

2019 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*						Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP
GOLD														
BlueCross BlueShield														
Blue Preferred Gold PPO 204	\$450/\$900	\$7,900/\$15,800	2 \$10 copay visits* then 30% co-insurance after deductible met	30% co-insurance* after deductible met	\$0	\$850 deductible per visit** + 30% co-insurance	30% co-insurance after deductible met	30% co-insurance after deductible met	Urgent Care: \$15 copay per visit* ER: \$1,000 deductible per visit** + 30% co-insurance	30% co-insurance* after deductible met	\$5 copay*	\$50 copay*	\$100 copay*	\$250 copay*
Blue Focus [†] Gold POS 207	\$0/\$0	\$7,900/\$15,800	20% co-insurance*	40% co-insurance*	\$0	\$850 deductible per visit** + 40% co-insurance	\$600 deductible per visit** + 40% co-insurance	40% co-insurance*	Urgent Care: 40% co-insurance per visit ER: \$1,000 deductible per visit + 40% co-insurance	20% co-insurance*	10% co-insurance	30% co-insurance	35% co-insurance	45% co-insurance
Montana Health Co-op														
Access Care	\$800/\$1,600	\$5,750/\$11,500	\$30 copay per visit*	\$40 copay per visit*	\$0	30% co-insurance after deductible met				\$30 copay per visit*	10% co-insurance*	25% co-insurance*	35% co-insurance*	45% co-insurance*
Connected Care	\$750/\$1,500	\$5,750/\$11,500	\$35 copay per visit*	\$40 copay per visit*	\$0	30% co-insurance after deductible met				\$35 copay per visit*	10% co-insurance*	25% co-insurance*	35% co-insurance*	45% co-insurance*
PacificSource														
PSN Gold 1500	\$1,500/\$3,000	\$5,000/\$10,000	10% co-insurance after deductible met		\$0	10% co-insurance after deductible met				Retail: \$15 copay* per prescription	Retail: \$50 copay* per prescription	Retail: \$75 copay* per prescription	\$250 copay* per prescription	
SmartHealth [^] Gold 1500	\$1,500/\$3,000	\$5,000/\$10,000								Mail order: \$30 copay* per prescription	Mail order: \$150 copay* per prescription	Mail order: \$225 copay* per prescription		
GOLD														

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.
 ** 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.

2019 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*						Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP
SILVER														
BlueCross BlueShield														
Blue Preferred Silver PPO 203	\$650/\$1,300	\$7,900/\$15,800	40% co-insurance after deductible met	50% co-insurance after deductible met	\$0	\$850 deductible per visit* + 50% co-insurance after deductible met	\$600 deductible per visit** + 50% co-insurance after deductible met	50% co-insurance after deductible met	Urgent Care: 50% co-insurance per visit* ER: \$1,000 deductible per visit** 50% co-insurance after deductible met	40% 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
Blue Preferred Silver PPO 308	\$7,900/\$15,800	\$7,900/\$15,800	No charge after deductible met			No charge after deductible met					\$10 copay*	\$50 copay*	\$100 copay*	\$250 copay*
Blue Focus† Silver POS 206	\$4,000/\$8,000	\$7,900/\$15,800	2 \$25 copay visits then 50% co-insurance after deductible met	50% co-insurance after deductible met	\$0	\$850 deductible per visit* + 50% co-insurance after deductible met	50% co-insurance after deductible met	50% co-insurance after deductible met	Urgent Care: \$40 copay* per visit ER: \$1,000 deductible per visit** 50% co-insurance after deductible met	50% co-insurance after deductible met	\$5 copay*	\$50 copay*	\$100 copay*	\$250 copay*
Montana Health Co-op														
Access Care	\$3,300/\$6,600	\$7,900/\$15,800	1st 3 visits \$40 copay then \$40 copay per visit after deductible met	\$65 copay per visit after deductible met	\$0	40% co-insurance after deductible met				1st 3 visits \$40 copay then \$40 copay per visit after deductible met	20% co-insurance	30% co-insurance	40% co-insurance	50% co-insurance
Connected Care	\$3,300/\$6,600	\$7,900/\$15,800	1st 3 visits \$40 copay then \$40 copay per visit after deductible met	\$65 copay per visit after deductible met	\$0	40% co-insurance after deductible met				1st 3 visits \$40 copay then \$40 copay per visit after deductible met	20% co-insurance	30% co-insurance	40% co-insurance	50% co-insurance
Connected Care - Option 2	\$5,700/\$11,400	\$7,900/\$15,800	1st 3 visits \$40 copay then \$40 copay per visit after deductible met	\$65 copay per visit after deductible met	\$0	40% co-insurance after deductible met				1st 3 visits \$40 copay then \$40 copay per visit after deductible met	25% co-insurance*	40% co-insurance*	50% co-insurance*	60% co-insurance*
PacificSource														
PSN Silver HSA 3000	\$3,000/\$6,000	\$6,650/\$13,300	25% co-insurance after deductible met			25% co-insurance after deductible met				25% co-insurance after deductible met				
SmartHealth^ Silver HSA 3000	\$3,000/\$6,000	\$6,650/\$13,300	25% co-insurance after deductible met			25% co-insurance after deductible met				25% co-insurance after deductible met				
SILVER														

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

** 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.

2019 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*						Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP
BRONZE														
BlueCross BlueShield														
Blue Preferred Bronze PPO 201	\$2,850/\$5,700	\$7,900/\$15,800	2 \$25 visits* then 50% co-insurance after deductible met	\$0	\$850 deductible per visit* + 50% co-insurance after deductible met	\$600 deductible per visit* + 50% co-insurance after deductible met	50% co-insurance after deductible met	Urgent Care: \$40 copay* per visit ER: \$1,000 deductible per visit** + 50% co- insurance after deductible met	50% coinsurance after deductible met	0% co-insurance after deductible met	20% co-insurance after deductible met	35% co-insurance after deductible met	45% co-insurance after deductible met	
Blue Preferred Bronze PPO 202	\$2,900/\$5,800	\$6,650/\$13,300	30% co-insurance after deductible met	\$0	\$850 deductible per visit* + 30% co-insurance after deductible met	\$600 deductible per visit* + 30% co-insurance after deductible met	30% co-insurance after deductible met	Urgent Care: 30% co- insurance per visit* ER: \$1,000 deductible per visit** + 30% co- insurance after deductible met	30% coinsurance 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	
Blue Preferred Bronze PPO 301	\$7,900/\$15,800	\$7,900/\$15,800	No charge after deductible met	\$0	No charge after deductible met				No charge after deductible met					
Blue Focus† Bronze POS 205	4,400/\$8,800	\$7,900/\$15,800	2 \$40 visits* then 50% co-insurance after deductible met	\$0	\$850 deductible per visit* + 50% co-insurance after deductible met	\$600 deductible per visit* + 50% co-insurance after deductible met	50% co-insurance after deductible met	Urgent Care: \$40 copay per visit* ER: \$1,000 deductible per visit** + 50% co- insurance after deductible met	50% coinsurance after deductible met	0% co-insurance after deductible met	20% co-insurance after deductible met	35% co-insurance after deductible met	45% co-insurance after deductible met	
Montana Health Co-op														
Access Care	\$7,200/\$14,400	\$7,900/\$15,800	\$60 copay per visit after deductible met	60% co-insurance after deductible met	\$0	60% co-insurance after deductible met				\$60 copay per visit after deductible met	\$15 copay after deductible met	\$125 copay after deductible met	\$160 copay after deductible met	\$185 copay after deductible met
Access Care PLUS	\$6,750/\$13,500	\$6,750/\$13,500	No charge after deductible met		\$0	No charge after deductible met				No charge after deductible met				
Access Care Expanded	\$5,000/\$10,000	\$7,900/\$15,800	\$50 copay per visit*	\$75 copay per visit*	\$0	60% co-insurance after deductible met				\$50 copay per visit*	10% after deductible met	30% after deductible met	40% after deductible met	50% after deductible met
Connected Care	\$7,200/\$14,400	\$7,900/\$15,800	\$60 copay per visit after deductible met	60% co-insurance after deductible met	\$0	60% co-insurance after deductible met				\$60 copay per visit after deductible met	10% after deductible met	40% after deductible met	50% after deductible met	60% after deductible met
Connected Care PLUS	\$6,750/\$13,500	\$6,750/\$13,500	No charge after deductible met		\$0	No charge after deductible met				No charge after deductible met				
Connected Care Expanded	\$5,500/\$11,000	\$7,900/\$15,800	\$50 copay per visit*	\$60 copay per visit*	\$0	50% co-insurance after deductible met				\$50 copay per visit*	\$15 copay after deductible met	\$125 copay after deductible met	\$160 copay after deductible met	\$185 copay after deductible met
PacificSource														
PSN Bronze HSA 6650	\$6,650/\$13,300	\$6,650/\$13,300	No charge after deductible met		\$0	No charge after deductible met				No charge after deductible met				
SmartHealth^ Bronze HSA 6650	\$6,650/\$13,300	\$6,650/\$13,300												
BRONZE														

* 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.

2019 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		
CATASTROPHIC																
BlueCross BlueShield																
Blue Preferred Security PPO 200	\$7,900/\$15,800	\$7,900/\$15,800	3 \$20 copay visits* then No charge after deductible met	No charge after deductible met	\$0	No charge after deductible met				No charge after deductible met						
Montana Health Co-op																
Connected Care	\$7,900/\$15,800	\$7,900/\$15,800	3 \$0 copay visits** then No charge after deductible met	No charge after deductible met	\$0	No charge after deductible met				3 \$0 copay visits** then No charge after deductible met	No charge after deductible met					
CATASTROPHIC																

* 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
www.mhc.coop
www.pacificsource.com