

2019 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 Co-op																				
Access Care	\$950/\$1,900	\$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 per prescription	25% co-insurance per prescription**	30% co-insurance per prescription**	45% co-insurance per prescription							
Connected Care	\$750/\$1,500	\$6,000/\$12,000	\$30 copay per visit	\$40 copay per visit	\$0	30% co-insurance after deductible met			\$30 copay per visit	10% co-insurance per prescription	25% co-insurance per prescription**	30% co-insurance per prescription**	40% co-insurance per prescription							
PacificSource Health Plans																				
PSN Gold HSA 3000	\$3,000/\$6,000	\$3,000/\$6,000	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							
SmartHealth^ Gold HSA 3000	\$3,000/\$6,000	\$3,000/\$6,000																		
PSN Gold 2000	\$2,000/\$4,000	\$5,000/\$10,000	\$30 copay* per visit	\$60 copay* per visit	\$0	20% co-insurance after deductible met	Urgent Care: \$30 copay* per visit	\$30 copay* per office visit	ER: \$250 copay + 20% co-insurance per visit after deductible met	20% co-insurance after deductible met on all other Mental Health services	Retail: \$10 copay* per prescription	Retail: \$35 copay* per prescription	Retail: \$60 copay* per prescription							
SmartHealth^ Gold 2000	\$2,000/\$4,000	\$5,000/\$10,000																		
PSN Gold 2000 VH	\$2,000/\$4,000	\$5,000/\$10,000																		
SmartHealth^ Gold 2000 VH	\$2,000/\$4,000	\$5,000/\$10,000																		
PSN Gold 1000	\$1,000/\$2,000	\$5,000/\$10,000																		
SmartHealth^ Gold 1000	\$1,000/\$2,000	\$5,000/\$10,000																		
PSN Gold 1000 VH	\$1,000/\$2,000	\$5,000/\$10,000																		
SmartHealth^ Gold 1000 VH	\$1,000/\$2,000	\$5,000/\$10,000																		
GOLD																				

GLOSSARY of TERMS

* 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.

2019 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 Co-op																												
Access Care	\$2,750/\$5,500	\$7,900/\$15,800	\$35 copay per visit after deductible met	\$60 copay per visit after deductible met	\$0		40% co-insurance after deductible met			\$35 copay per visit after deductible met	10% co-insurance per prescription	30% co-insurance per prescription**	45% co-insurance per prescription**	50% co-insurance per prescription														
Connected Care	\$3,000/\$6,000	\$7,900/\$15,800	1st 3 visits \$35 copay then \$35 copay per visit after deductible met	\$65 copay per visit after deductible met	\$0		40% co-insurance after deductible met			1st 3 visits \$35 copay then \$35 copay per visit after deductible met	10% co-insurance per prescription	30% co-insurance per prescription**	40% co-insurance per prescription**	50% co-insurance per prescription														
Connected Care PLUS	\$4,400/\$8,800	\$4,400/\$8,800	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 OPTION 2	\$5,700/\$11,400	\$7,100/\$14,200	1st 3 visits \$40 copay then \$40 copay per visit after deductible met	\$50 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 per prescription	30% co-insurance per prescription**	40% co-insurance per prescription**	50% co-insurance per prescription														
PacificSource Health Plans																												
PSN Silver HSA 5400	\$5,400/\$10,800	\$5,400/\$10,800	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	No charge after deductible met													
SmartHealth^ HSA 5400	\$5,400/\$10,800	\$5,400/\$10,800																										
PSN Silver HSA 4000	\$4,000/\$8,000	\$4,000/\$8,000																										
SmartHealth^ Silver HSA 4000	\$4,000/\$8,000	\$4,000/\$8,000																										
PSN Silver HSA 3000	\$3,000/\$6,000	\$6,650/\$13,300	20% co-insurance after deductible met			\$0	20% co-insurance after deductible met				20% co-insurance after deductible met	20% co-insurance after deductible met	20% co-insurance after deductible met	20% co-insurance after deductible met														
SmartHealth^ Silver HSA 3000	\$3,000/\$6,000	\$6,650/\$13,300																										
PSN Silver 5000	\$5,000/\$10,000	\$7,350/\$14,700	\$30 copay* per visit	\$60 copay* per visit	\$0	30% co-insurance after deductible met	Urgent Care: \$30 copay* per visit ER: \$250 copay + 30% co-insurance per visit after deductible met			\$30 copay* per office visit 30% co-insurance after deductible met on all other Mental Health services	Retail: \$15 copay* per prescription Mail order: \$30 copay* per prescription	Retail: \$60 copay* per prescription Mail order: \$180* per prescription	Retail: \$100 copay* per prescription Mail order: \$300 copay* per prescription	\$250 copay* per prescription														
SmartHealth^ Silver 5000	\$5,000/\$10,000	\$7,350/\$14,700																										
PSN Silver 5000 VH	\$5,000/\$10,000	\$7,350/\$14,700																										
SmartHealth^ Silver 5000 VH	\$5,000/\$10,000	\$7,350/\$14,700																										
PSN Silver 4000	\$4,000/\$8,000	\$7,350/\$14,700																										
SmartHealth^ Silver 4000	\$4,000/\$8,000	\$7,350/\$14,700																										
PSN Silver 4000 VH	\$4,000/\$8,000	\$7,350/\$14,700																										
SmartHealth^ Silver 4000 VH	\$4,000/\$8,000	\$7,350/\$14,700																										
PSN Silver 3500	\$3,500/\$7,000	\$7,350/\$14,700																										
SmartHealth^ Silver 3500	\$3,500/\$7,000	\$7,350/\$14,700																										
PSN Silver 3500 VH	\$3,500/\$7,000	\$7,350/\$14,700																										
SmartHealth^ Silver 3500 VH	\$3,500/\$7,000	\$7,350/\$14,700																										
SILVER																												

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

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

2019 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 Co-op																
Access Care	\$7,200/\$14,400	\$7,900/\$15,800	\$60 copay per visit after deductible met	\$75 copay per visit after deductible met	\$0	60% co-insurance after deductible met			\$60 copay per visit after deductible met	Retail: \$15 copay per prescription after deductible met	Retail: \$125 copay per prescription after deductible met	Retail: \$160 copay per prescription after deductible met	Retail: \$185 copay per prescription after deductible met			
Access Care PLUS	\$6,750/\$13,500	\$6,750/\$13,500	No charge after deductible met			No charge after deductible met			\$60 copay per visit 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	\$7,900/\$15,800	\$60 copay per visit	\$75 copay per visit	\$0	60% co-insurance after deductible met			\$60 copay per visit	10% co-insurance per prescription after deductible met	20% co-insurance per prescription after deductible met	30% co-insurance per prescription after deductible met	40% co-insurance per prescription 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	Retail: \$15 copay per prescription after deductible met	Retail: \$125 copay per prescription after deductible met	Retail: \$160 copay per prescription after deductible met	Retail: \$185 copay per prescription after deductible met			
Connected Care PLUS	\$6,750/\$13,500	\$6,750/\$13,500	No charge after deductible met			No charge after deductible met			\$60 copay per visit	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	\$7,900/\$15,800	\$60 copay per visit	\$75 copay per visit	\$0	50% co-insurance after deductible met			\$60 copay per visit	10% co-insurance per prescription after deductible met	35% co-insurance per prescription after deductible met	45% co-insurance per prescription after deductible met	60% co-insurance per prescription after deductible met			
PacificSource Health Plans																
PSN Bronze 7600	\$7,600/\$15,200	\$7,600/\$15,200	\$35 copay*	No charge after deductible met	\$0	No charge after deductible met	Urgent Care: \$35 copay* per office visit	\$35 copay* per office visit	No charge after deductible met on all other Mental Health services	No charge after deductible met	No charge after deductible met	No charge after deductible met	No charge after deductible met			
SmartHealth^ Bronze 7600	\$7,600/\$15,200	\$7,600/\$15,200														
PSN Bronze HSA 6650	\$6,650/\$13,300	\$6,650/\$13,300	No charge after deductible met	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				
SmartHealth^ Bronze HSA 6650	\$6,650/\$13,300	\$6,650/\$13,300														
PSN Bronze HSA 5200	\$5,200/\$10,400	\$6,650/\$13,300	50% co-insurance after deductible met	50% co-insurance after deductible met	\$0	50% co-insurance after deductible met			50% co-insurance after deductible met	50% co-insurance after deductible met	50% co-insurance after deductible met	50% co-insurance after deductible met				
SmartHealth^ Bronze HSA 5200	\$5,200/\$10,400	\$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.
 ^ SmartHealth network is available in Carbon, Flathead, Lake, Lewis and Clark, Missoula, Musselshell, Park, Stillwater, Sweet Grass and Yellowstone counties.