

## State of Montana 2018 Individual Major Medical Rates

### MT CO-OP Plans offered both on and off the Montana Federally Facilitated Marketplace

The age for each person is based on their first date of coverage in 2018. For children under the age of 21, only the three oldest children will be included in the family premium. Region is based on county of primary residence.

This table does not include every possible monthly premium. Included: The rounded cost by plan and region for the specific ages shown. Not included: Other ages, dental premiums, smoking surcharges, Catastrophic plans or small group options, and subsidies.

**The cost sharing in this summary applies to "in-network" services only. Out-of-network services have higher cost sharing. Please see the policy language. Be sure to review plan details to know what applies to deductibles, exact copays and coinsurance for particular services, out-of-network coverage, excluded benefits, formularies, provider networks, etc.**

Plan ID	32225MT0090003	32225MT0090007	32225MT0090004	32225MT0080003	32225MT0080004	32225MT0080005
Plan Name	Connected Care Bronze	Connected Care Expanded Bronze	Connected Care Bronze Plus	Access Care Bronze	Access Care Bronze Plus	Access Care Expanded Bronze
Metal Tier	Bronze	Expanded Bronze	Bronze	Bronze	Bronze	Expanded Bronze
Deductible	\$7,200	\$5,500	\$6,650	\$7,200	\$6,650	\$5,000
OOP Max*	\$7,350	\$7,200	\$6,650	\$7,350	\$6,650	\$6,800
Coinsurance	60%	50%	0%	60%	0%	60%
<u>Age</u>	<b>Monthly premium for the counties of: Carbon, Musselshell, Stillwater, Sweet Grass, Yellowstone</b>					
0-14	\$200	\$209	\$210	\$226	\$237	\$240
21-24	\$261	\$273	\$275	\$296	\$310	\$314
25	\$262	\$275	\$276	\$297	\$311	\$316
30	\$297	\$310	\$312	\$335	\$352	\$357
35	\$319	\$334	\$336	\$361	\$379	\$384
40	\$334	\$350	\$351	\$378	\$396	\$402
45	\$377	\$395	\$397	\$427	\$448	\$454
50	\$467	\$488	\$491	\$528	\$554	\$561
55	\$583	\$610	\$613	\$659	\$691	\$701
60	\$709	\$742	\$746	\$802	\$841	\$853
64-120	\$784	\$820	\$824	\$887	\$930	\$943
	<b>Counties of: Broadwater, Cascade, Chouteau, Deer Lodge, Gallatin, Jefferson, Judith Basin, Lewis and Clark, Silver Bow, Teton</b>					
0-14	\$216	\$226	\$227			
21-24	\$282	\$295	\$297			
25	\$283	\$296	\$298			
30	\$320	\$335	\$337			
35	\$345	\$361	\$363			
40	\$361	\$377	\$379			
45	\$407	\$426	\$428			
50	\$504	\$527	\$530			
55	\$629	\$658	\$662			
60	\$766	\$801	\$805			
64-120	\$847	\$886	\$890			
	<b>Counties of: Flathead, Lake, Missoula</b>					
0-14	\$200	\$209	\$210	\$226	\$237	\$240
21-24	\$261	\$273	\$275	\$296	\$310	\$314
25	\$262	\$275	\$276	\$297	\$311	\$316
30	\$297	\$310	\$312	\$335	\$352	\$357
35	\$319	\$334	\$336	\$361	\$379	\$384
40	\$334	\$350	\$351	\$378	\$396	\$402
45	\$377	\$395	\$397	\$427	\$448	\$454
50	\$467	\$488	\$491	\$528	\$554	\$561
55	\$583	\$610	\$613	\$659	\$691	\$701
60	\$709	\$742	\$746	\$802	\$841	\$853
64-120	\$784	\$820	\$824	\$887	\$930	\$943
	<b>Counties of: All others</b>					
0-14	\$210	\$219	\$220			
21-24	\$274	\$287	\$288			
25	\$275	\$288	\$289			
30	\$311	\$326	\$327			
35	\$335	\$350	\$352			
40	\$350	\$367	\$368			
45	\$396	\$414	\$416			
50	\$489	\$512	\$515			
55	\$611	\$640	\$643			
60	\$744	\$778	\$782			
64-120	\$822	\$860	\$865			

\*OOP Max = Out of Pocket Maximum

## State of Montana 2018 Individual Major Medical Rates

### MT CO-OP Plans offered both on and off the Montana Federally Facilitated Marketplace

The age for each person is based on their first date of coverage in 2018. For children under the age of 21, only the three oldest children will be included in the family premium. Region is based on county of primary residence.

This table does not include every possible monthly premium. Included: The rounded cost by plan and region for the specific ages shown. Not included: Other ages, dental premiums, smoking surcharges, Catastrophic plans or small group options, and subsidies.

**The cost sharing in this summary applies to "in-network" services only. Out-of-network services have higher cost sharing. Please see the policy language. Be sure to review plan details to know what applies to deductibles, exact copays and coinsurance for particular services, out-of-network coverage, excluded benefits, formularies, provider networks, etc.**

Plan ID	32225MT0090005	32225MT0090002	32225MT0090001	32225MT0080002	32225MT0080001	
Plan Name	Connected Care Silver Option 2	Connected Care Silver	Connected Care Gold	Access Care Silver	Access Care Gold	
Metal Tier	Silver	Silver	Gold	Silver	Gold	
Deductible	\$5,700	\$2,450	\$750	\$2,450	\$800	
OOP Max*	\$7,350	\$7,350	\$5,000	\$7,350	\$5,750	
Coinsurance	40%	40%	30%	40%	30%	
<u>Age</u>	<b>Monthly premium for the counties of: Carbon, Musselshell, Stillwater, Sweet Grass, Yellowstone</b>					
0-14	\$285	\$303	\$336	\$338	\$368	
21-24	\$373	\$396	\$439	\$442	\$481	
25	\$374	\$397	\$440	\$444	\$483	
30	\$423	\$449	\$498	\$502	\$546	
35	\$455	\$484	\$536	\$540	\$588	
40	\$476	\$506	\$561	\$565	\$615	
45	\$538	\$572	\$633	\$639	\$695	
50	\$665	\$707	\$783	\$790	\$859	
55	\$831	\$883	\$978	\$986	\$1,073	
60	\$1,011	\$1,074	\$1,190	\$1,200	\$1,306	
64-120	\$1,118	\$1,187	\$1,316	\$1,327	\$1,443	
	<b>Counties of: Broadwater, Cascade, Chouteau, Deer Lodge, Gallatin, Jefferson, Judith Basin, Lewis and Clark, Silver Bow, Teton</b>					
0-14	\$308	\$327	\$362			
21-24	\$402	\$427	\$474			
25	\$404	\$429	\$475			
30	\$457	\$485	\$537			
35	\$492	\$522	\$579			
40	\$514	\$546	\$605			
45	\$581	\$617	\$684			
50	\$718	\$763	\$846			
55	\$897	\$953	\$1,056			
60	\$1,092	\$1,160	\$1,285			
64-120	\$1,207	\$1,282	\$1,421			
	<b>Counties of: Flathead, Lake, Missoula</b>					
0-14	\$285	\$303	\$336	\$338	\$368	
21-24	\$373	\$396	\$439	\$442	\$481	
25	\$374	\$397	\$440	\$444	\$483	
30	\$423	\$449	\$498	\$502	\$546	
35	\$455	\$484	\$536	\$540	\$588	
40	\$476	\$506	\$561	\$565	\$615	
45	\$538	\$572	\$633	\$639	\$695	
50	\$665	\$707	\$783	\$790	\$859	
55	\$831	\$883	\$978	\$986	\$1,073	
60	\$1,011	\$1,074	\$1,190	\$1,200	\$1,306	
64-120	\$1,118	\$1,187	\$1,316	\$1,327	\$1,443	
	<b>Counties of: All others</b>					
0-14	\$299	\$318	\$352			
21-24	\$391	\$415	\$460			
25	\$392	\$417	\$462			
30	\$443	\$471	\$522			
35	\$477	\$507	\$562			
40	\$499	\$530	\$588			
45	\$564	\$599	\$664			
50	\$698	\$741	\$821			
55	\$871	\$926	\$1,026			
60	\$1,060	\$1,126	\$1,248			
64-120	\$1,172	\$1,245	\$1,380			

\*OOP Max = Out of Pocket Maximum