

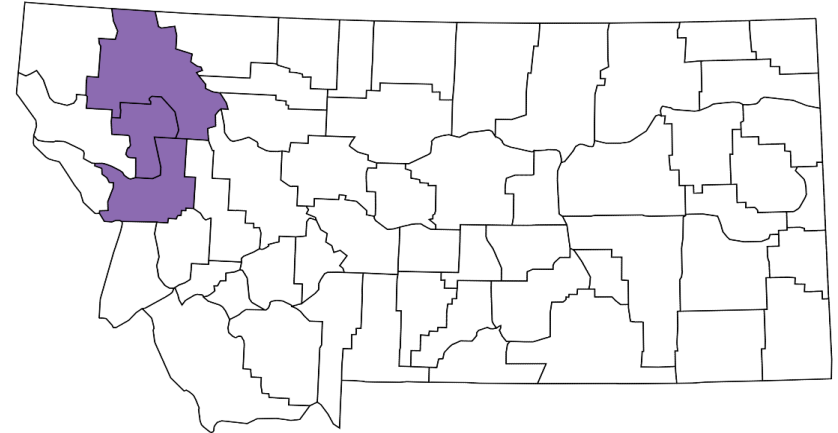
State of Montana 2019 ACA Individual Rates

Rating Area 3: Flathead, Lake, and Missoula Counties

The premium tables show 2019 monthly premiums rounded to the nearest dollar. Premium is the monthly amount charged to a policyholder for insurance coverage. These premiums are shown by plan and area for the specific ages shown. Other ages, dental premiums, smoking surcharges, cost sharing small group options, and any premium subsidies or other financial assistance are not shown.

Cost sharing includes deductibles, copays, and coinsurance. The cost sharing in this summary applies to "in-network" services only. Out-of-network services have higher cost sharing.

To determine your individual premium, look for the area or county of your primary residence.



NOTE:

- This table does not include every possible monthly premium.
- These premiums are subject to change.
- Review actual policy language and plan details for deductibles, copays, and coinsurance information; provider networks; out-of-network coverage; excluded benefits; etc.

Metal Level Plan Selection					
Gold	Monthly Premium	\$	\$	\$	<p>On average, gold plans pay 80% of your health care expenses. The monthly premium is higher, but out-of-pocket costs are lower. This could be a good option if you want to save on monthly premiums but still want to keep your out-of-pocket costs low.</p>
	Out-of-Pocket Medical Expense	\$	\$		
Silver	Monthly Premium	\$	\$		<p>On average, silver plans pay for 70% of your health care expenses. With a medium premium cost, this option could be a good option if you need to balance your monthly premium with your out-of-pocket costs.</p>
	Out-of-Pocket Medical Expense	\$	\$	\$	
Bronze	Monthly Premium	\$			<p>On average, bronze plans pay for 60% of your health care expenses. This could be a good option if you do not need a lot of health services because it has the lowest premiums but tends to have the highest deductible.</p>
	Out-of-Pocket Medical Expense	\$	\$	\$	

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Gold															
Company	Plan Name	Deductible	Out of Pocket Max	Co-insurance	Ages										
					0-14	21-24	25	30	35	40	45	50	55	60	64+
BlueCross BlueShield	Blue Focus Gold POS 207	\$0	\$7,900	^40%	\$342	\$448	\$449	\$508	\$547	\$572	\$646	\$799	\$998	\$1,215	\$1,343
	Blue Preferred Gold PPO 204 - Two 10 PCP Visits	\$450	\$7,900	30%	\$442	\$577	\$579	\$655	\$705	\$738	\$833	\$1,031	\$1,287	\$1,566	\$1,731
Montana Health CO-OP	Access Care Gold	\$800	\$5,750	30%	\$388	\$507	\$509	\$575	\$619	\$648	\$732	\$905	\$1,130	\$1,375	\$1,520
	Connected Care Gold	\$750	\$5,750	30%	\$346	\$453	\$454	\$514	\$553	\$578	\$653	\$808	\$1,009	\$1,228	\$1,358
PacificSource	SmartHealth Gold 1500	\$1,500	\$5,000	10%	\$368	\$481	\$483	\$546	\$587	\$614	\$694	\$858	\$1,072	\$1,304	\$1,442

^20% coinsurance for primary care (PCP); 40% coinsurance for specialists and all covered services

Silver															
Company	Plan Name	Deductible	Out of Pocket Max	Co-insurance	Ages										
					0-14	21-24	25	30	35	40	45	50	55	60	64+
BlueCross BlueShield	Blue Focus Silver POS 206 - Two 25 PCP Visits	\$4,000	\$7,900	50%	\$300	\$392	\$393	\$445	\$479	\$501	\$566	\$700	\$873	\$1,063	\$1,175
	*Blue Focus Silver POS 306	\$4,500.00	\$7,900.00	50%	\$254	\$332	\$333	\$376	\$405	\$424	\$479	\$592	\$739	\$900	\$995
	Blue Preferred Silver PPO 203	\$650	\$7,900	*50%	\$435	\$568	\$571	\$645	\$694	\$726	\$821	\$1,015	\$1,267	\$1,542	\$1,705
	*Blue Preferred Silver PPO 306	\$4,500	\$7,900	50%	\$340	\$444	\$446	\$504	\$543	\$568	\$642	\$794	\$991	\$1,206	\$1,333
	Blue Preferred Silver PPO 308	\$7,900	\$7,900	0%	\$393	\$513	\$515	\$582	\$627	\$656	\$741	\$917	\$1,144	\$1,393	\$1,539
Montana Health CO-OP	Access Care Silver	\$3,300	\$6,000	40%	\$370	\$484	\$486	\$549	\$592	\$619	\$699	\$865	\$1,080	\$1,314	\$1,452
	Connected Care Silver	\$3,300	\$7,900	40%	\$327	\$428	\$430	\$486	\$523	\$547	\$618	\$764	\$954	\$1,161	\$1,284
	Connected Care Silver Option 2	\$5,700	\$7,900	40%	\$313	\$409	\$410	\$464	\$499	\$522	\$590	\$730	\$911	\$1,109	\$1,226
PacificSource	SmartHealth Silver HSA 3000	\$3,000	\$6,650	25%	\$334	\$437	\$439	\$496	\$534	\$559	\$631	\$781	\$975	\$1,186	\$1,311

*These plans are sold OFF exchange only

*40% coinsurance for primary care (PCP) visits; 50% coinsurance for specialists and all other covered services

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Bronze															
Company	Plan Name	Deductible	Out of Pocket Max	Co-insurance	Ages										
					0-14	21-24	25	30	35	40	45	50	55	60	64+
BlueCross BlueShield	Blue Focus Bronze POS 205 - Two 40 PCP Visits	\$4,400	\$7,900	50%	\$220	\$288	\$289	\$326	\$352	\$368	\$415	\$514	\$641	\$781	\$863
	*Blue Focus Bronze POS 302	\$4,900	\$6,650	30%	\$231	\$303	\$304	\$343	\$370	\$387	\$437	\$540	\$675	\$821	\$908
	Blue Preferred Bronze PPO 201 - Two 25 PCP Visits	\$2,850	\$7,900	50%	\$320	\$418	\$420	\$475	\$511	\$535	\$604	\$747	\$933	\$1,135	\$1,255
	Blue Preferred Bronze PPO 202	\$2,900	\$6,650	30%	\$342	\$447	\$449	\$507	\$546	\$571	\$645	\$798	\$997	\$1,213	\$1,341
	Blue Preferred Bronze PPO 301	\$7,900	\$7,900	0%	\$300	\$393	\$394	\$446	\$480	\$502	\$567	\$701	\$876	\$1,066	\$1,178
	*Blue Preferred Bronze PPO 302	\$4,900	\$6,650	30%	\$315	\$411	\$413	\$467	\$502	\$525	\$594	\$734	\$917	\$1,116	\$1,233
Montana Health CO-OP	Access Care Bronze	\$7,200	\$7,900	60%	\$252	\$329	\$330	\$373	\$402	\$421	\$475	\$588	\$734	\$893	\$987
	Access Care Bronze Plus	\$6,750	\$6,750	0%	\$267	\$349	\$351	\$397	\$427	\$447	\$505	\$624	\$779	\$948	\$1,048
	Access Care Expanded Bronze	\$5,000	\$7,900	60%	\$261	\$341	\$343	\$388	\$417	\$436	\$493	\$610	\$761	\$927	\$1,024
	Connected Care Bronze	\$7,200	\$7,900	60%	\$222	\$291	\$292	\$330	\$355	\$371	\$420	\$519	\$648	\$789	\$872
	Connected Care Bronze Plus	\$6,750	\$6,750	0%	\$237	\$309	\$311	\$351	\$378	\$395	\$447	\$552	\$690	\$840	\$928
	Connected Care Expanded Bronze	\$5,500	\$7,900	50%	\$234	\$306	\$307	\$347	\$374	\$391	\$442	\$546	\$682	\$830	\$918
PacificSource	SmartHealth Bronze HSA 6650	\$6,650	\$6,650	0%	\$241	\$314	\$316	\$357	\$384	\$402	\$454	\$562	\$701	\$853	\$942

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