MONTANA HEALTH INSURANCE ANSWERS

CSI Office of the Montana State Auditor Commissioner of Securities & Insurance

2020 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 *(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
GOLD														
Montana Health Coop														
Connected Care Gold	$850/$1,700	$6,000/$12,000	$30 copay per visit	$40 copay per visit	$0	30% co-insurance After Deductible				$30 copay per visit	$5 copay per prescription	$20 copay per prescription	$50 copay per prescription	$100 copay per prescription
Co-op Plus Gold	$850/$1,700	$6,000/$12,000	Tier 1: $5 copay per visit Tier 2: 30% co-insurance After Deductible	$40 copay per visit	$0	30% co-insurance After Deductible				Tier 1: $5 copay per visit Tier 2: 30% co-insurance After Deductible	$5 copay per prescription	$20 copay per prescription	$50 copay per prescription	$100 copay per prescription
PacificSource Health Plans														
Voyager Gold HSA 3000	$3,000/$6,000	$3,000/$6,000	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Navigator Gold HSA 3000	$3,000/$6,000	$3,000/$6,000	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Voyager Gold 2000	$2,000/$4,000	$5,550/$11,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $10	No deductible $35	No deductible $60	No deductible $250
Navigator Gold 2000	$2,000/$4,000	$5,550/$11,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $10	No deductible $35	No deductible $60	No deductible $250
Voyager Gold 1000	$1,000/$2,000	$5,550/$11,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $10	No deductible $35	No deductible $60	No deductible $250
Navgator Gold 1000	$1,000/$2,000	$5,550/$11,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $10	No deductible $35	No deductible $60	No deductible $250
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.

MONTANAHEALTH INSURANCEANSWERS

CSI Office of the Montana State Auditor Commissioner of Securities & Insurance

2020 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	PRIMARY CARE Office Visit	PREVENTIVE CARE*						Generic Tier 1	Preferred Brand Tier 2	Non-Preferred Brand Tier 3	Specialty Tier 4/SP
SILVER														
Montana Health Coop														
Connected Care Silver	$3,000/$6,000	$8,150/$16,300	$35 copay per visit	$65 copay per visit After Deductible	$0	40% co-insurance After Deductible				$35 copay per visit	$10 copay per prescription	$50 copay per prescription	$100 copay per prescription	$150 copay per prescription
Connected Care Silver Plus	$4,400/$8,800	$4,400/$8,800	No Charge After Deductible	No Charge After Deductible	$0	No Charge After Deductible				No Charge After Deductible	No Charge After Deductible			
Connected Care Silver Option 2	$5,700/$11,400	$7,500/$15,000	$40 copay per visit	$50 copay per visit	$0	40% co-insurance After Deductible				$40 copay per visit	$10 copay per prescription	$50 copay per prescription	$100 copay per prescription	$150 copay per prescription
Co-op Plus Silver	$3,000/$6,000	$8,150/$16,300	Tier 1: $10 copay per visit Tier 2: 40% co-insurance After Deductible	$65 copay per visit After Deductible	$0	40% co-insurance After Deductible				Tier 1: $10 copay per visit Tier 2: 40% co-insurance After Deductible	$10 copay per prescription	$50 copay per prescription	$100 copay per prescription	$150 copay per prescription
PacificSource Health Plans														
Voyager Silver HSA 5500	$5,5500/$11,000	$5,500/$11,000	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Navigator Silver HSA 5500	$5,5500/$11,000	$5,500/$11,000	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Voyager Silver HSA 4500	$4,500/$9,000	$4,500/$9,000	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Navigator Silver HSA 4500	$4,500/$9,000	$4,500/$9,000	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Voyager Silver HSA 3000	$3,000/$6,000	$6,750/$13,500	After deductible 20%		$0, No deductible	After deductible 20%					After deductible 20%			
Navigator Silver HSA 3000	$3,000/$6,000	$6,750/$13,500	After deductible 20%		$0, No deductible	After deductible 20%					After deductible 20%			
Voyager Silver 6500	$6,500/$13,000	$7,500/$15,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $15	No deductible $60	No deductible $100	No deductible $250
Navigator Silver 6500	$6,500/$13,000	$7,500/$15,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $15	No deductible $60	No deductible $100	No deductible $250
Voyager Silver 5500	$5,500/$11,000	$7,500/$15,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $15	No deductible $60	No deductible $100	No deductible $250
Navigator Silver 5500	$5,500/$11,000	$7,500/$15,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $15	No deductible $60	No deductible $100	No deductible $250
Voyager Silver 4500	$4,500/$9,000	$7,500/$15,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $15	No deductible $60	No deductible $100	No deductible $250
Navigator Silver 4500	$4,500/$9,000	$7,500/$15,000	No deductible $30	No deductible $60	$0, No deductible	After deductible 30%			After deductible $250 plus 30%	No deductible $30	No deductible $15	No deductible $60	No deductible $100	No deductible $250
Voyager Silver 3000	$3,000/$6,000	$8,150/$16,300	No deductible $35	After deductible 40%	$0, No deductible	After deductible 40%			After deductible $250 plus 30%	No deductible $35	No deductible $15	No deductible $60	No deductible $100	No deductible $250
Navigator Silver 3000	$3,000/$6,000	$8,150/$16,300	No deductible $35	After deductible 40%	$0, No deductible	After deductible 40%			After deductible $250 plus 30%	No deductible $35	No deductible $15	No deductible $60	No deductible $100	No deductible $250
SILVER														

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

MONTANA HEALTH INSURANCE ANSWERS

CSI

2020 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 *(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
BRONZE														
Montana Health Coop														
Connected Care Bronze	$8,150/$16,300	$7,200/$14,400	$60 copay per visit After Deductible	60% co-insurance After Deducttible	$0	60% co-insurance After Deductible				$60 copay per visit After Deductible	$15 copay per prescription After Deductible	$125 copay per presciption After Deductible	$160 copay per prescription After Deductible	$185 copay per prescription After Deductible
Connected Care Bronze Plus	$6,900/$13,800	$6,900/$13,800	No Charge After Deductible	No Charge After Deductible	$0	No Charge After Deductible				No Charge After Deductible	No Charge After Deductible	No Charge After Deductible	No Charge After Deductible	No Charge After Deductible
Connected Care Explaned Bronze	$8,150/$16,300	$4,500/$9,000	$60 copay per visit	$75 copay per visit	$0	50% co-insurance After Deductible				$60 copay per visit	$15 copay per prescription After Deductible	$75 copay per prescription After Deductible	$125 copay per prescription After Deductible	$175 copay per prescription After Deductible
Co-op Plus Bronze	$8,150/$16,300	$7,200/$14,400	Tier 1: $10 copay per visit Tier 2: 60% co-insurance After Deductible	60% co-insurance After Deducttible	$0	60% co-insurance After Deductible				Tier 1: $10 copay per visit Tier 2: 60% co-insurance After Deductible	$15 copay per prescription After Deductible	$125 copay per presciption After Deductible	$160 copay per prescription After Deductible	$185 copay per prescription After Deductible
PacificSource Health Plans														
Voyager Bronze 8150	$8,150/$16,300	$8,150/$16,300	No deductible $40	After deductible 0%	$0, No deductible	After deductible 0%				No deductible $40	After deductible 0%			
Navigator Bronze 8150	$8,150/$16,300	$8,150/$16,300	No deductible $40	After deductible 0%	$0, No deductible	After deductible 0%				No deductible $40	After deductible 0%			
Voyager Bronze HSA 6750	$6,750/$13,500	$6,750/$13,500	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Navigator Bronze HSA 6750	$6,750/$13,500	$6,750/$13,500	After deductible 0%		$0, No deductible	After deductible 0%					After deductible 0%			
Voyager Bronze HSA 5000	$5,000/$10,000	$6,750/$13,500	After deductible 50%		$0, No deductible	After deductible 50%					After deductible 50%			
Navigator Bronze HSA 5000	$5,000/$10,000	$6,750/$13,500	After deductible 50%		$0, No deductible	After deductible 50%					After deductible 50%			
BRONZE														

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