

\* HSA Compatible

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Plan	COOP PLUS SILVER	COOP PLUS GOLD	COOP PLUS BRONZE	CONNECT SILVER OPTION 2	CONNECT SILVER	CONNECT GOLD	CONNECT CATASTROPHIC	*CONNECT BRONZE PLUS	CONNECT BRONZE EXPANDED	CONNECT BRONZE
<b>Deductible Individual</b>	\$8,000	\$750	\$8,500	\$5,700	\$7,000	\$1,000	\$8,550	\$7,000	\$8,400	\$7,500
<b>Deductible family</b>	\$16,000	\$1,500	\$17,000	\$11,400	\$14,000	\$2,000	\$17,100	\$14,000	\$16,800	\$15,000
<b>Out of Pocket Max Individual</b>	\$8,550	\$7,000	\$8,550	\$8,150	\$8,550	\$6,000	\$8,550	\$7,000	\$8,550	\$8,150
<b>Out of Pocket max Family</b>	\$17,100	\$14,000	\$17,100	\$16,300	\$17,100	\$12,000	\$17,100	\$14,000	\$17,100	\$16,300
<b>Co-insurance</b>	40%	30%	60%	40%	40%	30%	0%	0%	50%	60%
Out of Network Deductible Individual	\$24,000	\$2,250	\$25,500	\$17,100	\$12,000	\$2,250	\$25,650	\$21,000	\$16,500	\$21,600
Out of Network Deductible Family	\$48,000	\$4,500	\$51,000	\$34,200	\$24,000	\$4,500	\$51,300	\$42,000	\$33,000	\$43,200
Out of Network Out of Pocket Max Individual	\$25,650	\$21,000	\$25,500	\$24,450	\$24,450	\$17,250	\$25,650	\$21,000	\$24,450	\$23,700
Out of Network Out of Pocket Max Family	\$51,300	\$42,000	\$51,000	\$48,900	\$48,900	\$34,500	\$51,300	\$42,000	\$48,900	\$47,400
Out of Network Coinsurance	60%	50%	70%	60%	60%	50%	0%	0%	70%	70%
<b>PCP Office Visit</b>	Tier 1: \$10 Copay Tier 2: 40% Coinsurance	Tier 1: \$5 Copay Tier 2: 30% Coinsurance	Tier 1: \$10 Copay Tier 2: 60% Coinsurance	\$40	\$40	\$35	0% (3 visits before DED)	0 %/AD	\$60	\$65
<b>Mental Health Office Visit</b>	\$10	\$5	\$10	\$40	\$40	\$35	0% (3 visits before DED)	0 %/AD	\$60	\$65
<b>Specialist</b>	\$80/AD	\$50	70%/AD	\$75/AD	\$75	\$50	0%/AD	0%/AD	\$80	70%/AD
<b>Emergency Room</b>	50%/AD	40%/AD	70%/AD	50%/AD	50%/AD	40%/AD	0%/AD	0%/AD	60%/AD	70%/AD
<b>Urgent Care</b>	\$120	\$75	70%	\$110	\$110	\$75	0%/AD	0%/AD	\$120	70%
<b>Pharmacy Tier 1</b>	20%	10%	10%/AD	25%	20%	10%	0%/AD	0%/AD	\$15/AD	10%/AD
<b>Pharmacy Tier 2</b>	30%	25%	40%/AD	40%	30%	25%	0%/AD	0%/AD	\$125/AD	40%/AD
<b>Pharmacy Tier 3</b>	40%	35%	50%/AD	50%	40%	35%	0%/AD	0%/AD	\$160/AD	50%/AD
<b>Pharmacy Tier 4</b>	50%	45%	60%/AD	60%	50%	45%	0%/AD	0%/AD	\$185/AD	60%/AD
<b>Value Preventative Drug List</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Preventive Pharmacy/Medical</b>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<b>Center of Excellence</b>	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	After Deductible	No Deductible	No Deductible
<b>Travel Benefit</b>	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Doctor on Demand</b>	\$20	\$20	\$20	\$20	\$20	\$20	\$20	0%/AD	\$20	\$20
<b>Vision Reimbursement</b>	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
<b>Dental Exam and Cleaning Reimbursement (Excludes x-rays)</b>	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100

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## MEDICAL PLAN BASICS

We are committed to helping you optimize your health insurance plan. The CO-OP has added new and exciting benefits for you beginning January 1, 2021. These benefits are designed to promote wellness and protect your health. The benefits available to members like you include:



### DENTAL EXAM REIMBURSEMENT

Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.



### DOCTOR ON DEMAND

Video chat with an in-network doctor or mental health specialist 24/7. Download the Doctor on Demand app today.



### HUNDREDS OF MEDICATIONS AT NO EXTRA COST

Our pharmacy is as transparent as it gets. We offer hundreds of prescriptions for members with no out-of-pocket cost.



### VISION EXAM REIMBURSEMENT

Your eyes are a great indicator of other, underlying health conditions. Your plan comes with a standard \$60 vision exam reimbursement.



### TRAVEL BENEFIT

Need to travel to a specialist? We'll help cover the cost for you to reach our preferred center so you get the care you need. *\*Preapproval required.*

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<b>Deductible Individual</b>	\$5,300	\$1,000	\$7,800	\$4,400	\$5,700	\$4,000	\$1,000	\$7,000	\$6,500	\$7,200
<b>Deductible family</b>	\$10,600	\$2,000	\$15,600	\$8,800	\$11,400	\$8,000	\$2,000	\$14,000	\$13,000	\$14,400
<b>Out of Pocket Max Individual</b>	\$8,550	\$7,000	\$8,550	\$4,400	\$7,500	\$8,550	\$6,500	\$7,000	\$8,550	\$8,150
<b>Out of Pocket max Family</b>	\$17,100	\$14,000	\$17,100	\$8,800	\$15,000	\$17,100	\$13,000	\$14,000	\$13,100	\$16,300
<b>Co-insurance</b>	40%	30%	60%	0%	40%	40%	30%	0%	50%	60%
Out of Network Deductible Individual	\$15,000	\$2,550	\$21,600	\$13,200	\$17,100	\$9,000	\$2,250	\$21,000	\$13,500	\$21,600
Out of Network Deductible Family	\$30,000	\$5,100	\$43,200	\$26,400	\$34,200	\$18,000	\$5,100	\$42,000	\$27,000	\$43,200
Out of Network Out of Pocket Max Individual	\$24,450	\$21,000	\$24,450	\$21,000	\$22,500	\$24,450	\$18,000	\$21,000	\$24,450	\$24,450
Out of Network Out of Pocket Max Family	\$48,900	\$42,000	\$48,900	\$42,000	\$45,000	\$48,900	\$36,000	\$42,000	\$48,900	\$48,900
Out of Network Coinsurance	60%	50%	70%	60%	60%	60%	50%	0%/AD	70%	70%
<b>PCP Office Visit</b>	Tier 1: \$10 Copay Tier 2: 40% Coinsurance	Tier 1: \$5 Copay Tier 2: 30% Coinsurance	Tier 1: \$10 Copay Tier 2: 60% Coinsurance	0%/AD	\$40	\$35	\$30	0%/AD	\$60	\$60
<b>Mental Health Office Visit</b>	\$10	\$5	\$10	0%/AD	\$40	\$35	\$30	0%/AD	\$60	\$60
<b>Specialist</b>	\$75	\$50	70%/AD	0%/AD	\$75/AD	\$75	\$50	0%/AD	\$75/AD	70%/AD
<b>Emergency Room</b>	50%/AD	40%/AD	70%/AD	0%/AD	50%/AD	50%/AD	40%/AD	0%/AD	60%/AD	70%/AD
<b>Urgent Care</b>	\$110	\$75	70%	0%/AD	\$110	\$110	\$75	0%/AD	\$110	70%
<b>Pharmacy Tier 1</b>	\$10	\$5	\$15 /AD	0%/AD	\$10	\$10	\$5	0%/AD	\$15/AD	\$15/AD
<b>Pharmacy Tier 2</b>	\$50	\$20	\$125 /AD	0%/AD	\$50	\$50	\$20	0%/AD	\$75/AD	\$125/AD
<b>Pharmacy Tier 3</b>	\$100	\$50	\$160 /AD	0%/AD	\$100	\$100	\$50	0%/AD	\$125/AD	\$160/AD
<b>Pharmacy Tier 4</b>	\$150	\$100	\$185 /AD	0%/AD	\$150	\$150	\$100	0%/AD	\$175/AD	\$185/AD
<b>Value Preventative Drug List</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Preventive Pharmacy/Medical</b>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<b>Center of Excellence</b>	No Deductible	No Deductible	No Deductible	After Deductible	No Deductible	No Deductible	No Deductible	After Deductible	No Deductible	No Deductible
<b>Travel Benefit</b>	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Doctor on Demand</b>	\$20	\$20	\$20	0%/AD	\$20	\$20	\$20	0%/AD	\$20	\$20
<b>Vision Reimbursement</b>	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
<b>Dental Exam and Cleaning Reimbursement (Excludes x-rays)</b>	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100

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### TRAVEL BENEFIT

Need to travel to a specialist? We'll help cover the cost for you to reach our preferred center so you get the care you need. *\*Preapproval required.*