

Subject: Important Plan Changes Montana Small Group 2025

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all currently available Blue Cross and Blue Shield of Montana (BCBSMT) small group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSMT plans.

Your next steps:

- Find the seven-digit plan ID for your current plan(s) in the “Current Health Plans” section of your renewal exhibit
- Use that seven-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your plan(s) at renewal, nothing else is needed. The coverage provided by your plan(s) will continue with no interruption. If you would like to change your plan(s), or have questions about the changes to your plan, contact your broker or call us. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Montana

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Platinum PPO 102; P911PFR

- Your in-network individual Deductible will change to \$350 from \$250.
- Your in-network family Deductible will change to \$700 from \$500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,600 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$3,200 from \$3,000.
- Your out-of-network individual Deductible will change to \$1,050 from \$500.
- Your out-of-network family Deductible will change to \$2,100 from \$1,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$4,800 from \$4,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$85/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Platinum PPO 101; P910PFR

- Your in-network individual Deductible will change to \$850 from \$750.
- Your in-network family Deductible will change to \$1,700 from \$1,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,600 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$3,200 from \$3,000.
- Your out-of-network individual Deductible will change to \$2,550 from \$1,500.
- Your out-of-network family Deductible will change to \$5,100 from \$3,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$4,800 from \$4,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$55 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Your Preferred Drug Cost Shares will change to \$20/\$30/\$50/\$75/\$250/\$350 from \$0/\$10/\$35/\$75/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$30/\$40/\$70/\$95/\$250/\$350 from \$10/\$20/\$55/\$95/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Platinum PPO 103; P6K1PFR

- Your in-network individual Deductible will change to \$600 from \$500.
- Your in-network family Deductible will change to \$1,200 from \$1,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,600 from \$2,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,200 from \$5,000.
- Your out-of-network individual Deductible will change to \$1,800 from \$1,000.
- Your out-of-network family Deductible will change to \$3,600 from \$2,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,800 from \$7,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$15,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$15 from \$10.
- Your Specialist Office Visit copayment will change to \$50 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$15 from \$10.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Gold PPO 111; G6K2PFR

- Your in-network individual Deductible will change to \$3,600 from \$3,500.
- Your in-network family Deductible will change to \$7,200 from \$7,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$12,000.
- Your out-of-network individual Deductible will change to \$10,800 from \$7,000.
- Your out-of-network family Deductible will change to \$21,600 from \$14,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,300 from \$15,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,600 from \$30,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$55 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Preferred Drug Cost Shares will change to \$10/\$25/\$70/\$160/\$250/\$350 from \$5/\$15/\$60/\$150/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$35/\$90/\$180/\$250/\$350 from \$15/\$25/\$80/\$170/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 107; G931PFR

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$3,200 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,600 from \$6,500.
- Your in-network family Out-of-Pocket Maximum will change to \$13,200 from \$13,000.
- Your out-of-network individual Deductible will change to \$4,800 from \$3,000.
- Your out-of-network family Deductible will change to \$9,600 from \$6,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,800 from \$19,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$39,600 from \$39,000.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$150/\$250/\$350 from \$5/\$15/\$60/\$150/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$80/\$170/\$250/\$350 from \$15/\$25/\$80/\$170/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Gold PPO 110; G933PFR

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$4,200 from \$4,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,850 from \$6,750.
- Your in-network family Out-of-Pocket Maximum will change to \$13,700 from \$13,500.
- Your out-of-network individual Deductible will change to \$6,300 from \$4,000.
- Your out-of-network family Deductible will change to \$12,600 from \$8,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$20,550 from \$20,250.
- Your out-of-network family Out-of-Pocket Maximum will change to \$41,100 from \$40,500.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Your Emergency Room Services copayment will change to \$400 from \$300.
- Your Preferred Drug Cost Shares will change to \$5/\$20/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$30/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 105; G930PFR

- Your in-network individual Deductible will change to \$2,600 from \$2,500.
- Your in-network family Deductible will change to \$5,200 from \$5,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,600 from \$4,500.
- Your in-network family Out-of-Pocket Maximum will change to \$9,200 from \$9,000.
- Your out-of-network individual Deductible will change to \$7,800 from \$5,000.
- Your out-of-network family Deductible will change to \$15,600 from \$10,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$13,800 from \$10,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$27,600 from \$21,000.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$75 from \$65.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$75/\$160/\$250/\$350 from \$5/\$15/\$60/\$150/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$95/\$180/\$250/\$350 from \$15/\$25/\$80/\$170/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 117; S931PFR

- Your in-network individual Deductible will change to \$3,600 from \$3,500.
- Your in-network family Deductible will change to \$7,200 from \$7,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,600 from \$6,500.
- Your in-network family Out-of-Pocket Maximum will change to \$13,200 from \$13,000.
- Your out-of-network individual Deductible will change to \$10,800 from \$6,000.
- Your out-of-network family Deductible will change to \$21,600 from \$12,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,800 from \$19,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$39,600 from \$39,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver PPO 121; S6K3PFR

- Your in-network individual Deductible will change to \$6,350 from \$6,250.
- Your in-network family Deductible will change to \$12,700 from \$12,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,450.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,900.
- Your out-of-network individual Deductible will change to \$19,050 from \$12,500.
- Your out-of-network family Deductible will change to \$38,100 from \$25,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$27,600 from \$28,350.
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200 from \$56,700.
- Your Primary Care Provider office visit copayment will change to \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 120; S932PFR

- Your in-network individual Deductible will change to \$5,100 from \$5,000.
- Your in-network family Deductible will change to \$10,200 from \$10,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,100 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,200 from \$18,000.
- Your out-of-network individual Deductible will change to \$15,300 from \$9,500.
- Your out-of-network family Deductible will change to \$30,600 from \$19,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$27,300 from \$27,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$54,600 from \$54,000.
- Your Primary Care Provider office visit copayment will change to \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$85 from \$75.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Your Preferred Drug Cost Shares will change to \$20/\$35/\$65/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$30/\$45/\$85/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Bronze PPO 101; B6J1PFR

- Your in-network individual Deductible will change to \$8,900 from \$8,550.
- Your in-network family Deductible will change to \$17,800 from \$17,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,900 from \$8,550.
- Your in-network family Out-of-Pocket Maximum will change to \$17,800 from \$17,100.
- Your out-of-network individual Deductible will change to \$26,700 from \$17,100.
- Your out-of-network family Deductible will change to \$53,400 from \$34,200.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$26,700 from \$17,100.
- Your out-of-network family Out-of-Pocket Maximum will change to \$53,400 from \$34,200.
- Your Primary Care Provider office visit copayment will change to \$50 from \$35.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Gold PPO 135; G6E1PFR

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$6,600 from \$6,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,300 from \$3,200.
- Your in-network family Out-of-Pocket Maximum will change to \$6,600 from \$6,400.
- Your out-of-network individual Deductible will change to \$9,900 from \$6,200.
- Your out-of-network family Deductible will change to \$19,800 from \$12,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$9,900 from \$6,200.
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,800 from \$12,400.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 101; G6J2PFR

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$6,600 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,750 from \$3,500.
- Your in-network family Out-of-Pocket Maximum will change to \$7,500 from \$10,500.
- Your out-of-network individual Deductible will change to \$9,900 from \$6,200.
- Your out-of-network family Deductible will change to \$19,800 from \$18,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,250 from \$10,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$22,500 from \$31,500.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 127; S935PFR

- Your in-network individual Deductible will change to \$3,700 from \$3,500.
- Your in-network family Deductible will change to \$7,400 from \$7,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,850 from \$6,500.
- Your in-network family Out-of-Pocket Maximum will change to \$13,700 from \$13,000.
- Your out-of-network individual Deductible will change to \$11,100 from \$7,000.
- Your out-of-network family Deductible will change to \$22,200 from \$14,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$20,550 from \$19,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$41,100 from \$39,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Silver PPO 101; S6J3PFR

- Your in-network individual Deductible will change to \$4,300 from \$4,000.
- Your in-network family Deductible will change to \$8,600 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$13,800.
- Your out-of-network individual Deductible will change to \$12,900 from \$8,000.
- Your out-of-network family Deductible will change to \$25,800 from \$24,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,600 from \$20,700.
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,200 from \$48,900.
- Your Plan coinsurance will change to 70% from 80%.
- Your emergency room coinsurance will change to 70% from 80%.
- Your Imaging Services coinsurance will change to 70% from 80%.
- Your in-network Facility Surgery coinsurance will change to 70% from 80%.
- Your Facility lab services coinsurance will change to 70% from 80%.
- Your Facility X-ray services coinsurance will change to 70% from 80%.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 122; S933PFR

- Your in-network individual Deductible will change to \$5,500 from \$5,200.
- Your in-network family Deductible will change to \$11,000 from \$10,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,500 from \$5,200.
- Your in-network family Out-of-Pocket Maximum will change to \$11,000 from \$10,400.
- Your out-of-network individual Deductible will change to \$16,500 from \$10,400.
- Your out-of-network family Deductible will change to \$33,000 from \$20,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$16,500 from \$10,400.
- Your out-of-network family Out-of-Pocket Maximum will change to \$33,000 from \$20,800.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 123; G936PFR

- Your in-network individual Deductible will change to \$4,250 from \$4,150.
- Your in-network family Deductible will change to \$8,500 from \$8,300.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,250 from \$4,150.
- Your in-network family Out-of-Pocket Maximum will change to \$8,500 from \$8,300.
- Your out-of-network individual Deductible will change to \$12,750 from \$8,300.
- Your out-of-network family Deductible will change to \$25,500 from \$16,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,750 from \$8,300.
- Your out-of-network family Out-of-Pocket Maximum will change to \$25,500 from \$16,600.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Preferred Silver PPO 136; S6E1PFR

- Your in-network individual Deductible will change to \$5,800 from \$5,500.
- Your in-network family Deductible will change to \$11,600 from \$11,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,800 from \$5,500.
- Your in-network family Out-of-Pocket Maximum will change to \$11,600 from \$11,000.
- Your out-of-network individual Deductible will change to \$17,400 from \$11,000.
- Your out-of-network family Deductible will change to \$34,800 from \$22,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$17,400 from \$11,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$34,800 from \$22,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Bronze PPO 134; B902PFR

- Your in-network individual Deductible will change to \$6,750 from \$6,500.
- Your in-network family Deductible will change to \$13,500 from \$13,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,600 from \$7,250.
- Your in-network family Out-of-Pocket Maximum will change to \$15,200 from \$14,500.
- Your out-of-network individual Deductible will change to \$20,250 from \$13,000.
- Your out-of-network family Deductible will change to \$40,500 from \$26,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$22,800 from \$21,750.
- Your out-of-network family Out-of-Pocket Maximum will change to \$45,600 from \$43,500.
- Your Emergency Room Services copayment will change to \$700 from \$600.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Focus Platinum POS 007; P6K4BLC

- Your in-network individual Deductible will change to \$350 from \$250.
- Your in-network family Deductible will change to \$700 from \$500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,600 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$3,200 from \$3,000.
- Your out-of-network individual Deductible will change to \$1,050 from \$500.
- Your out-of-network family Deductible will change to \$2,100 from \$1,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$4,800 from \$4,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$60 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$65/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$85/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Focus Platinum POS 006; P6E1BLC

- Your in-network individual Deductible will change to \$850 from \$750.
- Your in-network family Deductible will change to \$1,700 from \$1,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,600 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$3,200 from \$3,000.
- Your out-of-network individual Deductible will change to \$2,550 from \$1,500.
- Your out-of-network family Deductible will change to \$5,100 from \$3,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$4,800 from \$4,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$9,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$60 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Your Preferred Drug Cost Shares will change to \$25/\$30/\$75/\$175/\$350/\$450 from \$5/\$15/\$60/\$150/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$35/\$40/\$95/\$185/\$350/\$450 from \$15/\$25/\$80/\$170/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Focus Platinum POS 008; P6K1BLC

- Your in-network individual Deductible will change to \$600 from \$500.
- Your in-network family Deductible will change to \$1,200 from \$1,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$2,600 from \$2,500.
- Your in-network family Out-of-Pocket Maximum will change to \$5,200 from \$5,000.
- Your out-of-network individual Deductible will change to \$1,800 from \$1,000.
- Your out-of-network family Deductible will change to \$3,600 from \$2,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,800 from \$5,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$15,600 from \$9,000.
- Your Primary Care Provider office visit copayment will change to \$15 from \$10.
- Your Specialist Office Visit copayment will change to \$50 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$15 from \$10.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Focus Gold POS 009; G6K2BLC

- Your in-network individual Deductible will change to \$3,600 from \$3,500.
- Your in-network family Deductible will change to \$7,200 from \$7,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$12,000.
- Your out-of-network individual Deductible will change to \$10,800 from \$7,000.
- Your out-of-network family Deductible will change to \$21,600 from \$14,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$18,300 from \$15,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$36,600 from \$30,000.
- Your Primary Care Provider office visit copayment will change to \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$55 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Your Preferred Drug Cost Shares will change to \$10/\$25/\$70/\$160/\$250/\$350 from \$5/\$15/\$60/\$150/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$20/\$35/\$90/\$180/\$250/\$350 from \$15/\$25/\$80/\$170/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Focus Gold POS 005; G6E1BLC

- Your in-network individual Deductible will change to \$1,850 from \$1,750.
- Your in-network family Deductible will change to \$3,700 from \$3,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,200 from \$14,000.
- Your out-of-network individual Deductible will change to \$5,550 from \$2,500.
- Your out-of-network family Deductible will change to \$11,100 from \$5,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,300 from \$21,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$42,600 from \$42,000.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Focus Gold POS 007; G6E2BLC

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$3,200 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,800 from \$5,700.
- Your in-network family Out-of-Pocket Maximum will change to \$11,600 from \$11,400.
- Your out-of-network individual Deductible will change to \$4,800 from \$3,000.
- Your out-of-network family Deductible will change to \$9,600 from \$6,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$17,400 from \$17,100.
- Your out-of-network family Out-of-Pocket Maximum will change to \$34,800 from \$34,200.
- Your Primary Care Provider office visit copayment will change to \$45 from \$40.
- Your Specialist Office Visit copayment will change to \$85 from \$75.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40.
- Your Preferred Drug Cost Shares will change to \$15/\$25/\$60/\$150/\$250/\$350 from \$5/\$15/\$60/\$150/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$25/\$35/\$80/\$170/\$250/\$350 from \$15/\$25/\$80/\$170/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Focus Gold POS 008; G6E3BLC

- Your in-network individual Deductible will change to \$2,600 from \$2,500.
- Your in-network family Deductible will change to \$5,200 from \$5,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,600 from \$6,500.
- Your in-network family Out-of-Pocket Maximum will change to \$13,200 from \$13,000.
- Your out-of-network individual Deductible will change to \$7,800 from \$5,000.
- Your out-of-network family Deductible will change to \$15,600 from \$10,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,800 from \$19,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$39,600 from \$39,000.
- Your Primary Care Provider office visit copayment will change to \$45 from \$40.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40.
- Your Emergency Room Services copayment will change to \$350 from \$250.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Focus Silver POS 010; S6E1BLC

- Your in-network individual Deductible will change to \$3,600 from \$3,500.
- Your in-network family Deductible will change to \$7,200 from \$7,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,600 from \$6,500.
- Your in-network family Out-of-Pocket Maximum will change to \$13,200 from \$13,000.
- Your out-of-network individual Deductible will change to \$10,800 from \$6,000.
- Your out-of-network family Deductible will change to \$21,600 from \$12,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$19,800 from \$19,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$39,600 from \$39,000.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Focus Silver POS 001; S6E3BLC

- Your in-network individual Deductible will change to \$5,100 from \$5,000.
- Your in-network family Deductible will change to \$10,200 from \$10,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,100 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,200 from \$18,000.
- Your out-of-network individual Deductible will change to \$15,300 from \$9,500.
- Your out-of-network family Deductible will change to \$30,600 from \$19,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$27,300 from \$27,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$54,600 from \$54,000.
- Your Primary Care Provider office visit copayment will change to \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$85 from \$75.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Your Preferred Drug Cost Shares will change to \$20/\$35/\$65/\$100/\$250/\$350 from \$10/\$20/\$50/\$100/\$250/\$350.
- Your Non-Preferred Drug Cost Shares will change to \$30/\$45/\$85/\$120/\$250/\$350 from \$20/\$30/\$70/\$120/\$250/\$350.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Focus Silver POS 011; S6K3BLC

- Your in-network individual Deductible will change to \$6,100 from \$6,000.
- Your in-network family Deductible will change to \$12,200 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,450.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,900.
- Your out-of-network individual Deductible will change to \$18,300 from \$12,000.
- Your out-of-network family Deductible will change to \$36,600 from \$24,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$27,600 from \$28,350.
- Your out-of-network family Out-of-Pocket Maximum will change to \$55,200 from \$56,700.
- Your Primary Care Provider office visit copayment will change to \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$65 from \$55.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Focus Bronze POS 101; B6J1BLC

- Your in-network individual Deductible will change to \$8,900 from \$8,550.
- Your in-network family Deductible will change to \$17,800 from \$17,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,900 from \$8,550.
- Your in-network family Out-of-Pocket Maximum will change to \$17,800 from \$17,100.
- Your out-of-network individual Deductible will change to \$26,700 from \$17,100.
- Your out-of-network family Deductible will change to \$53,400 from \$34,200.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$26,700 from \$17,100.
- Your out-of-network family Out-of-Pocket Maximum will change to \$53,400 from \$34,200.
- Your Primary Care Provider office visit copayment will change to \$50 from \$35.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Focus Gold POS 101; G6J2BLC

- Your in-network individual Deductible will change to \$3,300 from \$3,200.
- Your in-network family Deductible will change to \$6,600 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,750 from \$3,500.
- Your in-network family Out-of-Pocket Maximum will change to \$7,500 from \$10,500.
- Your out-of-network individual Deductible will change to \$9,900 from \$6,200.
- Your out-of-network family Deductible will change to \$19,800 from \$18,600.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,250 from \$10,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$22,500 from \$31,500.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Focus Silver POS 003; S6E2BLC

- Your in-network individual Deductible will change to \$3,950 from \$3,850.
- Your in-network family Deductible will change to \$7,900 from \$7,700.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$7,150.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$14,300.
- Your out-of-network individual Deductible will change to \$11,850 from \$7,700.
- Your out-of-network family Deductible will change to \$23,700 from \$15,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,750 from \$21,450.
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,500 from \$42,900.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Cross and Blue Shield of Montana

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Focus Silver POS 101; S6J3BLC

- Your in-network individual Deductible will change to \$4,300 from \$4,000.
- Your in-network family Deductible will change to \$8,600 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$13,800.
- Your out-of-network individual Deductible will change to \$12,900 from \$8,000.
- Your out-of-network family Deductible will change to \$25,800 from \$24,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$21,600 from \$20,700.
- Your out-of-network family Out-of-Pocket Maximum will change to \$43,200 from \$48,900.
- Your Plan coinsurance will change to 70% from 80%.
- Your emergency room coinsurance will change to 70% from 80%.
- Your Imaging Services coinsurance will change to 70% from 80%.
- Your in-network Facility Surgery coinsurance will change to 70% from 80%.
- Your Facility lab services coinsurance will change to 70% from 80%.
- Your Facility X-ray services coinsurance will change to 70% from 80%.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.

Blue Focus Bronze POS 002; B6E1BLC

- Your in-network individual Deductible will change to \$7,350 from \$7,250.
- Your in-network family Deductible will change to \$14,700 from \$14,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,350 from \$7,250.
- Your in-network family Out-of-Pocket Maximum will change to \$14,700 from \$14,500.
- Your out-of-network individual Deductible will change to \$22,050 from \$14,500.
- Your out-of-network family Deductible will change to \$44,100 from \$29,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$22,050 from \$14,500.
- Your out-of-network family Out-of-Pocket Maximum will change to \$44,100 from \$29,000.
- Your Emergency Room Services copayment will change to \$700 from \$600.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.
- Currently a referral is required for all outpatient behavioral health services. Beginning January 1st, 2025, a referral is no longer required for in-network outpatient behavioral health services.