



Health Insurance Marketplace in Montana Plan Comparison Chart

Participating Provider Coverage Shown¹

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

Bronze	Blue Preferred Bronze PPO SM						Blue Focus Bronze POS SM	
	006		102		103		104 - One \$0 PCP Visit	
	Plan Pays	Member Pays	Plan Pays	Member Pays	Plan Pays	Member Pays	Plan Pays	Member Pays
Individual Deductible²	\$0	\$6,000	\$0	\$4,500	\$0	\$6,000	\$0	\$5,000
Coinsurance	100%	No Charge ³	70%	30%	70%	30%	80%	20%
Out-of-Pocket Maximum (includes deductible)²	\$6,000		\$6,450		\$6,850		\$6,850	
Office Visit (PCP / Specialist)	100% ³	No Charge ³	70% ³	30% ³	70% ³	30% ³	first PCP visit \$0; then pays 80% ³ / specialist 80%	first PCP visit \$0; then pays 20% ³ / specialist 20%
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	100% ³	No Charge ³	70% ³	30% ³	70%	30% ³	80% ³	\$1,000 per occurrence deductible ³
Urgent Care	100%	No Charge	70% ³	30%	100%	\$75 copay	100%	\$75 copay
Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)	100%	No Charge	70% ³	30% ³	70% ³	30% ³	80% ³	\$750 / \$400 per occurrence deductible ³
Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient)	100%	No Charge	70% ³	30% ³	70% ³	30% ³	80% ³ / office visit paid at 100% ³	\$750 / \$400 per occurrence deductible ³ / \$0 office visit copay ³
Network	Blue Preferred PPO SM						Blue Focus POS SM	
HSA Eligible⁴	Yes		Yes		No		No	
Outpatient Prescription Drugs - Value Pharmacy^{5,6}	100%	No Charge	80% / 80% / 70% / 60% / 50%	20% / 20% / 30% / 40% / 50%	100%	\$0 / \$10 / \$50 / \$100 / \$250	100% / 80% / 70% / 60% / 50%	\$0 / 20% / 30% / 40% / 50%
Outpatient Prescription Drugs - Non-Value Pharmacy^{5,6}	100%	No Charge	75% / 75% / 60% / 50% / 50%	25% / 25% / 40% / 50% / 50%	100%	\$5 / \$15 / \$60 / \$110 / \$250	95% / 75% / 60% / 50% / 50%	5% / 25% / 40% / 50% / 50%
Prescription Drug Utilization Benefit Management Programs⁷	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When choosing a brand name drug over an available generic equivalent, you pay your usual share plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before receiving coverage for some medications, your doctor will need to receive authorization from BCBSMT, and you may first need to try more clinically appropriate or cost-effective drugs.</p> <p>Mail-Order Program: You may receive a 90-day supply for prescription drugs through the mail-order program or at select retail pharmacies depending on your prescription drug benefit.</p>							

1 Benefits reduced when non-preferred providers are used. This is a summary of benefit highlights only.
 2 The standard deductible and out-of-pocket maximum for this plan are shown. Based on your income and family status you may qualify for one of three lower deductible levels. You will be able to see if you qualify and what your premium, deductible and out-of-pocket costs will be before you make a decision to enroll.
 3 Annual deductible and, if applicable, coinsurance still apply.
 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.
Notice: Certain individuals who receive cost-sharing reductions under their benefit plan that have the effect of reducing the deductible below the federal government's minimum deductible may not be eligible to contribute to an HSA. Please consult your tax adviser for further information.

5 Prescription benefit coverage starts after annual medical deductible has been met.
 6 Value Generics / Non-Value Generics / Value Formulary / Non-Value Formulary / Specialty
 7 Mail order is not available for Specialty tier drugs. Specialty tier is limited to a 30-day supply. Coverage limitations may apply to certain medications.
 8 Copay or deductible applies for certain services. See booklet for additional details.