

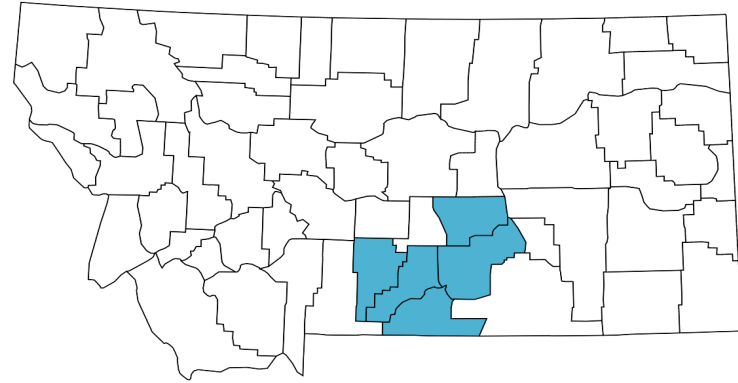
State of Montana 2020 Individual ACA Rates

Rating Area 1: Carbon, Musselshell, Stillwater, Sweet Grass, and Yellowstone Counties

The premium tables show 2020 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 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 county or rating area 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	\$	\$	\$	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.
	Out-of-Pocket Medical Expense	\$	\$		
Silver	Monthly Premium	\$	\$		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.
	Out-of-Pocket Medical Expense	\$	\$	\$	
Bronze	Monthly Premium	\$			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.
	Out-of-Pocket Medical Expense	\$	\$	\$	

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Gold															
Company	Plan Name	Deductible	Out of Pocket	Co-insurance	Ages										
					0-14	21-24	25	30	35	40	45	50	55	60	64+
BlueCross BlueShield	Blue Preferred Gold PPO 204 - Two \$10 PCP Visits	\$750	\$8,150	30%	\$329	\$430	\$431	\$488	\$525	\$549	\$620	\$767	\$958	\$1,166	\$1,289
	Blue Focus Gold POS 207	\$300	\$8,150	40%	\$240	\$314	\$315	\$356	\$383	\$401	\$453	\$560	\$700	\$852	\$941
Montana Health Co-op	Connected Care Gold	\$750	\$5,750	30%	\$295	\$386	\$387	\$438	\$471	\$493	\$557	\$689	\$860	\$1,047	\$1,157
	Co-op Plus Gold	\$750	\$5,750	30%	\$293	\$383	\$384	\$434	\$468	\$489	\$553	\$683	\$853	\$1,039	\$1,148
PacificSource	Navigator Gold 1500	\$1,500	\$5,000	10%	\$310	\$405	\$407	\$460	\$495	\$518	\$585	\$724	\$904	\$1,100	\$1,215

Silver															
Company	Plan Name	Deductible	Out of Pocket	Co-insurance	Ages										
					0-14	21-24	25	30	35	40	45	50	55	60	64+
BlueCross BlueShield	Blue Preferred Silver PPO 203	\$650	\$8,150	50%	\$314	\$411	\$412	\$466	\$502	\$525	\$593	\$734	\$916	\$1,115	\$1,232
	Blue Preferred Silver PPO 306	\$4,500	\$8,150	50%	\$256	\$334	\$336	\$379	\$408	\$427	\$483	\$597	\$745	\$907	\$1,003
	Blue Preferred Silver PPO 308	\$8,150	\$8,150	0%	\$290	\$379	\$381	\$430	\$463	\$485	\$548	\$677	\$846	\$1,029	\$1,138
	Blue Focus Silver POS 206 - Two \$25 PCP Visits	\$4,000	\$8,150	50%	\$213	\$278	\$279	\$316	\$340	\$355	\$401	\$496	\$620	\$754	\$834
	Blue Focus Silver POS 306	\$4,500	\$8,150	50%	\$184	\$241	\$242	\$273	\$294	\$308	\$348	\$430	\$537	\$654	\$723
Montana Health Co-op	Connected Care Silver	\$4,000	\$8,150	40%	\$280	\$365	\$367	\$415	\$446	\$467	\$528	\$653	\$815	\$992	\$1,096
	Connected Care Silver Option 2	\$5,700	\$8,150	40%	\$271	\$354	\$356	\$402	\$433	\$453	\$511	\$633	\$790	\$961	\$1,063
	Co-op Plus Silver	\$4,000	\$8,150	40%	\$279	\$365	\$367	\$415	\$446	\$467	\$527	\$652	\$814	\$991	\$1,096
PacificSource	Navigator Silver HSA 3500	\$3,500	\$6,750	25%	\$275	\$359	\$361	\$408	\$439	\$459	\$519	\$641	\$801	\$975	\$1,077
	Navigator Silver 5000	\$5,000	\$8,150	30%	\$262	\$342	\$344	\$388	\$418	\$437	\$494	\$611	\$763	\$929	\$1,026
	Navigator Silver 4000	\$4,000	\$7,000	30%	\$241	\$315	\$317	\$358	\$385	\$403	\$455	\$563	\$703	\$856	\$945
	Navigator Silver 3000	\$3,000	\$8,150	40%	\$255	\$333	\$334	\$378	\$407	\$426	\$481	\$595	\$743	\$904	\$999

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Bronze															
Company	Plan Name	Deductible	Out of Pocket	Co-insurance	Ages										
					0-14	21-24	25	30	35	40	45	50	55	60	64+
BlueCross BlueShield	Blue Preferred Bronze PPO 201 - Two \$25 PCP Visits	\$2,850	\$8,150	50%	\$245	\$320	\$321	\$363	\$391	\$409	\$462	\$571	\$713	\$868	\$960
	Blue Preferred Bronze PPO 202	\$3,100	\$6,750	30%	\$257	\$336	\$338	\$382	\$411	\$430	\$486	\$601	\$750	\$913	\$1,009
	Blue Preferred Bronze PPO 302	\$4,900	\$6,750	30%	\$243	\$318	\$319	\$361	\$388	\$406	\$459	\$567	\$709	\$862	\$953
	Blue Preferred Bronze PPO 301	\$8,150	\$8,150	0%	\$231	\$302	\$303	\$343	\$369	\$386	\$436	\$539	\$673	\$820	\$906
	Blue Focus Bronze POS 205 - Two \$40 PCP Visits	\$4,400	\$8,150	50%	\$164	\$215	\$215	\$244	\$262	\$274	\$310	\$383	\$479	\$582	\$644
	Blue Focus Bronze POS 302	\$4,900	\$6,750	30%	\$172	\$225	\$226	\$256	\$275	\$288	\$325	\$403	\$503	\$612	\$676
Montana Health Co-op	Connected Care Bronze	\$7,200	\$8,150	60%	\$190	\$249	\$250	\$283	\$304	\$318	\$360	\$445	\$555	\$676	\$747
	Connected Care Bronze Plus	\$6,900	\$6,900	0%	\$203	\$265	\$266	\$301	\$324	\$339	\$383	\$473	\$591	\$719	\$795
	Connected Care Expanded Bronze	\$5,500	\$8,150	50%	\$200	\$261	\$262	\$297	\$319	\$334	\$378	\$467	\$583	\$710	\$784
	Co-op Plus Bronze	\$7,200	\$8,150	60%	\$190	\$248	\$249	\$281	\$303	\$317	\$358	\$442	\$552	\$672	\$743
PacificSource	Navigator Bronze HSA 6750	\$6,750	\$6,750	0%	\$201	\$263	\$264	\$298	\$321	\$336	\$379	\$469	\$586	\$713	\$788
	Navigator Bronze 7000	\$7,000	\$8,150	40%	\$204	\$266	\$268	\$302	\$326	\$341	\$385	\$476	\$594	\$723	\$798

Bronze

