



**BlueCross BlueShield
of Montana**

Subject: Important Plan Changes Montana Small Group 2022

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans, such as prescription drug formulary changes.

Included with this letter is a list of all currently available Blue Cross and Blue Shield of Montana small group plans and their benefit level changes for 2022.

Your next steps:

- Find the seven-digit plan ID for your current plan(s) in the “Current Health Plans” section of your renewal exhibit
- Use that seven-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), contact your broker or call us with questions. 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

2022 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2022 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Platinum PPO 102; P911PFR

In 2022, your Virtual Visit copayment will change to \$15 from \$25. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Platinum PPO 101; P910PFR

In 2022, your Virtual Visit copayment will change to \$15 from \$25. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2022, your Preferred Drug copayments will change to \$0/\$10/\$35/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2022, your Non-Preferred Drug copayments will change to \$10/\$20/\$55/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Gold PPO 101; G6J2PFR

In 2022, your in-network individual Deductible will change to \$2,900 from \$2,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network family Deductible will change to \$8,700 from \$8,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your out-of-network individual Deductible will change to \$5,800 from \$5,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your out-of-network family Deductible will change to \$17,400 from \$16,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Silver PPO 101; S6J3PFR

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Bronze PPO 101; B6J1PFR

In 2022, your Virtual Visit copayment will change to \$15 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Gold PPO 107; G931PFR

In 2022, your Virtual Visit copayment will change to \$15 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Gold PPO 110; G933PFR

In 2022, your Virtual Visit copayment will change to \$15 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Gold PPO 105; G930PFR

In 2022, your Virtual Visit copayment will change to \$15 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Gold PPO 135; G6E1PFR

In 2022, your in-network individual Deductible will change to \$2,900 from \$2,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network family Deductible will change to \$5,800 from \$5,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network individual Out-of-Pocket Maximum will change to \$2,900 from \$2,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your in-network family Out-of-Pocket Maximum will change to \$5,800 from \$5,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network individual Out-of-Pocket Maximum will change to \$5,800 from \$5,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network family Out-of-Pocket Maximum will change to \$11,600 from \$11,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network individual Deductible will change to \$5,800 from \$5,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your out-of-network family Deductible will change to \$11,600 from \$11,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Gold PPO 123; G936PFR

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Silver PPO 117; S931PFR

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Silver PPO 122; S933PFR

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Silver PPO 127; S935PFR

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Silver PPO 120; S932PFR

In 2022, your Virtual Visit copayment will change to \$15 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2022, your Preferred Drug copayments will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2022, your Non-Preferred Drug copayments will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Silver PPO 136; S6E1PFR

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Preferred Bronze PPO 134; B902PFR

In 2022, your in-network individual Deductible will change to \$6,500 from \$6,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network family Deductible will change to \$13,000 from \$12,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$13,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network individual Out-of-Pocket Maximum will change to \$26,000 from \$20,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network family Out-of-Pocket Maximum will change to \$52,000 from \$41,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network individual Deductible will change to \$13,000 from \$12,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your out-of-network family Deductible will change to \$26,000 from \$24,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your Emergency Room Services copayment will change to \$600 from \$500. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Gold POS 101; G6J2BLC

In 2022, your in-network individual Deductible will change to \$2,900 from \$2,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network family Deductible will change to \$8,700 from \$8,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your out-of-network individual Deductible will change to \$5,800 from \$5,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your out-of-network family Deductible will change to \$17,400 from \$16,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Silver POS 101; S6J3BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Platinum POS 006; P6E1BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Gold POS 005; G6E1BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Gold POS 007; G6E2BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Gold POS 008; G6E3BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Silver POS 010; S6E1BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Silver POS 003; S6E2BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Silver POS 001; S6E3BLC

In 2022, your Preferred Drug copayments will change to \$10/\$20/\$50/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2022, your Non-Preferred Drug copayments will change to \$20/\$30/\$70/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Bronze POS 001; B6J1BLC

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.

Blue Focus Bronze POS 002; B6E1BLC

In 2022, your in-network individual Deductible will change to \$7,000 from \$6,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network family Deductible will change to \$14,000 from \$13,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$13,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network individual Out-of-Pocket Maximum will change to \$14,000 from \$13,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network family Out-of-Pocket Maximum will change to \$28,000 from \$27,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2022, your out-of-network individual Deductible will change to \$14,000 from \$13,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your out-of-network family Deductible will change to \$28,000 from \$27,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2022, your Emergency Room Services copayment will change to \$600 from \$500. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2022 Preferred Pharmacy Network.

Changes to the 2022 Health Insurance Drug List.