



**BlueCross BlueShield
of Montana**

Subject: Important Plan Changes Montana Small Group 2024

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) small 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 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), or have questions about the changes to your plan, 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

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 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 Silver PPO 117; Plan ID S931PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$5,750.
- Your in-network family Out-of-Pocket Maximum will change to \$13,000 from \$11,500.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,500 from \$17,250.
- Your out-of-network family Out-of-Pocket Maximum will change to \$39,000 from \$34,500.

Blue Preferred Silver PPO 121; Plan ID S6K3PFR

- Your in-network individual Deductible will change to \$6,250 from \$6,000.
- Your in-network family Deductible will change to \$12,500 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,450 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,900 from \$18,200.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$28,350 from \$27,300.
- Your out-of-network family Out-of-Pocket Maximum will change to \$56,700 from \$54,600.
- Your out-of-network individual Deductible will change to \$12,500 from \$12,000.
- Your out-of-network family Deductible will change to \$25,000 from \$24,000.

Blue Preferred Gold PPO 135; Plan ID G6E1PFR

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$6,400 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,000.
- Your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,200 from \$6,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$12,400 from \$12,000.
- Your out-of-network individual Deductible will change to \$6,200 from \$6,000.
- Your out-of-network family Deductible will change to \$12,400 from \$12,000.

Blue Cross and Blue Shield of Montana

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 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 Gold PPO 101; Plan ID G6J2PFR

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$6,200 from \$6,000.
- Your out-of-network family Deductible will change to \$18,600 from \$18,000.

Blue Preferred Silver PPO 127; Plan ID S935PFR

- Your in-network individual Deductible will change to \$3,500 from \$3,000.
- Your in-network family Deductible will change to \$7,000 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$13,000 from \$12,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,500 from \$18,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$39,000 from \$36,000.
- Your out-of-network individual Deductible will change to \$7,000 from \$6,000.
- Your out-of-network family Deductible will change to \$14,000 from \$12,000.

Blue Preferred Silver PPO 122; Plan ID S933PFR

- Your in-network individual Deductible will change to \$5,200 from \$4,900.
- Your in-network family Deductible will change to \$10,400 from \$9,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,200 from \$4,900.
- Your in-network family Out-of-Pocket Maximum will change to \$10,400 from \$9,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,400 from \$8,800.
- Your out-of-network family Out-of-Pocket Maximum will change to \$20,800 from \$17,600.
- Your out-of-network individual Deductible will change to \$10,400 from \$8,800.
- Your out-of-network family Deductible will change to \$20,800 from \$17,600.

Blue Cross and Blue Shield of Montana

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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Blue Preferred Gold PPO 123; Plan ID G936PFR

- Your in-network individual Deductible will change to \$4,150 from \$4,000.
- Your in-network family Deductible will change to \$8,300 from \$8,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,150 from \$4,000.
- Your in-network family Out-of-Pocket Maximum will change to \$8,300 from \$8,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$8,300 from \$8,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$16,600 from \$16,000.
- Your out-of-network individual Deductible will change to \$8,300 from \$8,000.
- Your out-of-network family Deductible will change to \$16,600 from \$16,000.

Blue Preferred Bronze PPO 134; Plan ID B902PFR

- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$26,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$52,000.

Blue Focus Silver POS 010; Plan ID S6E1BLC

- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$5,700.
- Your in-network family Out-of-Pocket Maximum will change to \$13,000 from \$11,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,500 from \$17,100.
- Your out-of-network family Out-of-Pocket Maximum will change to \$39,000 from \$34,200.

Blue Cross and Blue Shield of Montana

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 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 Focus Silver POS 011; Plan ID S6K3BLC

- Your in-network individual Out-of-Pocket Maximum will change to \$9,450 from \$8,700.
- Your in-network family Out-of-Pocket Maximum will change to \$18,900 from \$17,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$28,350 from \$26,100.
- Your out-of-network family Out-of-Pocket Maximum will change to \$56,700 from \$52,200.

Blue Focus Gold POS 101; Plan ID G6J2BLC

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$6,200 from \$6,000.
- Your out-of-network family Deductible will change to \$18,600 from \$18,000.

Blue Focus Silver POS 003; Plan ID S6E2BLC

- Your in-network individual Deductible will change to \$3,850 from \$3,700.
- Your in-network family Deductible will change to \$7,700 from \$7,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,150 from \$6,750.
- Your in-network family Out-of-Pocket Maximum will change to \$14,300 from \$13,500.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,450 from \$20,250.
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,900 from \$40,500.
- Your out-of-network individual Deductible will change to \$7,700 from \$7,400.
- Your out-of-network family Deductible will change to \$15,400 from \$14,800.

Blue Cross and Blue Shield of Montana

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 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 Focus Bronze POS 002; Plan ID B6E1BLC

- Your in-network individual Deductible will change to \$7,250 from \$7,000.
- Your in-network family Deductible will change to \$14,500 from \$14,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,500 from \$14,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$29,000 from \$28,000.
- Your out-of-network individual Deductible will change to \$14,500 from \$14,000.
- Your out-of-network family Deductible will change to \$29,000 from \$28,000.