MOUNTAIN HEALTH CO-OP

2027 Montana Individual Plans

Your Healthy Rewards

We want to help you get the most from your health insurance. That's why the Co-Op offers Healthy Rewards—extra perks designed to support your wellness and protect your health. These benefits include...

- Hundreds of $0 Prescriptions*
- Vision and Dental Exam Rewards
- 24/7 Telehealth**
- $0 Mental Health Visit**

These rewards are easy to use - scan this code with your phone's camera and follow the link to learn more!

*Established Prescription List
**Exclusions Apply, Check Plan Documents

	Peak PPO Gold/Rocky Mountain PPO Gold	Peak PPO/Rocky Mountain Gold Standard	Peak PPO Silver/Rocky Mountain PPO Silver	Peak PPO/Rocky Mountain Silver Standard	Peak PPO/Rocky Mountain Bronze Standard	Peak PPO Bronze HDHP/Rocky Mountain Bronze HDHP	Peak PPO Catastrophic
Individual Deductible	$2,000	$2,500	$9,000	$6,400	$7,500	$9,000	$12,000
Family Deductible	$4,000	$5,000	$18,000	$12,800	$15,000	$18,000	$24,000
OOP Max, Individual	$7,000	$8,600	$10,000	$10,300	$12,000	$9,000	$12,000
OOP Max, Family	$14,000	$17,200	$20,000	$20,600	$24,000	$18,000	$24,000
Co-insurance	30% AD	25% AD	40% AD	40% AD	50% AD	0% AD	0% AD
OON Ded, Individual	$21,000	$21,000	$21,000	$21,000	$21,000	$21,000	$21,000
OON Ded, Family	$42,000	$42,000	$42,000	$42,000	$42,000	$42,000	$42,000
OON OOP Max, Individual	$36,800	$36,800	$36,800	$36,800	$36,800	$36,800	$36,800
OON OOP Max, Family	$73,600	$73,600	$73,600	$73,600	$73,600	$73,600	$73,600
OON Coinsurance	50% AD	45% AD	50% AD	50% AD	50% AD	20% AD	20% AD
PCP Office Visit	$40, No Ded	$30, No Ded	$40, No Ded	$40, No Ded	$50, No Ded	0% AD	0% AD (3 visits before deductible)
Mental Health Office Visit	$40 (First visit $0)	$30(First visit $0)	$40 (First visit $0)	$40 (First visit $0)	$50 (First visit $0)	0% AD	0% AD (3 visits before deductible)
Specialist	$80, No Ded	$60, No Ded	$80, No Ded	$80, No Ded	$100, No Ded	0% AD	0% AD
Emergency Room	30% AD	25% AD	40% AD	40% AD	50% AD	0% AD	0% AD
Urgent Care	$80, No Ded	$45, No Ded	$80, No Ded	$60, No Ded	$75, No Ded	0% AD	0% AD
Pharmacy, Tier 1 (Generic)	$5	$15	$10	$20	$25	0% AD	0% AD
Pharmacy, Tier 2 (Pref. Brand)	$45	$30	$65	$40	$50 AD	0% AD	0% AD
Pharmacy, Tier 3 (Non-Pref)	$250	$60	$300	$80, AD	$100 AD	0% AD	0% AD
Pharmacy, Tier 4 (Specialty)	$300	$250	$350	$350, AD	$500 AD	0% AD	0% AD

MOUNTAIN HEALTH CO-OP

2027 Montana Small Group Plans

Your Healthy Rewards

We want to help you get the most from your health insurance. That's why the Co-Op offers Healthy Rewards—extra perks designed to support your wellness and protect your health. These benefits include...

- Hundreds of $0 Prescriptions*
- Vision and Dental Exam Rewards
- 24/7 Telehealth**
- $0 Mental Health Visit**

These rewards are easy to use - scan this code with your phone's camera and follow the link to learn more!

*Established Prescription List
**Exclusions Apply, Check Plan Documents

	PEAK PPO/ROCKY MOUNTAIN GOLD	PEAK PPO/ROCKY MOUNTAIN GOLD HDHP	PEAK PPO/ROCKY MOUNTAIN SILVER	PEAK PPO/ROCKY MOUNTAIN SILVER HDHP	ROCKY MOUNTAIN BRONZE	PEAK PPO BRONZE	PEAK PPO/ROCKY MOUNTAIN BRONZE HDHP
Individual Deductible	$2,000	$4,000	$9,000	$6,500	$10,000	$12,000	$8,500
Family Deductible	$4,000	$8,000	$18,000	$13,000	$20,000	$12,000	$17,000
OOP Max, Individual	$7,000	$4,000	$10,000	$6,500	$12,000	$24,000	$8,500
OOP Max, Family	$14,000	$8,000	$20,000	$13,000	$24,000	$24,000	$17,000
Co-insurance	30% AD	0% AD	40% AD	0% AD	50% AD	50%	0%
OON Ded, Individual	$21,000	$21,000	$21,000	$21,000	$21,000	$21,000	$21,000
OON Ded, Family	$42,000	$42,000	$42,000	$42,000	$42,000	$42,000	$42,000
OON OOP Max, Individual	$36,800	$36,800	$36,800	$36,800	$36,800	$36,800	$36,800
OON OOP Max, Family	$73,600	$73,600	$73,600	$73,600	$73,600	$73,600	$73,600
OON Coinsurance	50% AD	20% AD	50% AD	20% AD	50% AD	50%	20% AD
PCP Office Visit	$40, No Ded	0% AD	$40, No Ded	0% AD	$40, No Ded	$40, No Ded	0% AD
Mental Health Office Visit	$40 (First visit $0)	0% AD	$40 (First visit $0)	0% AD	$40 (First visit $0)	$40 (First visit $0)	0% AD
Specialist	$80, No Ded	$0 AD	$80, No Ded	$0 AD	$80, No Ded	$0 AD	$0 AD
Emergency Room	30% AD	0% AD	40% AD	0% AD	50% AD	50% AD	0% AD
Urgent Care	$80, No Ded	0% AD	$80, No Ded	0% AD	$80, No Ded	$80, No Ded	0% AD
Pharmacy, Tier 1 (Generic)	$5	0% AD	$10	0% AD	$10	$10	0% AD
Pharmacy, Tier 2 (Pref. Brand)	$45	0% AD	$65	0% AD	0% AD	0% AD	0% AD
Pharmacy, Tier 3 (Non-Pref)	$250	0% AD	$300	0% AD	0% AD	0% AD	0% AD
Pharmacy, Tier 4 (Specialty)	$300	0% AD	$350	0% AD	0% AD	0% AD	0% AD