



Montana Individual Plans, 2023

** For Internal Use Only **

+ Established list of Prescriptions

AD= After Deductible

* Indicates HSA-Compatible Plans

810 Hialeah
Helena, MT 59601
www.mountainhealth.coop
855-447-2900

Plan Name	CONNECT BRONZE EXPANDED	CONNECT BRONZE EXPANDED 2	CONNECT BRONZE HDHP *	CONNECT BRONZE STANDARD EXPANDED	CONNECT CATASTROPHIC	CONNECT GOLD	CONNECT GOLD STANDARD	CONNECT SILVER	CONNECT SILVER OPTION 2	CONNECT SILVER STANDARD	PLUS BRONZE EXPANDED	PLUS BRONZE HDHP *	PLUS BRONZE STANDARD EXPANDED	PLUS GOLD	PLUS GOLD STANDARD	PLUS SILVER	PLUS SILVER STANDARD	ROCKY MOUNTAIN BRONZE EXPANDED	ROCKY MOUNTAIN BRONZE STD EXPANDED	ROCKY MOUNTAIN GOLD	ROCKY MOUNTAIN GOLD STANDARD	ROCKY MOUNTAIN SILVER	ROCKY MOUNTAIN SILVER STANDARD
Deductible Individual	\$8,400	\$7,500	\$7,000	\$7,500	\$9,100	\$1,000	\$2,000	\$7,000	\$5,700	\$5,800	\$8,700	\$7,050	\$7,500	\$750	\$2,000	\$6,500	\$5,800	\$8,400	\$7,500	\$1,000	\$2,000	\$6,500	\$5,800
Deductible Family	\$16,800	\$15,000	\$14,000	\$15,000	\$18,200	\$2,000	\$4,000	\$14,000	\$11,400	\$11,600	\$17,400	\$14,100	\$15,000	\$1,500	\$4,000	\$13,000	\$11,600	\$16,800	\$15,000	\$2,000	\$4,000	\$13,000	\$11,600
Out of Pocket Max Individual	\$8,550	\$8,500	\$7,000	\$9,000	\$9,100	\$6,000	\$8,700	\$8,550	\$8,150	\$8,900	\$8,700	\$7,050	\$9,000	\$7,000	\$8,700	\$8,000	\$8,900	\$8,550	\$9,000	\$6,000	\$8,700	\$7,500	\$8,900
Out of Pocket Max Family	\$17,100	\$16,300	\$14,000	\$18,000	\$18,200	\$12,000	\$17,400	\$17,100	\$16,300	\$17,800	\$17,400	\$14,100	\$18,000	\$14,000	\$17,400	\$16,000	\$17,800	\$17,100	\$18,000	\$12,000	\$17,400	\$15,000	\$17,800
Co-insurance	50%	60%	0%	50%	0%	30%	25%	40%	40%	40%	0%	0%	50%	30%	25%	40%	40%	50%	50%	30%	25%	45%	40%
Out of Network Deductible Individual	\$25,200	\$22,500	\$21,000	\$22,500	\$27,300	\$3,000	\$6,000	\$21,000	\$17,100	\$17,400	\$26,100	\$21,150	\$22,500	\$2,250	\$6,000	\$19,500	\$17,400	\$25,200	\$22,500	\$3,000	\$6,000	\$19,500	\$17,400
Out of Network Deductible Family	\$50,400	\$45,000	\$42,000	\$45,000	\$54,600	\$6,000	\$12,000	\$42,000	\$34,200	\$34,800	\$52,200	\$42,300	\$45,000	\$4,500	\$12,000	\$39,000	\$34,800	\$50,400	\$45,000	\$6,000	\$12,000	\$39,000	\$34,800
Out of Network Out of Pocket Max Individual	\$25,650	\$25,500	\$21,000	\$27,000	\$27,300	\$17,250	\$26,100	\$25,650	\$24,450	\$26,700	\$26,100	\$21,150	\$27,000	\$21,000	\$26,100	\$24,000	\$26,700	\$25,650	\$27,000	\$17,250	\$26,100	\$22,500	\$26,700
Out of Network Out of Pocket Max Family	\$51,300	\$48,900	\$42,000	\$54,000	\$54,600	\$34,500	\$52,200	\$51,300	\$48,900	\$53,400	\$52,200	\$42,300	\$54,000	\$42,000	\$52,200	\$48,000	\$53,400	\$51,300	\$54,000	\$34,500	\$52,200	\$45,000	\$53,400
Out of Network Coinsurance	70%	70%	0%	70%	0%	50%	45%	60%	60%	60%	0%	0%	70%	50%	45%	60%	60%	70%	70%	50%	45%	65%	60%
PCP Office Visit	\$60	\$65	0% AD	\$50	0% AD (3 visits before ded)	\$35	\$30	\$40	\$40	\$40	NA	NA	NA	NA	NA	NA	NA	\$60	\$50	\$35	\$30	\$80	\$40
Tier 1: Office Visit (Plus plan only) Participating Community Health care Providers	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$10	0% AD	\$50	\$5	\$30	\$10	\$40	NA	NA	NA	NA	NA	NA
Tier 2: Office Visit (Plus plan only) Connected Care Network	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$30	0%AD	\$50	30%	\$30	40%	\$40	NA	NA	NA	NA	NA	NA
Mental Health Office Visit	\$60	60%	0% AD	\$50	0% AD (3 visits before ded)	\$35	\$30	\$40	\$40	\$40	NA	NA	NA	NA	NA	NA	NA	\$60	\$50	\$35	\$30	\$80	\$40
Tier 1: Mental Health Office Visit (Plus plan only) Participating Community Health care Providers	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0% AD	0% AD	\$50	\$5	\$30	\$10	\$40	NA	NA	NA	NA	NA	NA
Tier 2: Mental Health Office Visit (Plus plan only) Connected Care Network	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0% AD	0% AD	\$50	30%	\$30	40%	\$40	NA	NA	NA	NA	NA	NA
Specialist Office Visit	\$80	70% AD	0% AD	\$100	0% AD	\$50	\$60	\$75	\$75 AD	\$80	0% AD	0% AD	\$100	\$50	\$60	\$80	\$80	\$80	\$100	\$50	\$60	\$160	\$80
Emergency Room	60% AD	70% AD	0% AD	50% AD	0% AD	40% AD	25% AD	50% AD	50% AD	40% AD	0% AD	0% AD	50% AD	40% AD	25% AD	50% AD	40% AD	60% AD	50% AD	40% AD	25% AD	45% AD	40% AD
Urgent Care	\$120	70%	0% AD	\$75	0% AD	\$75	\$45	\$110	\$110	\$60	0% AD	0% AD	\$75	\$75	\$45	\$120	\$60	\$120	\$75	\$75	\$45	\$240	\$60
Pharmacy Tier 1	\$15 AD	10% AD	0% AD	\$25	0% AD	10%	\$15	20%	25%	\$20	0% AD	0% AD	\$25	10%	\$15	20%	\$20	\$15 AD	\$25	10%	\$15	40%	\$20
Pharmacy Tier 2	\$125 AD	40% AD	0% AD	\$50 AD	0% AD	25%	\$30	30%	40%	\$40	0% AD	0% AD	\$50 AD	25%	\$30	30%	\$40	\$125 AD	\$50 AD	25%	\$30	50%	\$40
Pharmacy Tier 3	\$160 AD	50% AD	0% AD	\$100 AD	0% AD	35%	\$60	40%	50%	\$80 AD	0% AD	0% AD	\$100 AD	35%	\$60	40%	\$80 AD	\$160 AD	\$100 AD	35%	\$60	60%	\$80 AD
Pharmacy Tier 4	\$185 AD	60% AD	0% AD	\$500 AD	0% AD	45%	\$250	50%	60%	\$350 AD	0% AD	0% AD	\$500 AD	45%	\$250	50%	\$350 AD	\$185 AD	\$500 AD	45%	\$250	70%	\$350 AD
\$0 Out of Pocket Prescriptions	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$20	\$20	0% AD	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	0% AD	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Vision Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	No Deductible	AD	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	AD	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

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Your Signature Benefits

- \$100 Dental Exam Reimbursement*
- Hundreds of Medications for \$0 Out-of-Pocket
- \$60 Vision Exam Reimbursement*
- 24/7 Telehealth
- Travel Benefit

*Available with or without a standalone policy.



These benefits are easy to use - scan this code with your phone's camera and follow the link to learn more!



We are committed to helping you make the most of your health insurance plan. The CO-OP has added new and exciting benefits for you, and each is designed to promote wellness and protect your health. The benefits available include...



Montana Small Group Plans, 2023

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Plan Name	ACCESS BRONZE	* ACCESS BRONZE HDHP	ACCESS GOLD	ACCESS SILVER	* ACCESS SILVER HDHP	CONNECT BRONZE	CONNECT BRONZE EXPANDED	* CONNECT BRONZE HDHP	CONNECT GOLD	CONNECT SILVER	* CONNECT SILVER HDHP	PLUS BRONZE EXPANDED	* PLUS BRONZE HDHP	PLUS GOLD	* PLUS GOLD HDHP	PLUS SILVER	* PLUS SILVER HDHP	* ROCKY MOUNTAIN BRONZE HDHP	ROCKY MOUNTAIN GOLD	ROCKY MOUNTAIN SILVER
Deductible Individual	\$7,200	\$7,000	\$1,000	\$5,200	\$5,000	\$7,200	\$6,500	\$7,000	\$1,000	\$5,200	\$5,000	\$7,800	\$7,050	\$1,000	\$3,000	\$5,300	\$5,000	\$7,000	\$1,000	\$5,200
Deductible Family	\$14,400	\$14,000	\$2,000	\$10,400	\$10,000	\$14,400	\$13,000	\$14,000	\$2,000	\$10,400	\$10,000	\$15,600	\$14,100	\$2,000	\$6,000	\$10,600	\$10,000	\$14,000	\$2,000	\$10,400
Out of Pocket Max Individual	\$8,150	\$7,000	\$6,500	\$8,550	\$5,000	\$8,150	\$8,550	\$7,000	\$6,500	\$8,550	\$5,000	\$8,550	\$7,050	\$7,000	\$3,000	\$8,550	\$5,000	\$7,000	\$6,500	\$8,550
Out of Pocket Max Family	\$16,300	\$14,000	\$13,000	\$17,100	\$10,000	\$16,300	\$17,100	\$14,000	\$13,000	\$17,100	\$10,000	\$17,100	\$14,100	\$14,000	\$6,000	\$17,100	\$10,000	\$14,000	\$13,000	\$17,100
Co-insurance	60%	0%	30%	40%	0%	60%	50%	0%	30%	40%	0%	60%	0%	30%	0%	40%	0%	0%	30%	40%
Out of Network Deductible Individual	\$21,600	\$21,000	\$2,250	\$15,600	\$15,000	\$21,600	\$13,500	\$21,000	\$2,250	\$15,600	\$15,000	\$21,600	\$21,150	\$2,550	\$9,000	\$15,000	\$15,000	\$21,000	\$2,250	\$15,600
Out of Network Deductible Family	\$43,200	\$42,000	\$5,100	\$31,200	\$30,000	\$43,200	\$27,000	\$42,000	\$5,100	\$31,200	\$30,000	\$43,200	\$42,300	\$5,100	\$18,000	\$30,000	\$30,000	\$42,000	\$5,100	\$31,200
Out of Network Out of Pocket Max Individual	\$24,450	\$21,000	\$18,000	\$24,450	\$15,000	\$24,450	\$24,450	\$21,000	\$18,000	\$24,450	\$15,000	\$24,450	\$21,150	\$21,000	\$9,000	\$24,450	\$15,000	\$21,000	\$18,000	\$24,450
Out of Network Out of Pocket Max Family	\$48,900	\$42,000	\$36,000	\$48,900	\$30,000	\$48,900	\$48,900	\$42,000	\$36,000	\$48,900	\$30,000	\$48,900	\$42,300	\$42,000	\$18,000	\$48,900	\$30,000	\$42,000	\$36,000	\$48,900
Out of Network Coinsurance	70%	0%	50%	60%	0%	70%	70%	0%	50%	60%	0%	70%	0%	50%	0%	60%	0%	0%	50%	60%
PCP Office Visit	\$60	0% AD	\$30	\$35	0% AD	\$60	\$60	0% AD	\$30	\$35	0% AD	NA	NA	NA	NA	NA	NA	NA	NA	NA
Tier 1: Office Visit (Plus plan only) Community Healthcare Providers	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$10	0% AD	\$5	0% AD	\$10	0% AD	0% AD	\$30	\$35
Tier 2: Office Visit (Plus plan only) Connected Care Network	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	60%	0% AD	30%	0% AD	40%	0% AD	NA	NA	NA
Mental Health Office Visit	60%	0% AD	\$30	\$35	0% AD	60%	\$60	0% AD	\$30	\$35	0% AD	NA	NA	NA	NA	NA	NA	NA	NA	NA
Tier 1: Mental Health Office Visit (Plus plan only) Participating Community Healthcare Providers	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	60%	0% AD	\$5	0% AD	\$10	0% AD	0% AD	\$30	\$35
Tier 2: Mental Health Office Visit (Plus plan only) Connected Care Network	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	60% AD	0% AD	30%	0% AD	40%	0% AD	NA	NA	NA
Specialist Office Visit	70% AD	0% AD	\$50	\$75	0% AD	70% AD	\$75 AD	0% AD	\$50	\$75	0% AD	70% AD	0% AD	\$50	0% AD	\$75	0% AD	0% AD	\$50	\$75
Emergency Room	70% AD	0% AD	40% AD	50% AD	0% AD	70% AD	60% AD	0% AD	40% AD	50% AD	0% AD	70% AD	0% AD	40% AD	0% AD	50% AD	0% AD	0% AD	40% AD	50% AD
Urgent Care	70%	0% AD	\$75	\$110	0% AD	70%	\$110	0% AD	\$75	\$110	0% AD	70%	0% AD	\$75	0% AD	\$110	0% AD	0% AD	\$75	\$110
Pharmacy Tier 1	\$15 AD	0% AD	\$5	\$10	0% AD	\$15 AD	\$15 AD	0% AD	\$5	\$10	0% AD	\$15 AD	0% AD	\$5	0% AD	\$10	0% AD	0% AD	\$5	\$10
Pharmacy Tier 2	\$125 AD	0% AD	\$20	\$50	0% AD	\$125 AD	\$75 AD	0% AD	\$20	\$50	0% AD	\$125 AD	0% AD	\$20	0% AD	\$50	0% AD	0% AD	\$20	\$50
Pharmacy Tier 3	\$160 AD	0% AD	\$50	\$100	0% AD	\$160 AD	\$125 AD	0% AD	\$50	\$100	0% AD	\$160 AD	0% AD	\$50	0% AD	\$100	0% AD	0% AD	\$50	\$100
Pharmacy Tier 4	\$185 AD	0% AD	\$100	\$150	0% AD	\$185 AD	\$175 AD	0% AD	\$100	\$150	0% AD	\$185 AD	0% AD	\$100	0% AD	\$150	0% AD	0% AD	\$100	\$150
+ \$0 Out of Pocket Prescriptions	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$20	0% AD	\$20	\$20	0% AD	\$20	\$20	0% AD	\$20	\$20	0% AD	\$20	0% AD	\$20	0% AD	\$20	0% AD	0% AD	\$20	\$20
Vision Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	AD	No Deductible	No Deductible	AD	No Deductible	No Deductible	AD	No Deductible	No Deductible	AD	No Deductible	AD	No Deductible	AD	No Deductible	AD	AD	No Deductible	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

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