



Montana Individual Plans, 2024

** For Internal Use Only **

*Catastrophic Plans only
available on the Exchange for
individuals under 30 years of age.
AD = After Deductible
+ Established list of Prescriptions

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

Plan Name	CONNECT GOLD	CONNECT GOLD STANDARD	CONNECT SILVER	CONNECT SILVER OPTION 2	CONNECT SILVER STANDARD	CONNECT BRONZE EXPANDED	CONNECT BRONZE HDHP	CONNECT BRONZE STANDARD EXPANDED	CONNECT CATASTROP HIC	PLUS GOLD	PLUS GOLD STANDARD	PLUS SILVER	PLUS SILVER STANDARD	PLUS BRONZE EXPANDED	PLUS BRONZE HDHP	PLUS BRONZE STANDARD EXPANDED	ROCKY MOUNTAIN GOLD	ROCKY MOUNTAIN GOLD STANDARD	ROCKY MOUNTAIN SILVER	ROCKY MOUNTAIN SILVER STANDARD	ROCKY MOUNTAIN BRONZE STANDARD EXPANDED
On/Off	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both
Ded Ind	\$1,000	\$1,500	\$7,500	\$5,700	\$5,900	\$9,100	\$7,500	\$7,500	\$9,450	\$2,000	\$1,500	\$7,000	\$5,900	\$9,100	\$7,500	\$7,500	\$1,000	\$1,500	\$7,500	\$5,900	\$7,500
Ded Family	\$2,000	\$3,000	\$15,000	\$11,400	\$11,800	\$18,200	\$15,000	\$15,000	\$18,900	\$4,000	\$3,000	\$14,000	\$11,800	\$18,200	\$15,000	\$15,000	\$2,000	\$3,000	\$15,000	\$11,800	\$15,000
OOP Max Ind	\$6,500	\$8,700	\$9,000	\$8,200	\$9,100	\$9,100	\$7,500	\$9,400	\$9,450	\$6,500	\$8,700	\$8,200	\$9,100	\$9,100	\$7,500	\$9,400	\$6,500	\$8,700	\$9,000	\$9,100	\$9,400
OOP Max Family	\$13,000	\$17,400	\$18,000	\$16,400	\$18,200	\$18,200	\$15,000	\$18,800	\$18,900	\$13,000	\$17,400	\$16,400	\$18,200	\$18,200	\$15,000	\$18,800	\$13,000	\$17,400	\$18,000	\$18,200	\$18,800
Co-insurance	30%	25%	40%	30%	40%	0%	0%	50%	0%	30%	25%	40%	40%	0%	0%	50%	30%	25%	40%	40%	50%
OON Ded Ind	\$2,250	\$6,000	\$19,500	\$17,100	\$17,400	\$25,000	\$21,000	\$22,500	\$27,300	\$2,250	\$6,000	\$19,500	\$17,400	\$25,000	\$21,000	\$22,500	\$2,250	\$6,000	\$19,500	\$17,400	\$22,500
OON Ded Family	\$4,500	\$12,000	\$39,000	\$34,200	\$34,800	\$50,000	\$42,000	\$45,000	\$54,600	\$4,500	\$12,000	\$39,000	\$34,800	\$50,000	\$42,000	\$45,000	\$4,500	\$12,000	\$39,000	\$34,800	\$45,000
OON OOP Max Ind	\$18,000	\$26,100	\$24,000	\$24,450	\$26,700	\$25,000	\$21,000	\$27,000	\$27,300	\$18,000	\$26,100	\$24,000	\$26,700	\$25,000	\$21,000	\$27,000	\$18,000	\$26,100	\$24,000	\$26,700	\$27,000
OON OOP Max Family	\$36,000	\$52,200	\$48,000	\$48,900	\$53,400	\$50,000	\$42,000	\$54,000	\$54,600	\$36,000	\$52,200	\$48,000	\$53,400	\$50,000	\$42,000	\$54,000	\$36,000	\$52,200	\$48,000	\$53,400	\$54,000
OON Coinsurance	50%	45%	60%	50%	60%	0%	0%	70%	0%	50%	45%	60%	60%	0%	0%	70%	50%	45%	60%	60%	70%
PCP Office Visit	\$30	\$30	\$40	\$40	\$40	\$40	0% AD	\$50	0% AD (3 visits before deductible)	\$5	\$30	\$10	\$40	\$10	0% AD	\$50	\$30	\$30	\$40	\$40	\$50
PCP Office Visit Tier 2	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$25	NA	\$50	NA	\$30	0% AD	NA	NA	NA	NA	NA	NA
Mental Health Office Visit	\$30 (First visit \$0)	\$30	\$40 (First visit \$0)	\$40 (First visit \$0)	\$40	\$40 (First visit \$0)	0% AD	\$50	0% AD (3 visits before deductible)	\$5 (First visit \$0)	\$30	\$10 (First visit \$0)	\$40	\$10 (First visit \$0)	0% AD	\$50	\$30 (First Visit \$0)	\$30	\$40 (First visit \$0)	\$40	\$50
Mental Health Office Visit Tier 2	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$25	NA	\$50	NA	\$30	0% AD	NA	NA	NA	NA	NA	NA
Specialist	\$50	\$60	\$75	\$75	\$80	\$80	0% AD	\$100	0% AD	\$50	\$60	\$80	\$80	\$80	0% AD	\$100	\$50	\$60	\$75	\$80	\$100
Emergency Room	40% AD	25% AD	50% AD	50% AD	40% AD	0% AD	0% AD	50% AD	0% AD	40% AD	25% AD	50% AD	40% AD	0% AD	0% AD	50% AD	40% AD	25% AD	50% AD	40% AD	50% AD
Urgent Care	\$75	\$45	\$110	\$110	\$60	\$110	0% AD	\$75	0% AD	\$75	\$45	\$110	\$60	\$110	0% AD	\$75	\$75	\$45	\$110	\$60	\$75
Pharmacy Tier 1 (Generic)	\$5	\$15	\$5	\$10	\$20	0% AD	0% AD	\$25	0% AD	\$5	\$15	\$10	\$20	0% AD	0% AD	\$25	\$5	\$15	\$5	\$20	\$25
Pharmacy Tier 2 (Pref Brand)	\$40	\$30	\$40	\$60	\$40	0% AD	0% AD	\$50 AD	0% AD	\$40	\$30	\$60	\$40	0% AD	0% AD	\$50 AD	\$40	\$30	\$40	\$40	\$50 AD
Pharmacy Tier 3 (non-Pref)	\$100	\$60	\$100	\$150	\$80 AD	0% AD	0% AD	\$100 AD	0% AD	\$100	\$60	\$150	\$80 AD	0% AD	0% AD	\$100 AD	\$100	\$60	\$100	\$80 AD	\$100 AD
Pharmacy Tier 4 (Specialty)	\$150	\$250	\$150	\$200	\$350 AD	0% AD	0% AD	\$500 AD	0% AD	\$150	\$250	\$200	\$350 AD	0% AD	0% AD	\$500 AD	\$150	\$250	\$150	\$350 AD	\$500 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
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
Doctor on Demand	\$10	\$10	\$10	\$10	\$10	\$10	0% AD	\$10	\$10	\$10	\$10	\$10	\$10	\$10	0% AD	\$10	\$10	\$10	\$10	\$10	\$10
Vision Reimbursement	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	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	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	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

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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...

- \$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!





Montana Small Group Plans, 2024

+ Established list of Prescriptions
AD= After Deductible

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

** For Internal Use Only **

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
On/Off	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both	Both
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	\$9,400	\$7,500	\$6,500	\$3,500	\$9,000	\$5,500	\$9,400	\$7,500	\$6,500	\$3,500	\$9,000	\$5,500	\$9,400	\$7,500
OOP Max Family	\$13,000	\$7,000	\$18,000	\$11,000	\$18,800	\$15,000	\$13,000	\$7,000	\$18,000	\$11,000	\$18,800	\$15,000	\$13,000	\$7,000	\$18,000	\$11,000	\$18,800	\$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
Doctor on Demand	\$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 and Cleaning	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	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	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

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