amlodipine/telmisartan  
amlodipine/valsartan  
amlodipine/valsartan/hctz  
trandolapril/verapamil er

### MALARIA

atovaquone/proguanil  
chloroquine  
mefloquine  
primaquine

### MISC ANTIVIRALS

emtricitabine/tenofovir disoproxil fumarate (TDF) 200mg/300mg\*

### OBESITY

benzphetamine  
diethylpropion  
diethylpropion er  
phendimetrazine  
phendimetrazine er  
phentermine

### SMOKING-CESSATION\*

bupropion sr 150mg  
nicotine gum, lozenges and patches  
varenicline

### VITAMINS OR MINERALS

folic acid\*  
generic prenatal vitamins  
generic pediatric multivitamins with fluoride\*

\*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

**Express Scripts manages your prescription benefit for your employer, plan sponsor, or health plan. For specific questions on coverage, please call the phone number on your member ID card or visit our website [express-scripts.com](http://express-scripts.com).**

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