BlueCross BlueShield of Montana

Subject: Important Plan Changes Montana Small Group 2027

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 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. 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

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

HOW TO FIND PLAN

1. Locate 7-character Plan ID in renewal materials
2. Press CTRL + F
3. Enter the Plan ID or plan name

The following benefit changes will apply to all Small Group ACA plans in our product portfolio, not just ones listed on the following pages:

- Changes to the 2027 Health Insurance Drug List.
- Updates to the 2027 Value Pharmacy Network.

Blue Cross and Blue Shield of Montana

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Focus Bronze POS 002; B6E1BLC

- In-network individual Deductible will change from $7,350 to $8,150.
- In-network family Deductible will change from $14,700 to $16,300.
- In-network individual Out-of-Pocket Maximum will change from $7,350 to $8,150.
- In-network family Out-of-Pocket Maximum will change from $14,700 to $16,300.
- Out-of-network individual Deductible will change from $22,050 to $23,400.
- Out-of-network family Deductible will change from $44,100 to $46,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $22,050 to $23,400.
- Out-of-network family Out-of-Pocket Maximum will change from $44,100 to $46,800.
- Emergency Room Services copayment will change from $700 to NA.

Blue Focus Platinum POS 007; P6K4BLC

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $2,600.
- In-network family Out-of-Pocket Maximum will change from $3,200 to $5,200.
- Out-of-network individual Out-of-Pocket Maximum will change from $4,800 to $7,800.
- Out-of-network family Out-of-Pocket Maximum will change from $9,600 to $15,600.
- Primary Care Provider office visit copayment will change from $30 to $35.
- Specialist Office Visit copayment will change from $60 to $70.
- Mental Health / Substance Usage copayment will change from $30 to $35.
- Emergency Room Services copayment will change from $350 to $600.

Blue Focus Platinum POS 006; P6E1BLC

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $3,400.
- In-network family Out-of-Pocket Maximum will change from $3,200 to $6,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $4,800 to $10,200.
- Out-of-network family Out-of-Pocket Maximum will change from $9,600 to $20,400.

Blue Focus Platinum POS 008; P6K1BLC

- In-network individual Deductible will change from $600 to $650.
- In-network family Deductible will change from $1,200 to $1,300.
- In-network individual Out-of-Pocket Maximum will change from $2,600 to $3,000.
- In-network family Out-of-Pocket Maximum will change from $5,200 to $6,000.
- Out-of-network individual Deductible will change from $1,800 to $1,950.
- Out-of-network family Deductible will change from $3,600 to $3,900.
- Out-of-network individual Out-of-Pocket Maximum will change from $7,800 to $9,000.
- Out-of-network family Out-of-Pocket Maximum will change from $15,600 to $18,000.

Blue Cross and Blue Shield of Montana

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Focus Silver POS 001; S6E3BLC

- In-network individual Deductible will change from $5,100 to $5,350.
- In-network family Deductible will change from $10,200 to $10,700.
- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.
- Out-of-network individual Deductible will change from $15,300 to $16,050.
- Out-of-network family Deductible will change from $30,600 to $32,100.
- Out-of-network individual Out-of-Pocket Maximum will change from $27,300 to $30,000.
- Out-of-network family Out-of-Pocket Maximum will change from $54,600 to $60,000.
- Primary Care Provider office visit copayment will change from $55 to $60.
- Specialist Office Visit copayment will change from $85 to $90.
- Plan coinsurance will change from 70% to 60%.
- Emergency room coinsurance will change from 70% to 60%.
- Imaging Services coinsurance will change from 70% to 60%.
- In-network Facility Surgery coinsurance will change from 70% to 60%.
- Facility lab services coinsurance will change from 70% to 60%.
- Facility X-ray services coinsurance will change from 70% to 60%.

Blue Focus Silver POS 003; S6E2BLC

- In-network individual Deductible will change from $3,950 to $4,350.
- In-network family Deductible will change from $7,900 to $8,700.
- In-network individual Out-of-Pocket Maximum will change from $7,250 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $14,500 to $16,000.
- Out-of-network individual Deductible will change from $11,850 to $12,450.
- Out-of-network family Deductible will change from $23,700 to $24,900.
- Out-of-network individual Out-of-Pocket Maximum will change from $21,750 to $24,000.
- Out-of-network family Out-of-Pocket Maximum will change from $43,500 to $48,000.

Blue Focus Silver POS 010; S6E1BLC

- In-network individual Deductible will change from $3,600 to $3,800.
- In-network family Deductible will change from $7,200 to $7,600.
- In-network individual Out-of-Pocket Maximum will change from $6,600 to $7,000.
- In-network family Out-of-Pocket Maximum will change from $13,200 to $14,000.
- Out-of-network individual Deductible will change from $10,800 to $11,400.
- Out-of-network family Deductible will change from $21,600 to $22,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $19,800 to $21,000.
- Out-of-network family Out-of-Pocket Maximum will change from $39,600 to $42,000.
- Plan coinsurance will change from 80% to 70%.
- Emergency room coinsurance will change from 80% to 70%.
- Imaging Services coinsurance will change from 80% to 70%.
- In-network Facility Surgery coinsurance will change from 80% to 70%.
- Facility lab services coinsurance will change from 80% to 70%.
- Facility X-ray services coinsurance will change from 80% to 70%.

Blue Cross and Blue Shield of Montana

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Focus Silver POS 011; S6K3BLC

- In-network individual Deductible will change from $6,100 to $6,350.
- In-network family Deductible will change from $12,200 to $12,700.
- In-network individual Out-of-Pocket Maximum will change from $9,300 to $10,300.
- In-network family Out-of-Pocket Maximum will change from $18,600 to $20,600.
- Out-of-network family Deductible will change from $36,600 to $38,100.
- Out-of-network individual Out-of-Pocket Maximum will change from $27,900 to $30,900.
- Out-of-network family Out-of-Pocket Maximum will change from $55,800 to $61,800.
- Primary Care Provider office visit copayment will change from $40 to $45.
- Specialist Office Visit copayment will change from $75 to $80.
- Mental Health / Substance Usage copayment will change from $40 to $45.
- Emergency Room Services copayment will change from NA to $500.
- Preferred Drug Cost Shares will change from $0/$10/$50/$100/$250/$350 to $5/$20/$50/$100/$250/$350.
- Non-Preferred Drug Cost Shares will change from $10/$20/$70/$120/$250/$350 to $15/$30/$70/$120/$250/$350.

Blue Preferred Bronze PPO 134; B902PFR

- In-network individual Deductible will change from $6,750 to $7,200.
- In-network family Deductible will change from $13,500 to $14,400.
- In-network individual Out-of-Pocket Maximum will change from $7,600 to $8,250.
- In-network family Out-of-Pocket Maximum will change from $15,200 to $16,500.
- Out-of-network individual Out-of-Pocket Maximum will change from $22,800 to $24,000.
- Out-of-network family Out-of-Pocket Maximum will change from $45,600 to $48,000.
- Emergency Room Services copayment will change from $700 to NA.

Blue Preferred Gold PPO 105; G930PFR

- In-network individual Deductible will change from $2,600 to $2,800.
- In-network family Deductible will change from $5,200 to $5,600.
- In-network individual Out-of-Pocket Maximum will change from $4,600 to $5,000.
- In-network family Out-of-Pocket Maximum will change from $9,200 to $10,000.
- Out-of-network individual Deductible will change from $7,800 to $8,400.
- Out-of-network family Deductible will change from $15,600 to $16,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $13,800 to $15,000.
- Out-of-network family Out-of-Pocket Maximum will change from $27,600 to $30,000.
- Plan coinsurance will change from 80% to 70%.
- Emergency room coinsurance will change from 80% to 70%.
- Imaging Services coinsurance will change from 80% to 70%.
- In-network Facility Surgery coinsurance will change from 80% to 70%.
- Facility lab services coinsurance will change from 80% to 70%.
- Facility X-ray services coinsurance will change from 80% to 70%.

Blue Preferred Gold PPO 123; G936PFR

- In-network individual Deductible will change from $4,550 to $4,800.
- In-network family Deductible will change from $9,100 to $9,600.
- In-network individual Out-of-Pocket Maximum will change from $4,550 to $4,800.
- In-network family Out-of-Pocket Maximum will change from $9,100 to $9,600.

Blue Cross and Blue Shield of Montana

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

The following updates apply at renewal:

Blue Preferred Gold PPO 135; G6E1PFR

- In-network individual Deductible will change from $3,400 to $3,600.
- In-network family Deductible will change from $6,800 to $7,200.
- In-network individual Out-of-Pocket Maximum will change from $3,400 to $3,600.
- In-network family Out-of-Pocket Maximum will change from $6,800 to $7,200.
- Out-of-network individual Deductible will change from $10,200 to $10,800.
- Out-of-network family Deductible will change from $20,400 to $21,600.
- Out-of-network individual Out-of-Pocket Maximum will change from $10,200 to $10,800.
- Out-of-network family Out-of-Pocket Maximum will change from $20,400 to $21,600.

Blue Preferred Platinum PPO 101; P910PFR

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $3,200 to $5,000.
- Out-of-network individual Out-of-Pocket Maximum will change from $4,800 to $7,500.
- Out-of-network family Out-of-Pocket Maximum will change from $9,600 to $15,000.

Blue Preferred Platinum PPO 102; P911PFR

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $2,600.
- In-network family Out-of-Pocket Maximum will change from $3,200 to $5,200.
- Out-of-network individual Out-of-Pocket Maximum will change from $4,800 to $7,800.
- Out-of-network family Out-of-Pocket Maximum will change from $9,600 to $15,600.
- Primary Care Provider office visit copayment will change from $30 to $35.
- Specialist Office Visit copayment will change from $60 to $70.
- Mental Health / Substance Usage copayment will change from $30 to $35.
- Emergency Room Services copayment will change from $350 to $600.

Blue Preferred Platinum PPO 103; P6K1PFR

- In-network individual Deductible will change from $600 to $650.
- In-network family Deductible will change from $1,200 to $1,300.
- In-network individual Out-of-Pocket Maximum will change from $2,600 to $3,000.
- In-network family Out-of-Pocket Maximum will change from $5,200 to $6,000.
- Out-of-network individual Deductible will change from $1,800 to $1,950.
- Out-of-network family Deductible will change from $3,600 to $3,900.
- Out-of-network individual Out-of-Pocket Maximum will change from $7,800 to $9,000.
- Out-of-network family Out-of-Pocket Maximum will change from $15,600 to $18,000.

Blue Preferred Silver PPO 117; S931PFR

- In-network individual Deductible will change from $3,600 to $3,800.
- In-network family Deductible will change from $7,200 to $7,600.
- In-network individual Out-of-Pocket Maximum will change from $6,600 to $7,000.
- In-network family Out-of-Pocket Maximum will change from $13,200 to $14,000.
- Out-of-network individual Deductible will change from $10,800 to $11,400.
- Out-of-network family Deductible will change from $21,600 to $22,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $19,800 to $21,000.
- Out-of-network family Out-of-Pocket Maximum will change from $39,600 to $42,000.
- Plan coinsurance will change from 80% to 70%.
- Emergency room coinsurance will change from 80% to 70%.
- Imaging Services coinsurance will change from 80% to 70%.
- In-network Facility Surgery coinsurance will change from 80% to 70%.
- Facility lab services coinsurance will change from 80% to 70%.
- Facility X-ray services coinsurance will change from 80% to 70%.

Blue Cross and Blue Shield of Montana

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Preferred Silver PPO 120; S932PFR

- In-network individual Deductible will change from $5,100 to $5,350.
- In-network family Deductible will change from $10,200 to $10,700.
- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.
- Out-of-network individual Deductible will change from $15,300 to $16,050.
- Out-of-network family Deductible will change from $30,600 to $32,100.
- Out-of-network individual Out-of-Pocket Maximum will change from $27,300 to $30,000.
- Out-of-network family Out-of-Pocket Maximum will change from $54,600 to $60,000.
- Primary Care Provider office visit copayment will change from $55 to $60.
- Specialist Office Visit copayment will change from $85 to $90.
- Plan coinsurance will change from 70% to 60%.
- Emergency room coinsurance will change from 70% to 60%.
- Imaging Services coinsurance will change from 70% to 60%.
- In-network Facility Surgery coinsurance will change from 70% to 60%.
- Facility lab services coinsurance will change from 70% to 60%.
- Facility X-ray services coinsurance will change from 70% to 60%.

Blue Preferred Silver PPO 122; S933PFR

- In-network individual Deductible will change from $5,500 to $6,000.
- In-network family Deductible will change from $11,000 to $12,000.
- In-network individual Out-of-Pocket Maximum will change from $5,500 to $6,000.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $12,000.
- Out-of-network individual Deductible will change from $16,500 to $18,000.
- Out-of-network family Deductible will change from $33,000 to $36,000.
- Out-of-network individual Out-of-Pocket Maximum will change from $16,500 to $18,000.
- Out-of-network family Out-of-Pocket Maximum will change from $33,000 to $36,000.

Blue Preferred Silver PPO 121; S6K3PFR

- In-network individual Deductible will change from $6,500 to $6,800.
- In-network family Deductible will change from $13,000 to $13,600.
- In-network individual Out-of-Pocket Maximum will change from $9,500 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $19,000 to $21,000.
- Out-of-network individual Deductible will change from $19,500 to $20,400.
- Out-of-network family Deductible will change from $39,000 to $40,800.
- Out-of-network individual Out-of-Pocket Maximum will change from $28,500 to $31,500.
- Out-of-network family Out-of-Pocket Maximum will change from $57,000 to $63,000.
- Primary Care Provider office visit copayment will change from $35 to $45.
- Mental Health / Substance Usage copayment will change from $35 to $45.
- Emergency Room Services copayment will change from NA to $500.

Blue Preferred Silver PPO 136; S6E1PFR

- In-network individual Deductible will change from $5,800 to $6,000.
- In-network family Deductible will change from $11,600 to $12,000.
- In-network individual Out-of-Pocket Maximum will change from $5,800 to $6,000.
- In-network family Out-of-Pocket Maximum will change from $11,600 to $12,000.

Blue Preferred Silver PPO 127; S935PFR

- In-network individual Deductible will change from $3,700 to $3,950.
- In-network family Deductible will change from $7,400 to $7,900.
- In-network individual Out-of-Pocket Maximum will change from $6,850 to $7,500.
- In-network family Out-of-Pocket Maximum will change from $13,700 to $15,000.
- Out-of-network individual Deductible will change from $11,100 to $11,850.
- Out-of-network family Deductible will change from $22,200 to $23,700.
- Out-of-network individual Out-of-Pocket Maximum will change from $20,550 to $22,500.
- Out-of-network family Out-of-Pocket Maximum will change from $41,100 to $45,000.