

Montana MRA 500 & 1000 (70/50) Plan

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductibles	500 Plan: \$500 1000 Plan: \$1,000	500 Plan: \$1,000 1000 Plan: \$2,000
Rx Deductible is per person (no family maximum) (Optional Benefit) Plan I	500 Plan: \$75 Deductible; 1000 Plan: \$100 Deductible	N/A
Rx Deductible is per person (no family maximum) (Optional Benefit) Plan II	500 Plan: \$100 Deductible; 1000 Plan: \$200 Deductible	N/A
Out-of-Pocket Maximum (includes deductible)	500 Plan: \$2,000 1000 Plan: \$2,500	500 Plan: \$4,000 1000 Plan: \$5,000
Lifetime Maximum Per Person	\$2,000,000	N/A
Professional Services	PPO	Non-PPO
Office Visit	70% (Not Subject to Deductible)	50% (Not Subject to Deductible)
Well Child	Covered at 100% for first two years of life. Age 2 through 18, one office visit per calendar year is covered with the plan paying 70% (Not subject to Deductible)	Covered at 100% for first two years of life. Age 2 through 18, one office visit per calendar year is covered with the plan paying 50% (Not subject to Deductible)
Routine Childhood immunizations and influenza immunizations	Covered at 100%	Covered at 100%
Preventive Care (Insureds 19 or older have \$300 annual maximum)	70% (Not subject to Deductible)	50% (Not Subject to Deductible)
Maternity Care	70% (After Deductible)	50% (After Deductible)
Urgent Care Clinic/Emergency Room	70% (After Deductible)	50% (After Deductible)
Facility Services	PPO	Non-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, severe mental illness, etc.)	70% (After Deductible)	50% (After Deductible)
Outpatient (surgery and related services)	70% (After Deductible)	50% (After Deductible)
Emergency Room	70% (After Deductible)	50% (After Deductible)
Inpatient non-Severe Mental Illness	70% (After Deductible)	50% (After Deductible)
Outpatient non-Severe Mental Illness	70% (After Deductible)	50% (After Deductible)
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse	70% (After Deductible)	50% (After Deductible)
Medical detoxification	Subject to a maximum payment by the plan of \$6,000 for a 12 month period until a lifetime maximum inpatient benefit of \$12,000 is met, after which the maximum annual outpatient benefit is \$2,000.	Subject to terms and limitations as set forth for any other illness and not subject to the annual and lifetime maximums for inpatient and outpatient treatment for alcoholism and drug addiction.
Miscellaneous	PPO	Non-PPO
Prescriptions (Optional Benefit) Plan I	After per person deductible, 50%. (For prescription deductible, please refer to deductible information listed above.)	After the per person deductible, the member pays the greater of \$10 or 20% for generic prescription drugs, and the greater of \$30 or 30% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.)
Prescriptions (Optional Benefit) Plan II	70% (After Deductible)	50% (After Deductible)
Ambulance Services	The benefit for ground ambulance is limited to \$1,000 per occurrence and the benefit for air ambulance is limited to \$10,000 per occurrence.	50% (After Deductible)
Laboratory Charges and X-Rays (when performed in conjunction with inpatient services, emergency room services, or surgical center services.)	70% (After Deductible)	50% (After Deductible)
Laboratory Charges and X-Rays (when not performed in conjunction with inpatient services, emergency room services, or surgical center services.)	70% (Not Subject to Deductible)	50% (Not Subject to Deductible)
Chiropractic	70% (After Deductible)	50% (After Deductible)
Prosthetics	Plan payment will not exceed \$1,000 per Calendar Year (\$1,000 limitation does not apply for treatment rendered within six months of spinal surgery). 50% (after deductible) for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$10,000 by plan.)	50% (After Deductible)
Colonoscopies	70% (After Deductible)	50% (After Deductible)
Mammograms	Mammograms are payable by the plan at 100% of the first \$70 thereafter the plan pays 70% for a baseline for women between ages 35 and 39, and annually for women 40 years or older.	50% (After Deductible)
Circumcision	70% (After Deductible)	50% (After Deductible)
Sleep Studies	50% (after deductible) of eligible expenses to an annual maximum of \$2,000 and a lifetime maximum plan payment of \$1,000.	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.
Sleep Apnea	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.	Please see policy for specific details.
Organ Transplants	Please see policy for specific details.	

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document. Preexisting conditions are excluded from coverage