



**BlueCross BlueShield  
of Montana**



# Healthy Montana Kids Member Guide

Revised 2/1/2022

# Welcome

Thank you for choosing Healthy Montana Kids (HMK) as your health plan. **Learn more about HMK** and **how to use your HMK benefits**. HMK offers medical, behavioral health, dental, vision, prescription drug benefits and much more. HMK works to keep kids healthy, not just treat them when they are sick. Now that you have HMK please use it!

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## Healthy Montana Kids

HMK is just one of many programs sponsored by the Montana Department of Public Health and Human Services (DPHHS).

### Health Care Providers

HMK has many quality health care providers to serve you, from family doctors and dentists to physical therapists, behavioral health counselors, and most everything in between. Make sure when you are looking for medical care you check to see if a provider is an HMK-enrolled provider. HMK only pays for services from our team of health care providers.

Before seeing a medical, behavioral health provider, or dentist, ask them if they are enrolled as HMK providers.

You can also visit <http://www.hmk.mt.gov> where you'll find links to find HMK-enrolled medical and behavioral health providers and HMK-enrolled dentists. Or, you can check to see if your current providers are already enrolled in HMK.

If you don't have internet access, call Blue Cross Blue Shield of Montana (BCBSMT) at **855-258-3489**. To find an HMK-enrolled pharmacy, dentist, or durable medical equipment (DME) provider, call HMK at **800-362-8312**.

## Getting Started with HMK

### Your HMK Benefit Card

BCBSMT will send you an HMK benefit card. Carry this card with you at all times and show it to your provider when you get care. This card is also used for obtaining prescription drugs, and for visits to the dentist and eye doctor. Call BCBSMT at **855-258-3489** if you do not get a card in the mail within four weeks or if you lose the card.

### Moving?

If you move within the state of Montana, please let us know by calling HMK at **888-706-1535**. If you move within Montana and we are not able to reach you, your children may lose HMK. Children who move out of Montana are not eligible for HMK.

### Coverage for Newborn Children

#### A Newborn in Families with Children Already Enrolled in HMK:

Let HMK know as soon as possible after the baby is born. The baby's coverage will begin on the date the baby is born if the family tells HMK during the birth month or within 10 days following the baby's birth.

#### A Baby Born to an HMK Member:

When an HMK member has a baby, the baby is covered by HMK for 31 days. The family must apply for coverage as soon as possible after the baby is born.

In short, it's best to keep in touch with HMK during your pregnancy so your new little one can be covered. Call HMK at **888-706-1535**.

### Your HMK Rights

You have the right to:

- Expect quality medical care.
- Be treated politely and with respect by health care providers and their staff.
- Understand your medical condition.
- Be told about the treatment your doctor advises before it happens.
- Refuse treatment.
- Be told of possible results before accepting or refusing treatment.
- Talk to your HMK provider and expect your records and conversations are kept confidential.
- Choose your own HMK provider.
- Make a complaint about HMK and receive an answer.
- Understand how HMK works.
- Know what services are covered by HMK.

## Your HMK Responsibilities

You and your HMK health care provider are a team in protecting your health. Your job is to help your HMK health care provider give you the best health care. So, keep the following in mind:

If a child is enrolled in other health insurance coverage, notify HMK right away at **888-706-1535**.

- Use the emergency room only for life-threatening situations. Emergency rooms are not for routine care.
- Call ahead for an appointment when you need to see an HMK provider. Providers often have busy schedules and cannot always see drop-in patients.
- Be on time for your appointments. Call your HMK health care provider ahead of time if you are going to be late or can't keep your appointment.
- Help your HMK provider get your previous medical records.
- Tell your HMK provider about your medical problems. Tell them the signs of trouble, pain, or changes you have noticed. Tell your provider about allergies and unusual health needs. Ask questions. Sometimes it helps to write a list of questions before you go to your appointment. Ask about risks, choices, and costs before treatment is given or drugs are prescribed.
- Fill all your prescriptions at the same pharmacy. The pharmacist can answer questions about your prescriptions.
- Get complete directions about all medications, treatments, or tests. Write them down, or ask your provider to write them down.
- Pay your HMK health care provider the copay when services are received.
- Take time to decide about having a treatment before it happens. Be careful to review your treatment choices. Discuss your options with your HMK health care providers. For many procedures, your HMK provider will need time to get prior authorization.
- HMK does not cover some services. Please refer to the HMK Services Chart in this guide for HMK-covered and non-covered services. If you don't see the service listed or you are not sure if a service is covered, call BCBSMT at **855-258-3489**.
- HMK providers may not bill you for services that are denied as not medically necessary, unless you or your authorized representative have agreed, in writing, to pay for the service.
- Don't sign anything you don't understand. Ask questions until you do understand.

## HMK Nondiscrimination Policy

HMK does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation in admission or access to, or treatment or employment in, its programs and activities. Call BCBSMT a **855-258-3489** for more information.

## HMK Services

This section tells if a service is covered by Healthy Montana Kids. For details on these covered services, turn to the pages after the HMK Services Chart. There may be other services that HMK will pay for that are not listed. Ask your HMK provider if you're not sure if something is covered or requires prior authorization. HMK customer service will also be able to help; call BCBSMT at **855-258-3489**.

### Copay

Look at your HMK ID card. On the front of the card in the bottom right corner it will tell you if you have a copay. If your card shows a copay, the charts on the next few pages will let you know how much your copay will be for each service if there is a copay. If your card says you have a \$0 copay, ignore the copay column on the chart. All HMK-covered benefits are free to children with a \$0 copay. Most families will have copays. The total copays for the benefit year will not exceed \$215 per family. The benefit year is October 1 through September 30. Once your family has paid \$215 in copays, you do not have to pay copays until the start of the next benefit year. Don't worry, we'll send a letter to let you know when you reach the \$215 maximum copay and you will get a new ID card to use until the next benefit period begins in October.

If your family pays more than \$215 in copayments in a benefit year, BCBSMT will reimburse your HMK provider. You will receive an explanation of benefits from BCBSMT telling you about the credit your HMK provider received. Check with your HMK provider to see if he/she has a credit on your account.

Families with at least one member who is Native American or Alaska Native do not have copays.

### Lifetime Maximum Benefit

There is no lifetime maximum benefit.

### Prior Authorization

Some HMK services need to be approved before HMK will pay for them. Refer to the HMK Services Chart to see if the services you need require prior authorization by your HMK provider. Call BCBSMT at **855-258-3489**.

The description of HMK-covered and non-covered services presented here is a guide and not a contract to provide medical care. Administrative Rules of Montana, Title 37, Chapter 79 governs access and payment for HMK services. The rules can be found at <http://www.mtrules.org>.

**HMK Services Chart (Covered and Not Covered)**

| Service  | Covered by HMK | Copay Needed<br><small>**Check your HMK Card to see if you have a copay. If not, these amounts do not apply.</small> | Prior Authorization Needed |
|--|----------------|--|----------------------------|
| Acupressure  | No             | -  | -                          |
| Acupuncture  | No             | -  | -                          |
| Adaptive Equipment (reachers, appliances)                  | No             | -  | -                          |
| Alcohol and Other Drug Treatment (non-hospital outpatient) | Yes            | \$5  | No                         |
| Alcohol and Other Drug Treatment (hospital inpatient)      | Yes            | \$25   | No                         |
| Ambulance  | Yes            | \$0  | No                         |
| Applied Behavior Analysis                                  | Yes            | \$0  | Yes                        |
| Audiology Services<br>(see Hearing Exams and Hearing Aids) |                |  |                            |
| Behavioral Health Services                                 | Yes            | \$3/\$5/\$25   | No                         |
| Bio-Feedback   | No             | -  | -                          |
| Birth Center Services                                      | Yes            | \$0  | No                         |
| Birth Control  | Yes            | \$0  | No                         |
| Blood Lead Testing   | Yes            | \$0  | No                         |
| Chiropractic   | Yes            | \$3  | No                         |
| Circumcision   | Yes            | \$3  | No                         |
| Clinic Services  | Yes            | \$3  | No                         |
| Cochlear Implants  | Yes            | \$25 hospital,<br>\$3 provider   | Yes                        |
| Comfort and Convenience Items                              | No             | -  | -                          |
| Community Health Center Services                           | Yes            | \$0  | No                         |
| Comprehensive School and Community Treatment (CSCT)        | No             | -  | -                          |

| Service  | Covered by HMK           | Copay Needed<br>**Check your HMK Card to see if you have a copay. If not, these amounts do not apply. | Prior Authorization Needed |
|--|--------------------------|---|----------------------------|
| Contact Lenses                                       | No                       | -   | -                          |
| Corrective Lenses (see Eyeglasses)                   | Yes                      | \$0   | No                         |
| Cosmetic Surgery                                     | No                       | -   | -                          |
| Dental   | Yes                      | Any amount over the annual \$1,900 limit. See (pg. 13) description.                                   | No                         |
| Dental Implants                                      | Yes                      | \$1,500 limit included in the \$1,900 dental limit.   | No                         |
| Dental Braces (orthodontia)                          | No                       | -   | -                          |
| Denturist  | No                       | -   | -                          |
| Developmental Disability Services                    | No                       | -   | -                          |
| Diabetic Education                                   | Yes                      | \$0   | No                         |
| Dialysis (outpatient and training)                   | Yes                      | \$0   | No                         |
| Doctor Visits  | Yes                      | \$3   | No                         |
| Drugs (over-the-counter)                             | See (pg. 14) description | \$0   | No                         |
| Drugs (prescription from a pharmacy)                 | Yes                      | \$0   | May be required            |
| Durable Medical Equipment (DME) and Medical Supplies | Yes                      | \$0   | Yes, over \$1,000          |
| Emergency Room Services                              | Yes                      | \$5   | No                         |
| Environmental Controls (air cleaners, heaters)       | No                       | -   | -                          |
| Exercise Programs or Equipment                       | No                       | -   | -                          |

| Service                             | Covered by HMK          | Copay Needed<br><small>**Check your HMK Card to see if you have a copay. If not, these amounts do not apply.</small> | Prior Authorization Needed |
|-------------------------------------|-------------------------|--|----------------------------|
| Experimental Drugs or Treatments    | No                      | -  | -                          |
| Extended Behavioral Health Services | Yes                     | \$0  | Yes, Assessment required   |
| Eye Exams                           | Yes                     | \$3  | No                         |
| Eyeglasses (frames and lenses)      | Yes                     | \$0  | No                         |
| Family Planning Services            | Yes                     | \$3  | No                         |
| Food Supplements                    | See (p. 17) description | \$0  | Yes                        |
| Foot Care (routine)                 | No                      | -  | -                          |
| Gastric Bypass Surgery              | No                      | -  | -                          |
| Group Home Care (therapeutic)       | Yes                     | \$0  | Yes                        |
| Health Club Memberships             | No                      | -  | -                          |
| Hearing Aids                        | Yes                     | \$0  | Yes, has limits            |
| Hearing Exams                       | Yes                     | \$3  | No                         |
| Home Births                         | No                      | -  | -                          |
| Home Health Services                | Yes                     | \$3  | Yes                        |
| Home Infusion Therapy               | Yes                     | \$0  | Yes                        |
| Homemaker Services                  | No                      | -  | -                          |
| Homeopathy                          | No                      | -  | -                          |
| Hospice                             | Yes                     | \$0  | Yes                        |
| Hospital (inpatient)                | Yes                     | \$25   | Yes                        |
| Hospital (outpatient)               | Yes                     | \$5  | No                         |
| Hot Tubs or Spas                    | No                      | -  | -                          |
| Hypnotherapy                        | No                      | -  | -                          |

| Service  | Covered by HMK           | Copay Needed<br><small>**Check your HMK Card to see if you have a copay. If not, these amounts do not apply.</small> | Prior Authorization Needed |
|--|--------------------------|--|----------------------------|
| Immunizations  | Yes                      | \$0  | No                         |
| Inclusive Services   | No                       | -  | -                          |
| Indian Health Services   | Yes                      | \$0  | No                         |
| Infertility Treatment  | No                       | -  | -                          |
| Interpreter Services   | Yes                      | \$0  | No                         |
| Lab (laboratory services)                                      | Yes                      | \$0  | No                         |
| Lead Screening   | Yes                      | \$0  | No                         |
| Marriage Counseling  | No                       | -  | -                          |
| Massage  | No                       | -  | -                          |
| Medical Marijuana  | No                       | -  | -                          |
| Medical Services Received Outside the U.S.A.                   | No                       | -  | -                          |
| Medical Supplies and Equipment (see Durable Medical Equipment) | Yes                      | \$0  | Yes, over \$1,000          |
| Naturopathic Physician Services                                | No                       | -  | -                          |
| Neurofeedback  | No                       | -  | -                          |
| Nutrition Counseling   | Yes (pg. 20)             | \$3  | No                         |
| OB (obstetric) Services  | Yes                      | \$25 hospital, \$3 provider  | No                         |
| Occupational Therapy   | Yes                      | \$3/\$5  | Yes                        |
| Orthotics  | Yes                      | \$0  | Yes, over \$1,000          |
| Orthodontia (dental braces)                                    | No                       | -  | -                          |
| Out-of-State Services  | See (pg. 15) description | Copay may apply  | Yes                        |

| Service  | Covered by HMK | Copay Needed<br><small>**Check your HMK Card to see if you have a copay. If not, these amounts do not apply.</small> | Prior Authorization Needed |
|--|----------------|--|----------------------------|
| Paternity Tests  | No             | -  | -                          |
| Personal Assistant Services                                | No             | -  | -                          |
| Pharmacy (see Drugs)                                       |                |  |                            |
| Physical Therapy   | Yes            | \$5  | Yes                        |
| Pregnancy and Childbirth                                   | Yes            | \$25 hospital, \$3 provider  | No                         |
| Prescription Drugs (see Drugs)                             |                |  |                            |
| Private Nursing Services                                   | No             | -  | -                          |
| Professional Counselor Services                            | Yes            | \$3/\$5  | No                         |
| Psychiatric Services                                       | Yes            | \$3/\$5  | No                         |
| Psychologist Services                                      | Yes            | \$3/\$5  | No                         |
| Public Health Clinic Services                              | Yes            | \$0  | No                         |
| Radial Keratotomy  | No             | -  | -                          |
| Respiratory Therapy  | Yes            | \$5  | Yes                        |
| School-Based Services                                      | No             | -  | -                          |
| Self-Help Programs   | No             | -  | -                          |
| Service Animals  | No             | -  | -                          |
| Social Work Services (clinical)                            | Yes            | \$3/\$5  | No                         |
| Speech Therapy   | Yes            | \$3/\$5  | Yes                        |
| Sports Physicals   | Yes            | \$3  | No                         |
| Sterilization (or the reversal of voluntary sterilization) | No             | -  | -                          |
| Stress Management  | No             | -  | -                          |

| Service   | Covered by HMK                   | Copay Needed<br><small>**Check your HMK Card to see if you have a copay. If not, these amounts do not apply.</small> | Prior Authorization Needed |
|---|----------------------------------|--|----------------------------|
| Surgery (outpatient)  | Yes                              | \$5  | No                         |
| Telemedicine Services   | Yes                              | \$3  | -                          |
| Temporomandibular Joint (TMJ) treatment   | No                               | -  | -                          |
| Therapies (occupational, physical, respiratory and speech)  | Yes                              | \$3/\$5  | Yes                        |
| Tobacco Cessation Counseling  | Yes (pg. 21)                     | \$3  | No                         |
| Tobacco Cessation Drugs   | Yes (pg. 21)                     | \$0  | No                         |
| Transplants (organ and tissue)  | Yes                              | \$25 hospital, \$3 provider  | Yes                        |
| Transportation - Call BCBSMT at 855-258-3489 before you need transportation                         | Yes                              | \$0  | Yes                        |
| Tribal Health Services  | Yes                              | \$0  | No                         |
| Urgent Care   | See (pg. 22) description         | \$5  | No                         |
| Vitamins  | Yes (pg. 22) for some conditions | \$0  | Yes                        |
| Weight Loss Clubs or Clinics  | No                               | -  | -                          |
| Weight Loss Surgery (gastric bypass, gastric banding or bariatric surgery, including all revisions) | No                               | -  | -                          |
| Weight Scales   | No                               | -  | -                          |
| Well Child Checkup  | Yes                              | \$0  | No                         |
| Whirlpools  | No                               | -  | -                          |
| X-Rays  | Yes                              | \$0  | No                         |

## HMK Services Described

This list includes examples of HMK services. Not all services are listed, and not all details about a service are shown. Ask your doctor or health care provider for more information. You can also call BCBSMT at **855-258-3489** for more information.

All covered treatments and services must be medically necessary. The child receiving services must be enrolled at the time the service is delivered.

### Alcohol and Other Drug Treatment (Substance Dependency)

There are several different kinds of alcohol and drug treatment services.

- Non-hospital inpatient treatment – This service is 24 hours a day, 7 days a week, and patients live in the facility;
- Intensive non-hospital outpatient treatment;
- Hospital inpatient and outpatient treatment; and
- Partial hospitalization.

The following outpatient services are covered:

- Individual, group or family counseling; and
- BCBSMT case management.

### Ambulance Services

Emergency ambulance services are covered for emergency ground or air transports. Call **911** or your local emergency number for services. An emergency means the symptoms of the medical condition seem so severe that a person with average knowledge of health and medicine would expect there might be danger to the health of the person if the symptoms aren't treated right away.

Licensed ground and air ambulance services are covered to the nearest hospital equipped to provide necessary treatment when:

- The service is to treat a life-threatening illness or injury; and
- It is medically necessary - meaning other forms of getting to care would endanger the member's health.

Ambulance services must be medically necessary. If you are not sure you should go to the emergency room, call your HMK provider.

### Audiology Services (see Hearing Aids and Hearing Exams, pg.18)

### Behavioral Health Services

HMK covers these behavioral health services for all members:

- Individual, group, and family counseling;
- Group therapy;
- Outpatient behavioral health assessments;
- Acute inpatient hospital services;
- Psychological testing;
- Psychiatric residential treatment facility;

- Therapeutic youth group home (with prior approval); and
- Applied behavior analysis (with prior approval).

### **Birth Center Services**

Birth center services are provided in a health care facility or hospital but are more home-like. They also encourage family and friend participation in the birth.

### **Birth Control**

Pills, shots and most other types of birth control, and family planning supplies are covered.

### **Blood Lead Testing**

Blood lead testing is covered and encouraged by HMK. The symptoms of lead poisoning can be difficult or impossible to recognize, making blood lead testing the only way to confirm exposure.

### **Case Management**

In the event of a high cost medical problem, HMK may be able to recommend medically appropriate, cost effective treatments for you and your physician to consider. A case manager will evaluate your condition with your HMK provider. Call BCBSMT at **855-258-3489**.

Examples of illnesses where case management is valuable are:

- Severe diabetes;
- Cancer;
- Chronic illness (such as asthma, pneumonia, and lung problems);
- Acute injuries (such as head injuries);
- Heart problems;
- Multiple therapies (physical, speech or occupational therapies);
- Cystic fibrosis;
- Behavioral health conditions; and
- High-risk pregnancy.

### **Chiropractic Services**

Chiropractic services are covered. This includes office visits, manual manipulation of the spine, and X-rays.

### **Cochlear Implants**

Cochlear implants and associated components are covered and require prior authorization. Call the Member Helpline at **800-362-8312**.

### **Corrective Lenses (see Eyeglasses and Vision, pg. 16)**

### **Dental Services**

#### **HMK Dental Plan**

An HMK member may receive up to \$1,900 in dental services per benefit year. The benefit year runs from July 1 through June 30. Each July 1st, HMK members become eligible for \$1,900 of dental care, regardless of when they last received care.

You will have to pay for services that go over the \$1,900 HMK Dental Plan limit. Any amount over the \$1,900 limit is a private arrangement between you and your HMK dental provider.

There are no copays or out of pocket charges required for Dental Plan services as long as dental services do not go over the \$1,900 annual limit. Make sure you know how much your services cost and if you have reached your limit.

Dental implants are a covered benefit. This member benefit is limited to a lifetime maximum of \$1,500. This \$1,500 lifetime maximum for dental implants is included in, not in addition to, the annual \$1,900 maximum for the HMK Dental Plan. For more information, call the Member Helpline at **800-362-8312**.

### What Dental Services Are Not Covered?

- Orthodontic services (braces); and
- Maxillofacial surgeries and prosthetics, surgical procedures, and treatment of fractures.

**Note:** Surgical repair of the mouth and gums due to an accident or congenital defect may be covered under the medical benefits of your HMK plan. Contact BCBSMT for more information at **855-258-3489**.

### Finding an HMK Dentist

A list of HMK dentists is available at <http://www.hmk.mt.gov>

HMK cannot guarantee a dentist in your local community will be available to serve your child. The number of dentists is somewhat limited in Montana and some dentists may not accept new HMK patients.

### Diabetic Education

HMK covers outpatient diabetic education services. Covered services include programs for self-management training and education as prescribed by a doctor. Diabetic supplies are covered under the section entitled "Supplies for Use Outside of a Hospital." (see pg. 24)

### Dialysis

Dialysis is covered for HMK members who have chronic end-stage renal disease. Services covered at dialysis clinics include:

- Outpatient dialysis;
- Training for self-dialysis.

### Doctor Visits

Physician assistants (PAs) and nurse practitioners (NPs) can provide some of the services a doctor gives. Most services you get from a doctor are covered.

Examples of doctor services include:

- Delivering babies;
- Treating high blood pressure;
- Office visits;
- Physicals (exams);
- Operations; and
- Immunizations.

## Drugs (Over-the-Counter)

The following over-the-counter drugs are covered if they are prescribed for you by your HMK provider:

- Aspirin;
- Insulin;
- Laxatives, antacids, head lice treatment;
- Stomach products such as Zantac® and Prilosec OTC®;
- Allergy products such as Claritin®;
- Levonorgestrel;
- Ketotifen ophthalmic solution;
- Pyridoxine;
- Doxylamine;
- Nasacort AQ; and
- Oxybutynin Transdermal.

## Drugs (Prescription)

Most prescription drugs are covered. Some prescription drugs may need prior authorization. To find out if a drug you need is covered or to find out if a drug needs prior authorization talk to your pharmacist or the person who prescribed the drug.

HMK will pay for a 34-day supply of drugs. Early refills may be authorized if the person who writes the prescription changes your dose. Early refills will not be granted for lost or stolen medication, or for vacation or travel.

Prescription drugs are only covered if you go to a Montana Health Care Programs pharmacy. To find out if your pharmacy is enrolled, go to <http://medicaid.mt.gov>, then click on the “Medicaid Provider Search” option.

Out-of-state pharmacy benefits will be paid only to enrolled Montana Health Care Program providers. Check the link to find out if your out-of-state provider is enrolled.

Call the Member Helpline at **800-362-8312** for more information.

## Durable Medical Equipment (DME) and Medical Supplies

Medical supplies include things like wound dressings and diabetic needles, lancets, test strips, and devices for monitoring glucose.

Durable medical equipment includes things like oxygen equipment, wheelchairs, prosthetic limbs, and orthotics. DME items must be the least costly option to treat the medical condition and used in your home, school or work place. You will need prior authorization for DME items that cost \$1,000 or more. For answers to DME questions, ask your medical provider, your DME provider, or call the Member Helpline at **800-362-8312**.

## Emergency Services

Emergency services are covered. An emergency means symptoms so severe a person with average knowledge of health and medicine would expect there might be danger to the health of the person unless the person gets treatment right away.

HMK pays for all medically necessary care you get from HMK providers. HMK covers emergency care and urgent care if you follow these guidelines.

## Emergency Care

If you need emergency care, go to the nearest doctor or hospital. You may need emergency care if your condition is severe, if you have severe pain, or if you need immediate medical attention to prevent any of the following:

- Serious jeopardy to your health;
- Serious damage to your bodily functions; or
- Serious damage to a bodily organ or part.

You should notify your primary care provider as soon as possible that you are receiving emergency care. You should arrange follow-up care with your primary care provider.

## Urgent Care

Some situations require prompt medical attention although they are not emergencies. In these situations, call your primary care provider and describe the situation. He or she will help direct your care. Examples include, but are not limited to:

- Sprains;
- Non-severe bleeding;
- Sore throats; and
- Earaches.

Unless you get prior authorization, you must receive urgent care from HMK providers. If you receive services from non-HMK providers, you may have to pay for the services.

## Extended Behavioral Health Benefits

There are additional behavioral health services available for members determined by HMK to have a Serious Emotional Disturbance (SED). In order to qualify for these services, members must be referred by a licensed behavioral health professional. The licensed behavioral health professional must submit a current assessment to BCBSMT.

HMK covers these services for members with Severe Emotional Disturbance:

- Home Support Services;
- Day treatment;
- Respite care; and
- Community based psychiatric rehabilitation services (CBPRS).

## Eye Exams

Eye exams and the fee to fit your children's eyeglasses are covered. There may be a small copayment for these services.

Optometric services for the medical treatment of diseases or injury to the eye by a licensed doctor or optometrist are covered. Claims for corrective lenses and vision supplies are covered.

To find an ophthalmologist or optometrist near you, refer to the HMK Provider Directory on the website at <http://www.bcbsmt.com>.

## Eyeglasses and Vision

Eyeglasses are provided through a contract with Classic Optical. HMK will only pay for your children's eyeglasses if they are covered under the Classic Optical contract. When ordering eyeglasses from the eyeglasses provider, make sure the provider carries eyeglasses covered under the Classic Optical contract. If you choose to purchase frames or lenses which are not covered under the contract, it is your responsibility to pay for the purchase.

HMK pays for one pair of glasses every 365 days. However, if your child has a medical condition that requires more frequent prescriptions, new lenses (but not new frames) may be covered more often.

All frames have a 24 month warranty to guard against defects. The warranty does not replace damaged frames other than manufacturer defects. You must return defective parts of the glasses for repair. Your HMK provider may charge you a small handling fee for returning glasses for repair.

HMK does not replace lost or stolen eyeglasses.

HMK does not pay for contact lenses.

If you have questions, call the Member Helpline at **800-362-8312**.

## Family Planning Services

Most family planning services are covered, including, but not limited to:

- Physical exams, with breast exams;
- Pap test (to test for pre-cancerous conditions);
- Pregnancy tests;
- Birth control;
- Sexual health counseling (how to prevent unintended pregnancy and sexually transmitted infections);
- Testing and treatment for sexually transmitted infections;
- Immunizations for German measles; and
- Immunizations for HPV.

## Food Supplements

Food supplements required for members with inborn errors of metabolism are covered, but must be prior authorized. Call the Member Helpline at **800-362-8312**.

## Hearing Aids

Hearing aids, hearing aid supplies, including batteries, and hearing aid repairs are covered when provided by an enrolled hearing aid dispenser. Hearing aid services require a physician or mid-level practitioner's referral. The hearing aid dispenser must request prior authorization for hearing aids. The HMK member must be enrolled on the date of the prior authorization request and on the date of service, including the date the hearing aid is provided to the HMK member.

Cochlear implants and associated components are covered and require prior authorization. The HMK provider must request prior authorization. Call BCBSMT at **855-258-3489**.

## Hearing Exams

Hearing exams, including newborn hearing screening in a hospital or outpatient setting are covered.

## Home Health Services

Home health services must be provided by a licensed and certified agency. The services must be ordered by your health care provider. These services are covered and require prior authorization. Call BCBSMT at **855-258-3489**.

Covered services include:

- Part-time care in your home from a skilled nurse;
- Home health aide care – services for a short, definite period of time to assist in the activities of daily living and care of the household to keep you in your home;
- Physical therapy, occupational therapy, and/or speech therapy;
- Non-routine medical supplies suitable for home use; and
- Medical social worker services.

## Home Infusion Therapy

Some drug treatments must be given intravenously. For some people, these treatments may be given in their homes. Home infusion therapy in your home is covered, along with the cost of the person who comes to your home to give you the drug treatments.

## Hospice

Hospice is end of life comfort care. Hospice manages all care related to the illness. Grief counseling is also available for the family. Hospice must be provided by a licensed and certified agency. Hospice services are covered and require prior authorization. Call BCBSMT at **855-258-3489**.

## Hospital Services

Services you get in a hospital, whether you stay in the hospital overnight or not, are covered.

Some examples of services you might get in a hospital are:

- Emergency room services;
- Medical services for which your HMK provider admits you to the hospital;
- Physical therapy;
- Lab services;
- X-rays;
- Cardiac rehabilitation; and
- Pulmonary rehabilitation.

When you know ahead of time that you are going in the hospital, call BCBSMT at **855-258-3489**. Hospital services must be prior authorized before you go. If you have an emergency and are admitted to the hospital, contact BCBSMT within 24 hours or the next working day.

### Indian Health Services

HMK partners with IHS, Tribally-Operated Health Care Clinics, and Urban Indian Health Clinics. These clinics provide medically necessary services for enrolled members. HMK members can always choose to receive their health care from one of these clinics. Native American members never have a copay.

### Interpreter Services

Interpreter services will be provided if you do not speak fluent English or are hearing impaired. Interpreter services are covered if you get a covered service. Your HMK provider will determine if an interpreter is required and will arrange for a qualified interpreter to provide services. You may request a friend or family member to be your interpreter. There is no cost to you for interpreter services.

### Lab (Laboratory) Services

X-ray and lab services must be ordered by an HMK provider and are covered **only** if an HMK provider gives them. Verify your HMK provider is sending the x-ray or lab work to another HMK health care provider. Many lab services require prior authorization. Call BCBSMT at **855-258-3489**.

### Lead Screening

Children should be tested for lead poisoning at 12 and 24 months of age. Children up to age 6 who have not been checked for lead poisoning before should also be tested. Children at other ages should be screened for risk of lead poisoning.

### Medical Supplies and Equipment (see Durable Medical Equipment, pg. 15)

### Nutrition Counseling Services

HMK covers nutrition counseling for members for treatment of diabetes and obesity.

### OB (Obstetric) Services

Prenatal visits, delivery and checkups for the mother after she gives birth are covered. A baby's delivery must be in a licensed hospital or birthing center to be covered.

### Occupational Therapy (see Therapies, pg. 21)

### Out-of-State Services

You may need to get medical services outside of Montana.

- If you have an accident, crisis or something that cannot wait until you're back in Montana, seek help at a hospital. Call BCBSMT at **855-258-3489**, toll free, as soon as possible to see if a covered provider is close to you.
- All out-of-state services need prior authorization before you get services unless you have an emergency. Call BCBSMT at **855-258-3489**. Other HMK services require prior authorization as shown on the HMK services chart in this member guide (pg 6).
- Services received outside the United States, including Canada or Mexico, are never covered.

### Physical Therapy (see Therapies, pg. 21)

**Physician Services (see Doctor Visits, pg. 14)****Pregnancy (see OB, pg. 20)****Prescription Drugs (see Drugs, Prescription, pg. 15)****Respiratory Therapy (see Therapies, pg. 21)****Social Work Services**

Social work services are covered if provided by a licensed clinical social worker who is an HMK provider. These services may be individual, group, or family therapy.

**Specialty Care**

Specialty care is any health care your primary care doctor advises but cannot provide. Examples are X-rays, therapy, or tests to spot a health issue. It is best if all of your services are managed by your primary care doctor. If you need specialty care, your primary care provider will refer you to an HMK specialist. Referrals are not required for specialty care, including obstetrical and gynecological care, as long as you see an HMK participating provider. However, treatment received from a provider who is not in the HMK network will not be covered without prior authorization.

If specialty care is needed and an HMK participating provider is not available in your area, contact BCBSMT at **855-258-3489**. We will give you information on how to obtain specialty care.

**Speech Therapy (see Therapies, pg. 21)****Supplies (For Use Outside of a Hospital)**

Supplies used outside of a hospital are covered ONLY if they are dispensed by a DME provider and are necessary to treat a condition that is covered by HMK.

Examples of these supplies are diabetic needles, test strips or lancets, or wound dressings

**Surgery**

Most medically necessary surgeries are covered, whether done in a hospital or surgery center. Some surgeries must be prior authorized, call BCBSMT at **855-258-3489**.

**Telehealth Services**

Telehealth services are covered when they are provided by HMK providers. The services must be for covered benefits. Telehealth services are provided through a secure connection. The provider and the member are not at the same site. There must be both an audio and video portion to the visit. Both the provider and member must take part in the discussion.

**Therapies**

Covered therapies are:

- Occupational therapy;
- Physical therapy;
- Respiratory therapy; and
- Speech therapy.

Therapy services must be ordered by your HMK provider. Sessions must be prior authorized, call BCBSMT at **855-258-3489**.

## Tobacco Cessation

Tobacco cessation drugs and counseling are covered by HMK. You can also get help to stop smoking or chewing by calling the Montana Tobacco Quit Line at **800-QUIT-NOW** or **800-784-8669**.

## Transgender Services

Services related to gender transition that otherwise fall within a member's covered benefit plan (e.g., physician's services, inpatient and outpatient hospital services, prescribed drugs, etc.) will be reimbursable under HMK when medically necessary. Other transgender services must be prior authorized, call BCBSMT at **855-258-3489**.

## Transplants

Organ and tissue transplants are covered. Services must be prior authorized. Call BCBSMT at **855-258-3489**.

## Transportation

HMK will assist with travel costs when members and an adult companion need to travel for medically necessary HMK medical and behavioral health benefits. Members need prior authorization for each trip before they travel to an appointment. The mileage allowed per trip is based on the nearest provider who can provide the service, regardless of where the member chooses to receive health care. HMK families can get more information about help with travel costs by calling BCBSMT at **855-258-3489**.

## Tribal Health Services

HMK partners with tribally-operated health care clinics, IHS and Urban Indian Health Clinics. These clinics provide medically necessary services for enrolled members. HMK members can always choose to receive their health care from one of these clinics. Native American members never have a copay.

## Urgent Care Services

Some situations require prompt medical attention although they are not emergencies. In these situations, call your primary care provider and describe the situation. Examples of urgent situations may include:

- Sprains;
- Bleeding that is not serious;
- Sore throats; and
- Earaches.

Unless you get prior authorization, you must receive urgent care from an HMK provider. If you receive services from non-HMK providers, you may have to pay for them.

## Vitamins

Vitamins are covered for certain conditions. For example, prenatal vitamins are covered during your pregnancy. You must have a prescription and you may need prior authorization, call the Member Helpline at **800-362-8312**.

## Well Child Checkups

All people ages 18 and under should have well child checkups or visits.

When you make an appointment for a well child checkup, be sure to say that it is a well child checkup so enough time will be scheduled. Take the HMK Member card and your immunization record with you to the appointment. If you need help making an appointment, call BCBSMT at **855-258-3489**.

A child or teenager should receive the following during a well child checkup:

- Head-to-toe unclothed physical exam;
- Eye check;
- Oral check by doctor, including application of fluoride varnish if needed;
- Hearing check;
- Nutrition checkup;
- Growth and development checkup;
- Blood and urine tests;
- Immunizations, if needed;
- Speech and language checkup; and
- Lead screening at ages 1 and 2, or up to 6 years if not previously tested.

During the well child checkup, you will also receive health education. If problems or concerns are found during the well child checkup, your child may be referred to another HMK provider for more exams and treatment.

Members should visit an HMK dentist by their first birthday and at least once every six months after the first tooth comes in.

Every child's visit is covered. You can request that your child get a well child checkup during any visit for an illness or injury.

### More About Immunizations:

It's important for a child to visit an HMK provider, community health center, or public health department to get the right immunizations. Getting immunizations not only protects the child, but also the people the child comes in contact with. A child's HMK provider will know which immunizations the child should get. Immunizations protect against a number of diseases including:

- Hepatitis A and B;
- Diphtheria;
- Tetanus;
- Pertussis (whooping cough);
- Polio;
- Pneumococcal disease;
- MMR (measles-mumps-rubella);
- Varicella (chicken pox);
- Influenza (flu);
- Hib (Haemophilus Influenzae Type B); and
- HPV (Human Papillomavirus).

If a child misses an immunization, he or she should get the immunization from an HMK provider as soon as possible. Keep an immunization record filled out by the health care provider. You will need this record when a child starts day care, school and college.

See your provider for recommended well-child, well-baby, and immunization services. Also, you can view the American Academy of Pediatrics (AAP) Bright Futures recommendations at [brightfutures.aap.org](https://www.brightfutures.org).

## HMK Important Contacts

### HMK Key Contacts

The toll free number for BCBSMT is **855-258-3489** and their hours are 8 a.m. to 6 p.m. Monday through Friday (Mountain Time).

For any issue related to your HMK eligibility, you can call this toll free phone number: **888-706-1535**. You will reach the Montana Public Assistance Help Line.

### Montana Relay Services

Telecommunications assistance for the hearing impaired.

**800-833-8503 Voice, TTY**

**406-444-1335 Voice, TTY**

**relay@mt.gov**

### Interpreter Services

For forms and information on interpreter or translator services, call BCBSMT: **855-258-3489**

## More HMK Information

### Do You Disagree with a Service Decision?

If you disagree with a decision made about a service there are a few things you can do. Make sure to read this guide to see if the service is covered by HMK. If you are not sure, you can talk with the contacts listed under the HMK Important Contacts section of this manual (pg. 24). If you still do not agree, you can appeal.

### First Level Appeal

If you do not agree with a denial, or partial denial of a claim, you have **180 days** from when you received the denial to appeal. To request an appeal, the request:

- must be in writing;
- must detail your objections; and
- must include any documents and information which you wish the Department to consider in the appeal review.

Appeal requests will be sent to different locations based on the service. Each of these department representatives will let you know when they got your request for appeal. You will receive a written response within 45 days. If you do not agree with the decision you can make a second appeal. See the process for a second appeal later in this section.

### Medical and Behavioral Health Services

Mail, call, or deliver your request for appeal to:

**Customer Service Department  
Blue Cross and Blue Shield of Montana  
PO Box 4309  
Helena, MT 59604  
Dial: 855-258-3489**

### Prescription Drug Services

Mail, call, or deliver your request for appeal to:

**Montana DPHHS  
Pharmacy Program Officer  
Healthy Montana Kids  
Cogswell Building  
PO Box 202951  
Helena MT 59620-2951  
Dial: 406-444-4455**

### Dental, DMEPOS, and Eyeglasses

Mail, call, or deliver your request for appeal to:

**Healthy Montana Kids  
Cogswell Building  
PO Box 202951  
Helena MT 59620-2951  
Dial: 406-444-4455**

### Second Level Appeal

Regardless of who made the first appeal decision, the Office of Administrative Hearings will handle your second appeal. Within 90 days of receiving the first decision, if you do not agree with the decision, you may mail or fax your second appeal request to:

**Office of Administrative Hearings (OAH)  
Department of Public Health and Human Services  
PO Box 202922  
Helena, MT 59620-2953  
Fax: 406-444-6565**

## What If It Is a Discrimination Issue?

Children enrolled in Healthy Montana Kids have a right to:

- Equal access to services without regard to race, color, national origin, age, physical or behavioral disability, marital status, religion, creed, sex, sexual orientation, political belief, genetic information, veteran status, culture, social origin or condition, or ancestry;
- An interpreter or translator if needed; and
- Other help understanding benefits and services.

You can file a complaint if you believe you were discriminated against. If you need additional information regarding these protections, please contact:

**Office of Civil Rights**  
**US Department of Health and Human Services**  
**1961 Stout Street, Room 1426**  
**Denver, CO 80294**  
**Phone: 800-368-1019**  
**TDD: 800-537-7697**

## If You Don't Want HMK Coverage Any More

You have the right to ask to end HMK coverage. To end HMK, call HMK at **888-706-1535**.

## Credit for Other Coverage

When you lose HMK coverage, you may request a "Certificate of Creditable Coverage" from BCBSMT. You may need this when you apply for other health coverage. If you have questions, call BCBSMT at **855-258-3489**.

## Alternative Accessible Format

Persons with disabilities who need an alternative accessible format of this information, or who require some other reasonable accommodation in order to participate in HMK should contact the Healthy Montana Kids Program at **888-706-1535**.

## Other Useful Programs and Services

| Organization or Service                         | Website   | Phone Number |
|---|---|--------------|
| Aging Services                                  | <a href="http://www.dphhs.mt.gov/sltc">http://www.dphhs.mt.gov/sltc</a>   | 800-551-3191 |
| AIDS or Sexually Transmitted Diseases Questions | <a href="http://www.dphhs.mt.gov/publichealth/hivstd">http://www.dphhs.mt.gov/publichealth/hivstd</a>                                   | 406-444-3565 |
| Child Abuse and Neglect                         | <a href="http://www.dphhs.mt.gov/cfsd">http://www.dphhs.mt.gov/cfsd</a>   | 866-820-5437 |
| Child Support Customer Service                  | <a href="http://www.dphhs.mt.gov/cssd">http://www.dphhs.mt.gov/cssd</a>   | 800-346-5437 |
| Childhood Lead Poison Prevention Information    | <a href="http://www.dphhs.mt.gov/publichealth/cdepi/diseases/lead">http://www.dphhs.mt.gov/publichealth/cdepi/diseases/lead</a>         | 406-417-9848 |
| Children's Special Health Services              | <a href="http://www.dphhs.mt.gov/ecfsd/cshs">http://www.dphhs.mt.gov/ecfsd/cshs</a>   | 800-762-9891 |
| Citizen's Advocate (Governor's Office)          | <a href="http://www.governor.mt.gov">http://www.governor.mt.gov</a>   | 855-318-1330 |
| HMK Transportation Approval                     | <a href="http://dphhs.mt.gov/hmk/transportation">http://dphhs.mt.gov/hmk/transportation</a>   | 855-258-3489 |
| Legal Services                                  | <a href="http://www.montanalawhelp.org">http://www.montanalawhelp.org</a>   | 800-666-6899 |
| Medicaid Fraud Line                             | <a href="https://dphhs.mt.gov/montanahealthcareprograms/fraudandabuse">https://dphhs.mt.gov/montanahealthcareprograms/fraudandabuse</a> | 800-201-6308 |
| Mental Health Ombudsman                         | <a href="http://mhombudsman.mt.gov">http://mhombudsman.mt.gov</a>   | 888-444-9669 |
| National Alliance on Mental Illness - Montana   | <a href="http://www.namimt.org">http://www.namimt.org</a>   | 406-443-7871 |
| National Domestic Violence Hotline              | <a href="http://www.thehotline.org">http://www.thehotline.org</a>   | 800-799-7233 |
| Offices of Public Assistance (OPA)              | <a href="http://dphhs.mt.gov/hcsd/officeofpublicassistance">http://dphhs.mt.gov/hcsd/officeofpublicassistance</a>                       | 888-706-1535 |
| Poison Control                                  | <a href="http://dphhs.mt.gov/publichealth/emsts/prevention/poison">http://dphhs.mt.gov/publichealth/emsts/prevention/poison</a>         | 800-222-1222 |
| Social Security                                 | <a href="http://www.socialsecurityofficelocations.com/state/MT.html">http://www.socialsecurityofficelocations.com/state/MT.html</a>     | 800-772-1213 |
| Suicide Prevention                              | <a href="https://dphhs.mt.gov/suicideprevention">https://dphhs.mt.gov/suicideprevention</a>   | 800-273-8255 |
| Teen Dating Abuse Helpline                      | <a href="http://www.loveisrespect.org">http://www.loveisrespect.org</a>   | 866-331-9474 |
| Tobacco Quit Line                               | <a href="http://www.dphhs.mt.gov/publichealth/mtupp/quitline">http://www.dphhs.mt.gov/publichealth/mtupp/quitline</a>                   | 800-784-8669 |
| WIC Nutrition Information                       | <a href="http://dphhs.mt.gov/ecfsd/wic">http://dphhs.mt.gov/ecfsd/wic</a>   | 800-433-4298 |

## Nondiscrimination Notice

Blue Cross and Blue Shield of Montana complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Montana does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Montana:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Montana has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 855-664-7270, TTY/TDD:

855-661-6965, Fax: 855-661-6960, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984 (TTY: 711) まで、お電話にてご連絡ください。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-710-6984 (TTY: 711).

**MERK:** Hvis du snakker norsk, er gratis språkassistentjenester tilgjengelige for deg. Ring 1-855-710-6984 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-710-6984 (телетайп: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-710-6984 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-710-6984 (TTY: 711).

**For questions about this guide contact:**

**Blue Cross and Blue Shield of Montana  
PO Box 4309  
Helena MT 59604  
855-258-3489**



**BlueCross BlueShield  
of Montana**

