

Montana Mid-Market Large Group Standard Plan Changes Effective 1/1/26

	Existing Plan	Plan Updates	Existing Plan	Plan Updates	Existing Plan	Plan Updates
Plan ID	MMBCH0065	MMBCH0066	MMBCH0075	MMBCH0076	MMBOH0015	MMBOH0016
Provider Network Name	Blue Preferred PPO	Blue Preferred PPO	Blue Preferred PPO	Blue Preferred PPO	Blue Options	Blue Options
Product Name	Blue Choice HSA	Blue Choice HSA	Blue Choice HSA	Blue Choice HSA	Blue Options HSA	Blue Options HSA
Plan Name	Blue Choice HSA 006	Blue Choice HSA 006	Blue Choice HSA 007	Blue Choice HSA 007	Blue Options HSA 001	Blue Options HSA 001
Plan Effective Date	01/01/2025 (effective through 12/31/2025)	01/01/2026	01/01/2025 (effective through 12/31/2025)	01/01/2026	01/01/2025 (effective through 12/31/2025)	01/01/2026
Individual Deductible In Network	\$3,300	\$3,400	\$3,300	\$3,400	\$3,300	\$3,400
Individual Deductible Tier 2	--	--	--	--	\$5,500	\$5,750
Individual Deductible Out of Network	\$9,900	\$10,200	\$9,900	\$10,200	\$16,500	\$17,250
Family Deductible In Network	\$6,600	\$6,800	\$6,600	\$6,800	\$6,600	\$6,800
Family Deductible Tier 2	--	--	--	--	\$11,000	\$11,500
Family Deductible Out of Network	\$19,800	\$20,400	\$19,800	\$20,400	\$33,000	\$34,500
Individual OPX In Network	\$7,000	\$7,000	\$3,300	\$3,400	\$3,300	\$3,400
Individual OPX Max Tier 2	--	--	--	--	\$7,000	\$7,250
Individual OPX Out of Network	\$21,000	\$21,000	\$9,900	\$10,200	\$21,000	\$21,750
Family OPX Max In Network	\$14,000	\$14,000	\$6,600	\$6,800	\$6,600	\$6,800
Family OPX Max Tier 2	--	--	--	--	\$14,000	\$14,500
Family OPX Out of Network	\$42,000	\$42,000	\$19,800	\$20,400	\$42,000	\$43,500