



2023 Small Group Plans

More Value. More Choice.

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

2023 Small Group Plans

The 2023 Blue Cross and Blue Shield of Montana (BCBSMT) Small Group Portfolio is available from January 1 until December 31, 2023. All our plans offer features and benefits designed with members' health and wellbeing in mind. Here are the highlights of our 2023 Small Group portfolio.

New in 2023

Members and Employers Save Big with Member Rewards

Our Member Rewards program, administered by Sapphire Digital, uses Provider Finder[®] to help members:

- Compare health care costs and quality
- Estimate out-of-pocket costs
- Make treatment decisions with their doctors

When members choose low-cost, reward-eligible options for procedures and services, they earn cash rewards and save on their – and their employers' – health care costs.

Now It's Even Easier to Boost Benefits With Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. That's why we've combined our medical coverage with some of the most popular ancillary benefits. And now you can use eSales Tools to add vision, accident and critical illness benefits to complement your 2023 new group quotes for medical, dental, life and short-term disability plans. So, go ahead. Boost your groups' benefits with ancillary options.

Complimentary Programs Help Members Take Control of Their Health

We're empowering members to take control of their health through complimentary programs that can help them save money and prevent certain types of health conditions. Putting the power of wellness in members' hands can also help employers lower costs by reducing doctor visits and hospitalizations. Here are a few of the advantages your clients have - just for being BCBSMT members:

Blue365®

Because Health is a Big Deal®

With Blue365, employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. All they need to do is sign up to have weekly featured deals emailed to them by retailers like EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.

Digital Mental Health

We are deeply committed to our members' overall wellbeing, and mental health is an important part of our approach. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every small group plan. Members can use Blue Access for Members[™] to easily engage in private, online programs to help keep their mental health on track through:

- An online assessment to help them pinpoint helpful programs.
- Quick, easy online lessons that let them access proven therapy-based techniques.
- Expert coaches to guide and inspire them to reach their goals.
- Peace of mind personal results, programs and messages are always private.

Wellbeing Management

Wellbeing Management is a complete wellness solution for a healthier workforce, delivering member-centered wellness tools and care management programs including:

- costly and complex cases.
- Behavioral Health Multi-disciplinary teams engage members through Digital Mental Health, utilization management and personal support for members adjusting to life events.
- Well onTarget[®] Member Wellness Portal Personalized wellness action plans, digital self-management programs and fitness and nutrition device integration jump start each employee's journey toward wellbeing.
- The Fitness Program Supports fitness for life by offering a flexible gym network to fit members' lifestyles and budgets. Blue PointsSM Program – Members can earn and redeem Blue Points for participating in wellness activities.

Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and potential cost-savings when addressing their non-emergency needs. Virtual Visits, and Telemedicine consultations through members' primary care physicians are conducted by phone, online video or mobile app.

What's Telemedicine?

Telemedicine is a kind of health care delivery that lets members consult with their own doctors by telephone or secure video. Their in-network BCBSMT doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor's office. Doctors can even send an e-prescription to the member's pharmacy of choice.

What are Virtual Visits?

Virtual Visits, powered by MDLIVE[®] and provided by Blue Cross and Blue Shield of Montana, provide 24/7 access to consultations with board-certified doctors from virtually anywhere. This is helpful when the member's BCBSMT provider is closed, or when the member is traveling.

• Health Advisor – A care team addresses the mental, physical and emotional aspects of health issues for the most



Encourage members to make sure their doctors can provide consultations by phone or secure video.

Blue Cross and Blue Shield of Montana 2023 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Pharmacy Benefits		Pediatric Dental	
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	PCP Office Visit/ PCP Telemedicine ¹	Virtual Visits (MDLIVE)	SCP Office Visit/ SCP Telemedicine ¹	Urgent Care ¹	Imaging (MRI, CT, & PET) ^{1,3}	ER Visit ^{1,4}	Inpatient ^{1,4}	Outpatient Surgery ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out²
	Blue Preferred Silver PPO ^{s™} 136⁵	S6E1PFR	\$0/\$0	\$5,500/ \$11,000	\$11,000/ \$22,000	\$5,500/ \$11,000	\$11,000/ \$22,000	100%/100%	DC/DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Silver PPO [™] 127 ⁵	S935PFR	\$0/\$0	\$3,000/ \$6,000	\$6,000/ \$12,000	\$6,000/ \$18,000	\$12,000/ \$36,000	80%/50%	DC/DC	DC	DC	DC	DC	DC	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	70%/70%
	Blue Preferred Silver PPO [™] 122⁵	S933PFR	\$0/\$0	\$4,900/ \$8,800	\$9,800/ \$17,600	\$4,900/ \$8,800	\$9,800/ \$17,600	100%/100%	DC/DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Silver PPO [™] 121	S6K3PFR	NA	\$6,000/ \$12,000	\$12,000/ \$24,000	\$9,100/ \$27,300	\$18,200/ \$54,600	60%/50%	\$30/\$15	\$15	\$50	\$75	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
	Blue Preferred Silver PPO sM 120	S932PFR	NA	\$5,000/ \$9,500	\$10,000/ \$19,000	\$9,000/ \$27,000	\$18,000/ \$54,000	70%/50%	\$50/\$15	\$15	\$75	\$60	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/70%
	Blue Preferred Silver PPO ^{s™} 117	S931PFR	NA	\$3,500/ \$6,000	\$7,000/ \$12,000	\$5,750/ \$17,250	\$11,500/ \$34,500	80%/50%	DC/DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Silver PPO [™] 101⁵	S6J3PFR	\$0/\$0	\$4,000/ \$8,000	\$12,000/ \$24,000	\$6,900/ \$20,700	\$13,800/ \$48,900	80%/50%	DC/DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
~	Blue Preferred Platinum PPO [™] 103 ⁷	P6K1PFR	NA	\$500/ \$1,000	\$1,000/ \$2,000	\$2,500/ \$7,500	\$5,000/ \$9,000	80%/50%	\$10/\$10	\$10	\$40	\$50	\$150	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
PPO ^{sh}	Blue Preferred Platinum PPO℠ 102	P911PFR	NA	\$250/ \$500	\$500/ \$1,000	\$1,500/ \$4,500	\$3,000/ \$9,000	80%/50%	\$25/\$15	\$15	\$50	\$50	DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
ferred	Blue Preferred Platinum PPO ^{s™} 101	P910PFR	NA	\$750/ \$1,500	\$1,500/ \$3,000	\$1,500/ \$4,500	\$3,000/ \$9,000	80%/50%	\$25/\$15	\$15	\$45	\$50	DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350	70%/70%
Blue Pre	Blue Preferred Gold PPO ^s 135⁵	G6E1PFR	\$0/\$0	\$3,000/ \$6,000	\$6,000/ \$12,000	\$3,000/ \$6,000	\$6,000/ \$12,000	100%/100%	DC/DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
8	Blue Preferred Gold PPO ^s 123 ⁶	G936PFR	\$475/ \$475-\$600	\$4,000/ \$8,000	\$8,000/ \$16,000	\$4,000/ \$8,000	\$8,000/ \$16,000	100%/100%	DC/DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Gold PPO℠ 111	G6K2PFR	NA	\$3,500/ \$7,000	\$7,000/ \$14,000	\$6,000/ \$15,000	\$12,000/ \$30,000	80%/50%	\$25/\$15	\$15	\$45	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%
	Blue Preferred Gold PPO ^{s™} 110	G933PFR	NA	\$2,000/ \$4,000	\$4,000/ \$8,000		\$13,500/ \$40,500	80%/50%	\$35/\$15	\$15	\$65	\$50	DC	\$300	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
	Blue Preferred Gold PPO ^{s™} 107	G931PFR	NA	\$1,500/ \$3,000	\$3,000/		\$13,000/	80%/50%	\$35/\$15	\$15	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%
	Blue Preferred Gold PPO sM 105	G930PFR	NA	\$2,500/ \$5,000	\$5,000/ \$10,000	\$4,500/	\$9,000/	80%/50%	\$35/\$15	\$15	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%
	Blue Preferred Gold PPO SM 101 ⁵	G6J2PFR	\$0/\$0	\$3,000/ \$6,000		\$3,500/	\$10,500/	90%/50%	DC/DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Bronze PPO [™] 134 ⁵	B902PFR	\$0/\$0			\$7,000/	\$14,000/	60%/50%	DC/DC	DC	DC	DC	DC	\$600	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	70%/70%
	Blue Preferred Bronze PPO℠ 101	B6J1PFR	NA	\$8,550/	\$17,100/	\$8,550/ \$17,100	\$17,100/	100%/100%	\$35/\$15 PCP/ DC MH/SU	\$15	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%

General Notes:

NA = Not Applicable; NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.

All plans include prescription drug benefits. The benefit plan is based on the BCBSMT drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

When members visit a value pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-value pharmacy. Members can find a value pharmacy at myprime.com.

Footnotes

1. These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.

2. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.

4. After the copay, the deductible and coinsurance may apply, waived if admitted. (If admitted, any charges described in inpatient Hospital Services will apply.) Please refer to your Benefit Booklet for details.

5. HSA eligible with \$0 employer funding.

6. These HSA plans have a mandatory employer contribution requirement.

7. Imaging services covered at copay and not subject to deductible and coinsurance.

	Blue Cross and Blue Shield of Montana 2023 Small Group Plan Portfolio																		
	Calendar Year Deductibles			Medical and Rx Out-of-Pocket C Expense		Coinsurance	Cost Share								Pharmac	Pediatric Dental			
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	PCP Office Visit/ PCP Telemedicine ¹	Virtual Visits (MDLIVE)	SCP Office Visit/ SCP Telemedicine ¹	Urgent Care ¹	Imaging (MRI, CT, & PET) ^{1,3}	ER Visit ^{1,4}	Inpatient ^{1,4}	Outpatient Surgery ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out ²
	Blue Focus Silver POS [™] 101⁵	S6J3BLC	\$0/\$0	\$4,000/ \$8,000	\$12,000/ \$24,000	\$6,900/ \$20,700	\$13,800/ \$48,900	80%/50%	DC/DC	NC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Focus Silver POS sM 011	S6K3BLC	NA	\$6,000/ \$12,000	\$12,000/ \$24,000	\$8,700/ \$26,100	\$17,400/ \$52,200	60%/50%	\$35/\$15	NC	\$55	\$75	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
	Blue Focus Silver POS sM 010	S6E1BLC	NA	\$3,500/ \$7,000	\$7,000/ \$12,000	\$5,700/ \$17,100	\$11,400/ \$34,200	80%/50%	DC/DC	NC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Focus Silver POS [™] 003⁵	S6E2BLC	\$0/\$0	\$3,700/ \$7,400	\$7,400/ \$14,800	\$6,750/ \$20,250	\$13,500/ \$40,500	90%/50%	DC/DC	NC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Focus Silver POS sm 001	S6E3BLC	NA	\$5,000/ \$9,500	\$10,000/ \$19,000	\$9,000/ \$27,000	\$18,000/ \$54,000	70%/50%	\$50/\$15	NC	\$75	\$60	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/70%
	Blue Focus Platinum POS [™] 008 ⁷	P6K1BLC	NA	\$500/ \$1,000	\$1,000/ \$2,000	\$2500/ \$5,000	\$5,000/ \$9,000	80%/50%	\$10/\$10	NC	\$40	\$50	\$150	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
POS SM	Blue Focus Platinum POS℠ 007	P6K4BLC	NA	\$250/ \$500	\$500/ \$1,000	\$1,500/ \$4,500	\$3,000/ \$9,000	80%/50%	\$25/\$15	NC	\$50	\$50	DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
Focus F	Blue Focus Platinum POS℠ 006	P6E1BLC	NA	\$750/ \$1,500	\$1,500/ \$3,000	\$1,500/ \$4,500	\$3,000/ \$9,000	80%/50%	\$25/\$15	NC	\$45	\$50	DC	\$250	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%
Blue F	Blue Focus Gold POS [™] 101⁵	G6J2BLC	\$0/\$0	\$3,000/ \$6,000	\$9,000/ \$18,000	\$3,500/ \$10,500	\$10,500/ \$31,500	90%/50%	DC/DC	NC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Focus Gold POS sM 009	G6K2BLC	NA	\$3,500/ \$7,000	\$7,000/ \$14,000	\$6,000/ \$15,000	\$12,000/ \$30,000	80%/50%	\$25/\$15	NC	\$45	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%
	Blue Focus Gold POS sM 008	G6E3BLC	NA	\$2,500/ \$5,000	\$5,000/ \$10,000	\$6,500/ \$19,500	\$13,000/ \$39,000	90%/50%	\$40/\$15	NC	\$80	\$50	DC	\$250	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/70%
	Blue Focus Gold POS℠ 007	G6E2BLC	NA	\$1,500/ \$3,000	\$3,000/ \$6,000	\$5,700/ \$17,100	\$11,400/ \$34,200	80%/50%	\$40/\$15	NC	\$75	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%
	Blue Focus Gold POS℠ 005	G6E1BLC	NA	\$1,750/ \$2,500	\$3,500/ \$5,000	\$7,000/ \$21,000	\$14,000/ \$42,000	80%/50%	\$45/\$15	NC	\$80	\$50	DC	\$250	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%
	Blue Focus Bronze POS ^s 101	B6J1BLC	NA	\$8,550/ \$17,100	\$17,100/ \$34,200	\$8,550/ \$17,100	\$17,100/ \$34,200	100%/100%	\$35/\$15 PCP/ DC MH/SU	NC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Focus Bronze POS [™] 002⁵	B6E1BLC	\$0/\$0	\$7,000/ \$14,000	\$14,000/ \$28,000	\$7,000/ \$14,000	\$14,000/ \$28,000	100%/100%	DC/DC	NC	DC	DC	\$150	\$600	DC	DC	100%	100%	100%/100%

General Notes:

NA = Not Applicable; NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.

All plans include prescription drug benefits. The benefit plan is based on the BCBSMT drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

When members visit a value pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-value pharmacy. Members can find a value pharmacy at myprime.com.

Footnotes

1. These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.

2. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.

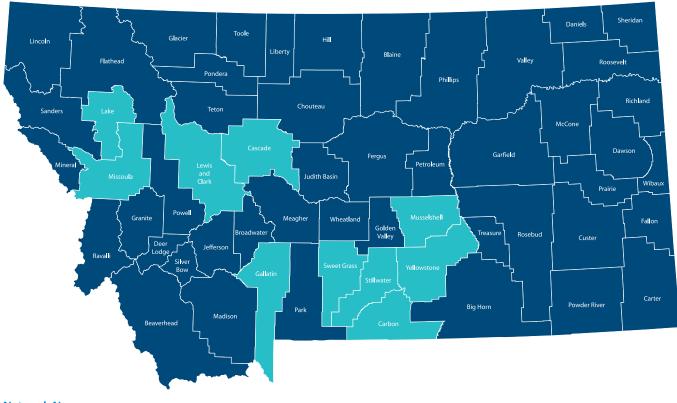
4. After the copay, the deductible and coinsurance may apply, waived if admitted. (If admitted, any charges described in inpatient Hospital Services will apply.) Please refer to your Benefit Booklet for details.

5. HSA eligible with \$0 employer funding.

6. These HSA plans have a mandatory employer contribution requirement.

7. Imaging services covered at copay and not subject to deductible and coinsurance.

2023 Montana Small Group (1-50) Provider Networks by County



Network Names

- Blue Preferred PPO
- Blue Preferred PPO and Blue Focus POS

The map represents counties with provider access. Please refer to individual proposal or renewal exhibit to see if the client can select products utilizing these networks.

Montana Small Group Network Offerings Comparison

Plan Name	Blue Preferred PPO	Blue Focus POS
Network/Network Name	Blue Preferred PPO (PPO)	Blue Focus POS
Туре	Broad	POS HMO
Availability	1-50	1-50
Coverage	Statewide	Billings: Carbon, Musselshell, Stillwater, Sweet Grass and Yellowstone Bozeman: Gallatin Great Falls: Cascade Helena: Lewis and Clark Missoula: Lake and Missoula
Must Live/Work in Network Service Area	Νο	Yes
Primary Care Physician Required	No	Yes
Referral Required	Νο	Νο
OON Coverage	Yes	Yes
BlueCard®	Yes	Yes
Blue Access for Members	Yes	Yes
Provider Finder	Yes	Yes
Member Liability Estimator	Yes	Νο

Sapphire Digital is an independent company that has contracted with Blue Cross and Blue Shield of Montana (BCBSMT) to administer the Member Rewards program. Amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSMT does not provide tax advice. Members with Aeve primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards program. BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Montana. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Montana and New Mexico is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Montana. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue365 is a discount program only for BCBSMT members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSMT does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSMT reserves the right to stop or change this program at any time without notice. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS[®], BLUE SHIELD[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical, Pharmacy, and Dental products are offered by Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.