

Individual Plan Comparison Chart

Participating In-Network Provider Coverage Shown¹

All Blue Cross and Blue Shield of Montana (BCBSMT) plans provide coverage for preventive services and maternity care. Please see your Outline of Coverage or visit www.bcbsmt.com for more specific information.

Gold	Blue Preferred Gold PPO SM	Blue Focus Gold POS SM
	204 - Two \$10 PCP Visits	207
Individual Deductible²	\$450	\$0
Coinsurance	30%	40%
Out-of-Pocket Maximum (includes deductible)²	\$7,900	\$7,900
Primary Care Office Visit	First 2 visits \$10 copay, all other visits 30%	20%
Specialist Office Visit	30%	20%
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	30%	20%
Emergency Room	\$1,000 per occurrence deductible, then 30%	\$1,000 per occurrence deductible, then 40%
Urgent Care	\$15 copay	40%
Inpatient Hospital Services	\$850 per occurrence deductible, then 30%	\$850 per occurrence deductible, then 40%
Outpatient Surgery³	30%	\$600 per occurrence deductible, then 40%
Outpatient X-Rays and Diagnostic Imaging³	30%	40%
Outpatient Imaging (CT/PET Scans/MRIs)³	30%	40%
Network	Blue Preferred PPO SM	Blue Focus POS SM
HSA Eligible⁴	No	No
Outpatient Prescription Drugs - Value Pharmacy^{5,6}	\$5/\$10/\$50/\$100/\$250/\$350	10%/20%/30%/35%/45%/50%
Outpatient Prescription Drugs - Non-Value Pharmacy^{5,6}	\$10/\$20/\$70/\$120/\$250/\$350	20%/30%/35%/40%/45%/50%

Prescription Drug Utilization Benefit Management Programs⁷

Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the Specialty Pharmacy provider.

Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.

Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor will need to receive authorization from BCBSMT. You may also need to meet certain criteria or try more cost-effective drugs first.

90-Day Supply: You may receive a 90-day supply of prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.

1 Benefits are reduced when non-participating providers are used. This is a summary of benefit highlights only. All benefits shown indicate member responsibility

2 The standard per person deductible and out-of-pocket maximum for this plan are shown. You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Deductibles do not apply to services for which only copays are charged.

3 Members may have lower out-of-pocket costs for some services provided by non-emergency freestanding outpatient facilities than the out-of-pocket costs for services provided in a hospital setting. See your Outline of Coverage for additional details.

4 As a reminder, a Health Savings Account (HSA) has tax and legal ramifications. Blue Cross and Blue Shield of Montana does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. These materials, and

any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.

5 Prescription benefit coverage starts after annual medical deductible has been met. Retail stores in the Value Pharmacy Network may offer members prescriptions with a lower possible copay amount.

6 Prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty.

7 Home delivery is not available for Specialty tier drugs. Drugs in these tiers are limited to a 30-day supply. Coverage limitations may apply to certain medications.