



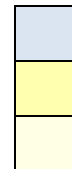
Plan Year 2024 Individual & Family Markets Products

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



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	Link to OOC Document
Blue Focus Gold POS SM 207	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Gold POS SM 707	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Gold POS SM 207	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Gold POS SM 707	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Gold POS SM 207	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Gold POS SM 707	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Gold POS SM 207	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage

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Gold Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Gold POS SM 707	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 204	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 704	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 204	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 704	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 204	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 704	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 204	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Gold PPO SM 704	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage

Silver Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Silver POS SM 206	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 306	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 706	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 206	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 706	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 206	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 706	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 206	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 706	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 206	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 706	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 206	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage

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Silver Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Silver POS SM 706	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 206	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Silver POS SM 706	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 203	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 306	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 308	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 703	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 203	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 308	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 703	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 203	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 308	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 703	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 203	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 308	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 703	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 203	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 308	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 703	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 203	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 308	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 703	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 203	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 308	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Silver PPO SM 703	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage

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Bronze Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Bronze POS SM 205	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 302	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 705	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 708	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 205	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 705	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 708	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 205	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 705	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 708	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 205	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 705	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Focus Bronze POS SM 708	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 201	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 202	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 302	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 301	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 705	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 201	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 202	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 301	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 705	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 201	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 202	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 301	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 705	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage

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Bronze Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Preferred Bronze PPO SM 201	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 202	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 301	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Bronze PPO SM 705	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage

Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Preferred Security PPO SM 200	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Preferred Security PPO SM 200	On-exchange "Base" Plan	Summary of Benefits	Outlines 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: 01/01/2024 – 12/31/2024
Coverage for: Individual/Family | Plan Type: HMO

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/ind/bb_gosh30blcimb_mt_2024.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 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: \$250 Individual / \$500 Family Out-of-Network: \$1,000 Individual / \$2,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. In-Network <u>Preventive Care</u> services and In-Network <u>hospice</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. ER \$1,000; Inpatient \$850/\$2,000; Outpatient Surgery Facility \$600/\$2,000. There are other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.

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	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Specialist visit	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your contract* for details.
	Imaging (CT/PET scans, MRIs)	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your contract* for details.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsmt.com/bb/ind/bb_gosh30blcimb_mt_2024.pdf.

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