

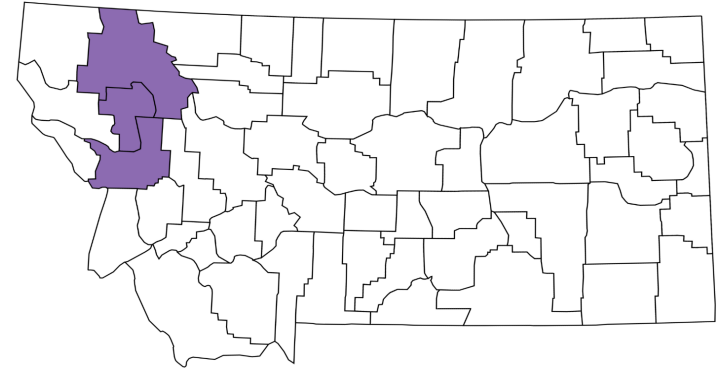
State of Montana 2020 ACA Small Group Rates

Rating Area 3: Flathead, Lake, and Missoula

The premium tables show 2020 monthly premiums for the third quarter of 2020 (July-Sept) rounded to the nearest dollar. Premium is the monthly amount charged to a policyholder for insurance coverage. These premiums are shown by plan and rating 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 rating 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					
Platinum	Monthly Premium	\$	\$	\$	On average, platinum plans pay 90% of your health care expenses. The monthly premium is the highest of all the metal levels; however, the out-of-pocket expenses are low. This could be a good option if you plan to use a lot of health care services.
	Out-of-Pocket Medical Expense	\$			
Gold	Monthly Premium	\$	\$	\$	On average, the gold plan pays 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 plan if you want to save on monthly premiums compared to Platinum but still want to keep our out-of-pocket costs low.
	Out-of-Pocket Medical Expense	\$	\$		
Silver	Monthly Premium	\$	\$		On average, the silver plan pays 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.
	Out-of-Pocket Medical Expense	\$	\$	\$	
Bronze	Monthly Premium	\$			On average, the bronze plan pays 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.
	Out-of-Pocket Medical Expense	\$	\$	\$	

Rating Area 3: Flathead, Lake, and Missoula Counties

Platinum															
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 Platinum POS 006	\$750	\$1,500	20%	\$293	\$383	\$384	\$434	\$468	\$489	\$553	\$684	\$854	\$1,039	\$1,148
	Blue Preferred Platinum PPO 101	\$750	\$1,500	20%	\$360	\$470	\$472	\$534	\$575	\$601	\$679	\$840	\$1,049	\$1,277	\$1,411
	Blue Preferred Platinum PPO 102	\$250	\$1,300	20%	\$372	\$486	\$488	\$552	\$594	\$621	\$702	\$868	\$1,084	\$1,320	\$1,459
UnitedHealthcare	UHC Choice Plus Platinum 250	\$250	\$2,500	10%	\$464	\$606	\$609	\$688	\$741	\$775	\$876	\$1,083	\$1,352	\$1,646	\$1,819
	UHC Choice Plus Platinum 500	\$500	\$5,000	20%	\$390	\$509	\$511	\$578	\$622	\$651	\$736	\$910	\$1,136	\$1,382	\$1,528
	UHC Choice Plus Platinum 0	\$0	\$3,500	0%	\$436	\$570	\$573	\$647	\$697	\$729	\$824	\$1,019	\$1,272	\$1,548	\$1,711

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 005	\$1,250	\$6,000	20%	\$239	\$313	\$314	\$355	\$382	\$400	\$452	\$559	\$698	\$849	\$939
	Blue Focus Gold POS 007	\$1,500	\$4,500	20%	\$236	\$309	\$310	\$350	\$377	\$395	\$446	\$552	\$689	\$838	\$926
	Blue Focus Gold POS 008	\$2,000	\$5,500	10%	\$233	\$305	\$306	\$346	\$373	\$390	\$440	\$545	\$680	\$828	\$915
	Blue Preferred Gold PPO 105	\$2,500	\$3,500	20%	\$305	\$399	\$400	\$452	\$487	\$509	\$575	\$712	\$889	\$1,082	\$1,196
	Blue Preferred Gold PPO 107	\$1,500	\$4,600	20%	\$304	\$398	\$399	\$451	\$486	\$508	\$574	\$710	\$887	\$1,079	\$1,193
	Blue Preferred Gold PPO 110	\$2,000	\$4,500	20%	\$304	\$398	\$399	\$451	\$486	\$508	\$574	\$710	\$887	\$1,079	\$1,193
	Blue Preferred Gold PPO 123	\$4,500	\$4,500	0%	\$260	\$340	\$342	\$386	\$416	\$435	\$491	\$608	\$759	\$924	\$1,021
	Blue Preferred Gold PPO 135	\$2,800	\$2,800	0%	\$295	\$386	\$388	\$438	\$472	\$494	\$558	\$690	\$861	\$1,048	\$1,158
Montana Health Co-op	Connected Care Gold	\$850	\$6,000	30%	\$265	\$347	\$348	\$394	\$424	\$443	\$501	\$619	\$773	\$941	\$1,040
	Co-op Plus Gold	\$850	\$6,000	30%	\$263	\$344	\$346	\$391	\$421	\$440	\$497	\$615	\$768	\$934	\$1,033
PacificSource	Voyager Gold 1000	\$1,000	\$5,500	30%	\$337	\$440	\$442	\$500	\$538	\$563	\$636	\$787	\$982	\$1,195	\$1,320
	Voyager Gold 2000	\$2,000	\$5,500	30%	\$308	\$403	\$405	\$457	\$492	\$515	\$582	\$720	\$899	\$1,094	\$1,209
	Navigator Gold 1000	\$1,000	\$5,500	30%	\$312	\$407	\$409	\$462	\$498	\$521	\$588	\$728	\$909	\$1,106	\$1,221
	Navigator Gold 2000	\$2,000	\$5,500	30%	\$285	\$373	\$374	\$423	\$456	\$476	\$538	\$666	\$831	\$1,012	\$1,118
	Navigator Gold HSA 3000	\$3,000	\$3,000	0%	\$258	\$337	\$338	\$382	\$411	\$430	\$486	\$601	\$751	\$914	\$1,010
	Voyager Gold HSA 3000	\$3,000	\$3,000	0%	\$278	\$364	\$365	\$413	\$445	\$465	\$526	\$650	\$812	\$988	\$1,092
	Voyager Gold 1000 VH	\$1,000	\$5,500	30%	\$340	\$444	\$446	\$504	\$543	\$568	\$641	\$793	\$991	\$1,206	\$1,332
	Voyager Gold 2000 VH	\$2,000	\$5,500	30%	\$311	\$407	\$408	\$462	\$497	\$520	\$587	\$726	\$907	\$1,104	\$1,220
UnitedHealthcare	Navigator Gold 1000 VH	\$1,000	\$5,500	30%	\$314	\$411	\$413	\$466	\$502	\$525	\$593	\$734	\$916	\$1,115	\$1,233
	Navigator Gold 2000 VH	\$2,000	\$5,500	30%	\$288	\$376	\$378	\$427	\$460	\$481	\$543	\$672	\$839	\$1,021	\$1,128
	UHC Choice Plus Gold 0	\$0	\$7,150	30%	\$385	\$504	\$506	\$572	\$615	\$644	\$727	\$900	\$1,123	\$1,367	\$1,511
	UHC Choice Plus Gold 1000-1	\$1,000	\$5,000	20%	\$347	\$454	\$455	\$515	\$554	\$580	\$655	\$810	\$1,011	\$1,231	\$1,361
	UHC Choice Plus Gold 1000-2	\$1,000	\$8,150	20%	\$332	\$434	\$435	\$492	\$530	\$554	\$626	\$774	\$967	\$1,177	\$1,301
	UHC Choice Plus Gold 1500	\$1,500	\$8,150	20%	\$353	\$462	\$464	\$524	\$564	\$590	\$667	\$825	\$1,030	\$1,253	\$1,385
	UHC Choice Plus Gold 500	\$500	\$6,750	30%	\$346	\$452	\$454	\$513	\$552	\$577	\$653	\$807	\$1,008	\$1,226	\$1,356
	UHC Choice Plus Gold 3000	\$3,000	\$7,000	20%	\$314	\$410	\$412	\$466	\$502	\$525	\$593	\$733	\$915	\$1,114	\$1,231
UHC Choice Plus HSA Gold 1500-1	\$1,500	\$4,000	10%	\$377	\$493	\$495	\$560	\$603	\$631	\$712	\$881	\$1,100	\$1,339	\$1,480	
UHC Choice Plus HSA Gold 1500-2	\$1,500	\$4,000	0%	\$387	\$506	\$508	\$574	\$618	\$646	\$730	\$903	\$1,128	\$1,372	\$1,517	
UHC Choice Plus Gold 2000-2	\$2,000	\$7,500	20%	\$313	\$409	\$411	\$465	\$500	\$523	\$591	\$731	\$913	\$1,111	\$1,228	
UHC Choice Plus Gold 1000-3	\$1,000	\$7,500	20%	\$338	\$442	\$444	\$502	\$540	\$565	\$639	\$790	\$986	\$1,200	\$1,327	
UHC Choice Plus Gold 2000-1	\$2,000	\$8,150	20%	\$333	\$435	\$437	\$494	\$532	\$557	\$629	\$778	\$971	\$1,182	\$1,306	

Rating Area 3: Flathead, Lake, and Missoula Counties

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 001	\$4,550	\$8,150	30%	\$185	\$242	\$243	\$275	\$296	\$309	\$350	\$432	\$540	\$657	\$726
	Blue Focus Silver POS 003	\$3,700	\$6,750	10%	\$182	\$239	\$239	\$271	\$291	\$305	\$344	\$426	\$532	\$647	\$716
	Blue Focus Silver POS 004	\$5,000	\$7,900	30%	\$181	\$237	\$238	\$269	\$290	\$303	\$342	\$423	\$529	\$644	\$711
	Blue Focus Silver POS 010	\$3,000	\$5,250	20%	\$193	\$252	\$253	\$286	\$308	\$322	\$363	\$450	\$561	\$683	\$755
	Blue Preferred Silver PPO 117	\$3,000	\$5,250	20%	\$257	\$336	\$337	\$381	\$410	\$429	\$485	\$600	\$749	\$912	\$1,008
	Blue Preferred Silver PPO 120	\$4,750	\$7,900	30%	\$248	\$324	\$325	\$368	\$396	\$414	\$468	\$579	\$722	\$879	\$972
	Blue Preferred Silver PPO 122	\$4,200	\$4,200	0%	\$263	\$343	\$345	\$390	\$420	\$439	\$496	\$613	\$766	\$932	\$1,030
	Blue Preferred Silver PPO 127	\$4,500	\$6,500	30%	\$228	\$299	\$300	\$339	\$365	\$382	\$431	\$533	\$666	\$810	\$896
	Blue Preferred Silver PPO 131	\$4,000	\$7,350	30%	\$241	\$315	\$316	\$358	\$385	\$403	\$455	\$563	\$703	\$855	\$946
Blue Preferred Silver PPO 136	\$5,500	\$5,500	0%	\$239	\$313	\$314	\$355	\$382	\$400	\$452	\$559	\$698	\$849	\$939	
Montana Health Co-op	Connected Care Silver	\$3,000	\$8,150	40%	\$231	\$302	\$303	\$342	\$369	\$386	\$436	\$539	\$673	\$819	\$905
	Connected Care Silver Plus	\$4,400	\$4,400	0%	\$233	\$305	\$306	\$346	\$372	\$389	\$440	\$544	\$680	\$827	\$914
	Connected Care Silver Option 2	\$5,700	\$7,500	40%	\$228	\$298	\$299	\$338	\$364	\$381	\$430	\$532	\$665	\$809	\$894
	Co-op Plus Silver	\$3,000	\$8,150	40%	\$221	\$289	\$291	\$329	\$354	\$370	\$418	\$517	\$646	\$786	\$868
PacificSource	Voyager Silver HSA 4500	\$4,500	\$4,500	0%	\$247	\$323	\$324	\$367	\$395	\$413	\$466	\$577	\$720	\$877	\$969
	Voyager Silver HSA 3000	\$3,000	\$6,750	20%	\$248	\$325	\$326	\$368	\$397	\$415	\$469	\$580	\$724	\$881	\$974
	Voyager Silver 5500	\$5,500	\$7,500	30%	\$263	\$344	\$346	\$391	\$421	\$440	\$497	\$615	\$768	\$934	\$1,032
	Voyager Silver 6500	\$6,500	\$7,500	30%	\$259	\$339	\$340	\$384	\$414	\$433	\$489	\$605	\$755	\$919	\$1,016
	Navigator Silver HSA 4500	\$4,500	\$4,500	0%	\$229	\$299	\$300	\$339	\$365	\$382	\$432	\$534	\$666	\$811	\$897
	Navigator Silver HSA 3000	\$3,000	\$6,750	20%	\$230	\$300	\$301	\$341	\$367	\$384	\$434	\$536	\$670	\$815	\$900
	Navigator Silver 5500	\$5,500	\$7,500	30%	\$244	\$318	\$320	\$361	\$389	\$407	\$460	\$569	\$710	\$864	\$954
	Navigator Silver 6500	\$6,500	\$7,500	30%	\$240	\$313	\$314	\$355	\$383	\$400	\$452	\$559	\$698	\$850	\$939
	Voyager Silver 4500	\$4,500	\$7,500	30%	\$269	\$351	\$352	\$398	\$429	\$449	\$507	\$627	\$783	\$953	\$1,053
	Navigator Silver 4500	\$4,500	\$7,500	30%	\$248	\$325	\$326	\$369	\$397	\$415	\$469	\$580	\$724	\$881	\$974
	Voyager Silver HSA 5500	\$5,500	\$5,500	0%	\$231	\$302	\$303	\$342	\$369	\$385	\$436	\$539	\$673	\$819	\$905
	Navigator Silver HSA 5500	\$5,500	\$5,500	0%	\$213	\$279	\$280	\$317	\$341	\$357	\$403	\$498	\$622	\$757	\$837
	Voyager Silver 3000	\$3,000	\$8,150	40%	\$272	\$356	\$357	\$404	\$435	\$455	\$514	\$635	\$793	\$966	\$1,067
	Navigator Silver 3000	\$3,000	\$8,150	40%	\$252	\$329	\$330	\$374	\$402	\$421	\$475	\$588	\$734	\$893	\$987
	Voyager Silver 5500 VH	\$5,500	\$7,500	30%	\$266	\$348	\$349	\$395	\$425	\$445	\$503	\$622	\$776	\$944	\$1,044
	Voyager Silver 6500 VH	\$6,500	\$7,500	30%	\$262	\$342	\$344	\$388	\$418	\$437	\$494	\$611	\$763	\$929	\$1,026
	Navigator Silver 5500 VH	\$5,500	\$7,500	30%	\$246	\$322	\$323	\$365	\$393	\$411	\$465	\$575	\$718	\$874	\$966
	Navigator Silver 6500 VH	\$6,500	\$7,500	30%	\$242	\$317	\$318	\$359	\$387	\$405	\$457	\$565	\$706	\$859	\$950
Voyager Silver 4500 VH	\$4,500	\$7,500	30%	\$272	\$356	\$357	\$404	\$435	\$455	\$514	\$635	\$793	\$965	\$1,067	
Navigator Silver 4500 VH	\$4,500	\$7,500	30%	\$252	\$329	\$330	\$374	\$402	\$421	\$475	\$588	\$734	\$893	\$987	
UnitedHealthcare	UHC Choice Plus Silver 2500	\$2,500	\$8,150	40%	\$269	\$352	\$353	\$399	\$430	\$450	\$508	\$628	\$784	\$955	\$1,055
	UHC Choice Plus Silver 3000	\$3,000	\$8,150	40%	\$269	\$352	\$353	\$400	\$430	\$450	\$508	\$629	\$785	\$955	\$1,056
	UHC Choice Plus Silver 5500-1	\$5,500	\$8,150	30%	\$275	\$360	\$361	\$408	\$440	\$460	\$520	\$643	\$802	\$977	\$1,080
	UHC Choice Plus Silver 6100	\$6,100	\$8,150	20%	\$276	\$360	\$362	\$409	\$440	\$460	\$520	\$643	\$803	\$978	\$1,081
	UHC Choice Plus Silver 7400	\$7,400	\$8,150	0%	\$273	\$357	\$358	\$405	\$436	\$456	\$515	\$637	\$795	\$968	\$1,070
	UHC Choice Plus HSA Silver 2500-1	\$2,500	\$6,700	20%	\$308	\$403	\$405	\$457	\$492	\$515	\$582	\$720	\$898	\$1,093	\$1,209
	UHC Choice Plus HSA Silver 2000	\$2,000	\$6,900	30%	\$305	\$398	\$400	\$452	\$487	\$509	\$575	\$711	\$888	\$1,081	\$1,195
	UHC Choice Plus HSA Silver 2500-2	\$2,500	\$6,900	20%	\$302	\$395	\$397	\$449	\$483	\$505	\$571	\$706	\$881	\$1,073	\$1,186
	UHC Choice Plus HSA Silver 3000	\$3,000	\$5,000	30%	\$309	\$404	\$406	\$459	\$494	\$517	\$584	\$722	\$902	\$1,097	\$1,213
UHC Choice Plus Silver 6000	\$6,000	\$8,150	30%	\$269	\$352	\$354	\$400	\$430	\$450	\$508	\$629	\$785	\$956	\$1,056	

Silver

Rating Area 3: Flathead, Lake, and Missoula Counties

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 002	\$6,500	\$6,750	20%	\$153	\$201	\$201	\$228	\$245	\$256	\$290	\$358	\$447	\$544	\$602
	Blue Focus Bronze POS 009	\$7,350	\$7,350	0%	\$158	\$206	\$207	\$234	\$252	\$263	\$298	\$368	\$460	\$559	\$618
	Blue Preferred Bronze PPO 116	\$7,350	\$7,350	0%	\$213	\$279	\$280	\$317	\$341	\$357	\$403	\$498	\$622	\$757	\$837
	Blue Preferred Bronze PPO 134	\$6,500	\$6,750	10%	\$216	\$282	\$283	\$320	\$345	\$361	\$408	\$504	\$629	\$766	\$847
Montana Health Co-op	Connected Care Bronze	\$7,200	\$8,150	60%	\$191	\$250	\$251	\$284	\$305	\$319	\$361	\$446	\$557	\$678	\$750
	Connected Care Bronze Plus	\$6,900	\$6,900	0%	\$204	\$267	\$268	\$303	\$326	\$341	\$385	\$477	\$595	\$724	\$801
	Connected Care Expanded Bronze	\$4,500	\$8,150	50%	\$204	\$266	\$267	\$302	\$325	\$340	\$384	\$475	\$593	\$722	\$798
	Co-op Plus Bronze	\$7,200	\$8,150	60%	\$192	\$251	\$252	\$285	\$306	\$320	\$362	\$448	\$559	\$680	\$752
PacificSource	Voyager Bronze HSA 6750	\$6,750	\$6,750	0%	\$213	\$279	\$280	\$316	\$340	\$356	\$402	\$498	\$621	\$756	\$836
	Voyager Bronze HSA 5000	\$5,000	\$6,750	50%	\$219	\$287	\$288	\$326	\$351	\$367	\$414	\$512	\$640	\$779	\$861
	Voyager Bronze 8150	\$8,150	\$8,150	0%	\$215	\$281	\$282	\$319	\$343	\$359	\$406	\$502	\$626	\$762	\$843
	Navigator Bronze HSA 6750	\$6,750	\$6,750	0%	\$197	\$258	\$259	\$292	\$315	\$329	\$372	\$460	\$575	\$699	\$773
	Navigator Bronze HSA 5000	\$5,000	\$6,750	50%	\$203	\$265	\$266	\$301	\$324	\$339	\$383	\$474	\$592	\$720	\$795
	Navigator Bronze 8150	\$8,150	\$8,150	0%	\$199	\$260	\$261	\$295	\$318	\$332	\$375	\$464	\$579	\$705	\$779
UnitedHealthcare	UHC Choice Plus Bronze 7450	\$7,450	\$8,150	40%	\$244	\$319	\$320	\$362	\$390	\$407	\$460	\$569	\$711	\$865	\$956
	UHC Choice Plus HSA Bronze 4000	\$4,000	\$6,900	40%	\$263	\$343	\$345	\$390	\$420	\$439	\$496	\$613	\$766	\$932	\$1,030
	UHC Choice Plus HSA Bronze 5750	\$5,750	\$6,550	30%	\$250	\$327	\$328	\$371	\$399	\$418	\$472	\$584	\$729	\$887	\$980
	UHC Choice Plus HSA Bronze 6000	\$6,000	\$6,550	20%	\$249	\$326	\$327	\$370	\$398	\$416	\$471	\$582	\$727	\$884	\$977
	UHC Choice Plus HSA Bronze 6650	\$6,650	\$6,650	0%	\$247	\$323	\$324	\$367	\$395	\$413	\$466	\$577	\$720	\$877	\$969

