

# PY2024

## Individual & Family Markets

### Open Enrollment Sales Training for Producers

October 12, 2023

Blue Cross and Blue Shield of Montana,  
a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee  
of the Blue Cross and Blue Shield Association



BlueCross BlueShield  
of Montana



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# BEFORE WE GET STARTED

**This training presentation focuses on products offered in the ACA market for Blue Cross and Blue Shield of Montana (BCBSMT)**

- This presentation, and the information contained within it, is current as of October 12, **2023**. It is subject to change based on subsequent federal and state laws, regulations and guidance.
- The content in this training is
  - Preliminary in nature
  - For training and informational purposes only

# Agenda

- Medical Qualified Health Plans
- Provider Networks
- Prescription and Pharmacy
- Rate Action History and Stability
- Dental Qualified Health Plans
- Producer Resources

# BCBSMT Medical Qualified Health Plans



BCBSMT offers  
a variety of qualified  
health plans to meet  
our members' health  
and financial needs



- Two networks
- PPO or Point of Service (POS)
- Statewide or city-focused
- Catastrophic, Bronze, Silver and Gold QHPs
- Several plans with \$0 to \$20 PCP office visits\*
- Three low deductible plans: \$250, \$750 and \$1,200\*
- Several plans with \$0 to \$10 tier 1 drugs\*

\*Costs for non-subsidized plans

# PY 2024 OPX, HDHP, HSA Limits

- The new out-of-pocket amounts, HDHP minimum deductibles and HSA contribution limits take effect January 1, 2024

	2023 Individual Coverage	2024 Individual Coverage	2023 Family Coverage	2024 Family Coverage
ACA OPX Base Variant	\$9,100	\$9,450	\$18,200	\$18,900
ACA OPX 73% Cost Sharing	\$7,250	\$7,500	\$14,500	\$15,100
ACA OPX 87% & 94% Cost Sharing	\$3,000	\$3,150	\$6,000	\$6,300
HDHP OPX	\$7,500	\$8,050	\$15,000	\$16,100
HDHP Minimum Deductible	\$1,500	\$1,600	\$3,000	\$3,200
HSA Contribution Limits	\$3,850	\$4,150	\$7,750	\$8,300

The out-of-pocket maximum does not include zero cost sharing plans for eligible Native Americans.

# PY2024 Standardized Plans Overview (IL, MT, OK, TX)

As with PY 2023, CMS requires QHP issuers in the federally facilitated exchanges (FFE) and state-based exchanges that use the federal platform (SBE-FP) to offer standardized plans for PY 2024.

The requirement to offer a standardized plan is based on where the insurer offers a non-standardized plan in the individual market. QHP insurers in the FFE and SBE-FPs must offer a standardized plan at every product network type, at every metal level (except non-expanded bronze level), and throughout every service area where they also offer non-standardized options.

CMS sets the plan designs for standardized plans, which generally include:

- Pre-deductible coverage of several benefits
- Copays instead of Coinsurance for many benefits
- A single network tier
- 4 pharmacy tiers

For PY 2024, CMS also is limiting the number of non-standardized plans QHP issuers in the FFE and SBE-FPs can offer to four non-standardized plan options per product network type, metal level (excluding catastrophic), and inclusion of dental and/or vision benefit coverage, in any service area.

Standardized Plans	ON or OFF Exchange	Deductible	OPX**	Coins	PCP Office Visit	Generic (Tier 1)	Brand: Preferred (Tier 2)	Brand: Non-Preferred (Tier 3)	Specialty (Tier 4)
Expanded Bronze	Both	\$7,500	\$9,400	50%	\$50	\$25	\$50*	\$100*	\$500*
Silver (70% Actuarial Value [AV])	Both	\$5,900	\$9,100	60%	\$40	\$20	\$40	\$80*	\$350*
Silver (73% AV‡)	Both	\$5,700	\$7,200	60%	\$40	\$20	\$40	\$80*	\$350*
Silver (87% AV‡)	Both	\$700	\$3,000	70%	\$20	\$10	\$20	\$60*	\$250*
Silver (94% AV‡)	Both	\$0	\$1,800	75%	\$0	\$0	\$15	\$50	\$150
Gold	Both	\$1,500	\$8,700	75%	\$30	\$15	\$30	\$60	\$250

‡ The Silver plan covers approximately 70% of costs, but Silver plan variances cover more for those who qualify for cost-sharing reductions.

\* Rx copays with an asterisk are subject to deductible. Rx copays with no asterisks are not subject to deductible.

\*\* OPX is the out-of-pocket maximum and includes the deductible.



# BCBSMT 2024 On- and Off-Exchange Plans

## Network: Blue Preferred PPO

2024 Plan Name	ON or OFF Exchange	New or Renewing	Deductible (Indiv.)	OPX (Indiv.)	Coins – General	PCP Office Visit	Virtual Visits (MDLIVE providers)	HDHP Compatible	HSA Compatible	Prescription Drugs at Preferred Pharmacies‡
Blue Preferred Security PPO <sup>SM</sup> 200	Both	Renewing	\$9,450	\$9,450	0%	\$20	\$20	No	No	0%
Blue Preferred Bronze PPO 201	Both	Renewing	\$3,500	\$9,450	50%	\$35	\$35	No	No	0% / 10% / 20% / 35% / 45% / 50%
Blue Preferred Bronze PPO 202	Both	Renewing	\$4,000	\$7,500	30%	30%	DC	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 301	Both	Renewing	\$9,450	\$9,450	0%	0%	DC	No	No	0%
Blue Preferred Bronze PPO 302	Off only	Renewing	\$5,200	\$7,500	30%	30%	DC	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 502	Off only	Discontinued	\$5,000	\$7,050	50%	50%	DC	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 602	Off only	Discontinued	\$6,500	\$7,000	10%	10%	DC	Yes	Yes	10% / 10% / 20% / 30% / 40% / 50%
Blue Preferred Bronze PPO 701	Both	Discontinued	\$9,100	\$9,100	0%	0%	DC	No	No	0%
<b>Blue Preferred Bronze PPO 705</b>	<b>Both</b>	<b>Renewing</b>	<b>\$7,500</b>	<b>\$9,400</b>	<b>50%</b>	<b>\$50</b>	<b>\$50</b>	<b>No</b>	<b>No</b>	<b>\$25 / \$50 / \$100 / \$500 *</b>
Blue Preferred Silver PPO 203	Both	Renewing	\$1,200	\$9,450	50%	40%	DC	No	No	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO 306	Off Only	Renewing	\$3,000	\$9,450	50%	\$25	\$25	No	No	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Preferred Silver PPO 308	Both	Renewing	\$8,150	\$8,150	0%	0%	DC	No	No	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
<b>Blue Preferred Silver PPO 703</b>	<b>Both</b>	<b>Renewing</b>	<b>\$5,900</b>	<b>\$9,100</b>	<b>40%</b>	<b>\$40</b>	<b>DC</b>	<b>No</b>	<b>No</b>	<b>\$20 / \$40 / \$80 / \$350 **</b>
Blue Preferred Gold PPO <sup>SM</sup> 204	Both	Renewing	\$750	\$9,450	30%	\$10	\$10	No	No	\$5 / \$10 / \$50 / \$100 / \$250 / \$350
<b>Blue Preferred Gold PPO 704</b>	<b>Both</b>	<b>Renewing</b>	<b>\$1,500</b>	<b>\$8,700</b>	<b>25%</b>	<b>\$30</b>	<b>\$30</b>	<b>No</b>	<b>No</b>	<b>\$15 / \$30 / \$60 / \$250</b>

All copay dollar amounts, and coinsurance percentages are displayed as the member’s shares of costs

‡ Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., “0%” means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: \*The \$25 copay for a tier 1 drug is the cost for members regardless of deductible paid, but tiers 2, 3 and 4 are subject to deductible. \*\*The \$20 copay for a tier 1 drug and the \$40 copay for a tier 2 drug is the cost for members regardless of deductible paid, but tiers 3 and 4 are subject to deductible.

**Bold** = CMS standardized plan with prescribed cost structure and 4 prescription tiers   OPX = Out-of-Pocket Maximum includes deductible   DC = Deductible Coinsurance

# BCBSMT 2024 On- and Off-Exchange Plans

## Network: Blue Focus POS

2024 Plan Name	ON or OFF Exchange	New or Renewing	Deductible (Indiv.)	OPX (Indiv.)	Coins - General	PCP Office Visit	Virtual Visits (MDLIVE providers)	HDHP Compatible	HSA Compatible	Prescription Drugs at Preferred Pharmacies‡
Blue Focus Bronze POS 205	Both	Renewing	\$4,900	\$9,450	50%	\$45	NA	No	No	0% / 10% / 20% / 35% / 45% / 50%
Blue Focus Bronze POS 302	Off Only	Renewing	\$5,200	\$7,500	30%	30%	NA	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Focus Bronze POS 705	Both	Renewing	\$9,450	\$9,450	0%	0%	NA	No	No	0%
<b>Blue Focus Bronze POS 708</b>	<b>Both</b>	<b>Renewing</b>	<b>\$7,500</b>	<b>\$9,400</b>	<b>50%</b>	<b>\$50</b>	<b>NA</b>	<b>No</b>	<b>No</b>	<b>\$25 / \$50 / \$100 / \$500 *</b>
Blue Focus Silver POS 206	Both	Renewing	\$4,000	\$9,450	40%	\$30	NA	No	No	0% / 10% / 20% / 30% / 40% / \$50%
Blue Focus Silver POS 306	Off Only	Renewing	\$3,000	\$9,450	50%	\$25	NA	No	No	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
<b>Blue Focus Silver POS 706</b>	<b>Both</b>	<b>Renewing</b>	<b>\$5,900</b>	<b>\$9,100</b>	<b>40%</b>	<b>\$40</b>	<b>NA</b>	<b>No</b>	<b>No</b>	<b>\$20 / \$40 / \$80 / \$350 **</b>
Blue Focus Gold POS <sup>SM</sup> 207	Both	Renewing	\$250	\$9,450	40%	20%	NA	No	No	10% / 20% / 30% / 35% / 45% / 50%
<b>Blue Focus Gold POS 707</b>	<b>Both</b>	<b>Renewing</b>	<b>\$1,500</b>	<b>\$8,700</b>	<b>25%</b>	<b>\$30</b>	<b>NA</b>	<b>No</b>	<b>No</b>	<b>\$15 / \$30 / \$60 / \$250</b>

All copay dollar amounts and coinsurance percentages are displayed as the member's shares of costs

‡ Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., “0%” means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: \*The \$25 copay for a tier 1 drug is the cost for members regardless of deductible paid, but tiers 2, 3 and 4 are subject to deductible. \*\*The \$20 copay for a tier 1 drug and the \$40 copay for a tier 2 drug is the cost for members regardless of deductible paid, but tiers 3 and 4 are subject to deductible.

**Bold** = CMS standardized plan with prescribed cost structure and 4 prescription tiers   OPX = Out-of-Pocket Maximum includes deductible   DC = Deductible Coinsurance

100% of ACA membership will be renewed into 2024 coverage  
Members will receive a 60-day renewal letter with mapping information

# BCBSMT Provider Networks for the IFM Market



All in on day 1  
of the ACA  
for 11 years  
in 56 counties

We're not  
going anywhere, and  
we're not standing still

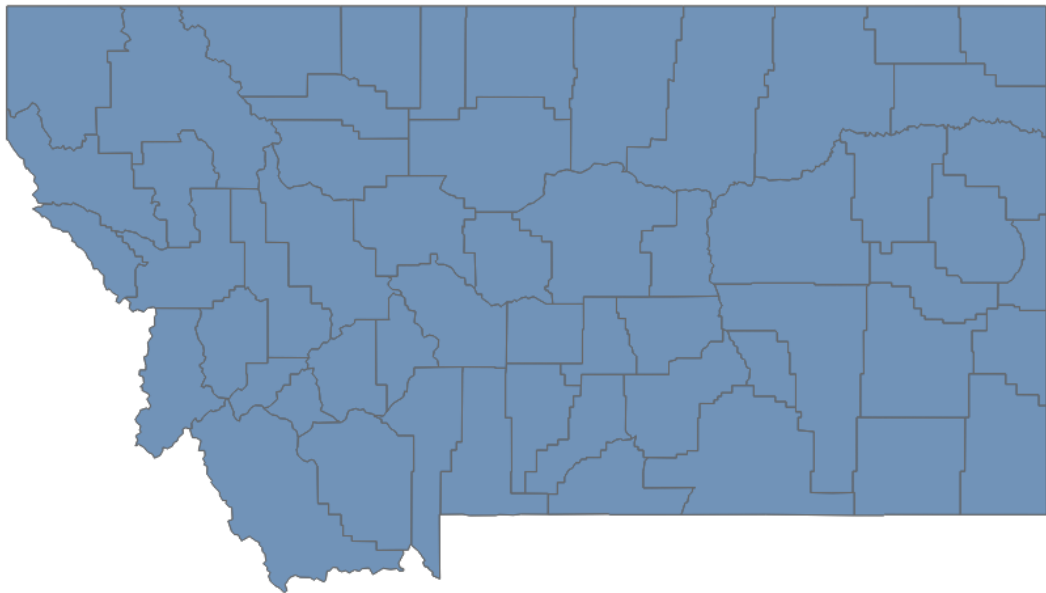


- BCBSMT has been continuously serving Montana communities for **more than 80 years**
- We offer both a statewide PPO and a city-focused POS network
- We have **100%** of Montana's hospitals in our PPO network

# BCBSMT Provider Networks Overview

## Blue Preferred PPO

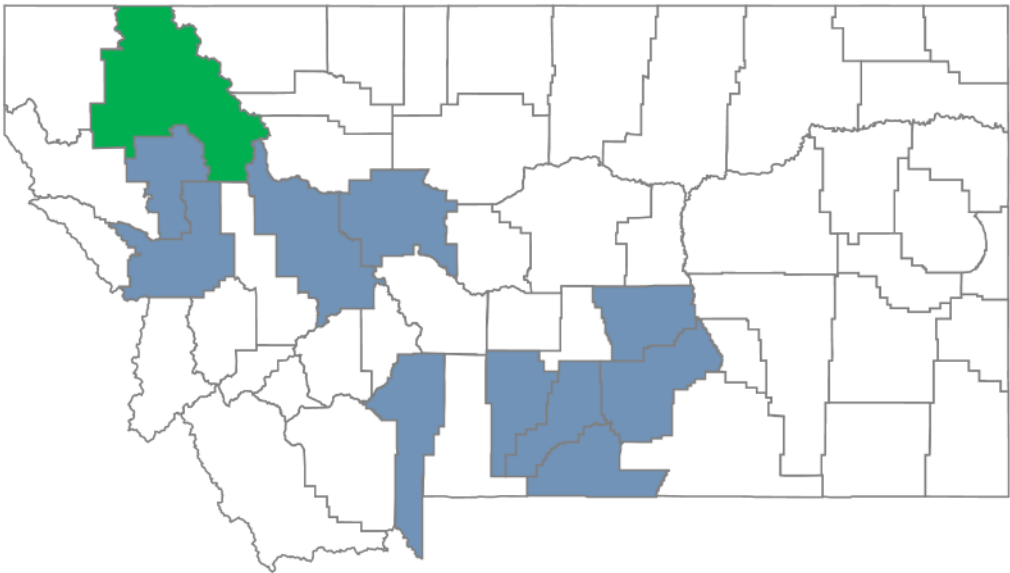
- Existing statewide network in all 56 counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze, Catastrophic



**Approximately  
65 hospitals and 15,149 providers**

## Blue Focus POS

- Existing network in Billings, Bozeman, Great Falls, **Kalispell**, Missoula, and Helena
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze



**Approximately  
12 hospitals and 6,431 providers**

Source: Network status and statistics as of 7/18/2023. Hospitals: General Acute and Critical Access Hospitals; Providers: PCPs and Specialists. Providers counted on unique NPI.



# Blue Focus POS In-Network Hospitals

County	City/Area	Hospital
Carbon County	Red Lodge, MT	Beartooth Billings Clinic
Cascade County	Great Falls, MT	Benefis Health System
<b>Flathead County</b>	<b>Kalispell, MT</b>	<b>Logan Health</b>
Gallatin County	Bozeman, MT	Bozeman Health
Gallatin County	Big Sky, MT	Big Sky Medical Center
Lake County	Ronan, MT	St. Luke Hospital
Lewis and Clark County	Helena, MT	St. Peter's Health
Missoula County	Missoula, MT	Community Medical Center
Musselshell County	Roundup, MT	Roundup Memorial
Stillwater County	Columbus, MT	Stillwater Billings Clinic
Sweet Grass County	Big Timber, MT	Pioneer Medical Center
Yellowstone County	Billings, MT	Billings Clinic Hospital

## Reminder: All Montana hospitals are in-network for Blue Preferred PPO

Not all participating network health systems may be represented in this analysis. Not all hospital facilities are in-network within a given health system listed above. Network information current as of 6/14/2023. Health system participation subject to change.

Source: BCBSMT Provider Network Management

# BlueCard PPO

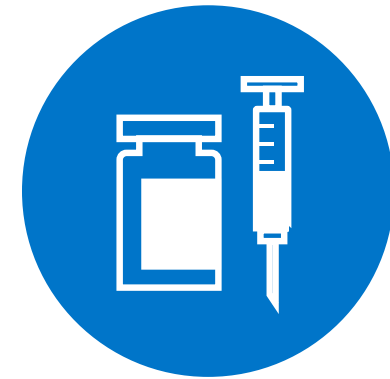
- Through the BlueCard PPO Program, Blue Cross and Blue Shield Plans work together to help ensure your clients receive reliable, affordable health care when they need it while traveling in the U.S.
- Members have access to an established PPO network of doctors, hospitals and other health care providers throughout the country
- Only members with a PPO network plan eligible\*

**Peace of mind while traveling**



\*For POS Plan in MT, BlueCard applies only to urgent care or emergency care services.

# Prescription and Pharmacy Benefits



This section pertains to **Qualified Health Plans** in the ACA market. This information does not apply to existing individual grandfathered/transitional plans.

# Pharmacy Networks

We use a tiered network structure that categorizes **in-network pharmacies** into two buckets: **Value** and **Non-Value**

- 1. IN-NETWORK: **Value Pharmacies**. Lower copay/coinsurance at an in-network Value Pharmacy vs. using an in-network Non-Value pharmacy
- 2. IN-NETWORK: **Non-Value Pharmacies**. Member cost share may be higher when using a Non-Value Pharmacy versus using a Value Pharmacy
- 3. OUT-OF-NETWORK (OON) PHARMACIES. *Member out-of-pocket costs are highest when using OON pharmacies*
- Members can get up to a 90-day supply of medication from a Value Pharmacy or a 30-day supply of medication from a Non-Value Pharmacy
- 90-day supplies are 3x the 30-day retail copay from Value Pharmacies and from our mail order pharmacy (Express Scripts® or Ridgeway Pharmacy)

## Montana

Albertsons  
Independent  
Pharmacies  
Walgreens  
Walmart  
Sam's Club

- In Montana, this is called the **Value Pharmacy Network**
- Pharmacies in the Preferred/Value Network are subject to change
- Select Independent Pharmacies may be included in the Value Pharmacy Network

# Specialty Pharmacy Program



**Specialty medications are used to treat conditions such as multiple sclerosis, rheumatoid arthritis, cancer and cystic fibrosis. Drugs may have special handling/storage requirements**

- Medications are limited to a 30-day supply due to high cost and to prevent waste
  - Greater than 30-day supply may be dispensed if FDA approved
- Self-administered products are standardly covered under the pharmacy benefit while physician-administered products are covered under the medical benefit
- We deliver savings on specialty drugs for our clients and members through **Prime's Specialty Network** offerings
- **Accredo**, our specialty pharmacy partner, has pharmacies across the country that allows drugs to be dispensed from the pharmacy location closest to the patient
  - Members may have alternative options to using Accredo for certain specialty pharmacy prescriptions

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by Blue Cross and Blue Shield of Montana (BCBSMT) to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSMT. The relationship between Accredo and BCBSMT is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.



# Standardized Plans: 4-Tier Drug Plans

- Standardized plans prescribed by CMS must have 4 drug tiers
- Non-standardized QHPs we offer have 6 drug tiers
- Regardless of the number of tiers, all the QHPs have the same drugs in their formularies
- Drugs in tiers 1 and 2 of a 6-tier plan correspond to tier 1 of a 4-tier plan
- Drugs in tiers 5 and 6 of a 6-tier plan correspond to tier 4 of a 4-tier plan

6-Tier Drug Plans	
1	Generic: Preferred
2	Generic: Non-Preferred
3	Brand: Preferred
4	Brand: Non-Preferred
5	Specialty: Preferred
6	Specialty: Non-Preferred

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4-Tier Drug Plans	
1	Generic
2	Brand: Preferred
3	Brand: Non-Preferred
4	Specialty

# Prescription Drug Lists: Development

The QHP Drug lists are maintained on an ongoing basis and are developed utilizing clinical evidence, safety, effectiveness, cost and regulatory mandates

- Clinical evidence includes FDA-approved package inserts, evidence-based clinical practice guidelines and peer-reviewed literature
- Once the drug has been chosen for inclusion on a drug list, the selected drug is also classified into a specific tier
- Drug list tiers save members money by encouraging the use of lower-priced generic and preferred drugs
- Our drug list covers more drugs than what is required in most categories
  - If, for any reason, a specific drug isn't covered, there is a clinically appropriate alternative option
- Utilization Management (UM) Programs are also embedded in our drug lists and support savings.
  - These include Step Therapy, Prior Authorization and Quantity Limits

# Prescription Drug Lists:

- The drug lists can be accessed from our public website
- The drug list has instructions on how to use the list and search for a drug

**Plan year 2024 drug lists will be available no later than Nov. 1, 2023**

BlueCross BlueShield of Montana

Search

Find Care Shop Plans Prescription Drugs Insurance Basics Member Services

## Prescription Drug List

A prescription drug list is a list of drugs available to Blue Cross and Blue Shield of Montana (BCBSMT) members. These drugs are considered to be safe and cost-effective. How much you pay out-of-pocket for prescription drugs is determined by whether your medication is on the list. These drug lists have different levels of coverage, which are called "tiers". Generally, if you choose a drug that is a lower tier, your out-of-pocket costs for a prescription drug will be less. Your doctor should consult the Drug List when prescribing drugs for you. This may help lower your out-of-pocket costs.

Some things to know:

1. Based on your benefits, if you use a drug manufacturer's coupon or copay card to pay for a covered prescription drug, this amount may not apply to your plan deductible or out-of-pocket maximum.
2. Health plans may administer medical and pharmacy coverage separately for select drugs. Some drugs are covered under your medical plan instead of your pharmacy benefits. These can include drugs that must be given to you by a health care provider. These drugs are often given to you in a hospital, doctor's office or health care setting. Examples of these drugs are contraceptive implants and chemo infusion. If you are taking or prescribed a drug that is not on your plan's Drug List, call the number on your member ID card to see if the drug may be covered by your medical plan.

If you are a BCBSMT member, log in to your [Blue Access for Members](#) account to check your drug list and learn more about your prescription drug benefits. Be sure to review your benefit materials for details. If you have any questions about your prescription drug benefits, call the number listed on your member ID card.

Prescription Drug Lists for Metallic Individual Plans +

Prescription Drug Lists for Employer-offered Plans: Large Group (51 or more) +

Prescription Drug Lists for Employer-offered Metallic Plans: Small Group (1-50) +

# Rate Action History and Stability



# BCBSMT – 2024 Rate Actions

Network	2024 Rate Action
Statewide	4.88%

Source: HealthCare.gov, Rate Review subdomain. [Results](#) from searching ACA-compliant products for Montana in the Individual market for 2024 plan year for Blue Cross and Blue Shield of Montana on June 22, 2023.



# Qualified Health Plans: Dental and Vision



# 2024 Dental QHPs: Overview

## BlueCare Dental<sup>SM</sup> 1A & BlueCare Dental 4 Kids<sup>SM</sup> 1A feature:

- 100% coverage on most preventive services with in-network dentists
- Low \$25 deductible for in-network services
- Savings on all dental procedures up to annual \$1,500 max; unlimited annual max on BlueCare Dental 4 Kids 1A

## BlueCare Dental<sup>SM</sup> 1B & BlueCare Dental 4 Kids<sup>SM</sup> 1B feature:

- Lower monthly premium (compared to 1A plans)
- 90% coverage on most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max; unlimited annual max on BlueCare Dental 4 Kids 1B

## BlueCare Dental<sup>SM</sup> 1C features:

- Lowest monthly premium (compared to 1A and 1B plans)
- 80% coverage on most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max

# Pediatric Vision Coverage

- Plan offers coverage for yearly comprehensive vision exam at \$0 copay
- Provides vision benefits for dependents up to age 19
- Plan also offers coverage for other vision services and materials including retinal imaging, contact lens fit and follow up, frames, lenses and more
- Plan is embedded into medical coverage

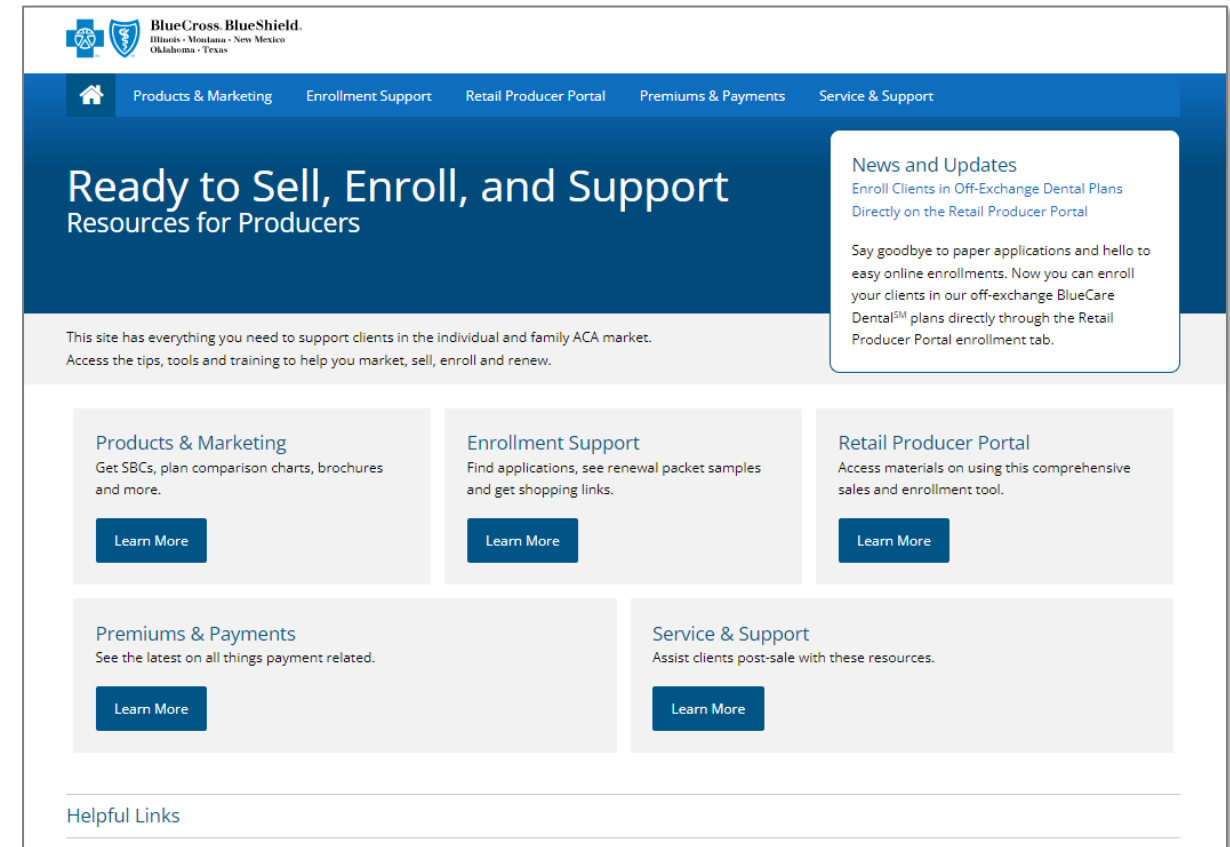
# Exclusive Resources for Producers



# Producer Retail Readiness Microsite

## Everything you need, all in one place

- Medical and dental brochures
- Plan comparison charts
- Summaries of benefits and coverage (each with a link to the associated benefit booklet)
- Sizzle sheets
- Premium payment resources
- **Pre Sale Support** for Product Information or Sales Assistance. Monday-Friday 9:00-5:00  
855-707-0598





# Questions?

