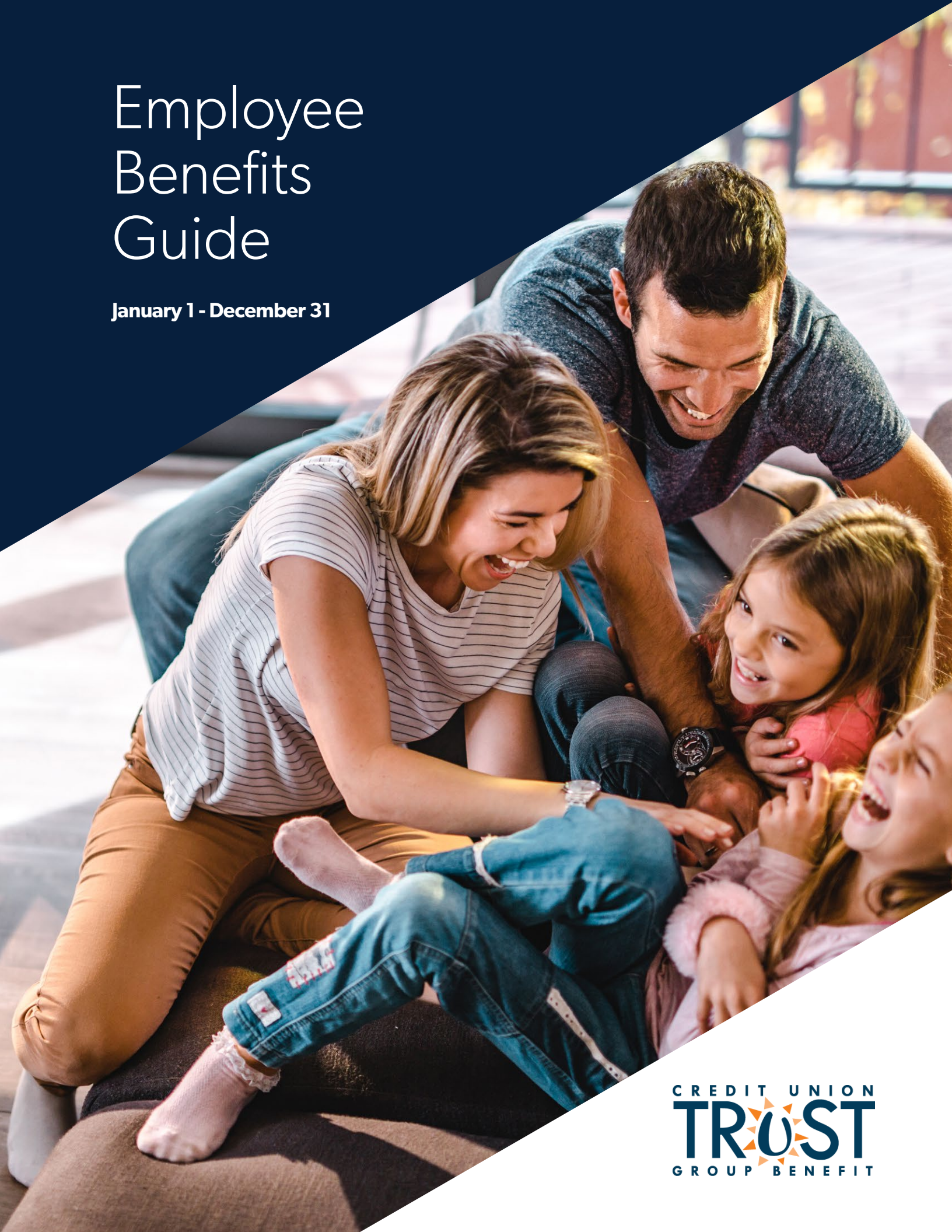
Employee Benefits Guide

January 1 - December 31



CREDIT UNION TRUST GROUP BENEFIT

Introduction

The Credit Union Group Benefits Trust was formed in 2007 with the idea of providing affordable employee health insurance and other group benefits to members of the Montana Credit Union League. Beginning January 1, 2012, the Credit Union Group Benefits Trust moved to a partially funded state-approved MEWA.

The Trust is governed by a seven-member board of trustees elected by the users to serve three-year terms. As part of our succession planning, we also have up to two associate trustees. Below are our current trustees.

TRACIE KENYON, CHAIR

Montana Credit Union

P: 406.442.9081

tracie@mcun.coop

STEVE GROOMS, VICE - CHAIR

1st Liberty FCU

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Rimrock Credit Union

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EDDIE BLACK

Vocal FCU

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Administration

The MCUL Trust has partnered with EBMS as our third-party administrator. EBMS facilitates claim processing and is one of the nation's premier industry leaders in health risk management and third-party administration of self-funded health benefit plans.

Your Benefits Plan

The Montana Credit Union League Group Benefit Trust (MCULGBT) was formed in 2007 as a cooperative endeavor by the membership of Montana's Credit Unions, the state credit union trade association. The Trust provides partially self-funded health insurance for medical, dental and vision. Through MetLife, we offer employer paid Group Life benefits such as Life, AD&D, and Disability, along with employee paid Voluntary Life products such as Life, Accident, Critical Illness, Vision, and a legal plan. Voluntary Dental is provided by Delta Dental.

In the following pages, you will learn more about the benefits MCULGBT offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

CARRIER/PROGRAM/ RESOURCE	PLAN/PROCESS
EBMS	Medical/Group Dental/Group Vision
First Choice	Medical Network
SmithRX	Pharmacy
Leavitt Group	Benefits Consultation, Claims Resolution, Member Advocacy, Compliance
Medical Rehab Consultants (MRC)	Case Management and Utilization Review
Take Control	Disease Management
VezaHealth	Remote Second Surgical Opinions, Patient Advocacy, Legal and Compliance
MetLife	Group and Voluntary Dental, Vision, Accident, Critical Illness, Life, Basic Life/AD&D, Short-Term Disability, Long-Term Disability
Delta Dental	Voluntary Dental

WHEN CAN MEMBERS ENROLL?

Members can sign up for Benefits at any of the following times:

- After completing eligibility period
- During the annual open enrollment period
- Within 30 days of a qualified family-status change

If members do not enroll at the above times, you must wait for the next annual open enrollment period.

CARRIER/PROGRAM/RESOURCE	PLAN/PROCESS
ELAP	Facility and Air Ambulance Claim Balance Bill Legal Representation
It Starts With Me	Biometric Screenings
HealthJoy Smartphone App	Talk to a Medical Provider, Therapy & EAP, Find A Provider, Find a Facility, Procedure Recommendation, Find RX Savings, Medical Bill Review, My Benefits Wallet, Plan Benefits
Billings Clinic Partnership	Discounts provided at Facility
Montana Credit Union League	HR Support, Eligibility and Invoicing
GIS/Boon Chapman	Electronic Enrollment via online or by phone with benefits coach

TO RECEIVE A QUOTE CONTACT:

DARA ANDERSON
EMPLOYEE BENEFITS TEAM LEAD

Leavitt Great West Insurance Services

406.441.4713

dara-anderson@leavitt.com

ERIN WEENUM
EMPLOYEE BENEFITS ADVISOR

Leavitt Great West Insurance Services

406.281.7970

erin-weenum@leavitt.com

PLEASE DIRECT ALL OTHER QUESTIONS TO:

MARA RAYNER
800.745.5546 ext. 139
mara@mcun.coop

HealthJoy

HEALTHJOY MAKES IT SIMPLE

HealthJoy is the first stop for all your healthcare needs. We make healthcare and employee benefits simple, quick, and painless. Our easy-to-use mobile app uses modern technologies to deliver a seamless experience. We'll save you time, money, and a ton of aggravation.

The Experts Are In.

Don't try and navigate your healthcare alone, our experts are here to help. HealthJoy believes that healthcare is best delivered through a conversation so that's why you'll have access to online doctors, healthcare concierges, billing specialists and more. HealthJoy is always available to you - 24/7/365 and is FREE to you and your family.

- Benefits Wallet
- Online Doctor Consultations (HDHP members are charged $25 to maintain tax favored status)
- Healthcare Concierge
- Rx Savings Review
- Medical Bill Review
- Appointment Booking
- Provider Recommendations
- HSA/FS Support

Chat with us today by logging into the HealthJoy app or call (855) 947-6900.

Proactive Well-Being Support

WITH HEALTHJOY EAP

HealthJoy EAP is a proactive, personalized, and confidential Employee Assistance Program (EAP) that offers 24/7/365 support for your employees. We offer support to address issues with family, work, health, and money before it impacts their lives and performance. We use our AI-powered virtual assistant to proactively educate and engage members throughout the year, which helps to dramatically increase utilization and addresses problems earlier. The Trust offers up to 6 free face-to-face or tele counseling sessions.

A People-Based Solution Enhanced with AI

One in four Americans lives with a diagnosable mental health disorder, and over 50% of them are not seeking treatment. To make matters worse, over 123 million Americans live in areas with a shortage of mental health professionals. Unaddressed, this can lead to increased turnover, absenteeism, and a decrease in productivity.

HealthJoy EAP gives employees immediate access to specialized professionals in counseling, social work, human services, and psychology for short-term consulting. Other services include work-life balance programs including help with: financial, legal, child & elder care, future planning, debt support, retirement assistance, and more. The whole experience is centralized within the HealthJoy mobile app, always available and instantly accessible.

How do we increase utilization so high over traditional EAPs?

- Healthcare concierge can redirect care
- Complete centralized benefits experience
- Year-round outbound education campaigns
- Integrated within the employees' benefits wallet
- Proactive data-driven personalized outreach campaigns

Chat with us today

by logging into the HealthJoy app or call

1-888.731-3EAP (3327)

HealthJoy's mission is to simplify the healthcare experience

EAP.HEALTHJOY.COM

2021 Medical Plan

ADMINISTRATOR: EBMS

The Trust medical plans are designed to fit different budgets and needs. All plans include enhanced benefits such as:

TERMS TO KNOW

Deductible

The insurance deductible is the amount of money you will pay for an insurance claim(s) before the coverage kicks in and the company starts paying your claims.

Out-of-Pocket Maximum

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, co-payments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

IN NETWORK	DIAMOND	EMERALD	RUBY	SAPPHIRE	AGATE (HDHP)	GARNET (HDHP)
Deductible	$1,000	$2,600	$500	$750	$2,800	$3,200
Coinsurance/ Co-payment In Network	75/25	50/50	60/40	50/50 $30 office visit copay	100/0	100/0
Out of Pocket Maximum	$1,500	$5,500	$3,000	$3,000	$2,800	$3,200

Please refer to the Plan Document for further details

In-Network Providers

Providers and facilities that are part of a health plan's network of providers and negotiated discounts. You usually pay less and have lower deductibles, coinsurance, and out-of-pocket maximums when using an in-network provider.

EBMS

Your medical plan administrator. Providers send your claims to them and they process medical claims and provide customer service support.

First Choice Health Network

Your national medical network, consisting of physicians, hospitals, and ancillary providers.

FCHN.COM

Prescription Drugs

ADMINISTRATOR: SMITHRX

Smith Rx is a next generation Pharmacy Benefits Manager which provides exceptional customer service, technology, and cost containment to the Trust and our members.

The SmithRx Connect program facilitates copay assistance, patient assistance, and an international sourcing program for our members to obtain high cost medications for little to no cost.

The Trust pharmacy co-payments for all plans are consistent, however on the Agate and Garnet plans the medical deductible must be met first due to the Federal rules for Qualified High Deductible plans. Once the medical deductible is met, the applicable co-payment applies.

In addition to the low co-payments by tier of drug, the Trust benefit includes a unique layer of financial protection for our members with a separate out of pocket maximum for pharmacy. Having this extra layer of protection means that members have a cap on how much they pay in pharmacy co-payments of either $1,350 if enrolled on the Agate plan, or $1,450 for all other plans.

PRESCRIPTION TYPE	CO-PAYMENT
Generic	$10
Preferred Brand	$25
Non Preferred	$50
Specialty	$100

Prescription Drugs (continued)

IMPORTANT INFORMATION

Standard Formulary List

This is a list (formulary) of covered drugs. A drug shown on this list will be covered so long as the drug is proven medically necessary, and the drug is filled at a participating SmithRx pharmacy.

Copay Tier

Drugs on a formulary are grouped into tiers. The tier that the medication is in determines the portion of the drug cost for the member. Generic drugs fall into the lowest cost tier.

Generic Drug vs. Brand Name Drug

Generic drugs are identical to their brand name counterparts in dosage, form, active ingredients, safety strength, route of administration, quality, and performance characteristics. Generics typically cost less than brand name drugs. The Trust recommends that members ask their doctor and/or pharmacist if there is a generic equivalent that's available.

SmithRX Connect

CONNECTING YOU TO THE LOWEST COST PRESCRIPTION SOLUTIONS

SmithRx Connect: International Sourcing Program

Here is a list of frequently asked questions members have regarding the International Sourcing Program. If you still have questions after reviewing this document or would like to speak to someone regarding your individual situation, please reach out to SmithRx by calling (844) 454-5201 or emailing help@smithrx.com.

What is the International Sourcing Program and how was it designed?

The International Sourcing Program utilizes a network of international pharmacies through our partner, GlobalRx Manage, which contracts with pharmacies to obtain access to select branded medications. These pharmacies are located in New Zealand, Australia, Canada, and the United Kingdom. Medications qualify for the program when they are available in these countries by the same manufacturer that provides the medication in the United States. When medications are sourced from these countries, they can be significantly less expensive, due to unique international pricing structures for medications.

How will I know that their medication is a part of the International Sourcing Program?

If you are taking medications that qualify for the International Sourcing Program, you will receive communication from our support specialists via phone or email. It is important that you engage with them and provide them the information they request.

Is there any way for me to "opt out" of the program?

Yes, members are not required to take part in the international sourcing program.

What steps do I need to take if my medication qualifies for the International Sourcing Program?

1. If your medication qualifies for the program, our support specialists will contact you and help you sign up. Enrollment can be done by phone or online through a pharmacy portal.
2. You will then need to either upload your prescription to the portal or have your doctor fax the prescription to 1-800-883-1814.
3. To place an order, please call GlobalRx's customer care team at 1-800-883-8841.

How much will I need to pay for my medications?

In most cases medications will be free of charge to the member. If plan benefit designs require a deductible, the member would pay the full cost of the medication. The amount paid will not go towards their deductible, but the total cost is lower than pricing in the United States.

SmithRx Connect: Patient Assistance Program

Here is a list of frequently asked questions members have regarding the Patient Assistance Program. If you still have questions after reviewing this document or would like to speak to someone regarding your individual situation, please reach out to SmithRx by calling (844) 454-5201 or emailing help@smithrx.com.

What is the Patient Assistance Program and how was it designed?

Many high-cost specialty medications can be accessed through advocacy foundations and grant programs when a medication is not covered under the pharmacy benefit. SmithRx assists in navigating the patient assistance landscape to obtain medication coverage. Our dedicated member support specialists will assist you in navigating and applying to these different programs.

What are the benefits of the program?

If you meet the qualifications of the patient assistance programs, you will be able to receive your medication at no cost to you or your employer.

How will I know that my medication is a part of the Patient Assistance Program?

If you are taking medications that qualify for the Patient Assistance Program you will receive communication from our support specialists via phone or email. It is important that you engage with them and provide them the information they request.

Is there any way to "opt out" of the program?

No. It is considered part of the plan benefit design and thus subject to program requirements for continued coverage under the plan.

Do I still need to go through the program if I already pay $0 for my medication?

Yes. Many members currently utilize copay coupon cards that help bring down their out-of-pocket costs, but the employer still pays the remainder of the cost. If you meet the qualifications of the patient assistance programs, you will be able to receive your medication at no cost to you or your employer.

What steps do I need to take if my medication qualifies for the Patient Assistance Program?

1. You will be contacted by our support specialist to begin the enrollment process.
2. You will need to electronically sign an authorization form that allows our specialist to act on your behalf for the sole purpose of applying for these grant programs.
3. Some applications may require additional documentation (i.e., tax return, medical expense summary). You will be asked to submit this documentation to us via secure encrypted email.
4. Some applications may require us to work with your doctor. If that is the case, we may ask you to contact your doctor to request that they submit the required forms.
5. It is important that you work with us throughout this process to ensure timely approval of your application and prevent any delays in your medical treatment.

If approved, how much will I need to pay for my medications?

If approved, the medication will be shipped to you free of charge.

What if my application is denied?

If denied, you may be able to continue to get your medication through the benefit. Please contact the SmithRx member support team at (844) 454-5201 for further information.

SmithRx Connect: Copay Maximization Program

Here is a list of frequently asked questions members have regarding the Copay Maximization Program. If you still have questions after reviewing this document or would like to speak to someone regarding your individual situation, please reach out to SmithRx by calling (844) 454-5201 or emailing help@smithrx.com.

What is the Copay Maximization Program and how was it designed?

The Copay Maximization Program helps the pharmacy apply copay coupons to medications that help reduce the cost of prescriptions for both you and your employer.

What are the benefits of the program?

By maximizing the monthly benefit on manufacturer coupons, the program allows you to have a low or $0 copay on your prescription, while also helping your employer save on pharmacy benefit costs.

How will I know that my medication is part of the Copay Maximization Program?

If you are taking medications that qualify for the Copay Maximization Program, you will receive communication from our support specialists via phone or email. It is important that you engage with them and provide them the information they request.

Is there any way for me to "opt out" of the program?

No. It is considered part of the plan benefit design and thus subject to program requirements for continued coverage under the plan.

What steps do I need to take if my medication qualifies for the Copay Maximization Program?

To take full advantage of the program, we assist members in transitioning their qualifying medications to a partnering pharmacy. Our support specialists will contact you if your medications qualify for the Copay Maximization Program to start the transition process.

Where will my medications come from?

Medications covered under our Copay Maximization Program will come from one of the following pharmacies:

Meds in Motion
Phone: 385-286-4488

US Bioservices
Phone: 888-518-7246

SenderraRx
Phone: 888-777-5547

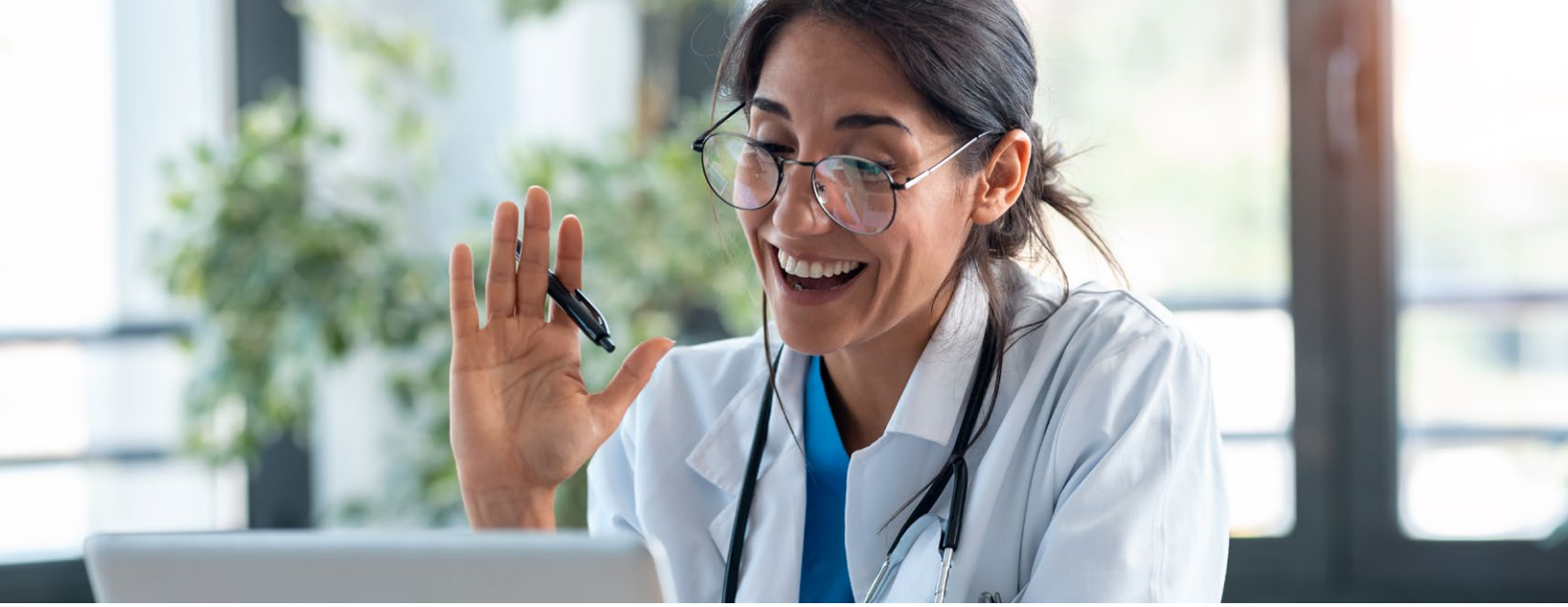
How much will I need to pay for my medications?

Each medication will have a different expected copay. However, it is equal or lower than your current 30-day supply copay. On some medications you may pay nothing at all.

Why is my copay higher than expected?

Through the Copay Maximization Program, your medications will not exceed your copay. In fact, you will often pay less. Depending on your medication, you may pay nothing at all.

If the amount the pharmacy asks you to pay seems higher than expected, please reach out to our Member Support Team at (844) 454-5201 for assistance. A support specialist can help you navigate the process and work with your pharmacy to make sure all available discounts are applied correctly.



VezaHealth

RECEIVE A REMOTE SECOND OPINION

When patients receive a second opinion, 67% receive a refined diagnosis and 12% receive a new diagnosis. Nearly 1/3 of all health care spend is considered waste with 17% considered overtreatment.

Take control of your health with VezaHealth:

- Receive a remote second opinion from an elite physician
- Know your treatment options and the associated costs
- Have direct access to a nurse throughout your experience
- Feel confident in managing your illness
- Receive support in selecting a local physician or traveling to a high-quality physician
- Discover programs and resources available to you

Start today: (800) 970-6571, consultant@vezahealth.com

Precertification is Key to Your Good Health

RESOURCE ROADMAP | FOR COVERED MEMBERS OF THE MCUL TRUST

What is Precertification?

Precertification is the process of obtaining prior authorization for certain types of hospitalizations, procedures, or surgeries. It plays an important role in ensuring that you and your family members receive quality healthcare, when and where you need it. That's why your plan includes the added expertise of Medical Rehabilitation Consultants (MRC).

WHEN IN DOUBT, PRECERTIFY

Your physician's office or hospital often will request precertification for you; however, you are ultimately responsible for initiating the process.

Notify MRC at least 7 business days before planned hospitalizations or scheduled inpatient surgery or any outpatient surgery performed in a hospital setting or free-standing surgical facility.

In the case of a medical emergency that requires admission to a hospital or a specialized facility, MRC must be notified within 2 business days following the admission. Do not delay seeking medical care for any covered person who has a serious condition that may jeopardize his/her life or health because of the requirements of this program.

In addition to making sure precertification needs are addressed, it is in your best interest to utilize the PPO network when choosing healthcare providers and facilities. Questions regarding the PPO network can be answered by calling EBMS at 800-777-3575.

Precertification and post-certification are not a guarantee of eligibility or payment of benefits. It only means that the plan or its authorized representative has determined that your medical treatment plan and/or hospital admission is medically necessary. Benefit payments are subject to the eligibility and other terms, conditions, limitations, and exclusions of the plan in effect at the time services are provided.

You Have a Right to Appeal

If a claim is denied based in whole or in part on a precertification, you have a right to appeal the determination. The appeal process is described in your summary plan description.

Procedures or services that require precertification include, but are not limited to:

- Inpatient hospital admissions
- Inpatient and outpatient surgical procedures
- Home health care and Hospice care
- Inpatient admissions to free-standing mental disorder/substance abuse facility
- Injectables and Dialysis
- Transplants
- Durable medical equipment over $2,000
- Travel expenses
- Genetic testing

The Trust encourages all members to call MRC with any questions about precertification for any upcoming treatments or procedures; they will be happy to answer your questions and assist you with the process.

Medical Rehabilitation Consultants, Inc.
Toll Free: 800.827.5058
Local: 509.328.9700

Take Control of Your Health Through Coaching

RESOURCE ROADMAP | FOR COVERED MEMBERS OF THE MCUL TRUST

Members of the Trust have access to free health coaching through Take Control.

What is Take Control?

Take Control is a Montana-based health care company that provides health coaching sessions to reduce risks associated with:

- Diabetes and pre-diabetes
- High blood pressure and pre-high blood pressure
- High cholesterol
- Being overweight

All health plan members who completed your It Starts With Me biometric screenings this past year can confidentially discuss your results with a Take Control health coach professional.

The health coaches at Take Control teach you how to create a healthy lifestyle and "take control" of your health and wellness. The coaching is confidential, comprehensive, and is delivered via monthly telephone meetings in the location of your convenience.

Coaches work individually with you for one year, to achieve goals that you set for yourself. Each person has unique needs, and Take Control customizes their program for each individual. This program design creates long-term, permanent health improvement.

Who is eligible?

Employees, spouses, and dependent children (over the age of 18) covered by the health insurance plan are eligible for health coaching with Take Control, if they meet any of the following criteria:

- Diabetes A1c of 7% or higher, and adults over the age of 18
- Pre-diabetes A1c of 5.7% to 6.4%
- Body Mass Index (BMI) of 26 or higher
- Blood pressure of systolic (top number) 130 or higher, or diastolic (bottom number) 80 or higher
- Pre-high blood pressure of systolic (top number) 120-129, or diastolic (bottom number) higher than 80
- Cholesterol total 240 or higher
- LDL cholesterol of 130 or higher
- Triglycerides of 200 or higher

ENROLLMENT

You can enroll online at **takecontrolmt.com**

OR Call **800.746.2970 Ext. 1**

And speak with Erin Falagan.

For more information about Take Control, visit their website:

http://takecontrolmt.com/

Dental Benefit Plan Options

ADMINISTRATOR: TRUST DENTAL OR DELTA DENTAL

The Trust offers two dental plans, a self-insured Employer Paid Dental option or an option through Delta Dental (Employee OR Employer Paid).

TRUST DENTAL OPTION - *NO NETWORK RESTRICTIONS*	**COVERAGE**
Annual Deductible *Applies to Types B & C Only*	$25 Individual $50 Family
Type A - Preventive & Diagnostic	Paid at 100%
Type B - Basic Restorative Care	Paid at 80%
Type C - Major Restorative Care	Paid at 50%
Maximum Benefit / Participant / Year	$2,500

DELTA DENTAL OPTION - *DELTA DENTAL NETWORK*	**COVERAGE**
Annual Deductible *Applies to Types B & C Only*	$50 Individual $150 Family
Type A - Preventive & Diagnostic	Paid at 100%
Type B - Basic Restorative Care	Paid at 80%
Type C - Major Restorative Care	Paid at 50%
Maximum Benefit / Participant / Year	$1,000

TERMS TO KNOW

Preventive & Diagnostic Care
Examples are exams, cleanings, and x-rays

Basic
Examples are fillings, oral surgery, and root canals

Major
Examples are crowns, dentures, and bridges

Benefit Year Maximum
The most the dental plan will pay towards each covered members' dental services each calendar year.

Vision Benefit

ADMINISTRATOR: TRUST OR METLIFE

The Trust offers two vision plans, a self-insured Employer Paid Vision option or an option through MetLife (Employee OR Employer Paid).

TRUST VISION OPTION *NO NETWORK RESTRICTIONS*	**COVERAGE**
Eye Exam	Paid at 100%
Frames	Paid at 100%
Lenses	Paid at 50%
Contact Lenses in Lieu of Frames and Lenses	Paid at 100% up to $150
Maximum Benefit / Participant/ Year	$1,500

METLIFE VISION OPTION *VSP NETWORK*	**IN-NETWORK COVERAGE**
Eye Exam	$10 co-payment
Exam, Frames and Lenses	Paid at 100% up to $130

Save money with VSP Offers on glasses, sunglasses, contacts, LASIK, diabetes care and hearing aids. Go to **www.vsp.com** and click on the 'Offers' tab.

Additional Benefits

Our MetLife Elite Employee Benefit Package includes options for Vision, Accident, Critical Illness, Voluntary Life, Group Basic Life/AD&D, Group Short Term Disability, and Group Long Term Disability. Delta Dental offers a voluntary dental product for employees to purchase as well.

Contact Information

Questions regarding any of this information can be directed to:

Mara Rayner
Director of Human Resource Benefits

mara@mcun.coop
800.745.5546 ext. 139
Direct: 406.324.7455

Dara Anderson
Employee Benefits Team Lead

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406.441.4713

Erin Weenum
Chief Strategist, Employee Benefits

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406.281.7970

Confidentiality Disclosure