




Plan Year 2022 Individual Retail Products

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

Plan Comparison Charts

Comparison Charts
BCBSMT Combined Plan Comparison Chart
BCBSMT Gold Plan Comparison Chart
BCBSMT Silver Plan Comparison Chart
BCBSMT Bronze Plan Comparison Chart

Key

	Non-Marketplace (off exchange) standard plans
	Marketplace (on exchange) standard plans
	Marketplace (on exchange) cost-sharing reduction plan variances

** AI/AN Zero and AI/AN Limited refer to cost sharing reduction plan variances available to American Indians and Alaska Natives.

Gold Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Preferred Gold PPO 204	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Gold PPO 204	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Gold PPO 204	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Gold PPO 204	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Gold POS 207	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Gold POS 207	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Gold POS 207	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Gold POS 207	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage

Silver Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Preferred Silver PPO 203	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 203	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 203	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 203	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 203	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 203	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 203	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 206	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 206	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 206	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 206	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 206	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 206	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 206	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 308	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 308	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 308	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 308	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 308	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 308	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 308	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Silver PPO 306	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Silver POS 306	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage

Bronze Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Preferred Bronze PPO 201	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 201	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 201	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 201	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 202	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 202	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 202	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 202	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Bronze POS 205	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Bronze POS 205	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Bronze POS 205	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Bronze POS 205	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 301	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 301	Standard	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 301	AI/AN Zero**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 301	AI/AN Limited**	Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 302	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Focus Bronze POS 302	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 502	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Bronze PPO 602	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage

Catastrophic Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to OOC Document
Blue Preferred Security PPO 200	Standard	Non Marketplace	Summary of Benefits	Outline of Coverage
Blue Preferred Security PPO 200	Standard	Marketplace	Summary of Benefits	Outline of Coverage

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 Coverage Period: 01/01/2022 – 12/31/2022
 Blue Cross BlueShield of Montana : **Blue Preferred Silver PPOSM 308** 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/bb/nd/bb-sps42ppointp-mt-2022.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 undefined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/the-glossary/ or call 1-855-765-4448 to request a copy.

Important Questions	Answers	Why This Matters:
	In-Network: \$8,700 Individual / \$17,400	Generally, you must pay all of the costs from providers up to the deductible amount

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		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge after deductible	No Charge after deductible	Virtual Visits: No Charge after deductible. See your contract* for details.
	Specialist visit	No Charge after deductible	No Charge after deductible	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	No Charge after deductible	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.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge after deductible	No Charge after deductible	Preauthorization may be required; see your contract* for details.
	Imaging (CT/PET scans, MRIs)	No Charge after deductible	No Charge after deductible	Preauthorization may be required; see your contract* for details.

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*For more information about limitations and exceptions, see the plan or policy document at www.bcbsmt.com/bb/nd/bb-sps42ppointp-mt-2022.pdf

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