



Subject: Important Benefit Plan Changes Upon Renewal

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all currently available Blue Cross and Blue Shield of Montana (BCBSMT) mid-market/large group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSMT plans.

Your next steps:

- Find the nine-digit plan ID for your current plan(s) in the “Current Health Plans” section of your renewal exhibit
- Use that nine-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your plan(s) at renewal, nothing else is needed. The coverage provided by your plan(s) will continue with no interruption. If you would like to change your plan(s), or have questions about the changes to your plan, contact your broker or call us. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Montana

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter

For POS only, currently a referral is required for all outpatient behavioral health services. Beginning July 1st, 2025, a referral is no longer required for in network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 001; MMBCC0012

- Your Plan ID will change to MMBCC0015 from MMBCC0012 and your plan name will not change.
- Your in-network individual Deductible will change to \$600 from \$500
- Your out-of-network individual Deductible will change to \$1,800 from \$1,000
- Your in-network family Deductible will change to \$1,200 from \$1,000
- Your out-of-network family Deductible will change to \$3,600 from \$2,000
- Your in-network individual Out-of-Pocket Maximum will change to \$2,100 from \$2,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,300 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$4,200 from \$4,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$12,600 from \$12,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$55/\$105/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$75/\$125/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Choice 001 Contract Accums; MMBCC0014P

- Your Plan ID will change to MMBCC0015P from MMBCC0014P and your plan name will not change.
- Your in-network individual Deductible will change to \$600 from \$500
- Your out-of-network individual Deductible will change to \$1,800 from \$1,000
- Your in-network family Deductible will change to \$1,200 from \$1,000
- Your out-of-network family Deductible will change to \$3,600 from \$2,000
- Your in-network individual Out-of-Pocket Maximum will change to \$2,100 from \$2,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,300 from \$6,000
- Your in-network family Out-of-Pocket Maximum will change to \$4,200 from \$4,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$12,600 from \$12,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$55/\$105/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$75/\$125/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 002; MMBCC0022

- Your Plan ID will change to MMBCC0025 from MMBCC0022 and your plan name will not change.
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your out-of-network individual Deductible will change to \$3,300 from \$2,000
- Your in-network family Deductible will change to \$2,200 from \$2,000
- Your out-of-network family Deductible will change to \$6,600 from \$4,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$3,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,300 from \$9,000
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$6,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$18,600 from \$18,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$55/\$105/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$75/\$125/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Choice 002 Contract Accums; MMBCC0024P

- Your Plan ID will change to MMBCC0025P from MMBCC0024P and your plan name will not change.
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your out-of-network individual Deductible will change to \$3,300 from \$2,000
- Your in-network family Deductible will change to \$2,200 from \$2,000
- Your out-of-network family Deductible will change to \$6,600 from \$4,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$3,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,300 from \$9,000
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$6,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$18,600 from \$18,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$55/\$105/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$75/\$125/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 003; MMBCC0032

- Your Plan ID will change to MMBCC0035 from MMBCC0032 and your plan name will not change.
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your out-of-network individual Deductible will change to \$4,800 from \$3,000
- Your in-network family Deductible will change to \$3,200 from \$3,000
- Your out-of-network family Deductible will change to \$9,600 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,800 from \$10,500
- Your in-network family Out-of-Pocket Maximum will change to \$7,200 from \$7,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,600 from \$21,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$40/\$80/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$100/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

Blue Choice 003 Contract Accums; MMBCC0034P

- Your Plan ID will change to MMBCC0035P from MMBCC0034P and your plan name will not change.
- Your in-network individual Deductible will change to \$1,600 from \$1,500
- Your out-of-network individual Deductible will change to \$4,800 from \$3,000
- Your in-network family Deductible will change to \$3,200 from \$3,000
- Your out-of-network family Deductible will change to \$9,600 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,800 from \$10,500
- Your in-network family Out-of-Pocket Maximum will change to \$7,200 from \$7,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,600 from \$21,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$40/\$80/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$100/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 004; MMBCC0042

- Your Plan ID will change to MMBCC0045 from MMBCC0042 and your plan name will not change.
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your out-of-network individual Deductible will change to \$6,300 from \$4,000
- Your in-network family Deductible will change to \$4,200 from \$4,000
- Your out-of-network family Deductible will change to \$12,600 from \$8,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,600 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,800 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$9,200 from \$9,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$27,600 from \$27,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$75/\$125/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Choice 004 Contract Accums; MMBCC0044P

- Your Plan ID will change to MMBCC0045P from MMBCC0044P and your plan name will not change.
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your out-of-network individual Deductible will change to \$6,300 from \$4,000
- Your in-network family Deductible will change to \$4,200 from \$4,000
- Your out-of-network family Deductible will change to \$12,600 from \$8,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,600 from \$4,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,800 from \$13,500
- Your in-network family Out-of-Pocket Maximum will change to \$9,200 from \$9,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$27,600 from \$27,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$75/\$125/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 005; MMBCC0051

- Your Plan ID will change to MMBCC0055 from MMBCC0051 and your plan name will not change.
- Your in-network individual Deductible will change to \$3,750 from \$3,500
- Your out-of-network individual Deductible will change to \$11,250 from \$7,000
- Your in-network family Deductible will change to \$7,500 from \$7,000
- Your out-of-network family Deductible will change to \$22,500 from \$14,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,750
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$17,250
- Your in-network family Out-of-Pocket Maximum will change to \$12,000 from \$11,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$34,500
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$45/\$85/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$65/\$110/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

Blue Choice 005 Contract Accums; MMBCC0054P

- Your Plan ID will change to MMBCC0055P from MMBCC0054P and your plan name will not change.
- Your in-network individual Deductible will change to \$3,750 from \$3,500
- Your out-of-network individual Deductible will change to \$11,250 from \$7,000
- Your in-network family Deductible will change to \$7,500 from \$7,000
- Your out-of-network family Deductible will change to \$22,500 from \$14,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,750
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,000 from \$17,250
- Your in-network family Out-of-Pocket Maximum will change to \$12,000 from \$11,500
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,000 from \$34,500
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$45/\$85/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$65/\$110/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 006; MMBCC0062

- Your Plan ID will change to MMBCC0065 from MMBCC0062 and your plan name will not change.
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your out-of-network individual Deductible will change to \$15,300 from \$10,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your out-of-network family Deductible will change to \$30,600 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,850 from \$6,600
- Your out-of-network individual Out-of-Pocket Maximum will change to \$20,550 from \$19,800
- Your in-network family Out-of-Pocket Maximum will change to \$13,700 from \$13,200
- Your out-of-network family Out-of-Pocket Maximum will change to \$41,100 from \$39,600
- Your Specialist Office Visit copayment will change to \$75 from \$60
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$60/\$110/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$80/\$130/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Choice 006 Contract Accums; MMBCC0064P

- Your Plan ID will change to MMBCC0065P from MMBCC0064P and your plan name will not change.
- Your in-network individual Deductible will change to \$5,100 from \$5,000
- Your out-of-network individual Deductible will change to \$15,300 from \$10,000
- Your in-network family Deductible will change to \$10,200 from \$10,000
- Your out-of-network family Deductible will change to \$30,600 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,850 from \$6,600
- Your out-of-network individual Out-of-Pocket Maximum will change to \$20,550 from \$19,800
- Your in-network family Out-of-Pocket Maximum will change to \$13,700 from \$13,200
- Your out-of-network family Out-of-Pocket Maximum will change to \$41,100 from \$39,600
- Your Specialist Office Visit copayment will change to \$75 from \$60
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$60/\$110/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$80/\$130/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 008; MMBCC0082

- Your Plan ID will change to MMBCC0085 from MMBCC0082 and your plan name will not change.
- Your in-network individual Deductible will change to \$4,750 from \$4,500
- Your out-of-network individual Deductible will change to \$14,250 from \$9,000
- Your in-network family Deductible will change to \$9,500 from \$9,000
- Your out-of-network family Deductible will change to \$28,500 from \$18,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,900 from \$21,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$14,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,800 from \$42,000
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$90/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$110/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

Blue Choice 008 Contract Accums; MMBCC0084P

- Your Plan ID will change to MMBCC0085P from MMBCC0084P and your plan name will not change.
- Your in-network individual Deductible will change to \$4,750 from \$4,500
- Your out-of-network individual Deductible will change to \$14,250 from \$9,000
- Your in-network family Deductible will change to \$9,500 from \$9,000
- Your out-of-network family Deductible will change to \$28,500 from \$18,000
- Your in-network individual Out-of-Pocket Maximum will change to \$7,300 from \$7,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,900 from \$21,000
- Your in-network family Out-of-Pocket Maximum will change to \$14,600 from \$14,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,800 from \$42,000
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$90/\$200/\$300 from \$0/\$10/\$35/\$75/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$110/\$200/\$300 from \$10/\$20/\$55/\$95/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 009; MMBCC0091

- Your Plan ID will change to MMBCC0095 from MMBCC0091 and your plan name will not change.
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$15,750 from \$10,000
- Your in-network family Deductible will change to \$10,500 from \$10,000
- Your out-of-network family Deductible will change to \$31,500 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your out-of-network individual Out-of-Pocket Maximum will change to \$25,200 from \$24,450
- Your in-network family Out-of-Pocket Maximum will change to \$16,800 from \$16,300
- Your out-of-network family Out-of-Pocket Maximum will change to \$50,400 from \$48,900
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Choice 009 Contract Accums; MMBCC0094P

- Your Plan ID will change to MMBCC0095P from MMBCC0094P and your plan name will not change.
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$15,750 from \$10,000
- Your in-network family Deductible will change to \$10,500 from \$10,000
- Your out-of-network family Deductible will change to \$31,500 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your out-of-network individual Out-of-Pocket Maximum will change to \$25,200 from \$24,450
- Your in-network family Out-of-Pocket Maximum will change to \$16,800 from \$16,300
- Your out-of-network family Out-of-Pocket Maximum will change to \$50,400 from \$48,900
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 010; MMBCC0101

- Your Plan ID will change to MMBCC0105 from MMBCC0101 and your plan name will not change.
- Your in-network individual Deductible will change to \$1,650 from \$1,500
- Your out-of-network individual Deductible will change to \$4,950 from \$3,000
- Your in-network family Deductible will change to \$3,300 from \$3,000
- Your out-of-network family Deductible will change to \$9,900 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Specialist Office Visit copayment will change to \$45 from \$25
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Choice 010 Contract Accums; MMBCC0104P

- Your Plan ID will change to MMBCC0105P from MMBCC0104P and your plan name will not change.
- Your in-network individual Deductible will change to \$1,650 from \$1,500
- Your out-of-network individual Deductible will change to \$4,950 from \$3,000
- Your in-network family Deductible will change to \$3,300 from \$3,000
- Your out-of-network family Deductible will change to \$9,900 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,750 from \$15,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$31,500 from \$30,000
- Your Specialist Office Visit copayment will change to \$45 from \$25
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice 011; MMBCC0111

- Your Plan ID will change to MMBCC0115 from MMBCC0111 and your plan name will not change.
- Your in-network individual Deductible will change to \$8,400 from \$8,150
- Your out-of-network individual Deductible will change to \$25,200 from \$16,300
- Your in-network family Deductible will change to \$16,800 from \$16,300
- Your out-of-network family Deductible will change to \$50,400 from \$32,600
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your out-of-network individual Out-of-Pocket Maximum will change to \$25,200 from \$16,300
- Your in-network family Out-of-Pocket Maximum will change to \$16,800 from \$16,300
- Your out-of-network family Out-of-Pocket Maximum will change to \$50,400 from \$32,600
- Your Specialist Office Visit copayment will change to \$40 from \$20
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Choice 011 Contract Accums; MMBCC0114P

- Your Plan ID will change to MMBCC0115P from MMBCC0114P and your plan name will not change.
- Your in-network individual Deductible will change to \$8,400 from \$8,150
- Your out-of-network individual Deductible will change to \$25,200 from \$16,300
- Your in-network family Deductible will change to \$16,800 from \$16,300
- Your out-of-network family Deductible will change to \$50,400 from \$32,600
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your out-of-network individual Out-of-Pocket Maximum will change to \$25,200 from \$16,300
- Your in-network family Out-of-Pocket Maximum will change to \$16,800 from \$16,300
- Your out-of-network family Out-of-Pocket Maximum will change to \$50,400 from \$32,600
- Your Specialist Office Visit copayment will change to \$40 from \$20
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$70/\$120/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$90/\$140/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice HSA 002; MMBCH0021

- Your Plan ID will change to MMBCH0025 from MMBCH0021 and your plan name will not change.
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your out-of-network individual Deductible will change to \$10,800 from \$7,000
- Your in-network family Deductible will change to \$7,200 from \$7,000
- Your out-of-network family Deductible will change to \$21,600 from \$14,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,800 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$7,200 from \$7,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,600 from \$14,000

Blue Choice HSA 002 Contract Accums; MMBCH0024P

- Your Plan ID will change to MMBCH0025P from MMBCH0024P and your plan name will not change.
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your out-of-network individual Deductible will change to \$10,800 from \$7,000
- Your in-network family Deductible will change to \$7,200 from \$7,000
- Your out-of-network family Deductible will change to \$21,600 from \$14,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,800 from \$7,000
- Your in-network family Out-of-Pocket Maximum will change to \$7,200 from \$7,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,600 from \$14,000

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice HSA 006; MMBCH0064

- Your Plan ID will change to MMBCH0065 from MMBCH0064 and your plan name will not change.
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your out-of-network individual Deductible will change to \$9,900 from \$6,400
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network family Deductible will change to \$19,800 from \$12,800
- Your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,900
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,000 from \$13,800
- Your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$13,800
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,000 from \$27,600

Blue Choice HSA 006 Contract Accums; MMBCH0064P

- Your Plan ID will change to MMBCH0065P from MMBCH0064P and your plan name will not change.
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your out-of-network individual Deductible will change to \$9,900 from \$6,400
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network family Deductible will change to \$19,800 from \$12,800
- Your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,900
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,000 from \$13,800
- Your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$13,800
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,000 from \$27,600

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice HSA 007; MMBCH0074

- Your Plan ID will change to MMBCH0075 from MMBCH0074 and your plan name will not change.
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your out-of-network individual Deductible will change to \$9,900 from \$6,400
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network family Deductible will change to \$19,800 from \$12,800
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,900 from \$6,400
- Your in-network family Out-of-Pocket Maximum will change to \$6,600 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,800 from \$12,800

Blue Choice HSA 007 Contract Accums; MMBCH0074P

- Your Plan ID will change to MMBCH0075P from MMBCH0074P and your plan name will not change.
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your out-of-network individual Deductible will change to \$9,900 from \$6,400
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network family Deductible will change to \$19,800 from \$12,800
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,900 from \$6,400
- Your in-network family Out-of-Pocket Maximum will change to \$6,600 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,800 from \$12,800

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options 001; MMBOO0012

- Your Plan ID will change to MMBOO0015 from MMBOO0012 and your plan name will not change.
- Your in-network individual Deductible will change to \$1,100 from \$1,000
- Your out-of-network individual Deductible will change to \$7,800 from \$11,000
- Your in-network family Deductible will change to \$2,200 from \$2,000
- Your out-of-network family Deductible will change to \$15,600 from \$22,000
- Your in-network individual Out-of-Pocket Maximum will change to \$4,100 from \$4,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$22,350 from \$22,050
- Your in-network family Out-of-Pocket Maximum will change to \$8,200 from \$8,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$44,700 from \$44,100
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$60/\$110/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$80/\$130/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Options 002; MMBOO0022

- Your Plan ID will change to MMBOO0025 from MMBOO0022 and your plan name will not change.
- Your in-network individual Deductible will change to \$2,100 from \$2,000
- Your out-of-network individual Deductible will change to \$12,300 from \$11,000
- Your in-network family Deductible will change to \$4,200 from \$4,000
- Your out-of-network family Deductible will change to \$24,600 from \$22,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$22,350 from \$22,050
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$44,700 from \$44,100
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$60/\$110/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$80/\$130/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options 003; MMBOO0032

- Your Plan ID will change to MMBOO0035 from MMBOO0032 and your plan name will not change.
- Your in-network individual Deductible will change to \$3,750 from \$3,500
- Your out-of-network individual Deductible will change to \$21,750 from \$11,000
- Your in-network family Deductible will change to \$7,500 from \$7,000
- Your out-of-network family Deductible will change to \$43,500 from \$22,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,250 from \$6,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$22,800 from \$22,050
- Your in-network family Out-of-Pocket Maximum will change to \$12,500 from \$12,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$45,600 from \$44,100
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$60/\$110/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$80/\$130/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Options 004; MMBOO0042

- Your Plan ID will change to MMBOO0045 from MMBOO0042 and your plan name will not change.
- Your in-network individual Deductible will change to \$650 from \$500
- Your out-of-network individual Deductible will change to \$6,450 from \$11,000
- Your in-network family Deductible will change to \$1,300 from \$1,000
- Your out-of-network family Deductible will change to \$12,900 from \$22,000
- Your in-network individual Out-of-Pocket Maximum will change to \$2,150 from \$2,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,450 from \$12,000
- Your in-network family Out-of-Pocket Maximum will change to \$4,300 from \$4,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$24,900 from \$24,000
- Your Specialist Office Visit copayment will change to \$65 from \$50
- Your Emergency Room Services copayment will change to \$400 from \$250
- Your Preferred Drug Cost Shares will change to \$0/\$10/\$60/\$110/\$200/\$300 from \$0/\$10/\$50/\$100/\$200/\$300
- Your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$80/\$130/\$200/\$300 from \$10/\$20/\$70/\$120/\$200/\$300

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options 006; MMBOO0061

- Your Plan ID will change to MMBOH0065 from MMBOO0061 and your plan name will change to "Blue Options HSA 006"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$24,900 from \$16,300
- Your in-network family Deductible will change to \$10,500 from \$10,000
- Your out-of-network family Deductible will change to \$49,800 from \$32,600
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$24,900 from \$16,300
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$49,800 from \$32,600

Blue Options HSA 001; MMBOH0014

- Your Plan ID will change to MMBOH0015 from MMBOH0014 and your plan name will not change.
- Your in-network individual Deductible will change to \$3,300 from \$3,200
- Your out-of-network individual Deductible will change to \$16,500 from \$10,800
- Your in-network family Deductible will change to \$6,600 from \$6,400
- Your out-of-network family Deductible will change to \$33,000 from \$21,600
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,200
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,000 from \$13,800
- Your in-network family Out-of-Pocket Maximum will change to \$6,600 from \$6,400
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,000 from \$27,600

Blue Cross and Blue Shield of Montana

2025 Standard Plans (51+)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Options HSA 002; MMBOH0021

- Your Plan ID will change to MMBOH0025 from MMBOH0021 and your plan name will not change.
- Your in-network individual Deductible will change to \$3,600 from \$3,500
- Your out-of-network individual Deductible will change to \$21,000 from \$13,800
- Your in-network family Deductible will change to \$7,200 from \$7,000
- Your out-of-network family Deductible will change to \$42,000 from \$27,600
- Your in-network individual Out-of-Pocket Maximum will change to \$3,600 from \$3,500
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,000 from \$13,800
- Your in-network family Out-of-Pocket Maximum will change to \$7,200 from \$7,000
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,000 from \$27,600

Blue Options HSA 003; MMBOH0031

- Your Plan ID will change to MMBOH0035 from MMBOH0031 and your plan name will not change.
- Your out-of-network individual Deductible will change to \$18,000 from \$12,000
- Your out-of-network family Deductible will change to \$36,000 from \$24,000
- Your out-of-network individual Out-of-Pocket Maximum will change to \$20,700 from \$13,800
- Your out-of-network family Out-of-Pocket Maximum will change to \$41,400 from \$27,600