

Yearly Update Request (This is not an Enrollment Form)

1. General information

Name: _____ Insurance ID # _____

Please Print

Mailing Address: _____

Street or P.O. Box

City

Zipcode

Msla. Co. Dept. Name: _____ Contact # _____

Please list who is covered under your Missoula County Medical Benefits Plan

| Name | Relationship to you | Birthday |
|------|---------------------|----------|
| | | |
| | | |
| | | |
| | | |

2. Please list any other insurance information for each member listed above:

Do you or the family member(s) listed above have other medical, dental or vision coverage insurance?

Yes No

If you marked "No" to the above questions, you may skip to the bottom of the page and sign. If yes, please complete the following section.

Who is covered under this policy?

Insurance company name _____

Mailing/street address _____

City _____ State _____ Zip _____

Telephone _____

Effective date of coverage _____

Name of policyholder _____ Date of birth _____

Policyholder ID # _____ Social Security # _____ Group # _____

Mark the box next to type of coverage(s): Medical Dental Vision Prescription

Name of employer providing this coverage _____

Are you retired from this employer? Yes No

If more than one policy, please attach an additional page.

3. Legal Custody/Guardianship Information: Must provide court ordered documentation

| Child's name | Name of person with custody | Relationship to child | Who is named in divorce decree as responsible for health insurance? |
|--------------|-----------------------------|-----------------------|---|
| | | | |
| | | | |
| | | | |

I certify the above information is accurate and complete to the best of my knowledge.

Employee Signature: _____ Date: _____

MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

Mailing Address: 200 West Broadway
Physical Address: 223 West Alder Street
Missoula, MT 59802-4292

P: 406.258.4876 | F: 406.258.4731
E: benefits@missoulacounty.us



Missoula
COUNTY

Protected Health Information, (“PHI”) is information, including demographic information, that identifies an individual and relates to the physical or mental health of an individual, health care that the individual has received, or the payment for health care provided to that individual. PHI is protected under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Missoula County Employee Benefits Plan (“MCEBP”) may use your PHI for purposes of making or obtaining payment for your care and conducting health care operations. MCEBP has established a policy to guard against unnecessary disclosure of your PHI. Please refer to page 1 of the MCEBP document to review MCEBP HIPAA Notice. The MCEBP document can be found at www.mcebp.com.

Except as stated in the HIPAA notice, MCEBP will not disclose your PHI without your written authorization. If you authorize MCEBP to use or disclose your PHI, you may revoke that authorization in writing at any time.

MCEBP cannot release PHI for someone over the age of 18 to a parent or spouse without authorization. Enclosed is a form authorizing MCEBP to use or disclose your PHI to designated recipients. If you wish to allow MCEBP to disclose your PHI to a party, such as your spouse or parent, please fill out the form and return it to the Risk and Benefits Office at the address below.

Missoula County Employee Benefits Plan
200 West Broadway
Missoula, MT 59802

Sincerely,

Missoula County Employee Benefits Plan

MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

Mailing Address: 200 West Broadway
Physical Address: 223 West Alder Street
Missoula, MT 59802-4292

P: 406.258.4876 | F: 406.258.4731
E: benefits@missoulacounty.us



AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Complete all sections, date and sign.

I, _____ of

(Address)

(City, State, Zip)

(Phone)

Hereby voluntarily authorize the disclosure of information from my health record.

II. Name of the person/agency to whom you give authority to receive information:

Name _____ Phone _____

(Address)

(City, State, Zip)

III. Information to be disclosed from my health record:

- Only information related to (specify) _____
- Only the period of events from _____ to _____
- Other (specify) _____
- Entire record

Some information is covered by additional protection and requires additional authorization. To authorize release or discussion of the following, the person named above must initial and date each item.

| Initial | Date | | From | To |
|---------|-------|--|-------|-------|
| _____ | _____ | Alcohol or drug abuse treatment/referral | _____ | _____ |
| _____ | _____ | Mental health treatment | _____ | _____ |
| _____ | _____ | HIV status or treatment | _____ | _____ |

IV. I understand I may revoke this authorization in writing submitted at any time to the Missoula County Employee Benefits Plan. If this authorization has not been revoked, it will terminate one year from the date of my signature.

(specify new date)

V. I understand Missoula County Employee Benefits will not condition treatment or eligibility for care on my providing this authorization except where specifically excluded by the Plan Document.

Signature

Date

New Missoula County Insurance Cards

Watch your mail and look for your new insurance card.

Missoula County Employee Benefits have redesigned our insurance cards. You will have one card for all the benefits: Medical, Dental, Vision, and Prescriptions. The best part of the new cards is that they are a durable plastic card. No need to worry about important information coming off the paper cards or ripping or tearing.

Below is an example of the new card that will be coming to you soon!

Missoula COUNTY

MEMBER MCEBP.COM | 406-258-4876

Group ID Number: 501
Employee: Jane Doe
Member ID: 0001234

| Member: | Eff. Date: | Coverage: | Rx Fam.Pos.ID: |
|-----------|------------|-----------|----------------|
| Stephanie | 10/1/21 | MDV | 0 |
| Frank | 10/1/21 | DV | 1 |
| Lisa | 10/1/21 | MD | 2 |
| Gerome | 10/1/21 | MDV | 3 |
| Daniel | 10/1/21 | DV | 4 |
| Kevin | 10/1/21 | MDV | 5 |

Deductible: 500
Out of Pocket: 3500

CLAIMS SUBMISSION

PRE-CERTIFICATION REQUIREMENTS
Pre-certification via phone call is required for all inpatient medical and/or surgical admissions.

Use the contact information below for claim submissions, pre-certifications, and benefit and eligibility questions:
MISSOULA COUNTY EMPLOYEE BENEFITS PLAN
200 WEST BROADWAY STREET
MISSOULA, MONTANA 59802
Phone: 1-406-258-4876 **Fax:** 1-406-258-4731
Email: benefits@missoulacounty.us **Website:** www.mcebp.com
EDI Payer ID: 37275

Rx Plan Administered by MedImpact:
Use of the Rx card is required. Separate Rx card is provided to the employee.
RXBIN: 003585 RXPEN: ASPROD1 RXGRP: TRX03
Phone: 1-844-336-2680 **Website:** Medimpact.com

If you need any additional cards, please call our office at 406-523-4876 option 1 or email to benefits@missoulacounty.us



Missoula County Employee Benefits Plan
200 W BROADWAY ST
MISSOULA MT 59802-4292

Explanation of Payment

Please retain for your records.
It is the only copy you will receive.

Forwarding Service Requested



*****ALL FOR AADC 598
PB-DSM-405-ENV 12775 35

Customer Service

If you have questions, please call (406) 523-4876

Group Name: Missoula County Employee Benefits
Group #: 501
Date: 01/11/2019

Claim: Patient: Relationship: Dependent Patient #: Employee: Provider: Member ID:

| Treatment Dates | Procedure Code | Billed Amount | Not Covered | Reason Code | Plan Discount | Deductible Amount | Co-pay Amount | Co-Ins Amount | Paid At | Payment Amount | |
|--------------------------------------|----------------|---------------|-------------|-------------|---------------|-------------------|---------------|---------------|---------|-------------------------|----------|
| 11/08-11/08/2018 | 90837 | \$170.00 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$51.00 | 70% | \$119.00 | |
| 11/29-11/29/2018 | 90837 | \$170.00 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$51.00 | 70% | \$119.00 | |
| Column Totals | | \$340.00 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$102.00 | | \$238.00 | |
| Patient's Responsibility..... | | | | | | | | | | \$102.00 | |
| | | | | | | | | | | Other Insurance Credits | \$0.00 |
| | | | | | | | | | | Adjusted Payment | \$238.00 |

Appeal Rights

If you feel that action on all or part of your claim is incorrect you or your authorized representative can request a review or an internal appeal. Address a written appeal to the plan administrator at 200 West Broadway, Missoula, MT 59802-4292 and provide any relevant documentation to support your appeal. You must appeal within 180 days of the adverse benefit determination (any appeal received after the 180-day time period has expired will receive no further consideration). Your appeal will be reviewed by the Plan Administrator and you will receive a written determination within 60 days from the receipt of the appeal for post-service claims, 30 days for pre-service claims, and 72 hours for urgent care claims.



Missoula County Employee Benefits Plan
200 W. Broadway
Missoula, MT 59802-4292

93-168-929

Issue Date: 01/23/2019

| AMOUNT |
|-------------|
| ***\$238.00 |

Void After 90 Days

TWO HUNDRED THIRTY-EIGHT DOLLARS AND 00 CENTS

VOID

wski/PhD

PAY TO THE ORDER OF

Heidi Fritcher
Jean Curtiss
Authorized Signature



Check out the Missoula County Employee Benefits (MCEB) portal to:

1. View and print your Explanation of Benefits (EOB). These are the documents needed when submitting flexible spending account claims.
2. View your Flexible Spending Account Balances (both medical and dependent care).

Below is how you can create an account.

Step 1

Go to www.mcebp.com, select **Benefit Portal Login** (to the left)

Step 2

Select "Benefit Portal Login"

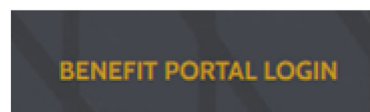
Step 3

Click on New Enrollee/Dependent Registration.

Step 1



Step 2



Step 3

The screenshot shows a login form with a blue header 'Log In'. It contains two input fields: 'User ID:' and 'Password:'. Below the fields is a blue 'LOGIN' button. At the bottom of the form, there are two links: 'New Enrollee/Dependent Registration' (circled in red) and 'Forget Your Password?'.



Step 4

You will be prompted to register as a new user. You will be required to enter your insurance id #, demographic information, create your security questions, and create a user id.

Important Tip - create a username you will remember.

Step 5

A temporary password will be **sent to you in the mail**. The letter will not contain your username or where to access the portal for security.

Step 6

Once you get your temporary password return to www.mcebp.com and select **Benefit Portal Login** (to the left). Enter the username and your temporary password. You will then be prompted to update your password.

Step 4

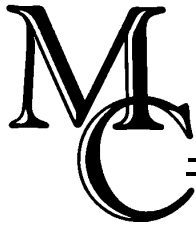
Step 5



Step 6

To ensure HIPAA compliance, anyone age 18 and over will be required to create their own account.

If you have any questions or require assistance MCEBP can be reached at 406-258-4876 option 1



ALLOWABLE CHARGES

We frequently receive questions about how the maximum allowable charge for medical claims is determined. Questions most often occur after a claim has been processed and part of the charges are excluded from consideration because they exceeded the maximum allowable. The Maximum Allowable is the Plan payment allowance for eligible procedures processed according to the Plan's provisions. Charges in excess of the Maximum allowable are not an obligation of the Plan. If you go to an in-network provider you will not be responsible for charges that are billed over the maximum allowable amount.

An in-network provider is one contracted with the Plan to provide services to plan members for specific pre-negotiated rates. An out-of-network provider is one not contracted with the Plan. Typically, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider. Though there are some exceptions, in many cases, the Plan will either pay less or not pay anything for services you receive from out-of-network providers.

Each service whether it be an office visit, a throat culture or open heart surgery, has a five digit procedure code called a "CPT" code to identify it with a maximum allowable charge.

If you are scheduling a surgery or other treatment and want to know how the charge compares to the maximum allowed please ask your physician for the proposed CPT procedure(s) number and charge(s). We can then tell you the amount of the charge the Plan will cover.

Please call our office if you have questions about maximum allowable charges. Our telephone number is (406) 523-4876.

Erica Grinde
Director of Risk Management and Benefits

UPDATE! UPDATE! UPDATE!
MISSOULA COUNTY EMPLOYEE BENEFITS PLAN
UPDATE ON URGENT CARE SERVICES

Missoula County Employee Benefits Plan offers members the following options for walk-in services for all your urgent medical needs. Members must be enrolled in the medical benefits to participate. All services provided must be eligible under the Missoula County Employee Benefits Plan. If you have questions regarding coverage of services, please contact us at 258-4876.

Community Walk-In and Primary Care

Missoula County Employee Benefits Members are eligible to receive urgent care and primary care at Community Walk-In Clinics and Primary Care Clinics for a reduced cost. The deductible is waived for these services. The member will be responsible for the 30% co-insurance which will accumulate towards member's out-of-pocket expenses.

Services include:

- office visit
- laboratory testing for strep test, mono screening, urine analysis, and pregnancy testing
- X-ray fee at locations with an onsite x-ray

Providence Grant Creek Walk-In Clinic

Missoula County Employee Benefits Members are eligible for walk-in services at Providence Grant Creek Walk-In Clinic. The walk-in services are provided to members for a \$25.00 co-pay with all other services provided at Grant Creek covered at 100%. The co-pay will not accumulate towards the member's out-of-pocket expenses. Grant Creek Walk-In Clinic is available for urgent care needs. If the Clinic determines the service being sought is not urgent care, the member will be offered services through the Clinic's primary care providers. These services are not eligible under the co-pay program; rather, they will be subject to member deductible and maximum out-of-pocket expenses as outlined in the Missoula County Employee Benefits Plan. Additionally, services provided by providers or facilities outside of Grant Creek ordered by Grant Creek are also not eligible under the co-pay program; rather, they will be subject to member deductible and maximum out-of-pocket expenses as outlined in the Missoula County Employee Benefits Plan.

Providence Grant Creek Walk-In Clinic
3075 N. Reserve Street, Suite Q
Missoula, Montana 59808
406-327-1750

Missoula Bone & Joint Orthopedic Urgent Care

Missoula County Employee Benefits Members are eligible for walk-in services at Missoula Bone & Joint Orthopedic Urgent Care. The orthopedic urgent care services are provided to members for a \$15.00 co-pay with one set of x-rays covered at 100%. The co-pay will not accumulate towards the member's out-of-pocket expenses. Missoula Bone & Joint Urgent Care is available exclusively for orthopedic urgent care needs. If it is determined that the service being sought is not urgent care, the member will be offered services through Missoula Bone & Joint's non-urgent care providers. These services are **not** eligible under the co-pay program; rather, they will be subject to member deductible and maximum out-of-pocket expenses as outlined in the Missoula County Employee Benefits Plan.

Missoula Bone & Joint Orthopedic Urgent Care
2360 Mullan Road, Suite C
Missoula, Montana 59808
406-829-5581