



MTADA Insurance Trust **2020 Member Guide**



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 17% 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 with numerous Montana hospital groups.
2. Preferred pricing for professional providers (doctors, physical therapists, chiropractors, etc.) through the InterWest provider network (<http://interwest.wpengine.com/wp-content/uploads/2018/05/practitioner-only.pdf>).
3. Balance billing protection for out-of-network hospital claims through ELAP services.

Preferred Provider Information – Physician Services

For Physicians and all other providers of service, this Plan contains provisions under which our members may receive more benefits by using certain providers ("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 changes frequently; therefore, it is important that our members verify with the provider that the provider is still a Preferred Provider before receiving services. The member is responsible for determining a provider's participation in the PPO network.

To access a list of Preferred Providers, please call the toll-free number listed on your MADA Insurance Trust identification card prior to receiving medical care services, as well as confirming with your provider that they are part of the Preferred Provider Organization (PPO). Physicians associated with Billings Clinic and Kalispell Regional Medical Center do not participate in the Preferred Provider Organization (PPO).

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.**

Direct Contracts

The Trust has entered into Direct Contract agreements with the following hospitals in which these hospitals 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. These Direct Contract hospitals have already agreed to limit what they will charge for services.

Members who receive care at one of the Direct Contract hospitals listed here will **NOT** be at risk of balance billing; therefore ELAP will not audit these claims, a.k.a. **IF YOU GO HERE, IT IS BUSINESS AS USUAL.**

Direct Contract facilities provide high quality integrated care.

Direct Contracts are fully executed at:

Anaconda, MT – Community Hospital of Anaconda
Billings, MT – St. Vincent Healthcare
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

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 (see below example); this 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 Traditional 70/30, has met her \$3,000 max out-of-pocket and has the following services:

Injury Visit

Sally fell on ice and broke her leg. She is sent to the nearest hospital for emergency care and has follow-up visits with an out-of-network orthopedic surgeon.

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 claims, 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).

WellVia

24/7/365 Access to Doctors | www.WellViaSolutions.com | Patient Care Center: (855)WELLVIA

Type of Visit		How WellVia Works:		
Average Cost		1	2	3
Primary Care	\$100	Request a Consult Via Phone, Web, or Mobile App	Talk to the Doctor who diagnoses and provides Treatment	Get Better If necessary, your doctor will issue a prescription
Urgent Care	\$150			
Emergency Room	\$1400			
Well Via	\$30			

Common Conditions Treated:

Acid Reflux • Allergies • Asthma • Bladder Infection • Bronchitis • Cold & Flu • Infections • Nausea • Rashes • Sinus Conditions
Sore Throat • Thyroid Conditions • Urinary Tract Infection • and more!



2020 Medical Benefit Summary

	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 available for every covered employee in the trust.

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 of their appropriate health care options.

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.

Cost Control

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

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.

For more information please visit us at vezahealth.com or call us at 800-970-6571



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.

VSP Vision Benefit

Find an eyecare provider who's right for you.

You can choose to see any eyecare provider-your local VSP doctor, a retail chain affiliate, or any other provider. To find a VSP doctor or retail chain affiliate, visit vsp.com or call 800.877.7195.

Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.

At your appointment, tell them you have VSP. There's no ID card necessary. Just use your SS# for ID.

Please visit vsp.com for more details.

Benefits	
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months
Extra Savings and Discounts	<p>Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.</p> <p>Contacts 15% off contact lens exam (fitting and evaluation)</p> <p>Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</p>



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



A focus of the Benefits 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 1 (866) 932 6467.

Self-Audit Program

A Covered Person is eligible to receive a cash reward if the Covered Person identifies an overcharge on a covered provider's bill that was:

1. Not detected by the provider;
2. Not detected by the Plan; and
3. Part of the charges for services which are payable under this Summary Plan Document.

The Plan will refund the Covered Person 50% of the savings, up to a maximum of \$10,000, based on an overcharge of \$20,000. The minimum error eligible to qualify for this refund is \$50, with a minimum payment to the Participant of \$25.

You may be asking what do I do next?

To qualify for the cash reward, you must request an itemized statement from the hospital/provider and review the bill for services received, the appropriate number of tests, x- rays, etc. If an error is found, you should request the provider correct the error and send you a revised statement. You must clearly mark the original statement and the corrected statement as "Self-Audit Program" and submit both statements to the attention of the Trust.

MTADA
501 N Sanders
Helena, MT 59601



MTADA Insurance Trust Partners

Employee Benefit Management Services (EBMS), Billings, MT

(866) 894-1499 phone

www.ebms.com

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

ELAP, Pottstown Pike, PA

(800) 977-7381 phone

www.elapservices.com

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

InterWest, Missoula, MT

(406) 542-1912 phone

<http://interwest.wpengine.com/wp-content/uploads/2018/05/practitioner-only.pdf>

Primary network of practitioners

ProAct

(877) 635-9545 phone

www.ProActRx.com

Pharmacy benefit administrator

Medical Rehab Consultants

(800) 827-5058 toll free

(509) 328-9700 phone

Utilization management. Pre-notification is not mandatory but strongly recommended.

Leavitt Great West

(406) 443-1060 phone

www.leavittgreatwest.com

Benefit plan consulting

VSP

(800) 877-7195 phone

www.vsp.com

Preventive vision benefit administrator

Unum

(800) 854-1446 phone

Life insurance benefit

VezaHealth

(800) 970-6571 phone

www.vezahealth.com

Second opinion and domestic travel services

MTADA

(406) 442-1233 phone

www.mtada.com

Association executive office

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.

