



BlueCross BlueShield
of Montana



Please post this page on your refrigerator or bulletin board as a reminder to act on your 2027 health plan.

Welcome to Your 2027 Plan

Prepared for: <Subscriber_First_Name> <Subscriber_Last_Name>

Member ID number: <Subscriber_ID>

How to Prepare for a New Year of Coverage



To view your health plan highlights for 2027, visit

MyRenewalCodeMT.com and enter your access code **<0123456789>**.

- Confirm the benefit costs for your 2027 plan in your Summary of Benefits and Coverage online.
- <Review your new estimated 2027 premium.>
- Check your list of prescription drug changes.
- <Go over your 2027 dental plan information.>

Changes to Your Pharmacy Benefit Program Starting on January 1, 2027



View your 2027 drug list and coverage changes or get more info at **BlueRxMT.com**. Some drugs may:

- Be newly covered on your drug list.
- Be moving to a higher or lower drug tier.
- No longer be covered.
- Have new special requirements such as prior authorization.

Help is Available (Ayuda en Español Disponible)



Talk with your independent, authorized agent, <Agent_Name>, about your 2026 health plan options. <Please call **855-487-7042**> Or contact a licensed Health Plan Specialist at **855-636-8593**. We are available:

- Monday through Friday: 7 a.m. to 7 p.m. MT
- Saturday: 7 a.m. to 5 p.m. MT
- Sunday: 9 a.m. to 1 p.m. MT

Expect longer wait times closer to January 15, when open enrollment ends.

StayBlueMT.com



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Government-Required Notice

<First Name> <Last Name>

<Date>

<Address line 1>

<Address line 2>

<City> <State> <Zip>

Important: It's time to review your health coverage. **Pick a plan by December 15, 2026**, or we'll automatically re-enroll you in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Blue Cross and Blue Shield of Montana for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

We're still offering your health coverage in 2027, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by December 15, we'll automatically keep you in this plan for 2027.

You did not enroll in <Current_Health_Plan_Name> through the Health Insurance Marketplace®. You won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) unless you enroll in a plan through the Health Insurance Marketplace.

- To find out if you qualify for these savings and to enroll in a plan through the Marketplace, visit HealthCare.gov by January 15.
- If you don't enroll in a plan through the Marketplace by January 15, you may not be able to do so for 2027, even if your finances change.

What's changing in 2027?

Your new premium

- **Starting in January, your estimated monthly premium amount in <Current_Health_Plan_Name> will be \$<YYY.YY>. <A <percent>% change from 2026.>**

Important: This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly premium when you get your January bill.

- Your 2026 monthly premium amount is \$<XXX.XX>.

Other changes

- <Please visit **MyRenewalCodeMT.com** and enter access code <0123456789> to view your **Benefit Changes.>**
- Please see the enclosed **Benefit Changes** section.
- You can also review more details about your plan at **StayBlueMT.com** and in your 2027 **Summary of Benefits and Coverage** at <SBC_URL_English> (English) or <SBC_URL_Spanish> (Español).

StayBlueMT.com

Government-Required Notice *continued*

What should I do next?

Decide if you want to enroll in <Current_Health_Plan_Name> outside of the Marketplace or choose another one.

I want to enroll in this plan outside of the Marketplace.

Pay the new monthly premium by January 1, 2027, and you'll be automatically enrolled.

I want to pick a different plan.

You can choose a different plan between November 1, 2026, and January 15, 2027. Enroll by December 15, for coverage to start January 1.

- Check with BCBSMT to see what other plans may be available, including whether <Current_Health_Plan_Name> is available on the Marketplace.
- Visit HealthCare.gov to see Marketplace plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in. Remember, you won't get financial help unless you qualify and enroll through HealthCare.gov.

We're here to help

- Call BCBSMT at <Issuer phone number> or visit bcbsmt.com.
- Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Marketplace and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- <<Contact an agent or broker you've worked with before <like <Agent_Name>.> <Call <Agent_phone_number>>.>
- Call <48 Issuer phone number> to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

Benefit Changes

Here Are Key Plan Changes

	2026 Health Plan	2027 Health Plan
Your plan name	<Current_Health_Plan_Name>	<Current_Health_Plan_New>
Your Benefits	2026	2027
Plan is compatible with a health savings account	<Yes><No>	<Yes><No>
In-network individual deductible	<\$X,XXX>	<\$X,XXX>
In-network family deductible	<\$X,XXX>	<\$X,XXX>
In-network individual out-of-pocket maximum	<\$X,XXX>	<\$X,XXX>
In-network family out-of-pocket maximum	<\$X,XXX>	<\$X,XXX>
In-network coinsurance	<XX%>	<XX%>

Coinsurance (%) and Copay (\$) Changes

Your Out-of-Pocket Costs for:	2026	2027
In-network PCP office visit	<\$XX> copay	<XX%> coinsurance after deductible is paid
In-network specialist office visit	<XX%> coinsurance after deductible is paid	<\$XX> copay
In-network urgent care visit	<\$XX> copay	<XX%> coinsurance after deductible is paid
In-network mental health and substance abuse office visit	<XX%> coinsurance after deductible is paid	<\$XX> copay

Your Out-of-Pocket Costs for Prescription Drugs:	2026	2027
Preferred Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>

Benefit Changes *continued*

Your Out-of-Pocket Costs for Prescription Drugs:	2026	2027
Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Brand	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Non-Preferred Specialty	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Preferred Generic	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>

- <Your plan has moved to a Select Primary Care Physician cost-share structure. To obtain a No Charge PCP (Primary Care Physician) visit, you must choose a Select Physician as your PCP through the Blue Access for MembersSM portal or by calling the number on your member ID card. Virtual Visits are available. See your Benefit Booklet for details.>
- <Your plan has moved from a four-tier to a six-tier pharmacy cost-share structure. For more information about pharmacy tiers and your pharmacy benefits, please visit [BlueRxMT.com](https://www.BlueRxMT.com).>
- Please review the 2027 drug list at [BlueRxMT.com](https://www.BlueRxMT.com) to see if the drugs that you take or are prescribed are affected by any changes. For example, a drug may have moved to a lower or higher drug tier or no longer be covered.
<Please check [BlueRxMT.com](https://www.BlueRxMT.com) each month for any changes to the drug list.>
- Review your 2027 **Summary of Benefits and Coverage** for cost share differences between using a network <preferred/value participating> pharmacy vs. a network <non-preferred/participating> pharmacy.
- <Your dental plan, <Current_Dental_Plan>, is being renewed for 2027. Your new dental monthly payment amount will be \$<2027_Dental_Rate>. Your rate adjustment will take effect January 1, 2027.>

Benefit Changes *continued*

This is not a complete list of benefit changes.

For a more complete summary of your benefits, see the **Summary of Benefits and Coverage** for 2027, available online at <[SBC_URL_English](#)> (English) or <[SBC_URL_Spanish](#)> (Español). You can also request an SBC in paper form, free of charge, by calling the number on your member ID card.

<Important Notice

Our agents and brokers help you choose and enroll in the health care coverage that is right for you. They also serve you throughout the year. When you enroll in or renew a plan, we pay them between \$17-\$25 (depending on the policy) per member per policy for up to five total members. That means that if there are three people on your policy, a broker receives at least \$51 -\$75 per month in commissions.

They may additionally receive other bonus and marketing payments from us ranging from \$50-\$100 based on their total sales for a period of time. These commissions or bonuses/marketing payments are paid by BCBSMT and do not affect the amount of your premium.

If you have questions, please contact your BCBSMT agent or broker.>