

INSURE MONTANA

Insuring Montanas one small business at a time



Live Smart. Live Healthy.®

To learn more, call Blue Cross and Blue Shield of Montana at 800.447.7828 or your local agent.

www.bcbsmt.com

HDHPe

HEALTHLINK

Outline of Coverage | 2013

This plan does not have an Annual or Lifetime Plan Maximum

Deductible		Coinsurance		Out-of-Pocket Amount	
Individual	Family	In-Network	Out-of-Network	Individual	Family
\$2,700	\$5,400	100/0	100/0	\$2,700	\$5,400

Benefit Period	Calendar Year (January 1 - December 31)
Deductible	Benefits begin for a single family Member once the individual deductible for that Member has been met, or once the family deductible is met for two or more covered persons - whichever comes first
Network	Healthlink PPO (<i>Hospitals and Surgery Centers</i>) Traditional (<i>Physicians and other Professional Providers; Facilities other than Hospitals and Surgery Centers</i>)
Exclusion Period for Preexisting Conditions	12 months. Does not apply to members under 19 years of age. <i>If you had Creditable Coverage that was continuous within 63 days of your Certificate of Creditable Coverage being issued, that coverage will be credited toward the exclusion period.</i>
Deductible Waived for:	Mammograms (routine), Preventive Health Care, Well Child Care and Diabetic Education.

Blue Cross and Blue Shield of Montana (BCBSMT) Provider Networks

HealthLink Preferred Provider Organization (PPO) (In-Network) - An innovative health care partnership developed by BCBSMT and our Preferred Hospital Providers to offer health care services to qualified Members at lower premiums. This network is composed of hospitals and surgery centers across the state that accept lower payments for each hospital or surgery center service or inpatient stay. Currently, all hospitals in Montana participate in this network.

Traditional Network Participating Providers (In-Network)- This is the most extensive provider network available in Montana, composed of professional providers (e.g., physicians, physical therapists, nurse practitioners) that have contracted with BCBSMT to provide services to our Members at discounted rates. Currently, approximately 95% of all physicians in Montana participate in this network.

Participating Providers accept the BCBSMT allowable fee, in addition to deductible and applicable copayment, as payment in full for covered services. These providers will submit claims for you, and BCBSMT will pay the participating provider directly. There is no billing to you over your deductible and coinsurance.

Nonparticipating Provider (Out-of-Network) - Nonparticipating Providers have not contracted with BCBSMT to provide services at negotiated rates, and your out of pocket expenses can be significantly higher. Nonparticipating providers are under no obligation to submit claims for you. You will receive payment for claims received from a Nonparticipating Provider.

Finding Participating Providers - To locate Participating Providers and HealthLink PPO hospitals and surgery centers in Montana check our on-line provider directory at www.bcbsmt.com, or contact Customer Service at 1-800-447-7828. Be sure to have your health plan identification number available when you call.

World-Wide Networks at Your Fingertips - With BlueCard®, you have access to Participating Providers across the country and around the world. No matter where you are, you'll receive the same great benefits you get when you're at home. To find BlueCard Participating Providers, visit the BlueCross and BlueShield Association website at <http://provider.bcbs.com> or call 1-800-810-BLUE (2583).

Deductible: The dollar amount each Member must pay for covered medical expenses incurred during the benefit period before BCBSMT will make payment for any covered medical expense to which the deductible applies.

Out-of-Pocket Amount: The total amount of deductible and coinsurance that you would pay in a single benefit period. Once the out-of-pocket amount is met, the Plan pays 100% of the allowable fee on most covered services that would have applied to the out-of-pocket amount. However, any amount you pay for balances owed to nonparticipating providers does not apply to the out-of-pocket individual/family amount.

Coinsurance: The percentage of the allowable fee payable by the Member for covered medical expenses.

Copayment: The specific dollar amount payable by the Member for covered medical expenses.

Preexisting Condition: A condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period ending on the Member's enrollment date.

Deductible and coinsurance apply to all services listed below, unless otherwise noted. This is only a summary of benefits. Benefits and general provisions described herein are subject to the terms of the Member Guide and Group Contract. Prior Authorization is not a guarantee of payment but is recommended for some services, supplies, treatments, and prescription drugs to help the Member identify potential expenses, payment reductions, or claim denials that may occur if these proposed services are not Medically Necessary or not a Covered Medical Expense. Examples are: Hospice and Durable Medical Equipment over \$500. Refer to your Member Guide.

BENEFIT HIGHLIGHTS - HDHPe HEALTHLINK

Professional Provider Services	Home and office calls, surgery, anesthesia, diagnostic lab and x-ray, and other services provided by a professional provider.
Preventive Health Care	Services include, but are not limited to: 1. Services that have an "A" or "B" rating in the United States Preventive Services Task Force's current recommendations; 2. Immunizations recommended by the Advisory Committee of Immunizations Practices of the Centers for Disease Control and Prevention; 3. Health Resources and Services Administration (HRSA) Guidelines for Preventive Care & Screenings for Infants, Children, Adolescents and Women; 4. Current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued prior to November 2009. Examples of Preventive Health Care services include, but are not limited to, physical examinations, colonoscopies, immunizations, vaccinations, lactation services, breast pumps and certain prescription contraceptives. Deductible does not apply. Paid at 100% of the allowable fee.
Inpatient Hospital	Room and board, special care units, ancillary charges, and transplant coverage.
Outpatient Hospital	Accidental injury, x-ray and lab, surgery, chemotherapy, respiratory therapy, radiation therapy, medical emergency, surgicenter, oxygen, and equipment for use in the home, blood transfusion services, ambulance, medical supplies for use outside hospital, orthopedic devices.
Maternity Services	Professional and facility services are processed under regular medical benefits.
Emergency Room Care	Services provided for accidental injury and emergency services.
Transplants	Processed under regular medical benefits.
Convalescent Home	Skilled nursing facility, transitional care units, and extended care facilities. Up to 60 days per benefit period.
Chiropractic Services	\$600 maximum per benefit period. Does not include x-ray maximum. X-ray maximum: \$100 per benefit period.
Home Health Care	Up to 180 visits per benefit period.
Hospice	Inpatient and outpatient care, home care, skilled nursing, counseling, and other support services.
Individual Therapies	Physical, occupational, speech, and cardiac rehabilitation therapies for outpatient professional and facility charges.
Rehabilitation Therapy	Inpatient and outpatient rehabilitation therapy services.
Accident Services	Processed under regular medical benefits.
Durable Medical Equipment and Prostheses	Initial purchase, replacements, and repair. Prior authorization is recommended if charges are over \$500.
Mental Illness	Mental Illness, including Severe Mental Illness, is processed under regular medical benefits.
Chemical Dependency	Processed under regular medical benefits.
Well-Child Care	Well-child exams, lab tests, and immunizations. Deductible does not apply. Paid at 100% of the allowable fee.
Autism Spectrum Disorder	Diagnosis and treatment of Autistic disorder, Asperger's disorder, or pervasive developmental disorder. The following maximums apply to Applied Behavior Analysis (ABA) therapy: \$50,000 a year for a child 8 years of age or younger; \$20,000 a year for a child 9 years of age through 18 years of age. (ABA therapy is only available to members 0-18 years of age.)
Mammograms	Routine Medical
	Deductible does not apply. Paid at 100% of the allowable fee. Deductible applies. Processed under regular medical benefits.
Diabetic Education Benefit	Deductible does not apply to the first \$250 per benefit period for outpatient services. After the first \$250 is paid, deductible applies.
Prescription Drugs	Processed under regular medical benefits.

Rating Factors and Trend: The following factors are used in setting rates: the income and claims experience for the 12 months prior to rating calculations for the category of product being rated, the benefit difference for the deductible and copayment relationship for the specific products in a product category, the projected claims, income, and enrollment for the next 12-month rating period, projected expenses for the plan of the next rating period, and/or age of the application or subscriber, industry, and risk characteristics. The trend of premium increases during the preceding five years is: 2008 - 15%, 2009 - 15%, 2010 - 13%, 2011 - 13%, 2012 - 11%.

Members Rights-When requested by the Member or the Member's agent, BCBSMT is required to provide a summary of a Member's coverage for a specific health care service or course of treatment when an actual charge or estimate of charges by a health care provider, surgical center, clinic or hospital exceeds \$500.