

\*\*\*For Internal Use Only\*\*\*

+Established Prescription List

Plan Name	ACCESS GOLD	ACCESS GOLD HDHP	ACCESS SILVER	ACCESS SILVER HDHP	ACCESS BRONZE	ACCESS BRONZE HDHP	PLUS GOLD	PLUS GOLD HDHP	PLUS SILVER	PLUS SILVER HDHP	PLUS BRONZE EXPANDED	PLUS BRONZE HDHP	ROCKY MOUNTAIN GOLD	ROCKY MOUNTAIN GOLD HDHP	ROCKY MOUNTAIN SILVER	ROCKY MOUNTAIN SILVER HDHP	ROCKY MOUNTAIN BRONZE	ROCKY MOUNTAIN BRONZE HDHP
Ded Ind	\$1,000	\$3,500	\$5,500	\$5,500	\$8,000	\$7,500	\$2,000	\$3,500	\$6,000	\$5,500	\$8,000	\$7,500	\$1,000	\$3,500	\$5,500	\$5,500	\$8,000	\$7,500
Ded Family	\$2,000	\$7,000	\$11,000	\$11,000	\$16,000	\$15,000	\$4,000	\$7,000	\$12,000	\$11,000	\$16,000	\$15,000	\$2,000	\$7,000	\$11,000	\$11,000	\$16,000	\$15,000
OOP Max Ind	\$6,500	\$3,500	\$9,000	\$5,500	\$9,200	\$7,500	\$6,500	\$3,500	\$9,000	\$5,500	\$9,200	\$7,500	\$6,500	\$3,500	\$9,000	\$5,500	\$9,200	\$7,500
OOP Max Family	\$13,000	\$7,000	\$18,000	\$11,000	\$18,400	\$15,000	\$13,000	\$7,000	\$18,000	\$11,000	\$18,400	\$15,000	\$13,000	\$7,000	\$18,000	\$11,000	\$18,400	\$15,000
Co-insurance	30%	0%	40%	0%	60%	0%	30%	0%	40%	0%	60%	0%	30%	0%	40%	0%	60%	0%
OON Ded Ind	\$2,250	\$9,000	\$15,600	\$15,000	\$21,600	\$21,000	\$2,250	\$9,000	\$15,600	\$15,000	\$21,600	\$21,000	\$2,250	\$9,000	\$15,600	\$15,000	\$21,600	\$21,000
OON Ded Family	\$4,500	\$18,000	\$31,200	\$30,000	\$43,200	\$42,000	\$4,500	\$18,000	\$31,200	\$30,000	\$43,200	\$42,000	\$4,500	\$18,000	\$31,200	\$30,000	\$43,200	\$42,000
OON OOP Max Ind	\$18,000	\$9,000	\$24,450	\$15,000	\$24,450	\$21,000	\$21,000	\$9,000	\$24,450	\$15,000	\$24,450	\$21,000	\$18,000	\$9,000	\$24,450	\$15,000	\$24,450	\$21,000
OON OOP Max Family	\$36,000	\$18,000	\$48,900	\$30,000	\$48,900	\$42,000	\$42,000	\$18,000	\$48,900	\$30,000	\$48,900	\$42,000	\$36,000	\$18,000	\$48,900	\$30,000	\$48,900	\$42,000
OON Coinsurance	50%	0%	60%	0%	70%	0%	50%	0%	60%	0%	70%	0%	50%	0%	60%	0%	70%	0%
PCP Office Visit	\$30	0% AD	\$40	0% AD	\$50	0% AD	\$5	0% AD	\$10	0% AD	\$10	0% AD	\$30	0% AD	\$40	0% AD	\$50	0% AD
PCP Office Visit Tier 2	NA	NA	NA	NA	NA	NA	\$50	0% AD	\$50	0% AD	\$50	0% AD	NA	0% AD	NA	NA	NA	NA
Mental Health Office Visit	\$30 (First visit \$0)	0% AD	\$40 (First visit \$0)	0% AD	\$50 (First visit \$0)	0% AD	\$5 (First visit \$0)	0% AD	\$10 (First visit \$0)	0% AD	\$10 (First visit \$0)	0% AD	\$30 (First visit \$0)	0% AD	\$40 (First visit \$0)	0% AD	\$50 (First visit \$0)	0% AD
Mental Health Office Visit Tier 2	NA	NA	NA	NA	NA	NA	\$50	0% AD	\$50	0% AD	\$50	0% AD	NA	0% AD	NA	NA	NA	NA
Specialist	\$50	0% AD	\$75	0% AD	\$100	0% AD	\$50	0% AD	\$75	0% AD	\$100	0% AD	\$50	0% AD	\$75	0% AD	\$100	0% AD
Emergency Room	40% AD	0% AD	50% AD	0% AD	70% AD	0% AD	40% AD	0% AD	50% AD	0% AD	70% AD	0% AD	40% AD	0% AD	50% AD	0% AD	70% AD	0% AD
Urgent Care	\$75	0% AD	\$110	0% AD	\$120	0% AD	\$75	0% AD	\$110	0% AD	70%	0% AD	\$75	0% AD	\$110	0% AD	\$120	0% AD
Pharmacy Tier 1 (Generic)	\$5	0% AD	\$10	0% AD	0% AD	0% AD	\$5	0% AD	\$10	0% AD	0% AD	0% AD	\$5	0% AD	\$10	0% AD	0% AD	0% AD
Pharmacy Tier 2 (Preferred Brand)	\$40	0% AD	\$60	0% AD	0% AD	0% AD	\$40	0% AD	\$60	0% AD	0% AD	0% AD	\$40	0% AD	\$60	0% AD	0% AD	0% AD
Pharmacy Tier 3 (non-pref Brand)	\$100	0% AD	\$150	0% AD	0% AD	0% AD	\$100	0% AD	\$150	0% AD	0% AD	0% AD	\$100	0% AD	\$150	0% AD	0% AD	0% AD
Pharmacy Tier 4 (Specialty)	\$150	0% AD	\$200	0% AD	0% AD	0% AD	\$150	0% AD	\$200	0% AD	0% AD	0% AD	\$150	0% AD	\$200	0% AD	0% AD	0% AD
\$0 Out-of-Pocket Prescriptions+	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
24/7 Telehealth	\$10	0% AD	\$10	0% AD	\$10	0% AD	\$10	0% AD	\$10	0% AD	\$10	0% AD	\$10	0% AD	\$10	0% AD	\$10	0% AD
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible	Deductible Applies
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

Visit us online at [mountainhealth.coop](https://mountainhealth.coop) to compare plans and discover the CO-OP difference today.

## Your Signature Benefits

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...

- Dental & Vision Exam Reimbursements\*
- Hundreds of Medications for \$0 Out-of-Pocket
- No-cost Mental Health Visit
- 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!





# Montana Individual Plans, 2025

PO Box 5358, Helena, MT 59604  
800-299-6080  
mountainhealth.coop

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Plan Name	CONNECT GOLD	CONNECT GOLD STANDARD	CONNECT SILVER	CONNECT SILVER STANDARD	CONNECT BRONZE STANDARD EXPANDED	CONNECT BRONZE HDHP	CONNECT CATASTROPHIC	PLUS GOLD	PLUS GOLD STANDARD	PLUS SILVER STANDARD	PLUS BRONZE EXPANDED	PLUS BRONZE STANDARD EXPANDED	ROCKY MOUNTAIN GOLD STANDARD	ROCKY MOUNTAIN SILVER STANDARD	ROCKY MOUNTAIN BRONZE STANDARD EXPANDED
Ded Ind	\$1,000	\$1,500	\$5,700	\$5,000	\$7,500	\$7,500	\$9,200	\$1,500	\$1,500	\$5,000	\$9,200	\$7,500	\$1,500	\$5,000	\$7,500
Ded Family	\$2,000	\$3,000	\$11,400	\$10,000	\$15,000	\$15,000	\$18,400	\$3,000	\$3,000	\$10,000	\$18,400	\$15,000	\$3,000	\$10,000	\$15,000
OOP Max Ind	\$6,500	\$7,800	\$8,200	\$8,000	\$9,200	\$7,500	\$9,200	\$6,000	\$7,800	\$8,000	\$9,200	\$9,200	\$7,800	\$8,000	\$9,200
OOP Max Family	\$13,000	\$15,600	\$16,400	\$16,000	\$18,400	\$15,000	\$18,400	\$12,000	\$15,600	\$16,000	\$18,400	\$18,400	\$15,600	\$16,000	\$18,400
Co-insurance	30%	25%	30%	40%	50%	0%	0%	30%	25%	40%	0%	50%	25%	40%	50%
OON Ded Ind	\$2,250	\$6,000	\$17,100	\$17,400	\$22,500	\$21,000	\$27,300	\$2,250	\$6,000	\$17,400	\$25,000	\$22,500	\$6,000	\$17,400	\$22,500
OON Ded Family	\$4,500	\$12,000	\$34,200	\$34,800	\$45,000	\$42,000	\$54,600	\$4,500	\$12,000	\$34,800	\$50,000	\$45,000	\$12,000	\$34,800	\$45,000
OON OOP Max Ind	\$18,000	\$26,100	\$24,450	\$26,700	\$27,000	\$21,000	\$27,300	\$18,000	\$26,100	\$26,700	\$25,000	\$27,000	\$26,100	\$26,700	\$27,000
OON OOP Max Family	\$36,000	\$52,200	\$48,900	\$53,400	\$54,000	\$42,000	\$54,600	\$36,000	\$52,200	\$53,400	\$50,000	\$54,000	\$52,200	\$53,400	\$54,000
OON Coinsurance	50%	45%	50%	60%	70%	0%	0%	50%	45%	60%	0%	70%	45%	60%	70%
PCP Office Visit	\$30	\$30	NA	\$40	\$50	0% AD	0% AD (3 visits before deductible)	\$5	\$30	\$40	\$15	\$50	\$30	\$40	\$50
PCP Office Visit Tier 2	NA	NA	\$40	NA	NA	NA	NA	\$25	NA	NA	\$35	NA	NA	NA	NA
Mental Health Office Visit	\$30 (First visit \$0)	\$30	NA (First visit \$0)	\$40	\$50 (First visit \$0)	0% AD	0% AD (3 visits before deductible)	\$5 (First visit \$0)	\$30	\$40	\$15 (First visit \$0)	\$50	\$30	\$40	\$50
Mental Health Office Visit Tier 2	NA	NA	\$40	NA	NA	NA	NA	\$25	NA	NA	\$35	NA	NA	NA	NA
Specialist	\$50	\$60	\$75	\$80	\$100	0% AD	0% AD	\$50	\$60	\$80	\$80	\$100	\$60	\$80	\$100
Emergency Room	40% AD	25% AD	50% AD	40% AD	50% AD	0% AD	0% AD	40% AD	25% AD	40% AD	0% AD	50% AD	25% AD	40% AD	50% AD
Urgent Care	\$75	\$45	\$110	\$60	\$75	0% AD	0% AD	\$75	\$45	\$60	\$110	\$75	\$45	\$60	\$75
Pharmacy Tier 1 (Generic)	\$5	\$15	\$10	\$20	\$25	0% AD	0% AD	\$5	\$15	\$20	0% AD	\$25	\$15	\$20	\$25
Pharmacy Tier 2 (Pref Brand)	\$40	\$30	\$60	\$40	\$50 AD	0% AD	0% AD	\$40	\$30	\$40	0% AD	\$50 AD	\$30	\$40	\$50 AD
Pharmacy Tier 3 (non-Pref)	\$100	\$60	\$150	\$80 AD	\$100 AD	0% AD	0% AD	\$100	\$60	\$80 AD	0% AD	\$100 AD	\$60	\$80 AD	\$100 AD
Pharmacy Tier 4 (Specialty)	\$150	\$250	\$200	\$350 AD	\$500 AD	0% AD	0% AD	\$150	\$250	\$350 AD	0% AD	\$500 AD	\$250	\$350 AD	\$500 AD
\$0 Out-of-Pocket Prescriptions+	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
24/7 Telehealth	\$10	\$10	\$10	\$10	\$10	0% AD	\$0 AD	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	No Deductible	No Deductible	No Deductible	Deductible Applies	Deductible Applies	Deductible Applies	No Deductible	No Deductible	No Deductible	Deductible Applies	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

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