

Medical Plans

High Deductible Health Plans



Please note: This document is intended to be an easy-to-use reference for members. The Summary Plan Description (SPD) supersedes this general information. HPM Plans do not have separate deductibles, coinsurance/copays, or out-of-pocket maximums for out-of-network providers, however, members may encounter balance billing. Members avoid balance billing by using in-network providers. To find out if your doctor is a network provider, please visit bcbsmt.com.

DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM RANGES

| Individual/Family deductible | Coinsurance | Individual/Family OOPM: |
|-------------------------------------|-----------------------------|-------------------------------------|
| \$3,000/\$6,000 to \$7,500/\$15,000 | 100%/0% , 80%/20% , 70%/30% | \$3,000/\$6,000 TO \$7,500/\$15,500 |

MEDICAL BENEFITS

Deductible Waived

Preventive Benefits: *paid at 100% when in network. These include but are not limited to annual exam, immunizations, colonoscopy (limits).*

Preventive prescriptions: *ACA preventive list pay at \$0 copay, HDHP expanded SAFE HARBOR preventive drug list pay at medical co-insurance level amount.*

Deductible Applies

| | |
|--|---------------------------------|
| Accident Benefit | Physician Office Visits |
| Diagnostic X-ray and Laboratory Services | Inpatient Hospital Services |
| In/Outpatient Mental Illness/Substance Abuse | Surgical Implant and/or Devices |
| Rehabilitation Therapy, PT and OT | Transplants |
| Home Health Care | Skilled Nursing Facility |

PHARMACY

Prescription drug charges apply to the medical deductible. Except for certain designated preventive medications, members on an HDHP will pay 100% of the cost of their medications until their plan deductible is met. Once deductible is met, the plan pays prescription claims at copay level.

FOR 100% COINSURANCE PLANS – After deductible is met, the plan pays eligible prescription claims at 100%.

FOR 80% and 70% COINSURANCE PLANS – After deductible is met, the plan pays eligible prescription claims at the copay levels below until the out-of-pocket maximum is met, at which point the plan then pays 100%.

| | 30-day Retail | Mail Order |
|-----------------------|---------------|-------------|
| ACA Preventive Drugs | \$0 copay | \$0 copay |
| Generic Drugs | \$15 copay | \$30 copay |
| Preferred Brand Drugs | \$40 copay | \$80 copay |
| Non-Preferred Drugs | \$60 copay | \$120 copay |
| Specialty Drugs | \$200 copay | \$200 copay |

ADDITIONAL FEATURES

QUALIFIES FOR HEALTH SAVINGS ACCOUNT

INCLUDES ACA SAFE HARBOR PREVENTIVE DRUG LIST - This list includes drugs for chronic conditions such as asthma, high blood pressure, high cholesterol, or diabetes and for these prescriptions the deductible to be waived and the member pays at the medical co-insurance amount.

PREVENTIVE PEDIATRIC DENTAL AND VISION - Paid at 100% for dependents up to age 18.