AcademicBlue℠

MSU BILLINGS

2021-2022
Montana State University (Billings) Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Montana (BCBSMT)

This plan meets or exceeds a gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act
- Academic Emergency Services (AES)*
- Covers you at school, at home and while traveling abroad
- Access to a broad Participating Provider Option (PPO) Network from BCBSMT
- Access to multilingual 24/7 Nurseline
- Discounts on vision, fitness and much more

Who can enroll?

If you are a student enrolled for six or more credits at a participating campus, you are eligible for the insurance.

This insurance will begin on the first day of the semester provided that the payment is made as required.

All Campuses: Students who have enrolled for six credits or more will automatically be enrolled for the entire semester. Students may waive coverage at the time of registration for classes for each Fall and Spring semester if they have alternative insurance coverage. The insurance fee will be assessed each semester. Paying for the Spring semester will cover the student through the following summer.

International students, regardless of their number of credits, are required to have health insurance coverage.

As noted earlier, students enrolled for less than six credits are not eligible for the Student Health Insurance Plan. Exceptions must be approved by the campus student health service or other campus office responsible for student insurance.

If you do not waive coverage by the end of the 15th day of classes, the premium will be charged to your student account.

You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download a temporary ID card
- Customer service, claims and benefit information

For additional information, go to **bcbsmt.com** or call **855-267-0214.**

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans.

AcademicBlue is offered by Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

This document contains a summary of your school's proposed student health insurance policy benefits, restrictions, and exclusions as of the date of its publication. For specific details about your plan, please refer to your policy of insurance.

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Montana State University 2021–2022 Plan Highlights [1,2]

Benefit Maximum & Deductibles		
	Network Provider	**Out–of–Network Provider**
Benefit Maximum	Unlimited	Unlimited
Deductible (Individual)	$500	$1,000
Out-of-Pocket Maximum (Individual)	$6,850	$13,700

Benefit Coverage		
Deductible applies unless noted below:	**Network Provider**	**Out-of-Network Provider**
Hospital Expenses	80%	60%
Surgical Expenses	80%	60%
Doctor's Visits *(including NPs and PAs)*	100% after $20 Primary Care Provider copay and $40 Specialist copay	60%
Emergency Care and Accidental Injury **Facility Services** – *Copayment is waived if the insured is admitted, inpatient hospital expenses will apply*	80% of allowable fee after $100 copayment	
Physician Services	80% of allowable fee	
Diagnostic X-Rays & Laboratory Procedures	80%	60%
Hi-tech Radiology – MRI, CAT Scan and PET Scan (reading/professional component included)	100% after $100 copayment	60%
Prescription Drugs *Per 30-day Retail Supply (deductible waived)* ***Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.*	At pharmacies contracting with Prime Therapeutics[3],100% after: • $15 copayment for each generic drug • $30 copayment for each brand-name drug** • $50 copayment for non-preferred brand-name drug**	60% after: • $15 copayment for each generic drug • $30 copayment for each brand-name drug** • $50 copayment for non-preferred brand-name drug** Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preventative Care Services	100% (deductible waived)	

Deadlines, Coverage Periods and Premium Costs

	Fall	Spring	Spring New
Waiver Deadline	the end of the 15th day of classes	the end of the 15th day of classes	the end of the 15th day of classes
Dates Covered	8/01/2021 - 1/31/2022	2/01/2022 - 7/31/2022	1/01/2022 - 7/31/2022
Student Rate* **	$2,304	$2,304	$2,688

*** A $6 AES fee is included for Fall and Spring. A $7 fee is included for Spring New.

1 This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSMT Participating Provider Option (PPO) Network.

2 Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your School Policy.

3 The relationship between Blue Cross and Blue Shield of Montana (BCBSMT) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSMT, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Montana complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-710-6984 (TTY: 711).

For the full list of languages, see your specific school policy.