



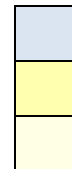
# Plan Year 2024 Individual & Family Markets Products

Below are links to Summaries of Benefits and Coverage (SBC), Outlines of Coverage (OOC) and Plan Comparison Charts for Blue Cross and Blue Shield of Montana (BCBSMT) qualified health plans in the individual and family ACA market.

## Plan Comparison Charts

Comparison Charts
<a href="#">BCBSMT Combined Plan Comparison Chart</a>
<a href="#">BCBSMT Gold Plan Comparison Chart</a>
<a href="#">BCBSMT Silver Plan Comparison Chart</a>
<a href="#">BCBSMT Bronze Plan Comparison Chart</a>

### Key



Off-exchange plans

On-exchange "base" plans with no cost-sharing reductions (CSRs)

On-exchange plans with CSRs:

AI/AN Zero and AI/AN Limited plans are available to eligible American Indians and Alaska Natives. Plans with actuarial values of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

## Gold Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Gold POS <sup>SM</sup> 207	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Gold POS <sup>SM</sup> 707	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Gold POS <sup>SM</sup> 207	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Gold POS <sup>SM</sup> 707	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Gold POS <sup>SM</sup> 207	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Gold POS <sup>SM</sup> 707	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Gold POS <sup>SM</sup> 207	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

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## Gold Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Gold POS <sup>SM</sup> 707	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 204	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 704	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 204	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 704	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 204	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 704	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 204	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Gold PPO <sup>SM</sup> 704	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Silver Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Silver POS <sup>SM</sup> 206	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 306	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 706	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 206	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 706	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 206	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 706	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 206	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 706	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 206	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 706	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 206	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

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## Silver Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Silver POS <sup>SM</sup> 706	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 206	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Silver POS <sup>SM</sup> 706	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 203	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 306	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 308	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 703	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 203	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 308	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 703	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 203	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 308	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 703	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 203	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
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Blue Preferred Silver PPO <sup>SM</sup> 203	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
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Blue Preferred Silver PPO <sup>SM</sup> 203	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 308	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 703	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 203	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 308	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Silver PPO <sup>SM</sup> 703	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

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## Bronze Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Focus Bronze POS <sup>SM</sup> 205	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 302	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 705	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 708	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 205	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 705	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 708	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 205	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 705	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 708	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 205	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 705	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Focus Bronze POS <sup>SM</sup> 708	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 201	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 202	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 302	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 301	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 705	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 201	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 202	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 301	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 705	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
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Blue Preferred Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 301	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 705	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

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## Bronze Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Preferred Bronze PPO <sup>SM</sup> 201	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 202	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 301	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Bronze PPO <sup>SM</sup> 705	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Preferred Security PPO <sup>SM</sup> 200	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>
Blue Preferred Security PPO <sup>SM</sup> 200	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Outlines of Coverage</a>

## Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.

**Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services** Coverage Period: 01/01/2024 – 12/31/2024  
Coverage for: Individual/Family | Plan Type: HMO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.bcbsmt.com/bb/ind/bb\\_gosh30blcimb\\_mt\\_2024.pdf](http://www.bcbsmt.com/bb/ind/bb_gosh30blcimb_mt_2024.pdf) or by calling 1-855-258-8471. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	In-Network: \$250 Individual / \$500 Family Out-of-Network: \$1,000 Individual / \$2,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. In-Network <u>Preventive Care</u> services and In-Network <u>hospice</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	Yes. ER \$1,000; Inpatient \$850/\$2,000; Outpatient Surgery Facility \$600/\$2,000. There are other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Specialist visit	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your contract* for details.
	Imaging (CT/PET scans, MRIs)	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your contract* for details.

\*For more information about limitations and exceptions, see the plan or policy document at [www.bcbsmt.com/bb/ind/bb\\_gosh30blcimb\\_mt\\_2024.pdf](http://www.bcbsmt.com/bb/ind/bb_gosh30blcimb_mt_2024.pdf).

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