BlueCross BlueShield of Montana

New Plans. Same Value.

Blue Cross and Blue Shield of Montana (BCBSMT) has the flexibility and choice that growing companies need. We're providing new plans this year, with the benefits you've come to expect, including a wide selection of:

- Copayments
- Prescription Drug Benefits
- Deductibles
- Networks

2019 Small Business Plans

Employers can select a variety of plans for their employees to choose from. As always, our members have access to plenty of features and benefits. Here is an update for 2019.

- **Site of Care Drug Infusion Therapy Program**
  Members who are receiving outpatient maintenance drug infusion therapy services may save more money by using a professional setting instead of a hospital setting.

  If members go to an in-network, non-hospital facility (such as a physician's office or infusion center) or use home health care, the copay is $50 versus a $500 copay for an in-network outpatient hospital. Members pay only the copay, and the plan pays 100 percent of the remaining cost; the deductible does not need to be met for in-network care. This benefit applies to maintenance drugs only. Non-maintenance drugs will be subject to the deductible and coinsurance.

  For out-of-network care, whether in a hospital or professional setting, the out-of-network plan deductible and coinsurance will apply.

  Please note that pre-authorization is required for all infusion therapy services.

Questions? Please contact your BCBSMT Account Representative.

BCBSMT 2019 Small Group Product Portfolio

				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		Pediatric Dental
Network	2019 Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Physician Office Visit Copay	Specialist Office Visit Copay	Urgent Care	Imaging	ER Visit	Inpatient	Outpatient Surgery	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Preferred PPO℠	**Blue Preferred Bronze PPO℠ 116**	B930PFR	NA	$7,350/$14,700	$14,700/$29,400	$7,350/$14,700	$14,700/$29,400	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Bronze PPO℠ 118	B931PFR	$0 | $0[9]	$5,500/$11,000	$11,000/$22,000	$6,550/$19,650	$13,100/$39,300	70%/50%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Bronze PPO℠ 119	B932PFR	$0 | $0[9]	$6,000/$12,000	$12,000/$24,000	$6,450/$19,350	$12,900/$38,700	80%/50%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Bronze PPO℠ 134	B902PFR	$0 | $0[9]	$5,000/$10,000	$10,000/$20,000	$6,650/$19,950	$13,300/$39,900	90%/50%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Gold PPO℠ 105	G930PFR	NA	$2,500/$5,000	$5,000/$10,000	$3,250/$9,750	$6,500/$19,500	80%/50%	$30	$50	$75	DC	DC	DC	DC	$0/$10/$35/$75/$150/$250	$10/$20/$55/$95/$150/$250	70%/70%
	Blue Preferred Gold PPO℠ 107	G931PFR	NA	$1,500/$3,000	$3,000/$6,000	$4,000/$12,000	$8,000/$24,000	80%/50%	$40	$60	$75	DC	DC	DC	DC	$0/$10/$50/$100/$150/$250	$10/$20/$70/$120/$150/$250	70%/70%
	Blue Preferred Gold PPO℠ 110	G933PFR	NA	$1,800/$3,600	$3,600/$7,200	$4,500/$13,500	$9,000/$27,000	80%/50%	$20	$40	$75	DC	DC	DC	DC	$0/$10/$35/$75/$150/$250	$10/$20/$55/$95/$150/$250	70%/70%
	Blue Preferred Gold PPO℠ 111	G934PFR	NA	$2,000/$4,000	$4,000/$8,000	$2,000/$4,000	$4,000/$8,000	100%/100%	DC	DC	$75	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Gold PPO℠ 123	G936PFR	$775-$1,000[9]	$4,200/$8,400	$8,400/$16,800	$4,200/$8,400	$8,400/$16,800	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Gold PPO℠ 126	G940PFR	$250-$400[9]	$3,000/$6,000	$6,000/$12,000	$3,000/$6,000	$6,000/$12,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Platinum PPO℠ 101	P910PFR	NA	$750/$1,500	$1,500/$3,000	$1,500/$4,500	$3,000/$9,000	80%/50%	$10	$20	$75	DC	DC	DC	DC	$0/$10/$35/$75/$150/$250	$10/$20/$55/$95/$150/$250	70%/70%
	Blue Preferred Platinum PPO℠ 102	P911PFR	NA	$250/$500	$500/$1,000	$1,250/$3,750	$2,500/$7,500	80%/50%	$25	$45	$75	DC	DC	DC	DC	$0/$10/$35/$75/$150/$250	$10/$20/$55/$95/$150/$250	70%/70%
	Blue Preferred Silver PPO℠ 117	S931PFR	NA	$3,000/$6,000	$6,000/$12,000	$5,250/$15,750	$10,500/$31,500	80%/50%	DC	DC	$75	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Silver PPO℠ 120	S932PFR	NA	$4,500/$9,000	$9,000/$18,000	$7,350/$22,050	$14,700/$44,100	70%/50%	$50	$70	$75	DC	DC	DC	DC	$0/$10/$50/$100/$150/$250	$10/$20/$70/$120/$150/$250	70%/70%
	Blue Preferred Silver PPO℠ 122	S933PFR	$0 | $0[9]	$4,000/$8,000	$8,000/$16,000	$4,000/$8,000	$8,000/$16,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Silver PPO℠ 127	S935PFR	$250-$500[9]	$4,500/$9,000	$9,000/$18,000	$6,500/$19,500	$13,000/$39,000	70%/50%	DC	DC	DC	DC	DC	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	70%/70%
	Blue Preferred Silver PPO℠ 129	S936PFR	NA	$6,500/$13,000	$13,000/$26,000	$7,350/$22,050	$14,700/$44,100	70%/50%	$40	$80	$75	DC	DC	DC	DC	$0/$10/$50/$100/$150/$250	$10/$20/$70/$120/$150/$250	70%/70%
	Blue Preferred Silver PPO℠ 131	S901PFR	NA	$4,000/$8,000	$8,000/$16,000	$7,350/$22,050	$14,700/$44,100	70%/50%	DC	DC	DC	DC	DC	DC	DC	$0/$10/$50/$100/$150/$250	$10/$20/$70/$120/$150/$250	70%/70%

All footnotes appear on the back page.

BlueCross BlueShield of Montana

Embedded Pediatric Dental Benefits

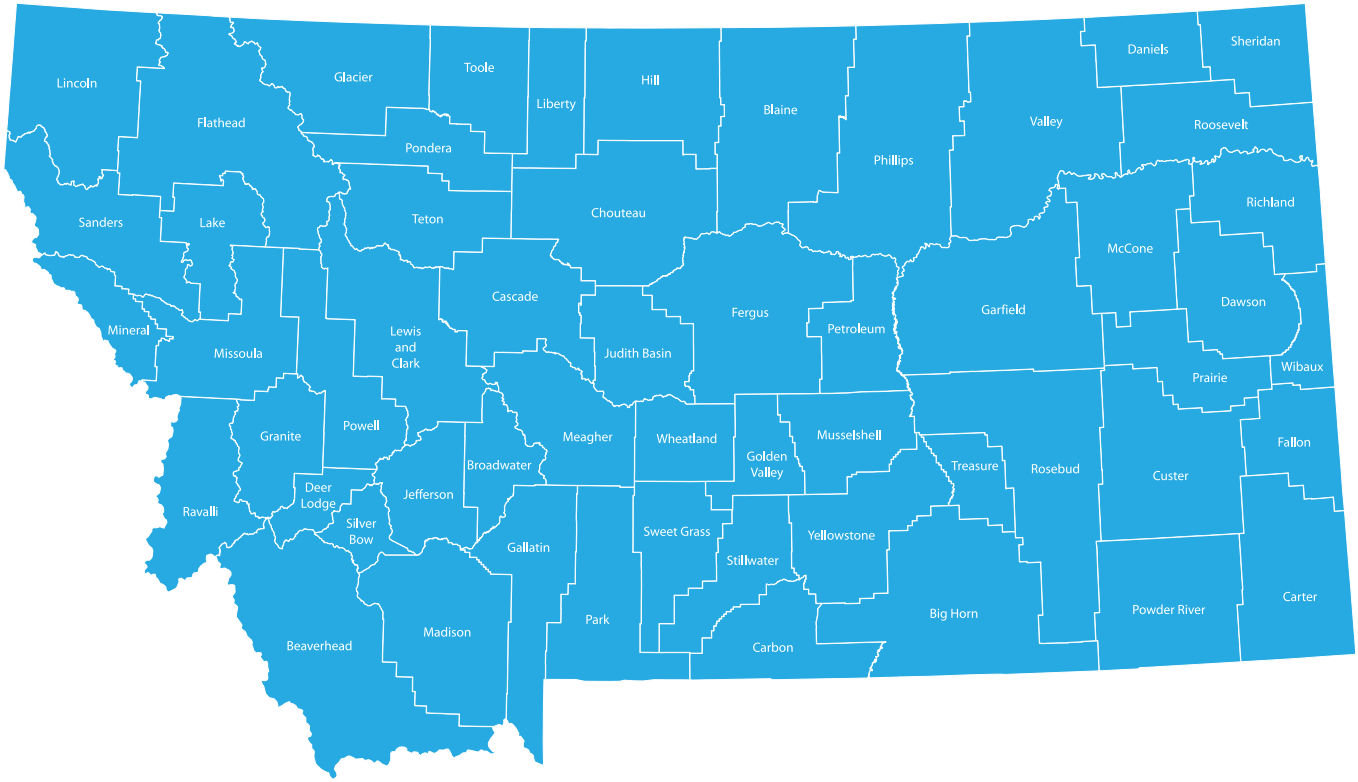
All BCBSMT small group qualified health plans include pediatric dental coverage as an essential health benefit embedded into the medical plan.

Pediatric dental is treated as any other benefit in the medical plan — coinsurance, copayments and other cost-sharing rules will apply. Pediatric dental charges will apply to the medical deductible and out-of-pocket maximum (OOPM).

Ask Your Account Exec for More Information.

Montana Small Group Network Offerings	
Product Name	**Blue Preferred PPO (“Metallic”)**
Network Name	Blue Preferred PPO (PPO)
Type	Broad
Availability	1-50 & GF for retail
Coverage	Statewide
Must Live/Work in Network Service Area	No
Medical Group Selection Required	No
Referral Required	No
OON Coverage	Yes
BlueCard®	Yes
Away From Home Care® (AFHC)	NA
Blue Access for Members℠	Yes
Provider Finder®	Yes
Member Liability Estimator	Yes

2019 Montana Small Group (1-50) Networks by County



Network Name

Blue Preferred PPO

Notes:

1. NA = Not Applicable; DC = Deductible and Coinsurance.
2. All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
3. When members visit a value pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-value pharmacy. Members can find a value pharmacy at myprime.com. Value pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), AccessHealth (group of independent pharmacies) and Leader (group of independent pharmacies).
4. The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
5. All plans include prescription drug benefits. The benefit plan is based on the BCBSMT drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
6. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPO℠ providers.
7. Virtual visits is a feature offered to Montana Small Group plans. Members will pay a PCP copayment for a virtual visit, so long as the member uses MDLIVE providers. MDLIVE, an independent company, operates and administers the virtual visits program for Blue Cross and Blue Shield of Montana and is solely responsible for its operations and for those of its contracted providers.
8. BCBSMT pays for hospice care at 100 percent for all non-HSA plans in- and out-of-network. For HSA plans, the Hospice benefit is subject to deductible and coinsurance.
9. These HSA plans have a mandatory employer contribution requirement.

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these products, please contact your BCBSMT Account Representative.

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