

Montana 80/60 Plans

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family	
Calendar Year Deductible and Rx Deductible (Rx Deductible is per person, no family maximum)	\$150 (Rx \$50)	\$450	
	\$300 (Rx \$75)	\$900	
	\$500 (Rx \$100)	\$1,500	
	\$1,000 (Rx \$200)	\$3,000	
Out-of-Pocket Maximum (includes deductible)			
	\$150 Deductible	\$2,000	\$4,000
	\$300 Deductible	\$2,400	\$4,800
	\$500 Deductible	\$3,000	\$6,000
\$1000 Deductible	\$4,000	\$8,000	
Lifetime Maximum Per Person	\$2,000,000	N/A	
Professional Services	Plan Pays:		
	PPO	Non-PPO	
Office Visit*	80% (After Deductible)	60% (After Deductible)	
Well Child	80% (Deductible waived, see policy for details)	60% (Deductible waived, see policy for details)	
Preventive Care (Insureds 19 or older have \$300 annual maximum)**	80% (After Deductible)	60% (After Deductible)	
Maternity Care	80% (After Deductible)	60% (After Deductible)	
Urgent Care Clinic/Emergency Room	80% (After Deductible)	60% (After Deductible)	
*Copay option available on the \$150 and \$300 Deductibles. \$150 Deductible is \$10 In-network / \$20 Out-of-network; \$300 Deductible is \$15 In-network / \$30 Out-of-network			
**\$300 preventive care benefit is paid before deductible on the \$150 deductible and the \$300 deductible plans			
Facility Services	Plan Pays:		
	PPO	Non-PPO	
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	80% (After Deductible)	60% (After Deductible)	
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	80% (After Deductible)	60% (After Deductible)	
Emergency Room	80% (After Deductible)	60% (After Deductible)	
Inpatient non-Severe Mental Illness	80% (After Deductible)	60% (After Deductible)	
Outpatient non-Severe Mental Illness	80% (After Deductible)	60% (After Deductible)	
	Eligible expenses are paid up to a maximum of 21 days each calendar year.		
	Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.		
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse	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.		
Medical detoxification	Subject to terms and limitation 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	Plan Pays:		
	PPO	Non-PPO	
Prescriptions	After the per person deductible, the members 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.)		
Ambulance Services	80% (After Deductible)	60% (After Deductible)	
	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.		
Durable Medical Equipment	80% (after deductible) up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 80% (after deductible) up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.		
Chiropractic	50% (after deductible) limited to \$1,000 per Calendar Year (\$1,000 limitation does not apply for treatment rendered within six months of spinal surgery).		
Prosthetics	80% (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 \$5,000 by plan.)		
Colonoscopies	80% (After Deductible)	60% (After Deductible)	
	Subject to the guidelines of the American Cancer Society		
Mammograms	Mammograms are payable by the plan at 100% of the first \$70 thereafter at the levels for all other medical services for a baseline for women between ages 35 and 39, and annually for women 40 years or older.		
	80% (After Deductible)	60% (After Deductible)	
Circumcision	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.		
Sleep Studies	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$1,000.		
Sleep Apnea	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.		
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 for a period of 12 months (18 months for late enrollees), however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage.