

# MONTANA UNIVERSITY SYSTEM STUDENT INSURANCE PLAN



BlueCross BlueShield  
of Montana

Benefits are only provided for Members under 19 years of age

[www.bcbsmt.com](http://www.bcbsmt.com)

## Outline of Coverage | 2020

<b>Benefit Period</b>	September 1, 2020 – July 31, 2021
<b>Maximum Benefit Amount</b>	None
<b>Deductible</b>	Individual: \$75

## BCBSMT Participating Provider Networks

**Participating Providers (In-Network)** - BCBSMT has a participating dental network.

**Nonparticipating Providers (Out-of-Network)** - Nonparticipating Providers have not contracted with BCBSMT to provide services at negotiated rates, and your out of pocket expenses can be significantly higher. You may receive payment for claims received from a nonparticipating provider. These providers are under no obligation to submit claims for you.

**Finding Participating Providers** - To locate Participating Providers in Montana, check our on-line provider directory at [www.bcbsmt.com](http://www.bcbsmt.com), or contact Customer Service at [1-866-739-4090.] Be sure to have your subscriber identification number available when you call.

Covered Services	The Plan will pay Participating Providers	The Plan will pay Non-Participating Providers	Important Information
Diagnostic Evaluations <i>(Deductible Waived)</i>	80%	80%	<p><b>Maximum Benefit Amount:</b> The maximum amount the Plan will pay in one benefit period. Any balance owed above this amount is the Member's responsibility.</p> <p><b>Deductible:</b> The dollar amount each Member must pay for covered dental expenses incurred during the benefit period before BCBSMT will make payment for any covered dental expense to which the deductible applies.</p> <p><b>Coinsurance:</b> After the Plan pays for covered dental expenses, coinsurance is the percentage of the allowable fee payable by the Member.</p> <p><b>Rating Factors and Trend:</b> The following factors are used in setting rates: the income and claims experience for the 12 months prior to rating calculations for the category of product being rated, the benefit difference for the deductible and coinsurance relationship for the specific products in a product category, the projected claims, income and enrollment for the next 12-month rating period, projected expenses for the plan of the next rating period, and/or age of the application or subscriber, industry, and risk characteristics. The trend of premium increases during the preceding five years is: 2015 – 13%, 2016 -13%, 2017 – 0%, 2018 – 0%, 2019 – 3%</p>
Preventive Services <i>(Deductible Waived)</i>	80%	80%	
Diagnostic Radiographs <i>(Deductible Waived)</i>	80%	80%	
Miscellaneous Preventive Services <i>(Deductible Waived)</i>	80%	80%	
Basic Restorative Services	50%	50%	
Non-Surgical Extractions	50%	50%	
Non-Surgical Periodontal Services	50%	50%	
Adjunctive Services	50%	50%	
Endodontic Services	50%	50%	
Oral Surgery Services	50%	50%	
Surgical Periodontal Services	50%	50%	
Major Restorative Services	50%	50%	
Prosthodontic Services	50%	50%	
Miscellaneous Restorative and Prosthodontic Services	50%	50%	
Medically Necessary Orthodontic Services	50%	50%	

This information is only a summary of benefits. For more detailed information, refer to your Contract. Benefits and general provisions described herein are subject to the terms of the Contract.

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