

## Plan Details

### Selected Plans

	Plus Gold HDHP - SHOP Eligible
Summary	<p>Offering a wide network of providers and a comprehensive array of benefits, Plus at the gold level requires low out-of-pocket expenses, providing highly inclusive health care coverage for Montanans.</p> <p><a href="#">Outline of Coverage</a>  <a href="#">Coverage Summary</a></p>
Metal Level	GOLD
Plan Highlights	
Plan Type	PPO
HSA Compatible	Yes
Deductible : <i>Family</i>	\$3,500 individual/\$7,000 family
Out-of-Pocket Limit : <i>Family</i>	\$3,500 individual/\$7,000 family
Coinsurance	0% coinsurance
Annual Vision Exam	Up to \$60 reimbursement for exam
Travel Benefit	Yes
Centers of Excellence	Yes
Preventive Services	\$0 copay
Primary Care Visit	0% coinsurance
Chiropractic Services	0% coinsurance
Urgent Care	0% coinsurance
Value Based Insurance Design	N/A
Tier 1 - Preferred Generic Drugs	0% coinsurance
	Plus Gold HDHP - SHOP Eligible
Medical Deductible : <i>Family</i>	\$3,500 individual/\$7,000 family
Out-of-Pocket Maximum : <i>Family</i>	\$3,500 individual/\$7,000 family

The amounts or percentages displayed represent the amounts that a member pays. Generally copayments are indicated as dollar amounts and are paid before the deductible amount. Coinsurance is indicated as percentages. Generally the deductible is paid by the member first, then the coinsurance amount is paid until the member reaches the out of pocket maximum. All amounts below are for in-network services unless indicated differently.

#### Maternity

Maternity	0% coinsurance
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#### Pediatric Dental/Vision

Dental	Not covered; you must purchase a separate dental plan
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Vision (children 18 & under)	\$0 copay
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Disclaimer: Plans do not provide benefits for pediatric dental services. Pediatric dental benefits must be purchased from another source that offers such benefits.

#### Prescription Drugs

Formulary	Formulary
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31 day supply purchased from a pharmacy

Tier 1 - Preferred Generic Drugs	0% coinsurance
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Tier 2 - Preferred Brand Drugs	0% coinsurance
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Tier 3 - Non Preferred Brand/Generic Drugs	0% coinsurance
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Tier 4 - Specialty	0% coinsurance
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31 day supply purchased from a pharmacy

Tier 1 - Preferred Generic Drugs	0% coinsurance
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Tier 2 - Preferred Brand Drugs	0% coinsurance
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Tier 3 - Non Preferred Brand/Generic Drugs	0% coinsurance
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#### Out of Network Coverage

Deductible : <i>Family</i>	\$9,000 individual/\$18,000 family
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#### Balance Billing

The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay for the difference. This is called balance billing and the balance bill amount does not apply toward deductible or out of pocket maximum. For example, you go to an out of network no choice provider, they charge \$1,000 for the service, our allowed amount is \$500, we process the \$500 toward your in network benefit, the provider may balance bill you the additional \$500.

## No Choice Provider

There are circumstances where you may find yourself seen by a no choice provider. A no choice provider is a provider you do not have a say in going to or you may not know they are out of network. Example: 1. You are traveling and get in a car accident and go to the nearest Emergency Room which is not in network. 2. You go to an in network hospital for surgery and your anesthesiologist is not in network. In these cases we process these claims toward your in network benefit and pay our allowed amount. Unfortunately, the provider may balance bill you the difference between billed charges and allowed amount.

<b>Coinsurance</b>	0% coinsurance
<b>Out-of-Pocket Limit : <i>Family</i></b>	\$9,000 individual/\$18,000 family
<b>Cost Share Methodology</b>	0% coinsurance

The amounts quoted are the lowest rates available for the health plans listed and are subject to change based on the optional benefits you selected, if any, and other relevant factors. It may be the sum of estimated premiums and other recurring charges, if the insurance company has such charges. Insurance companies reserve the right to change the terms of a policy upon proper notification. Please note that definitions of certain terms may vary across insurance companies.

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