State of Montana 2021 Individual ACA Rates

Rating Area 4: Beaverhead, Big Horn, Blaine, Carter, Custer, Daniels, Dawson, Fallon, Fergus, Garfield, Glacier, Golden Valley, Granite, Hill, Liberty, Lincoln, Madison, McCone, Meagher, Mineral, Park, Petroleum, Phillips, Pondera, Powder River, Powell, Prairie, Ravalli, Richland, Roosevelt, Rosebud, Sanders, Sheridan, Toole, Treasure, Valley, Wheatland, and Wibaux Counties

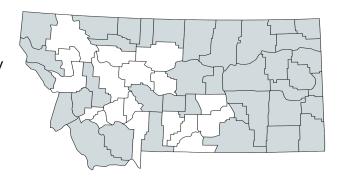
The premium tables show 2021 monthly premiums rounded to the nearest dollar. Premium is the monthly amount charged to a policyholder for insurance coverage. These premiums are shown by plan and rating area for the specific ages shown. Other ages, dental premiums, smoking surcharges, cost sharing small 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.



		N	letal Level	Plan Sele	tion	
Gold	Monthly Premium	\$	\$	\$	mont	verage, gold plans pay 80% of your health care expenses. The thly premium is higher, but out-of-pocket costs are lower. This is be a good option if you want to save on monthly premiums
Gold	Out-of-Pocket Medical Expense	\$	\$			till want to keep your out-of-pocket costs low.
Silver	Monthly Premium	\$	\$		With	verage, silver plans pay for 70% of your health care expenses. a medium premium cost, this option could be a good option if
Silver	Out-of-Pocket Medical Expense	\$	\$	\$		need to balance your monthly premium with your out-of- et costs.
Bronze	Monthly Premium	\$			expe	verage, bronze plans pay for 60% of your health care nses. This could be a good option if you do not need a lot of th services because it has the lowest premiums but tends to
ьгопхе	Out-of-Pocket Medical Expense	\$	\$	\$		the highest deductible.

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Gold															
Company	Plan Name	Deductible	Out of	Co-	0.14	Ages								60	CA.
			Pocket Max	insurance			25	30	35	40	45	50	. 55	. 60	64+
BlueCross BlueShield	Blue Preferred Gold PPO 204	\$750	\$8,550	30%	\$341	\$446	\$447	\$506	\$545	\$570	\$644	\$796	\$994	\$1,210	\$1,337
Montain Health Co-op	Connected Care Gold	\$1,000	\$6,000	30%	\$310	\$406	\$407	\$460	\$496	\$518	\$586	\$724	\$905	\$1,101	\$1,217
	Co-op Plus Gold	\$750	\$7,000	30%	\$302	\$394	\$396	\$448	\$482	\$504	\$570	\$727	\$880	\$1,070	\$1,183
PacificSource	Navigator Gold 1500	\$1,500	\$5,000	10%	\$337	\$440	\$442	\$500	\$538	\$563	\$636	\$786	\$982	\$1,195	\$1,320
	Voyager Gold 1500	\$1,500	\$5,000	10%	\$364	\$476	\$478	\$540	\$582	\$608	\$687	\$850	\$1,062	\$1,292	\$1,428
Gold															

Silver																	
Company	Plan Name	Deductible	Out of	Co-	Ages e 0-14 21-24 25 30 35 40 45 50 55 60 64+												
	Blue Preferred Silver PPO 203	\$800	\$8,550	insurance 50%	\$334	\$436	25 \$438	\$495	\$533	\$557	\$630	\$779	\$972	\$1,183	\$1,308		
BlueCross BlueShield	Blue Preferred Silver PPO 306	\$4,500	\$8,550	50%	\$271	\$354	\$355	\$402	\$433	\$452	\$511	\$632	\$789	\$961	\$1,062		
	Blue Preferred Silver PPO 308	\$8,550	\$8,550	0%	\$312	\$408	\$410	\$463	\$499	\$522	\$589	\$729	\$910	\$1,108	\$1,225		
	Connected Care Silver Option 2	\$5,700	\$8,150	40%	\$283	\$370	\$371	\$420	\$452	\$473	\$534	\$661	\$825	\$1,004	\$1,110		
Mountain Health Co-op	Connected Care Silver	\$7,000	\$8,550	40%	\$288	\$377	\$378	\$428	\$460	\$481	\$544	\$673	\$840	\$1,022	\$1,130		
	Co-op Plus Silver	\$8,000	\$8,550	40%	\$277	\$362	\$363	\$410	\$442	\$462	\$522	\$646	\$806	\$981	\$1,085		
	Navigator Silver HSA 3500	\$3,500	\$6,750	25%	\$313	\$409	\$411	\$465	\$500	\$523	\$591	\$731	\$913	\$1,111	\$1,227		
	Voyager Silver HSA 3500	\$3,500	\$6,750	25%	\$339	\$443	\$444	\$502	\$541	\$566	\$639	\$791	\$987	\$1,201	\$1,328		
	Navigator Silver 5000	\$5,000	\$8,150	30%	\$303	\$396	\$398	\$450	\$484	\$506	\$572	\$708	\$884	\$1,075	\$1,188		
PacificSource	Navigator Silver 4000	\$4,000	\$7,000	30%	\$275	\$360	\$362	\$409	\$440	\$460	\$520	\$643	\$803	\$977	\$1,080		
racincsource	Navigator Silver 3000	\$3,000	\$8,150	40%	\$290	\$379	\$380	\$430	\$463	\$484	\$547	\$676	\$844	\$1,028	\$1,136		
	Voyager Silver 5000	\$5,000	\$8,150	30%	\$328	\$428	\$430	\$486	\$523	\$547	\$618	\$765	\$955	\$1,162	\$1,284		
	Voyager Silver 4000	\$4,000	\$7,000	30%	\$298	\$389	\$391	\$442	\$476	\$498	\$562	\$695	\$868	\$1,057	\$1,167		
	Voyager Silver 3000	\$3,000	\$8,150	40%	\$313	\$409	\$411	\$465	\$500	\$523	\$591	\$731	\$913	\$1,111	\$1,227		
Silver																	

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Bronze															
Company	Plan Name	Deductible	Out of Pocket Max	Co- insurance	0-14	21-24	25	30	35	Ag 40	es 45	50	55	60	64+
	Blue Preferred Bronze PPO 201	\$3,200	\$8,550	50%	\$259	\$339	\$340	\$385	\$414	\$433	\$490	\$606	\$756	\$920	\$1,017
	Blue Preferred Bronze PPO 202	\$4,000	\$6,900	30%	\$268	\$350	\$351	\$397	\$428	\$447	\$505	\$625	\$781	\$950	\$1,050
BlueCross BlueShield	Blue Preferred Bronze PPO 302	\$5,200	\$6,900	30%	\$260	\$340	\$342	\$386	\$416	\$435	\$492	\$608	\$759	\$924	\$1,021
	Blue Preferred Bronze PPO 301	\$8,550	\$8,550	0%	\$247	\$323	\$324	\$367	\$395	\$413	\$467	\$577	\$721	\$877	\$969
	Blue Preferred Bronze PPO 502	\$5,000	\$6,900	50%	\$263	\$344	\$345	\$390	\$420	\$440	\$497	\$614	\$767	\$934	\$1,032
Mountain Health Co-op	Connected Care Bronze	\$7,500	\$8,150	60%	\$210	\$275	\$276	\$312	\$336	\$352	\$397	\$491	\$613	\$746	\$825
	Connected Care Bronze Expanded	\$8,400	\$8,550	50%	\$215	\$281	\$282	\$319	\$343	\$359	\$406	\$502	\$626	\$762	\$843
	Connected Care Bronze Plus	\$7,000	\$7,000	0%	\$221	\$289	\$290	\$328	\$353	\$369	\$417	\$451	\$643	\$783	\$866
	Co-op Plus Bronze	\$8,500	\$8,550	70%	\$204	\$266	\$267	\$302	\$325	\$340	\$384	\$476	\$594	\$723	\$799
PacificSource	Navigator Bronze HSA 6900	\$6,900	\$6,900	0%	\$228	\$298	\$299	\$338	\$364	\$381	\$431	\$533	\$665	\$809	\$894
	Voyager Bronze HSA 6900	\$6,900	\$6,900	0%	\$247	\$322	\$324	\$366	\$394	\$412	\$466	\$576	\$719	\$875	\$966
	Navigator Bronze 7000	\$7,000	\$8,550	40%	\$233	\$305	\$306	\$346	\$372	\$389	\$440	\$544	\$680	\$827	\$914
	Voyager Bronze 7000	\$7,000	\$8,550	40%	\$252	\$329	\$331	\$374	\$403	\$421	\$476	\$588	\$735	\$894	\$987

