

Same
Value.
More
Choice.

SMALL GROUP 1-50 EMPLOYEES

2021 Small Group Plans

Blue Cross and Blue Shield of Montana (BCBSMT) offers health care plans with the choice, flexibility and affordable options that growing companies want.

The 2021 Small Group Portfolio is available from January 1 until December 31, 2021. Employers can choose from a variety of plans that give members access to plenty of features and benefits. Here are some of the 2021 highlights.

Provider Telehealth Visits

Members have more access to health care through our in-network telehealth benefit. There's no need to put off care. They can see their own, in-network PCP or Specialist by phone, video or mobile app (if available) for the same copay as an in-office visit. If the group benefits already include 24/7 Virtual Visits, powered by MDLIVE®, in-network telehealth is in addition to those benefits.

\$0 Preventive Drugs on Health Savings Account (HSA) Plans

Select HSA plans now feature a \$0 copay for certain preventive drugs. This helps members stick to their treatment plans and better manage their health conditions.

Behavioral Health Program Services

- A Behavioral Health Member Services team that can help members find providers and answer questions about eligibility, benefits and more
- 24-hour access to a single point of contact for members and providers
- Information about inpatient and outpatient services (counseling, testing and more)
- Assistance with prior authorizations (when required) and case management services for all Behavioral Health levels of care and services

Virtual Visits: Care When and Where You Need It

Virtual Visits, powered by MDLIVE

On certain plans, members have access to Virtual Visits, 24 hours a day, seven days a week.

Virtual Visits provide a live consultation between a doctor and a member for many non-emergency medical issues and behavioral health needs.

Based on your location, consult with a board-certified doctor by phone at **888-680-8646**, online at **MDLIVE.com/bcbsmt** or with the MDLIVE mobile app. Doctors are available on demand or by appointment.

Members may set up their profiles to include their member ID number, preferred pharmacy for e-prescriptions and credit card number for easy payment.

MDLIVE doctors and therapists can treat a variety of non-emergency conditions, including:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear problems
- Nausea
- Pink Eye
- Rash
- Sinus Infections
- Skin rashes
- Stress Management
- Urinary symptoms
- And more!

On certain plans, members have access to Virtual Visits at the same PCP office visit copay outlined in their group benefits.*

*Copays on certain HSA plans will vary.

MDLIVE.COM/BCBSMT

1-888-680-8646

Powered by
MDLIVE®



Blue Cross and Blue Shield of Montana 2021 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Pharmacy Benefits		Pediatric Dental		
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	PCP/ Virtual Visits/ Telehealth PCP Office Visits	Specialist/ Telehealth SCP Office Visits	Urgent Care	Imaging (MRI, CT, & PET) ¹	ER Visit	Inpatient	Outpatient Surgery	Preferred Pharmacy Network ²	Non-Preferred Pharmacy Network ²	Pediatric Dental In/Out ³	
Blue Preferred PPO SM	Blue Preferred Platinum PPO SM 102	P911PFR	NA	\$250/\$500	\$500/\$1,000	\$1,500/\$4,500	\$3,000/\$9,000	80%/50%	\$25	\$50	\$50	DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%	
	Blue Preferred Platinum PPO SM 101	P910PFR	NA	\$750/\$1,500	\$1,500/\$3,000	\$1,500/\$4,500	\$3,000/\$9,000	80%/50%	\$25	\$45	\$50	DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%	
	Blue Preferred Gold PPO SM 107	G931PFR	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$5,700/\$15,000	\$11,400/\$30,000	80%/50%	\$35	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%	
	Blue Preferred Gold PPO SM 110	G933PFR	NA	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$15,000	\$12,000/\$30,000	80%/50%	\$35	\$65	\$50	DC	\$300	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%	
	Blue Preferred Gold PPO SM 105	G930PFR	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$10,500	\$9,000/\$21,000	80%/50%	\$35	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%	
	Blue Preferred Silver PPO SM 117	S931PFR	NA	\$3,000/\$6,000	\$6,000/\$12,000	\$5,250/\$15,750	\$10,500/\$31,500	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Silver PPO SM 131	S901PFR	NA	\$4,000/\$8,000	\$8,000/\$16,000	\$7,350/\$22,050	\$14,700/\$44,100	70%/50%	DC	DC	DC	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70%/70%
	Blue Preferred Silver PPO SM 120	S932PFR	NA	\$4,750/\$9,500	\$9,500/\$19,000	\$8,400/\$23,700	\$16,800/\$47,400	70%/50%	\$40	\$65	\$50	DC	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	70%/70%
	Blue Preferred Bronze PPO SM 101	B6J1PFR	NA	\$8,550/\$17,100	\$17,100/\$34,200	\$8,550/\$17,100	\$17,100/\$34,200	100%/100%	\$35	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Gold PPO SM 135	G6E1PFR	\$0 ⁴	\$2,800/\$5,600	\$5,600/\$11,200	\$2,800/\$5,600	\$5,600/\$11,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Gold PPO SM 101	G6J2PFR	\$0 ⁴	\$2,800/\$5,600	\$8,400/\$16,800	\$3,500/\$10,500	\$10,500/\$31,500	90%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Silver PPO SM 127	S935PFR	\$0 ⁴	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	70%/70%
	Blue Preferred Silver PPO SM 101	S6J3PFR	\$0 ⁴	\$4,000/\$8,000	\$12,000/\$24,000	\$6,900/\$20,700	\$13,800/\$48,900	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Preferred Silver PPO SM 122	S933PFR	\$0 ⁴	\$4,400/\$8,800	\$8,800/\$17,600	\$4,400/\$8,800	\$8,800/\$17,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
	Blue Preferred Gold PPO SM 123	G936PFR	\$475-\$600 ⁴	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Preferred Silver PPO SM 136	S6E1PFR	\$0 ⁴	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$11,000/\$22,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%	
Blue Preferred Bronze PPO SM 134	B902PFR	\$0 ⁴	\$6,200/\$12,400	\$12,400/\$24,800	\$6,900/\$20,700	\$13,800/\$41,400	60%/50%	DC	DC	DC	DC	DC	\$500 ⁵	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	70%/70%	

General Notes:
NA = Not Applicable; DC = Deductible and Coinsured; In = In-Network; Out and OON = Out-of-Network
All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.
When members visit a value pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-value pharmacy. Members can find a value pharmacy at myprime.com.

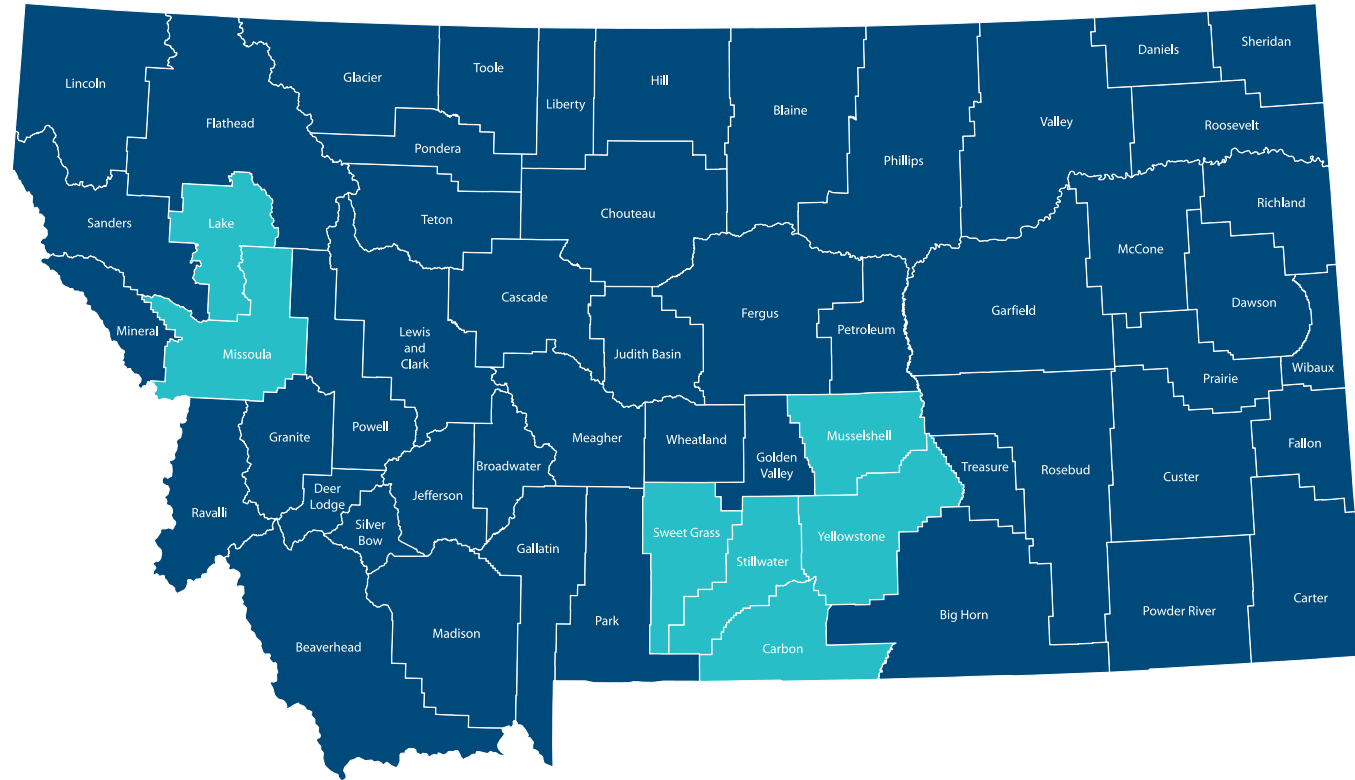
Footnotes
1. The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
2. All plans include prescription drug benefits. The benefit plan is based on the BCBSMT drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
3. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.
4. HSA plan that has a mandatory employer contribution requirement.
5. This is a Per Occurrence Deductible. It must be met for every ER visit. Then, the plan deductible and coinsurance will apply.

Blue Cross and Blue Shield of Montana 2021 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		Pediatric Dental	
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	PCP/ Telehealth PCP Office Visits	Specialist/ Telehealth SCP Office Visits	Urgent Care	Imaging (MRI, CT, & PET) ¹	ER Visit	Inpatient	Outpatient Surgery	Preferred Pharmacy Network ²	Non-Preferred Pharmacy Network ²	Pediatric Dental In/Out ³	
Blue Focus POS SM	Blue Focus Platinum POS SM 006	P6E1BLC	NA	\$750/\$1,500	\$1,500/\$3,000	\$1,500/\$4,500	\$3,000/\$9,000	80%/50%	\$25	\$45	\$50	DC	\$250	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%	
	Blue Focus Gold POS SM 005	G6E1BLC	NA	\$1,250/\$2,500	\$2,500/\$5,000	\$7,000/\$18,750	\$14,000/\$36,000	80%/50%	\$35	\$70	\$50	DC	\$250	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%	
	Blue Focus Gold POS SM 007	G6E2BLC	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$5,700/\$15,000	\$11,400/\$30,000	80%/50%	\$35	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%	
	Blue Focus Gold POS SM 008	G6E3BLC	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$6,500/\$16,500	\$13,000/\$33,000	90%/50%	\$30	\$65	\$50	DC	\$250	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70%/70%	
	Blue Focus Silver POS SM 010	S6E1BLC	NA	\$3,000/\$6,000	\$6,000/\$12,000	\$5,250/\$15,750	\$10,500/\$31,500	80%/50%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%	
	Blue Focus Silver POS SM 001	S6E3BLC	NA	\$4,750/\$9,500	\$9,500/\$19,000	\$8,400/\$23,700	\$16,800/\$47,400	70%/50%	\$40	\$65	\$50	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$150/\$250	\$20/\$30/\$70/\$120/\$150/\$250	70%/70%	
	Blue Focus Silver POS SM 004	S6E4BLC	NA	\$5,250/\$10,500	\$10,500/\$21,000	\$8,150/\$24,450	\$16,300/\$48,900	70%/50%	\$30	\$60	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70%/70%	
	Blue Focus Bronze POS SM 101	B6J1BLC	NA	\$8,550/\$17,100	\$17,100/\$34,200	\$8,550/\$17,100	\$17,100/\$34,200	100%/100%	\$35	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%	
	Blue Focus Gold POS SM 101	G6J2BLC	\$0 ⁴	\$2,800/\$5,600	\$8,400/\$16,800	\$3,500/\$10,500	\$10,500/\$31,500	90%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Focus Silver POS SM 003	S6E2BLC	\$0 ⁴	\$3,700/\$7,400	\$7,400/\$14,800	\$6,750/\$20,250	\$13,500/\$40,500	90%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
	Blue Focus Silver POS SM 101	S6J3BLC	\$0 ⁴	\$4,000/\$8,000	\$12,000/\$24,000	\$6,900/\$20,700	\$13,800/\$48,900	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Focus Bronze POS SM 002	B6E1BLC	\$0 ⁴	\$6,900/\$13,800	\$13,800/\$27,600	\$6,900/\$13,800	\$13,800/\$27,600	100%/100%	DC	DC	DC	DC	DC	\$500 ⁵	DC	DC	100%	100%	100%/100%	

General Notes:
NA = Not Applicable; DC = Deductible and Coinsured; In = In-Network; Out and OON = Out-of-Network
All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.
When members visit a value pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-value pharmacy. Members can find a value pharmacy at myprime.com.

Footnotes
1. The Imaging column refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
2. All plans include prescription drug benefits. The benefit plan is based on the BCBSMT drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
3. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.
4. HSA plan that has a mandatory employer contribution requirement.
5. This is a Per Occurrence Deductible. It must be met for every ER visit. Then, the plan deductible and coinsurance will apply.

2021 Montana Small Group (1-50) Provider Networks by County



Network Names

- Blue Preferred PPO
- Blue Preferred PPO and Blue Focus POS

The map represents counties with provider access. Please refer to individual proposal or renewal exhibit to see if the client can select products utilizing these networks.



Help Members Get More Value from Their Pharmacy Benefits

Here are some ways members can get more value from their pharmacy benefits:

- Consider using generic drugs.
- Ask their doctor to check the prescription drug list when recommending prescription drug options. Drugs on the list are chosen for their safety, cost and how well they work.
- Use an in-network pharmacy.
- Go to **bcbsmt.com** to check Blue Access for MembersSM (BAMSM) for online pharmacy resources, out-of-pocket prescription cost estimates, claims history and more.
- Ask doctors or pharmacists about the choices available and which drug is right for them.



Want more information?
Talk with your BCBSMT account representative today.

Montana Small Group Network Offerings Comparison

Plan Name	Blue Preferred PPO	Blue Focus POS
Network/Network Name	Blue Preferred PPO (PPO)	Blue Focus POS
Type	Broad	POS HMO
Availability	1-50	1-50
Coverage	Statewide	Billings: Carbon, Musselshell, Stillwater, Sweet Grass and Yellowstone Missoula: Lake and Missoula
Must Live/Work in Network Service Area	No	Yes
Primary Care Physician Required	No	Yes
Referral Required	No	No
OON Coverage	Yes	Yes
BlueCard®	Yes	Yes
Away From Home Care® (AFHC)	NA	NA
Blue Access for Members	Yes	Yes
Provider Finder®	Yes	Yes
Member Liability Estimator	Yes	No

BCBSMT pays for hospice care at 100% for all non-HSA plans -in and -out-of-network. For HSA plans, the Hospice benefit is subject to deductible and coinsurance.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Montana and is solely responsible for its operations and for those of its contracted providers.

MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSMT to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A “preferred” or “participating” pharmacy has a contract with BCBSMT or BCBSMT’s pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms “preferred” and “participating” should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

BCBSMT makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.