

**Montana 90/80 Plans**

<b>Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum</b>	<b>Individual</b>	<b>Family</b>
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
	\$300 Deductible	\$2,400
	\$500 Deductible	\$3,000
	\$1000 Deductible	\$4,000
Lifetime Maximum Per Person	\$2,000,000	NA
<b>Professional Services</b>	<b>Plan Pays:</b>	
	<b>PPO</b>	<b>Non-PPO</b>
Office Visit*	90% (After Deductible)	80% (After Deductible)
Well Child	90% (Deductible waived, see policy for details)	80% (Deductible waived, see policy for details)
Preventive Care (Insureds 19 or older have \$300 annual maximum)**	90% (After Deductible)	80% (After Deductible)
Maternity Care	90% (After Deductible)	80% (After Deductible)
Urgent Care Clinic/Emergency Room	90% (After Deductible)	80% (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		
<b>Facility Services</b>	<b>Plan Pays:</b>	
	<b>PPO</b>	<b>Non-PPO</b>
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	90% (After Deductible)	80% (After Deductible)
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	90% (After Deductible)	80% (After Deductible)
Emergency Room	90% (After Deductible)	80% (After Deductible)
Inpatient non-Severe Mental Illness	90% (After Deductible)	80% (After Deductible)
Outpatient non-Severe Mental Illness	90% (After Deductible)	80% (After Deductible)
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse	90% (After Deductible)	80% (After Deductible)
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.	
<b>Miscellaneous</b>	<b>Plan Pays:</b>	
	<b>PPO</b>	<b>Non-PPO</b>
Prescriptions	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.)	
Ambulance Services	90% (After Deductible)	80% (After Deductible)
Durable Medical Equipment	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.	
Chiropractic	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.	
Prosthetics	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).	
Colonoscopies	90% (After Deductible)	80% (After Deductible)
Mammograms	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.)	
Circumcision	90% (After Deductible)	80% (After Deductible)
Sleep Studies	Subject to the guidelines of the American Cancer Society	
Sleep Apnea	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.	
Organ Transplants	90% (After Deductible)	80% (After Deductible)
	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$1,000.	
	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.	
	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.**