

2018 GOLD LEVEL Cost Sharing: SMALL GROUP Plans in the Montana Federal Marketplace

HEALTH PLAN :: In Network	DEDUCTIBLE Ind/Family	MAX OOP Out-of-Pocket Ind/Family	PROVIDER VISITS			HOSPITAL	SURGERY Outpatient	LAB WORK/ IMAGING	ER SERVICES	MENTAL HEALTH SERVICES Office Visit	PRESCRIPTION DRUG COVERAGE 30-day retail order <i>(Costs differ for 90-day mail order)</i>					
			PRIMARY CARE Office Visit	SPECIALIST Office Visit	PREVENTIVE CARE*						Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP		
GOLD																
Montana Health Coop																
Access Care	\$950/\$1,900	\$5,750/\$11,500	\$30 copay/visit	\$40 copay/visit	\$0	30% co-insurance after deductible met			\$30 copay/visit	10% co-insurance/ prescription	25% co-insurance/ prescription**	30% co-insurance/ prescription**	45% co-insurance/ prescription			
Connected Care	\$750/\$1,500	\$6,000/\$12,000	\$30 copay/visit	\$40 copay/visit	\$0	30% co-insurance after deductible met		\$200 copay/visit	\$30 copay/visit	10% co-insurance/ prescription	25% co-insurance/ prescription**	30% co-insurance/ prescription**	40% co-insurance/ prescription			
PacificSource																
PSN Gold 1000	\$1,000/\$2,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0	20% co-insurance after deductible			\$20 copay* per Office visit 20% co- insurance after deductible met for all other Mental Health Services	Retail: \$10 copay/ prescription* Mail: \$20 copay/ prescription*	Retail: \$35 copay/ prescription* Mail: \$105 copay/ prescription*	Retail: \$60 copay/ prescription* Mail: \$180 copay/ prescription*	\$250 copay/ prescription*			
PSN Gold 2000	\$2,000/\$4,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0											
PSN Gold 1000 VH	\$1,000/\$2,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0											
PSN Gold 2000 VH	\$2,000/\$4,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Gold 1000	\$1,000/\$2,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Gold 2000	\$2,000/\$4,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Gold 1000 VH	\$1,000/\$2,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Gold 2000 VH	\$2,000/\$4,000	\$5,000/\$10,000	\$20 copay/visit*	\$50 copay/visit*	\$0											

GLOSSARY of TERMS
Co-insurance: Patient share of the costs of covered health care services, calculated as a percent of the allowed amount.
Copay: A fixed dollar amount paid for a covered health care service, usually at the time of service.
Deductible: Amount paid by patient before insurer begins to pay. (Unless otherwise noted.)
OOP Maximum: The most you could pay during a coverage period for your share of the cost of covered services.

* Deductible and other cost-sharing do not apply to these services, mandated preventive care services, or prescription drugs, as noted.
 ^ SmartHealth network is available in Carbon, Missoula, Musselshell, Park, Stillwater, Sweet Grass and Yellowstone counties.
 ** If higher Tier drug is chosen when a lower Tier drug is available, deductible must be met first.

2018 SILVER LEVEL Cost Sharing: SMALL GROUP Plans in the Montana Federal Marketplace

HEALTH PLAN:: In-Network	DEDUCTIBLE Ind/Family	MAX OOP Out-of-pocket Ind/Family	PROVIDER VISITS			HOSPITAL	SURGERY Outpatient	LAB WORK/ IMAGING	ER SERVICES	MENTAL HEALTH SERVICES Office Visit	PRESCRIPTION DRUG COVERAGE 30-day retail order (Costs differ for 90-day mail order)					
			PRIMARY CARE Office Visit	SPECIALIST Office Visit	PREVENTIVE CARE*						Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP		
SILVER																
Montana Health Coop																
Access Care	\$2,750/\$5,500	\$7,350/\$14,700	\$35 copay/visit after deductible met	\$60 copay/visit after deductible met	\$0	40% co-insurance after deductible met			\$35 copay/visit after deductible met	10% co-insurance/prescription	30% co-insurance/prescription**	45% co-insurance/prescription**	50% co-insurance/prescription			
Connected Care	\$2,150/\$4,300	\$7,350/\$14,700	\$35 copay/visit after deductible met	\$65 copay/visit after deductible met	\$0	40% co-insurance after deductible met	\$200 copay/visit after deductible met	\$35 copay/visit after deductible met	10% co-insurance/prescription	30% co-insurance/prescription**	40% co-insurance/prescription**	50% co-insurance/prescription				
Connected Care PLUS	\$3,600/\$7,200	\$3,600/\$7,200	No charge after deductible met			No charge after deductible met			No charge after deductible met	No charge after deductible met	No charge after deductible met	No charge after deductible met				
Connected Care OPTION 2	\$5,700/\$11,400	\$7,100/\$14,200	\$40 copay/visit after deductible met	\$50 copay/visit after deductible met	\$0	40% co-insurance after deductible met	\$200 copay/visit after deductible met	\$40 copay/visit after deductible met	20% co-insurance/prescription	30% co-insurance/prescription**	40% co-insurance/prescription**	50% co-insurance/prescription				
PacificSource																
PSN Silver HSA 2700	\$2,700/\$5,400	\$6,550/\$13,100	20% co-insurance after deductible met			20% co-insurance after deductible met			20% co-insurance after deductible met							
PSN Silver HSA 3600	\$3,600/\$7,200	\$3,600/\$7,200	No charge after deductible met			No charge after deductible met			No charge after deductible met							
PSN Silver 3000 VH	\$3,000/\$6,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0	30% co-insurance after deductible met	\$20 copay/visit* for Urgent Care \$250 copay + 30% co-insurance after deductible met per ER visit 30% co-insurance after deductible met for Ambulance (ground & air)	\$20 copay* per Office visit 30% co-insurance after deductible met for all other Mental Health Services	Retail: \$15 copay/prescription* Mail: \$30 copay/prescription*	Retail: \$60 copay/prescription* Mail: \$180 copay/prescription*	Retail: \$100 copay/prescription* Mail: \$300 copay/prescription*	\$250 copay/prescription*				
PSN Silver 4000 VH	\$4,000/\$8,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
PSN Silver 5000 VH	\$5,000/\$10,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
PSN Silver 3000	\$3,000/\$6,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
PSN Silver 4000	\$4,000/\$8,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
PSN Silver 5000	\$5,000/\$10,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Silver HSA 2700	\$2,700/\$5,400	\$6,550/\$13,100	20% co-insurance after deductible met										20% co-insurance after deductible met			20% co-insurance after deductible met
SmartHealth^ Silver HSA 3600	\$3,600/\$7,200	\$3,600/\$7,200	No charge after deductible met			No charge after deductible met			No charge after deductible met							
SmartHealth^ Silver 3000 VH	\$3,000/\$6,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0	30% co-insurance after deductible met	\$20 copay/visit* for Urgent Care \$250 copay + 30% co-insurance after deductible met per ER visit 30% co-insurance after deductible met for Ambulance (ground & air)	\$20 copay* per Office visit 30% co-insurance after deductible met for all other Mental Health Services	Retail: \$15 copay/prescription* Mail: \$30 copay/prescription*	Retail: \$60 copay/prescription* Mail: \$180 copay/prescription*	Retail: \$100 copay/prescription* Mail: \$300 copay/prescription*	\$250 copay/prescription*				
SmartHealth^ Silver 4000 VH	\$4,000/\$8,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Silver 5000 VH	\$5,000/\$10,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Silver 3000	\$3,000/\$6,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Silver 4000	\$4,000/\$8,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											
SmartHealth^ Silver 5000	\$5,000/\$10,000	\$7,350/\$14,700	\$20 copay/visit*	\$50 copay/visit*	\$0											

* Deductible and other cost-sharing do not apply to these services, mandated preventive care services, or prescription drugs, as noted.

^ SmartHealth network is available in Carbon, Missoula, Musselshell, Park, Stillwater, Sweet Grass and Yellowstone counties.

** If higher Tier drug is chosen when a lower Tier drug is available, deductible must be met first.

2018 BRONZE LEVEL Cost Sharing: SMALL GROUP Plans in the Montana Federal Marketplace

HEALTH PLAN :: IN NETWORK	DEDUCTIBLE Ind/Family	MAX OOP Out-of-pocket Ind/Family	PROVIDER VISITS			HOSPITAL	SURGERY Outpatient	LAB WORK/ IMAGING	ER SERVICES	MENTAL HEALTH SERVICES Office Visit	PRESCRIPTION DRUG COVERAGE 30-day retail order <i>(Costs differ for 90-day mail order)</i>					
			PRIMARY CARE Office Visit	SPECIALIST Office Visit	PREVENTIVE CARE*						Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP		
BRONZE																
Montana Health Coop																
Access Care	\$7,200/\$14,400	\$7,350/\$14,700	\$60 copay/visit after deductible met	\$75 copay/visit after deductible met	\$0	60% co-insurance after deductible met			\$60 copay/visit after deductible met	Retail: \$15 copay/prescription after deductible met	Retail: \$125 copay/prescription after deductible met	Retail: \$160 copay/prescription after deductible met	Retail: \$185 copay/prescription after deductible met			
Access Care PLUS	\$6,650/\$13,300	\$6,650/\$13,300	No charge after deductible met			\$0	No charge after deductible met			No charge after deductible met	No charge after deductible met	No charge after deductible met	No charge after deductible met			
Access Care EXPANDED	\$5,000/\$10,000	\$7,000/\$14,000	\$60 copay/visit	\$75 copay/visit	\$0	60% co-insurance after deductible met			\$60 copay/visit after deductible met	10% co-insurance/prescription after deductible met	20% co-insurance/prescription after deductible met	30% co-insurance/prescription after deductible met	40% co-insurance/prescription after deductible met			
Connected Care	\$7,200/\$14,400	\$7,350/\$14,700	\$60 copay/visit	60% co-insurance after deductible met	\$0	60% co-insurance after deductible met			\$60 copay/visit after deductible met	Retail: \$15 copay/prescription after deductible met	Retail: \$125 copay/prescription after deductible met	Retail: \$160 copay/prescription after deductible met	Retail: \$185 copay/prescription after deductible met			
Connected Care PLUS	\$6,650/\$13,300	\$6,650/\$13,300	No charge after deductible met			\$0	No charge after deductible met			No charge after deductible met	No charge after deductible met	No charge after deductible met	No charge after deductible met			
Connected Care EXPANDED	\$5,000/\$10,000	\$7,200/\$14,400	\$60 copay/visit	\$75 copay/visit	\$0	50% co-insurance after deductible met	\$250 copay/visit after deductible met	\$60 copay/visit after deductible met	10% co-insurance/prescription after deductible met	35% co-insurance/prescription after deductible met	45% co-insurance/prescription after deductible met	60% co-insurance/prescription after deductible met				
PacificSource																
PSN Bronze HSA 4000	\$4,000/\$8,000	\$6,550/\$13,100	50% co-insurance after deductible met			\$0	50% co-insurance after deductible met			50% co-insurance after deductible met						
PSN Bronze HSA 6550	\$6,550/\$13,100	\$6,550/\$13,100	No charge after deductible met			\$0	No charge after deductible met			No charge after deductible met						
PSN Bronze 7350	\$7,350/\$14,700	\$7,350/\$14,700	\$20 copay/visit*	No charge after deductible met		No charge after deductible met		\$20 copay/visit* for Urgent Care No charge after deductible fall all other ER Services	\$20 copay/visit* for Office visits No charge after deductible on all other Mental Health Services	No charge after deductible						
SmartHealth^ Bronze HSA 4000	\$4,000/\$8,000	\$6,550/\$13,100	50% co-insurance after deductible met			\$0	50% co-insurance after deductible met			50% co-insurance after deductible met						
SmartHealth^ Bronze HSA 6550	\$6,550/\$13,100	\$6,550/\$13,100	No charge after deductible met			\$0	No charge after deductible met			No charge after deductible met						
SmartHealth^ Bronze 7350	\$7,350/\$14,700	\$7,350/\$14,700	\$20 copay/visit*	No charge after deductible met	\$0	No charge after deductible met		\$20 copay/visit* for Urgent Care No charge after deductible fall all other ER Services	\$20 copay/visit* for Office visits No charge after deductible on all other Mental Health Services	No charge after deductible						

* Deductible and other cost-sharing do not apply to these services, mandated preventive care services, or prescription drugs, as noted.

^ SmartHealth network is available in Carbon, Missoula, Musselshell, Park, Stillwater, Sweet Grass and Yellowstone counties.