



Individual 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.

Silver	Blue Preferred Silver PPO SM		Blue Focus Silver POS SM			
	101 - Three \$0 PCP Visits		102		103	
	Plan Pays	Member Pays	Plan Pays	Member Pays	Plan Pays	Member Pays
Individual Deductible	\$0	\$3,000	\$0	\$2,000	\$0	\$3,850
Coinsurance	80%	20%	70%	30%	80%	20%
Out-of-Pocket Maximum (includes deductible)	\$6,600		\$6,850		\$6,850	
Office Visit (PCP / Specialist)	first three PCP visits \$0; then pays 80% ² / Specialist 80%	first three PCP visits \$0; then 20% ² / Specialist 20%	100%	\$40 / \$60	100%	\$15 / \$60
Emergency Room / Outpatient Emergency Care (Physician and Hospital)	80% ²	\$600 per occurrence deductible ²	70% ²	\$600 per occurrence deductible ²	80% ²	\$500 per occurrence deductible ²
Urgent Care	100%	\$75 copay	100%	\$75 copay	100%	\$75 copay
Physician Medical / Surgical Services, Hospital Services and Hospital Diagnostic Testing (Inpatient / Outpatient Surgery)	80% ²	\$400 / \$300 per occurrence deductible ²	70% ²	\$500 / \$300 per occurrence deductible ²	80% ²	\$250 / \$200 per occurrence deductible ²
Mental Illness Treatment and Substance Abuse Rehab (Inpatient / Outpatient)	80% ² / office visit paid at 100%	\$400 / \$300 per occurrence deductible ² ; \$0 office visit copay	70% ²	\$500 / \$300 per occurrence deductible ²	80% ²	\$250 / \$200 per occurrence deductible ²
Network	Blue Preferred PPO SM		Blue Focus POS SM			
HSA Eligible³	No		No		No	
Outpatient Prescription Drugs - Value Pharmacy^{4,5}	100% ²	\$0 / \$10 / \$50 / \$100 / \$250	100% ²	\$0 / \$10 / \$50 / \$100 / \$250	100% ²	\$0 / \$10 / \$50 / \$100 / \$250
Outpatient Prescription Drugs - Non-Value Pharmacy^{4,5}	100% ²	\$5 / \$15 / \$60 / \$110 / \$250	100% ²	\$5 / \$15 / \$60 / \$110 / \$250	100% ²	\$5 / \$15 / \$60 / \$110 / \$250
Prescription Drug Utilization Benefit Management Programs⁶	<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 Annual deductible and, if applicable, coinsurance still apply.
 3 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.

4 Prescription benefit coverage starts after annual medical deductible has been met.
 5 Value Generics / Non-Value Generics / Value Formulary / Non-Value Formulary / Specialty
 6 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.