

MOUNTAIN HEALTH CO-OP

2027 Agent Training

We're glad you're here!

agentinfo@mhc.coop
mountainhealth.coop
800-299-6080

MOUNTAIN HEALTH CO-OP

Agenda

- Co-Op Updates
- Med Supp & Large Group
- 2027 Networks & Plans
- Pharmacy
- Healthy Rewards





About Us

We're Mountain Health Co-Op. We're created for, governed by, and proudly serving people just like you.

- Our Board of Directors is made up of members from Montana & Idaho
- Reinvesting back into programs to benefit members with our line of Healthy Rewards (formerly known as Signature Benefits)
  - Healthy Rewards are available for all individual and group members
- Individual & Small Group Health Insurance Plans


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Co-Op Updates

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Co-Op Updates

- Selling individual policies through HealthSherpa/Marketplace
- Selling direct policies through HealthSherpa
- Med Supp and Large Group Discontinuation
- CMS/Marketplace Requirements
- Provider Network Updates
- Health Insurance Basics Booklets - Available in English and Spanish for both Montana and Idaho
- SBCs are readily available in Spanish on the Co-Op's plan pages
- Healthy Rewards
- $0 Prescription List

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ID Cards & Member Portal

The member portal is the hub for everything members need to know about their coverage. In the portal, members can...

- download a digital copy of their member ID card
- send secure messages to Member Services
- cost comparison tool for care
- view claims
- manage billing (Individual members)
- monitor their deductible and out-of-pocket costs
- and more!

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24/7 Telehealth

- Telehealth can be accessed through local providers during established office hours
  - Telehealth for local providers is being reimbursed at in-person rates
- When their regular providers are not available, members can access 24/7 care via video chat with Doctor on Demand by Included Health*
  - Medical and Behavioral Health Providers
  - Always in-network
  - Can schedule repeat visits with the same provider
  - Providers can order labs and prescriptions



**Exclusions apply for Link plans. Please encourage your clients to consult their Outline of Coverage for details on what is covered.*

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ACA Updates

- Marketplace Call Center Changes
- FFM Integration Timeout
- Agent Authorization
- Identity Verification-High Risk Applications
- Policy Updates:
  - Enhanced Marketing Standards
  - Open Enrollment Period Duration (November 1, 2026 - January 15, 2027)
  - Catastrophic Coverage Up To 10 Years
  - Narrowed List of Immigration Statuses Eligible For Subsidies

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ACA/CMS Updates

2027 Health Insurance Marketplace Registration and Training (Returning Agents/Brokers)

1. Create or Sign In with Login.gov or ID.me Credentials.
2. Link Your Login.gov or ID.me Credentials to Your Existing Enterprise Portal Account.
3. Request the Agent and Broker Training Access Role.
4. Complete the Agent and Broker Profile in the MLMS via the CMS Enterprise Portal.
5. Complete Marketplace Training in the MLMS.
6. Read and accept the Applicable Marketplace Agreement(s) in the MLMS.
7. Confirm completion of all registration steps by logging back into the CMS Enterprise Portal and printing the completion certificate.

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Med Supp

The Co-Op will no longer sell or renew Medicare Supplement policies in Montana effective September 1, 2026.

Due to renewability laws and regulations in Idaho, we will continue to provide Medicare Supplement coverage to our existing members in Idaho. The Co-Op will no longer issue new policies in Idaho.

Market shift and continued high claim loss ratios impacted our decision to focus on individual and small group business at this time.

Questions?

Mountain Health Co-Op
Medicare Supplement Administrative Office
PO Box 21763
Oklahoma City, OK 73156

Policy Holder Services
Phone: 1-800-366-8354
Email: POS@uflic.com

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Large Group

Mountain Health CO-OP has decided to no longer offer large group coverage effective January 1st, 2027.

No new quoting opportunities as of July and current large group client coverage ending December 31st, 2026.

Market shift and continued high claim loss ratios impacted our decision to focus on individual and small group business at this time.



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Networks & Plans

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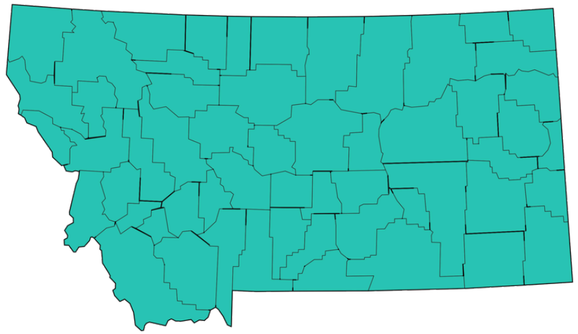
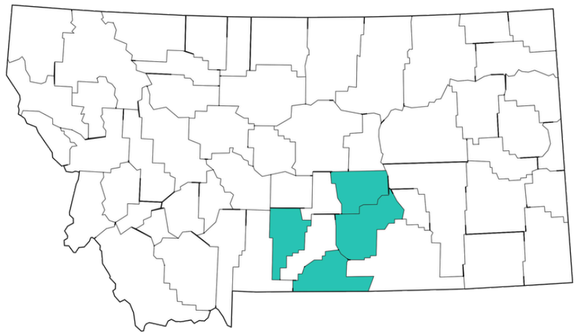
Montana Networks



Peak PPO

Products: Individual & Small Group

Statewide



Rocky Mountain

Products: Individual & Small Group

Partnership with Intermountain Health/St. Vincent Regional Hospital and Rocky Mountain Health Network.

Offered in Yellowstone, Sweet Grass, Musselshell, and Carbon counties only.

Plus Individual & Small Group plans will sunset at the end of 2026.

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Networks (Out of State)

- Small Group **Aetna Signature Administrators (ASA)** network for services outside of Montana & Idaho
- For urgent and emergent services on Individual the Aetna Signature Administrators (ASA)
- For individual members, the **ASA** network is available in Utah **with** prior authorization

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MT Individual Plans

Peak PPO Gold
Rocky Mountain PPO Gold
Peak PPO Gold Standard
Rocky Mountain Gold Standard
Peak PPO Silver
Rocky Mountain PPO Silver
Peak PPO Silver Standard
Rocky Mountain Silver Standard
Peak PPO Bronze Standard
Rocky Mountain Bronze Standard
Peak PPO Bronze HDHP
Rocky Mountain Bronze HDHP
Peak PPO Catastrophic

MT Small Group Plans

Peak PPO Gold
Rocky Mountain Gold
Peak PPO Gold HDHP
Rocky Mountain Gold HDHP
Peak PPO Silver
Rocky Mountain Silver
Peak PPO Silver HDHP
Rocky Mountain Silver HDHP
Rocky Mountain Bronze
Peak PPO Bronze
Peak PPO Bronze HDHP
Rocky Mountain Bronze HDHP

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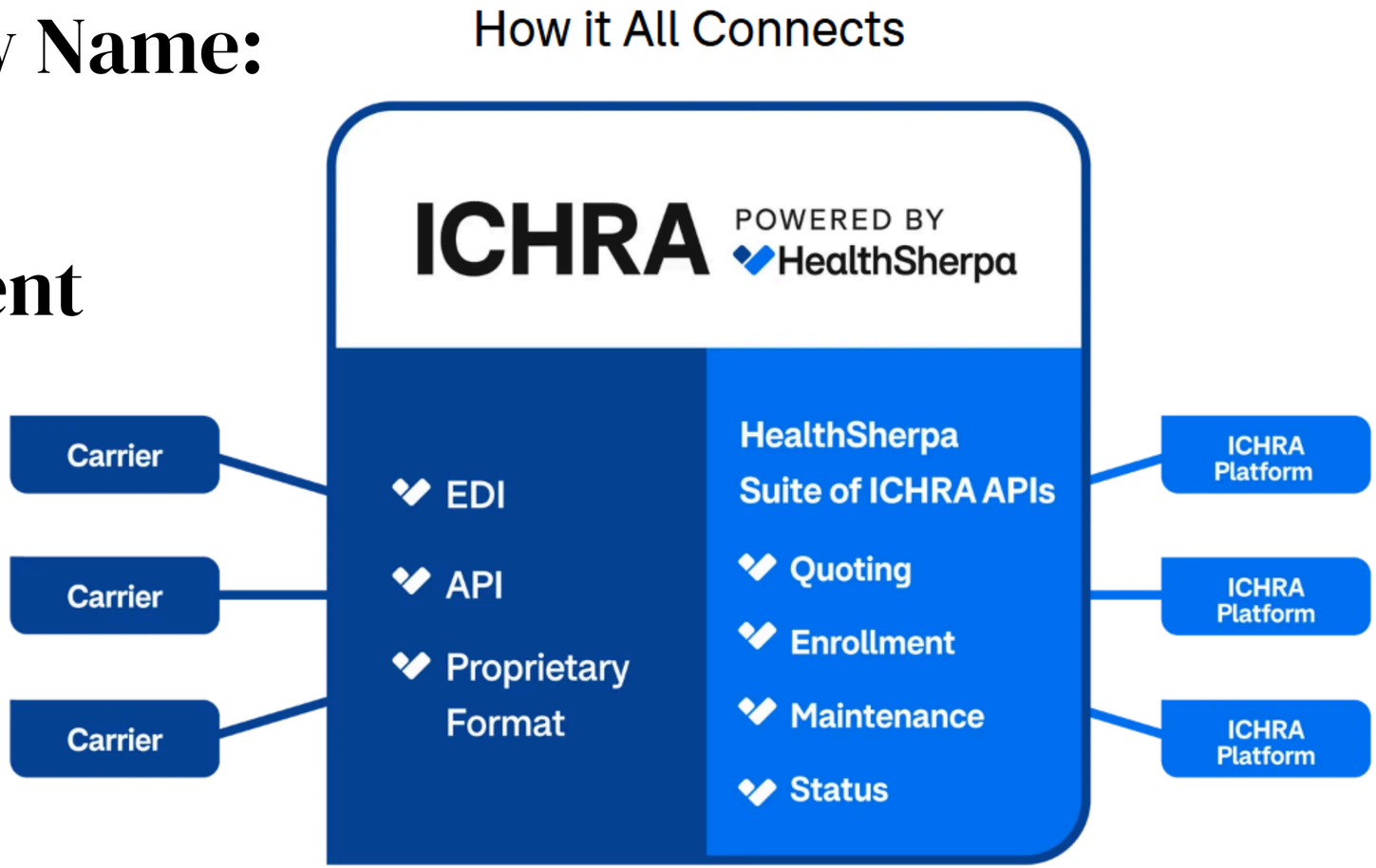
ICHRA/New Name: Choice Arrangement





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Pharmacy

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Why Choose the Co-Op?

A health plan built around access, support, and tools that help members make confident decisions.

We make pharmacy benefits easier to understand, easier to use, and easier to save on.

✓

Easy Access

Access to many in-network pharmacies and convenient fill options

$

Helpful Savings Tools

Drug Finder and Best Rate Pharmacy help members compare cost before they fill.

?

Support Anytime

Member Services is available 24/7/365 for pharmacy benefit questions.

Agent Takeaway: Our plan gives members practical ways to access care, understand coverage, and reduce prescription costs.

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Pharmacy Benefit Manager (PBM)

Why Our PBM Matters

- **Member Support**
  - Our RealRx service team knows the area, pharmacies, and members
- **Large Pharmacy Network**
  - We have nationwide pharmacy access in all 50 states!
- **Enhanced Integration**
  - RealRx clinical and operational teams work hand-in-hand with Co-Op teams
- **Help Keep Prescription Costs Affordable**
  - Lower overall drug costs for members with deductibles and coinsurance

REALRx

- Questions don't always happen during business hours. Members have access to pharmacy support anytime – 24/7/365
- Average prior authorization turnaround time is 24- 72 hours
- Access to more than 65,000 pharmacies nationwide!

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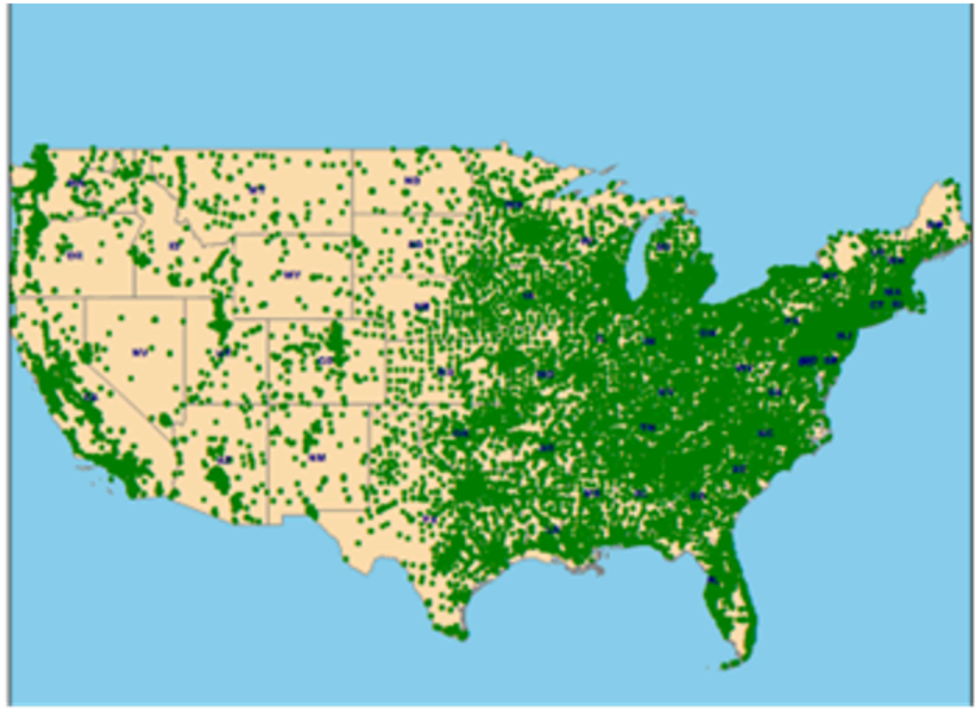
Pharmacy Network



The RealRx pharmacy network gives you access to 65,000+ in-network pharmacies

Note: Due to a recent and significant increase in drug prices by CVS for both plans and patients, RealRx has excluded CVS pharmacies from our network.

We’re happy to help you find a nearby pharmacy offering more affordable pricing.

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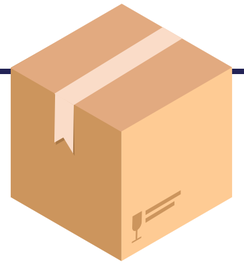
Help Members Save on Prescriptions

Agents can remind members to:

- **Check the pharmacy lookup tool** to find in-network pharmacies
- **Ask about 90-day supplies** for maintenance medications
- **Use mail order** when it is a convenient, lower-cost option
- **Check the formulary** to see which medications are preferred
- **Ask about lower-cost alternatives** if a medication is expensive
- **Compare pharmacy costs** because prices can vary by location

A few simple choices can make a big difference in what members pay at the pharmacy.



REALRx

The Co-Op partners with RealRx to make it easy for in-network pharmacies to deliver your medications directly to you.

Managing your medications has never been so convenient.

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REALRx

$0 Out-of-Pocket Medication

- Provides $0 Drugs Before Deductible
- Available to ALL MHC plan members, including those in Individual and Family Plans, Small and Large Group Employer Plans in Montana and Idaho
- The list expands preventive drug coverage beyond what is covered under the Affordable Care Act (ACA)

- Including Drugs in each category below:
  - Anticoagulant Medications
  - Bone Medications
  - Antidepressant Medications
  - Cardiovascular Medications
  - Cholesterol Medications
  - Diabetes Medications
  - Diabetic Supplies
  - Respiratory Medications

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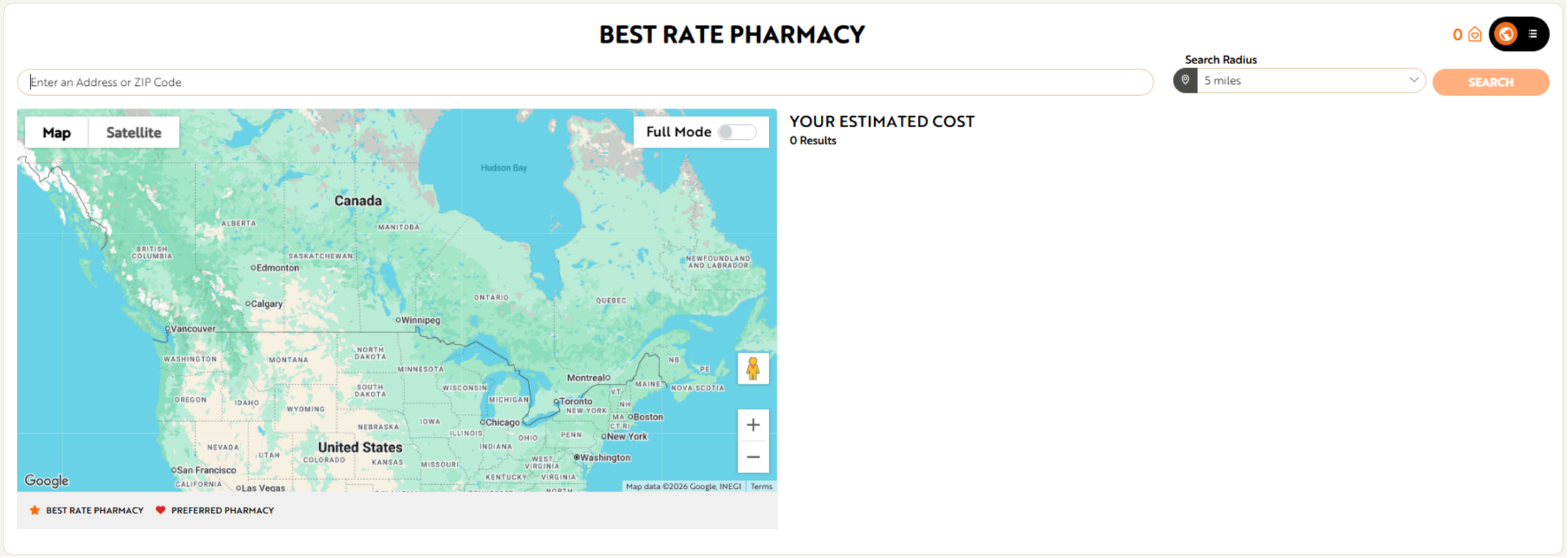
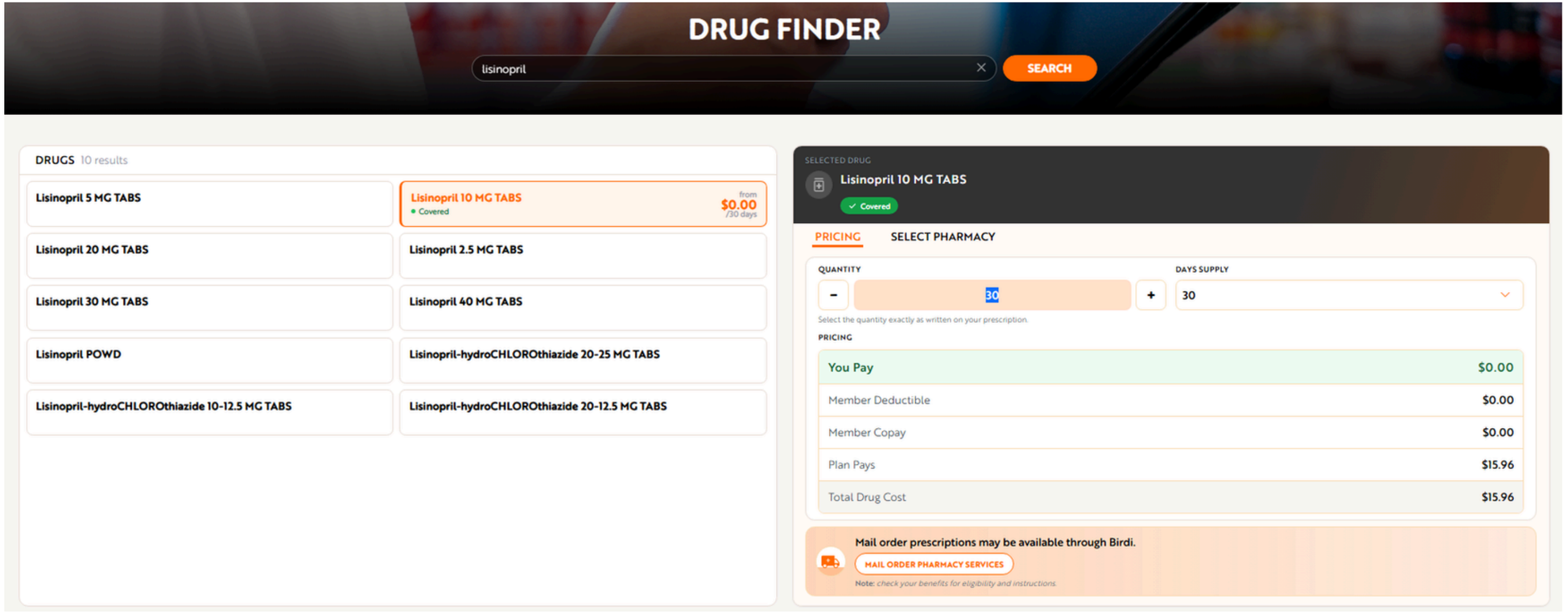
Our Best Rate Pharmacy Search lets members enter a ZIP code or address to find nearby in-network pharmacies and compare options to help identify the lowest-cost place to fill a prescription.



Drug Finder lets members enter a medication and quantity to see if it's covered and what they can expect to pay through their pharmacy benefit. This helps avoid surprises at the pharmacy and gives members helpful information to discuss lower-cost or covered options with their provider ahead of time.



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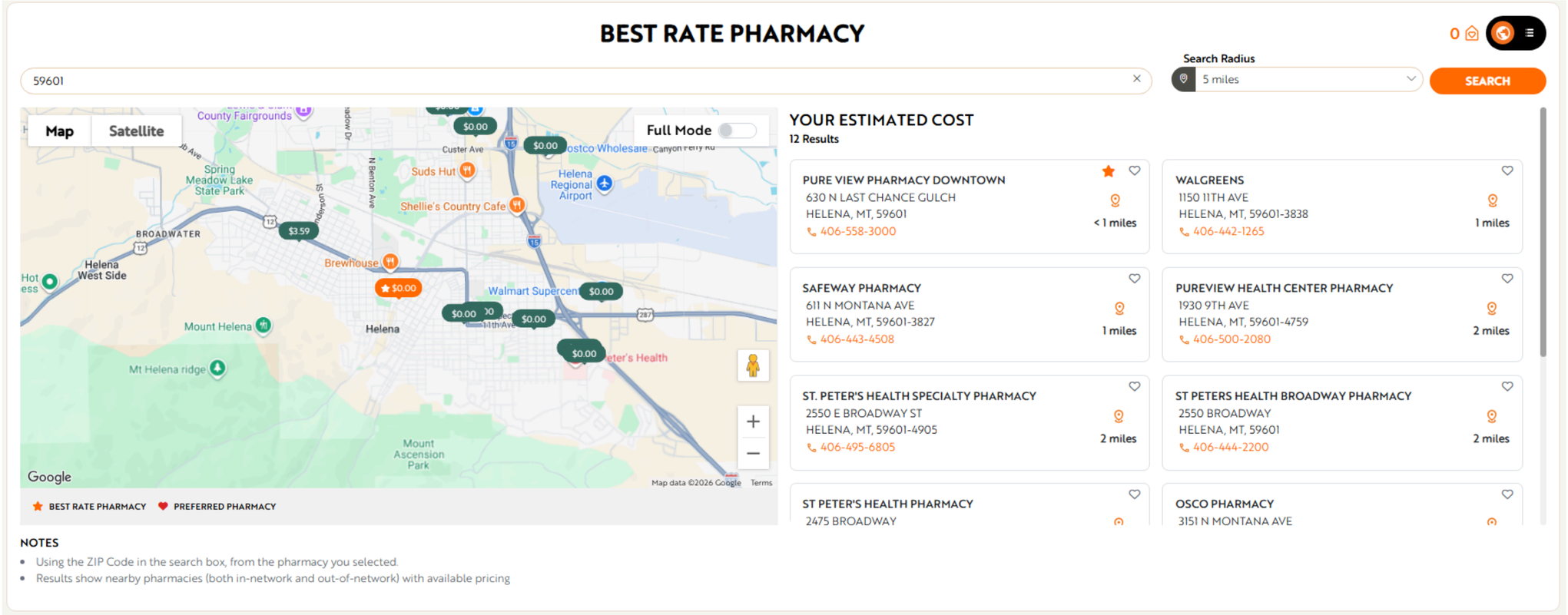
After entering the medication and quantity in **Drug Finder**, members can see nearby pharmacy locations and estimated prices for that prescription in the **Best Rate Pharmacy tool**. This makes it easy to compare options and choose the in-network pharmacy with the lowest cost.



Why Pharmacy Choice Matters

Dispensing fees have increased in Montana and Idaho, particularly at certain pharmacy types. These fees are part of the total cost of filling a prescription and can increase the member's out-of-pocket cost.

- The same medication can cost different amounts at different pharmacies.
- Higher dispensing fees can increase the total prescription cost.
- **Chain pharmacies** may offer a lower total cost for some medications.
- **Members may pay less for prescriptions at chain pharmacies** because dispensing fees are lower than at independent pharmacies.
- Members should use the Drug Finder and Best Rate Pharmacy to compare prices before filling a prescription.

Pharmacy	Drug Cost	Dispensing Fee	Total Cost
Pharmacy A	$10	$15	**$25**
Pharmacy B	$10	$2	**$12**

Same Drug. Different Pharmacy. Different Cost.

IMPORTANT

- **Montana** dispensing fees for independent pharmacies increased to ***$15 per fill***
- **Idaho** dispensing fees for independent and small chain pharmacies increased to ***$11.26 per fill***
- *Filling medication in **90-day fills** helps save on dispensing fees*

Common Pharmacy Myths

“My pharmacy is in-network, so the price should be the same everywhere.”
Not necessarily- pricing and dispensing fees can vary.

“My prescription was rejected, so my plan does not cover it.”
Not always. The claim may need additional information or have a benefit requirement.

“My doctor prescribed it, so it has to be covered.”
A prescription can still be subject to the formulary and benefit rules.

“Generic drugs are lower quality than brand-name drugs.”
Generics must meet the same FDA standards for quality, strength, and effectiveness.

“Specialty medications can be filled at any pharmacy.”
Specialty medications must be filled through a designated specialty pharmacy.

“The copay shown last year will be the same this year.”
Benefits, formularies, pharmacy pricing, and member cost-sharing can change year to year.

“**A higher-cost drug must work better than a lower-cost alternative.“**
Lower-cost preferred or generic medications can provide the same clinical benefit as the more expensive alternatives.

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Pharmacy Basics To Know

- **Formulary:** The list of medications covered by the plan
- **Prior Authorization (PA):** Some medications need approval before they are covered
- **Step Therapy:** A member may need to try a preferred medication before another drug will be covered
- **Quantity Limit (QL):** The plan may limit how much medication is covered at one time or within a certain period
- **Tier:** The cost level assigned to a covered medication; different tiers have different copays and coinsurance
- **Preferred Drug:** A covered medication that is generally lower cost than a non-preferred option
- **Non-Preferred Drug:** A covered medication that generally has a higher member cost
- **Formulary Exception:** A request to cover a medication that is not covered by the plan or is subject to certain restrictions
- **Generic:** A lower-cost version of a brand-name medication with the same active ingredient
- **Brand-Name Drug**: The original branded version of a medication

Remember: Covered doesn't always mean the 'lowest cost'.

How to Search the Formulary

Use the formulary to check if a medication is covered and whether any rules apply.

Steps:

1. Go to the formulary search tool
2. Type in the medication name
3. Confirm the drug, strength, and dosage form
4. Review the coverage details

What to look for:

1. Tier: Helps estimate the member cost
2. PA: Prior authorization is required
3. ST: Step therapy required
4. QL: Quantity limits apply
5. Specialty: Requires a designated specialty pharmacy
6. VAL: The drug is on the $0 drug list
7. NF: Non-formulary

AGENT TIP: If a drug is not covered or is high-cost, encourage the member to talk with their provider about covered, low-cost alternatives.

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Healthy Rewards



Hundreds of Medications at $0 Out of Pocket*

We offer hundreds of prescriptions for members with no out-of-pocket cost, including medications for diabetes, depression, asthma, and more.



24/7 Telehealth**

Need to see a doctor at the drop of a hat? Use your telehealth benefit to call or video chat with a provider for in-network care for your physical and mental health.



Dental Exam Reward

Your oral health is a strong indicator of your overall health. That's why we offer each member a $25 reward for your annual dental exam.

Healthy Rewards apply only to small group and individual plans. Exclusions apply. Check your Outline of Coverage for more information.
*Changes coming in 2027 - view the updated list for more information.
**Exclusions apply to Link plans. View plan documents for more information.

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Healthy Rewards

Vision Exam Reward

Your eyes are a great indicator of other, underlying health conditions. The Co-Op rewards you $25 for completing your annual vision exam.

$50 Telehealth Wellness Assessment**

We partner with Porter to make quick, easy telehealth wellness assessments available for our members - and we'll even pay you $50 to complete one. *For members 18 years of age or older. Call Member Services for details.

$0 Mental Health Visit**

*Link plans include unlimited $0 Mental Health visits!****

Mental wellness is just as important as physical wellness. That's why we're offering your first mental health visit of your plan year at no cost to you!

Healthy Rewards apply only to group and individual plans. Exclusions apply. Check your Outline of Coverage for more information.
*Changes coming in 2027 - view the updated list for more information.
**Exclusions apply. View plan documents for more information.
***In-network mental health visits only. View plan documents for more information.

MOUNTAIN HEALTH CO-OP

Resources for You

- Our Sales Team
  - Call us at 800-299-6080 and follow the prompts for agents
  - Email us at agentinfo@mhc.coop (Group Business, Commissions, and Agent Appointments)

- Member Services (Customer Service, Claims Support)
  - Call us at 800-299-6080 and follow the prompts to connect with Member Services
  - For inquiries about individual enrollment & billing, email enrollmentbilling@mhc.coop

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Resources for You

- Broker Portal Available 24/7 at www.mountainhealth.coop
- 24/7 Pharmacy
  - Pharmacy Customer Service: 1-855-885-7695
  - Co-Op pharmacy website: mountainhealth.coop/pharmacy



Thank you!

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We appreciate your partnership.