

**2018 GOLD LEVEL Cost Sharing for Individual 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*						Preferred Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP
<b>GOLD</b>														
<b>BlueCross BlueShield</b>														
<b>Blue Preferred Gold PPO 204</b>	\$450/\$900	\$7,350/\$14,700	2 \$10 copay visits* then 30% co-insurance after deductible met	30% co-insurance after deductible met	\$0	\$850 deductible/visit** + 30% co-insurance	30% co-insurance after deductible met	30% co-insurance after deductible met	\$15 copay/visit* for Urgent Care   \$1,000 deductible/visit** + 30% co-insurance	30% co-insurance after deductible met	\$5 copay*	\$50 copay*	\$100 copay*	\$250 copay*
<b>Blue Focus Gold POS 207</b>	\$0/\$0	\$7,350/\$14,700	20% co-insurance	40% co-insurance	\$0	\$850 deductible/visit + 40% co-insurance	\$600 deductible/visit + 40% co-insurance	40% co-insurance	40% co-insurance/visit for Urgent Care   \$1,000 deductible/visit + 40% co-insurance	20% co-insurance	10% co-insurance 20% co-insurance if non-preferred pharmacy	30% co-insurance 35% co-insurance if non-preferred pharmacy	35% co-insurance 40% co-insurance if non-preferred pharmacy	45% co-insurance 50% co-insurance for non-preferred specialty drug
<b>Montana Health CO-OP</b>														
<b>Access Care</b>	\$800/\$1,600	\$5,750/\$11,500	\$30 copay/visit*	\$40 copay/visit*	\$0	30% co-insurance after deductible met			\$30 copay/visit*	10% co-insurance*	25% co-insurance*	35% co-insurance*	45% co-insurance*	
<b>Connected Care</b>	\$750/\$1,500	\$5,000/\$10,000	\$35 copay/visit*	\$40 copay/visit*	\$0	30% co-insurance after deductible met			\$200 copay/visit*	\$35 copay/visit*	10% co-insurance*	25% co-insurance*	35% co-insurance*	45% co-insurance*
<b>PacificSource</b>														
<b>PSN Gold 1500</b>	\$1,500/\$3,000	\$5,000/\$10,000	10% co-insurance after deductible met		\$0	10% co-insurance after deductible met				\$15 copay*	\$50 copay*	\$75 copay*	\$250 copay*	
<b>SmartHealth^ Balance Gold 1500</b>	\$1,500/\$3,000	\$5,000/\$10,000	10% co-insurance after deductible met		\$0	10% co-insurance after deductible met				\$15 copay*	\$50 copay*	\$75 copay*	\$250 copay*	

**GLOSSARY of TERMS** Co-insurance: Patient share of the costs of covered health care services, calculated as a percent of the allowed amount.  
 Co-pay: 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.  
 \*\* These deductibles are in addition to the plan deductible and any coinsurance.  
 + Blue Focus network is available in Carbon, Lake, Missoula, Musselshell, Stillwater, Sweet Grass and Yellowstone counties.  
 ^ SmartHealth network is available in Carbon, Missoula, Musselshell, Park, Stillwater, Sweet Grass and Yellowstone counties.

**2018 SILVER LEVEL Cost Sharing for Individual 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*						Preferred Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP
<b>SILVER</b>														
<b>BlueCross BlueShield</b>														
<b>Blue Preferred Silver PPO 203</b>	\$1,000/\$2,000	\$7,350/\$14,700	40% co-insurance after deductible met	50% co-insurance after deductible met	\$0	\$850 deductible/visit** + 50% co-insurance after deductible met	\$600 deductible/visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	\$1,000 deductible/visit** + 50% co-insurance after deductible met	40% co-insurance after deductible met	20% co-insurance	30% co-insurance	35% co-insurance	45% co-insurance
<b>Blue Focus Silver POS 206</b>	\$3,500/\$7,000	\$7,350/\$14,700	2 \$25 copay visits* then 50% co-insurance after deductible met	50% co-insurance after deductible met	\$0	\$850 deductible/visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	50% co-insurance after deductible met	\$40 copay/visit for Urgent Care*   \$1,000 deductible/visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	\$5 copay*	\$50 copay*	\$100 copay*	\$250 copay*
<b>Montana Health CO-OP</b>														
<b>Access Care</b>	\$2,450/\$4,900	\$7,350/\$14,700	\$40 copay/visit after deductible met	\$65 copay/visit after deductible met	\$0	40% co-insurance after deductible met			\$40 copay/visit after deductible met		20% co-insurance*	30% co-insurance*	40% co-insurance*	50% co-insurance*
<b>Connected Care</b>	\$2,450/\$4,900	\$7,350/\$14,700	\$40 copay/visit after deductible met	\$65 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*	30% co-insurance*	40% co-insurance*	50% co-insurance*
<b>Connected Care - Option 2</b>	\$5,700/\$11,400	\$7,350/\$14,700	\$40 copay/visit after deductible met	\$65 copay/visit after deductible met	\$0	40% co-insurance after deductible met			\$200 copay/visit after deductible met	\$40 copay/visit after deductible met	25% co-insurance*	40% co-insurance*	50% co-insurance*	60% co-insurance*
<b>PacificSource</b>														
<b>PSN Silver (HSA) 3000</b>	\$3,000/\$6,000	\$5,000/\$10,000	25% co-insurance after deductible met		\$0	25% co-insurance after deductible met					25% co-insurance after deductible met			
<b>SmartHealth^ Silver (HSA) 3000</b>	\$3,000/\$6,000	\$5,000/\$10,000	25% co-insurance after deductible met		\$0	25% co-insurance after deductible met					25% co-insurance after deductible met			

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

\*\* These deductibles are in addition to the plan deductible and any coinsurance.

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

**2018 BRONZE LEVEL Cost Sharing for Individual 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*						Preferred Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP	
<b>BRONZE</b>															
<b>BlueCross BlueShield</b>															
<b>Blue Preferred Bronze PPO 201</b>	\$2,850/\$5,700	\$7,350/\$14,700	2 \$25 copay visits* then 50% co-insurance after deductible met	50% co-insurance after deductible met	\$0	\$850 deductible/visit* + 50% co-insurance after deductible met	\$600 deductible/visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	\$40 copay/visit for Urgent Care*   \$1,000 deductible/visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	\$0	20% co-insurance	35% co-insurance	45% co-insurance	
												10% co-insurance if non-preferred pharmacy	30% co-insurance if non-preferred pharmacy	40% co-insurance if non-preferred pharmacy	50% co-insurance for non-preferred specialty drug
<b>Blue Preferred Bronze PPO 202</b>	\$2,700/\$5,400	\$6,550/\$13,100	30% co-insurance after deductible met		\$0	\$850 deductible/visit* + 30% co-insurance after deductible met	\$600 deductible/visit** + 30% co-insurance after deductible met	30% co-insurance after deductible met	30% co-insurance/visit for Urgent Care   \$1,000 deductible/visit** + 30% co-insurance after deductible met	30% co-insurance after deductible met		20% co-insurance after deductible met	30% co-insurance after deductible met	35% co-insurance after deductible met	45% co-insurance after deductible met
												25% co-insurance if non-preferred pharmacy after deductible met	35% co-insurance if non-preferred pharmacy after deductible met	40% co-insurance if non-preferred pharmacy after deductible met	50% co-insurance for non-preferred specialty drug after deductible met
<b>Blue Focus Bronze POS 205</b>	\$4,000/\$8,000	\$7,350/\$14,700	2 \$40 copay visits* then 50% co-insurance after deductible met	50% co-insurance after deductible met	\$0	\$850 deductible/visit* + 50% co-insurance after deductible met	\$600 deductible/visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	\$40 copay/visit for Urgent Care*   \$1,000 deductible per visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	\$0	20% co-insurance	35% co-insurance	45% co-insurance	
												10% co-insurance if non-preferred pharmacy	30% co-insurance if non-preferred pharmacy	40% co-insurance if non-preferred pharmacy	50% co-insurance for non-preferred specialty drug
<b>Montana Health CO-OP</b>															
<b>Access Care</b>	\$7,200/\$14,400	\$7,350/\$14,700	\$60 copay/visit after deductible met	60% co-insurance after deductible met	\$0	60% co-insurance after deductible met			\$60 copay/visit after deductible met	\$15 copay after deductible met	\$125 copay after deductible met	\$160 copay after deductible met	\$185 copay after deductible met		
<b>Access Care PLUS</b>	\$6,650/\$13,300	\$6,650/\$13,300	0% after deductible met		\$0	0% after deductible met			0% after deductible met						
<b>Access Care Expanded</b>	\$5,000/\$10,000	\$6,800/\$13,600	\$50 copay/visit*	\$75 copay/visit*	\$0	60% co-insurance after deductible met			\$50 copay/visit*	10% after deductible met	30% after deductible met	40% after deductible met	50% after deductible met		
<b>Connected Care</b>	\$7,200/\$14,400	\$7,350/\$14,700	\$60 copay/visit after deductible met	60% co-insurance after deductible met	\$0	60% co-insurance after deductible met			\$60 copay/visit after deductible met	10% after deductible met	40% after deductible met	50% after deductible met	60% after deductible met		
<b>Connected Care PLUS</b>	\$6,650/\$13,300	\$6,650/\$13,300	0% after deductible met		\$0	0% after deductible met			0% after deductible met						
<b>Connected Care Expanded</b>	\$5,500/\$11,000	\$7,200/\$14,400	\$50 copay/visit*	\$60 copay/visit*	\$0	50% co-insurance after deductible met		\$250 copay/visit after deductible met	\$50 copay/visit*	\$15 copay after deductible met	\$125 copay after deductible met	\$160 copay after deductible met	\$185 copay after deductible met		
<b>PacificSource</b>															
<b>PSN Bronze (HSA) 6550</b>	\$6,550/\$13,100	\$6,550/\$13,100	No charge after deductible met		\$0	No charge after deductible met			No charge after deductible met						
<b>SmartHealth^ Bronze (HSA) 6550</b>	\$6,550/\$13,100	\$6,550/\$13,100	No charge after deductible met		\$0	No charge after deductible met			No charge after deductible met						

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

\*\* These deductibles are in addition to the plan deductible and any coinsurance.

+ Blue Focus network is available in Carbon, Lake, Missoula, Musselshell, Stillwater, Sweet Grass and Yellowstone counties.

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**2018 CATASTROPHIC Cost Sharing for Individual 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 Tier 2	Non-Preferred Tier 3	Specialty Tier 4/SP
<b>CATASTROPHIC</b>														
<b>BlueCross BlueShield</b>														
Blue Preferred Security PPO 200	\$7,350/\$14,700	\$7,350/\$14,700	3 \$20 copay visits* then \$0 after deductible met	\$0 after deductible met	\$0	\$0 after deductible met				\$0 after deductible met				
<b>Montana Health CO-OP</b>														
Connected Care	\$7,350/\$14,700	\$7,350/\$14,700	3 \$0 copay visits** then \$0 after deductible met	\$0 after deductible met	\$0	\$0 after deductible met				3 \$0 copay visits** then \$0 after deductible met	\$0 after deductible met			

\* A catastrophic health plan meets all of the requirements applicable to other Qualified Health Plans (QHPs) but does not cover any benefits other than 3 primary care visits per year before the plan's deductible is met. The premium amount you pay each month for healthcare is generally lower than for other QHPs, but the out-of-pocket costs for deductibles, copayments, and coinsurance are generally higher. To qualify for a catastrophic plan, you must be under 30 years old OR get a "hardship exemption" because the Marketplace determined that you're unable to afford health coverage.

\*\* First 3 visits combined between Chemical Dependency, Mental Health, & Primary Care office visits.

**Please Note:** This chart is a summary and for comparison only. For more detail about specific coverage and associated costs/charges, you must refer to the individual health plan documents available online at each insurer's website:  
[www.bcbsmt.com](http://www.bcbsmt.com)  
[www.mhc.coop](http://www.mhc.coop)  
[www.PacificSource.com](http://www.PacificSource.com)