BlueCross BlueShield of Montana

Plan Year 2027 Individual & Family Markets Products

Below are links to Summaries of Benefits and Coverage, Outlines of Coverage and Plan Comparison Charts for Blue Cross and Blue Shield of Montana qualified health plans in the individual and family ACA market.

Comparison Charts and Medical Guide
Combined Plan Comparison Chart
Gold Plan Comparison Chart
Silver Plan Comparison Chart
Bronze Plan Comparison Chart
Medical Plan Guide

Key

Off-exchange plans

On-exchange "base" plans with no cost-sharing reductions (CSRs)

On-exchange plans with CSRs:

AI/AN Zero and AI/AN Limited plans are available to eligible American Indians and Alaska Natives. Plans with actuarial values of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

Gold Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Preferred Gold PPO℠ - Secure	Off-exchange Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Secure	On-exchange "Base" Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Secure	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Secure	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Standard	Off-exchange Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Standard	On-exchange "Base" Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Balance	Off-exchange Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Balance	On-exchange "Base" Plan	Summary of Benefits
Blue Preferred Gold PPO℠ - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits

Blue Preferred Gold PPO℠ - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Focus Gold POS℠ - Champion	Off-exchange Plan	Summary of Benefits
Blue Focus Gold POS℠ - Champion	On-exchange “Base” Plan	Summary of Benefits
Blue Focus Gold POS℠ - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Focus Gold POS℠ - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Focus Gold POS℠ - Standard	Off-exchange Plan	Summary of Benefits
Blue Focus Gold POS℠ - Standard	On-exchange “Base” Plan	Summary of Benefits
Blue Focus Gold POS℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Focus Gold POS℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Focus Gold POS℠ - Secure	Off-exchange Plan	Summary of Benefits
Blue Focus Gold POS℠ - Secure	On-exchange “Base” Plan	Summary of Benefits
Blue Focus Gold POS℠ - Secure	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Focus Gold POS℠ - Secure	On-exchange AI/AN Limited Plan	Summary of Benefits

Silver Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Preferred Silver℠ PPO - Champion	Off-exchange Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Champion	On-exchange “Base” Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Champion	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Champion	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Champion	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Signature	Off-exchange Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Balance	Off-exchange Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Balance	On-exchange “Base” Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Balance	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Balance	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Balance	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Standard	Off-exchange Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Standard	On-exchange “Base” Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits

Blue Preferred Silver℠ PPO - Standard	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Standard	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Preferred Silver℠ PPO - Standard	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Focus Silver℠ POS - Signature	Off-exchange Plan	Summary of Benefits
Blue Focus Silver℠ POS - Standard	Off-exchange Plan	Summary of Benefits
Blue Focus Silver℠ POS - Standard	On-exchange "Base" Plan	Summary of Benefits
Blue Focus Silver℠ POS - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Focus Silver℠ POS - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Focus Silver℠ POS - Standard	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Focus Silver℠ POS - Standard	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Focus Silver℠ POS - Standard	On-exchange 94% AV CSR Plan	Summary of Benefits

Bronze Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Preferred Bronze℠ PPO - Support HSA	Off-exchange Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Support HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Support HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Support HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Signature 1 HSA	Off-exchange Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Signature 2	Off-exchange Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Standard HSA	Off-exchange Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Standard HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Standard HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Preferred Bronze℠ PPO - Standard HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Champion HSA	Off-exchange Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Champion HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Champion HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Champion HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Signature HSA	Off-exchange Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Balance HSA	Off-exchange Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Balance HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Balance HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Balance HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Standard HSA	Off-exchange Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Standard HSA	On-exchange "Base" Plan	Summary of Benefits

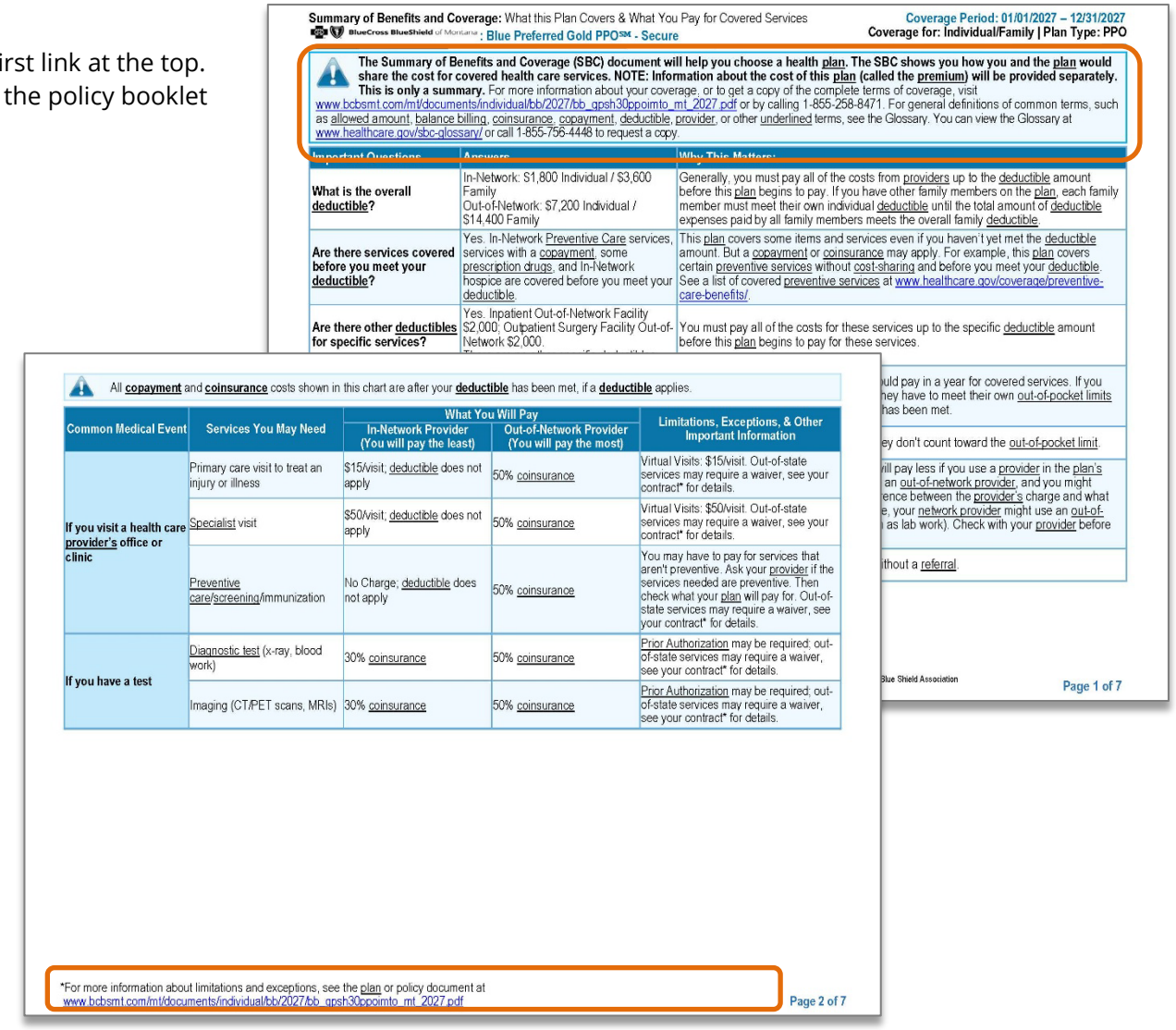
Blue Focus Bronze℠ POS - Standard HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Focus Bronze℠ POS - Standard HSA	On-exchange AI/AN Limited Plan	Summary of Benefits

Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Preferred Security PPO℠ - HSA	Off-exchange Plan	Summary of Benefits
Blue Preferred Security PPO℠ - HSA	On-exchange “Base” Plan	Summary of Benefits
Blue Focus Security POS℠ - HSA	Off-exchange Plan	Summary of Benefits
Blue Focus Security POS℠ - HSA	On-exchange “Base” Plan	Summary of Benefits

Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.



Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
BlueCross BlueShield of Montana : Blue Preferred Gold PPO℠ - Secure
Coverage Period: 01/01/2027 – 12/31/2027
Coverage for: Individual/Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsmt.com/mt/documents/individual/bb/2027/bb_gpsh30ppoimto_mt_2027.pdf or by calling 1-855-258-8471. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: $1,800 Individual / $3,600 Family Out-of-Network: $7,200 Individual / $14,400 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Care services, services with a copayment, some prescription drugs, and In-Network hospice are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. Inpatient Out-of-Network Facility $2,000; Outpatient Surgery Facility Out-of-Network $2,000.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.

uld pay in a year for covered services. If you
ney have to meet their own out-of-pocket limits
has been met.

ey don't count toward the out-of-pocket limit.

ill pay less if you use a provider in the plan's
an out-of-network provider, and you might
ence between the provider's charge and what
e, your network provider might use an out-of-
as lab work). Check with your provider before

ithout a referral.

Blue Shield Association

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All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay: In-Network Provider (You will pay the least)	What You Will Pay: Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15/visit; deductible does not apply	50% coinsurance	Virtual Visits: $15/visit. Out-of-state services may require a waiver, see your contract* for details.
	Specialist visit	$50/visit; deductible does not apply	50% coinsurance	Virtual Visits: $50/visit. Out-of-state services may require a waiver, see your contract* for details.
	Preventive care/screening/immunization	No Charge; deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. Out-of-state services may require a waiver, see your contract* for details.
If you have a test	Diagnostic test (x-ray, blood work)	30% coinsurance	50% coinsurance	Prior Authorization may be required; out-of-state services may require a waiver, see your contract* for details.
	Imaging (CT/PET scans, MRIs)	30% coinsurance	50% coinsurance	Prior Authorization may be required; out-of-state services may require a waiver, see your contract* for details.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsmt.com/mt/documents/individual/bb/2027/bb_gpsh30ppoimto_mt_2027.pdf

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