



BlueCross BlueShield of Montana

2023 Individual & Family Markets (IFM)

Open Enrollment Sales Training

September • 2022

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 27, 2022**. It is subject to change based on subsequent federal and state laws, regulations and guidance.
- This content in this training is
 - preliminary in nature
 - for training and informational purposes only

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Agenda

What's New for 2023

Medical Qualified Health Plans

Dental Qualified Health Plans

Provider Networks

Rate Action History

Questions

**Something is
missing . . .**

What's New for 2023



2023 BCBSMT Highlights

ALL PLANS ARE RENEWING

All ACA qualified health plans are renewing

NEW DENTAL PLAN

Low-cost BlueCare Dental 1C Family Plan

NEW STANDARDIZED PLANS

Designed to help consumers comparison shop

Standardized Plans: Overview

Issuers offering Qualified Health Plans (QHPs) on HealthCare.gov are required to offer Standardized Plan options at every network type, at every metal level, and throughout every service area where the issuer offers non-standardized options.

For example: if we offer a non-standardized gold PPO plan statewide, we must also offer a Standardized gold PPO plan statewide.

Each Standard Plan option will have the same actuarial value, maximum out-of-pocket costs, deductibles, cost-sharing and number of prescription tiers (4).

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)
Bronze	Both	\$9,100	\$9,100	0%	0%	0%	0%	0%	0%
Expanded Bronze	Both	\$7,500	\$9,100	50%	\$50	\$25	\$50*	\$100*	\$500*
Silver (70% Actuarial Value [AV])	Both	\$5,800	\$8,900	60%	\$40	\$20	\$40	\$80*	\$350*
Silver (73% AV‡)	Both	\$5,700	\$7,200	60%	\$30	\$20	\$40	\$80*	\$350*
Silver (87% AV‡)	Both	\$800	\$3,000	70%	\$20	\$10	\$20	\$60*	\$250*
Silver (94% AV‡)	Both	\$0	\$1,700	75%	\$0	\$0	\$15	\$50	\$150
Gold	Both	\$2,000	\$8,700	75%	\$30	\$15	\$30	\$60	\$250

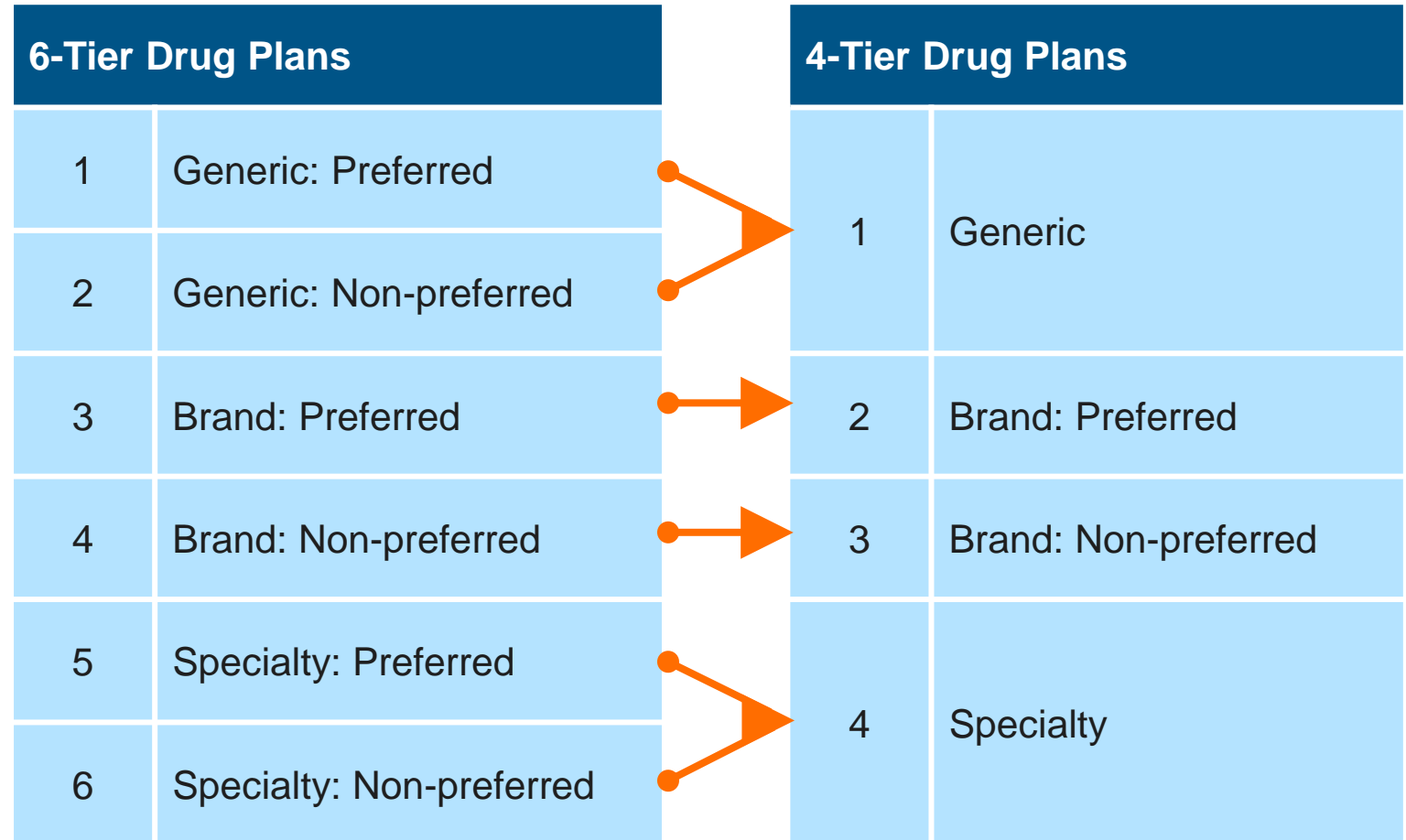
‡ The Silver plan covers approximately 70% of costs but Silver plan variances cover more for those who qualify for cost-sharing reductions.

* 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.

Standardized Plans: 4-Tier Drug Plans

- The new Standardized Plans prescribed by CMS must have 4 drug tiers
- Other QHPs we offer have 6 drug tiers
- Regardless of the number of tiers, **ACA 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



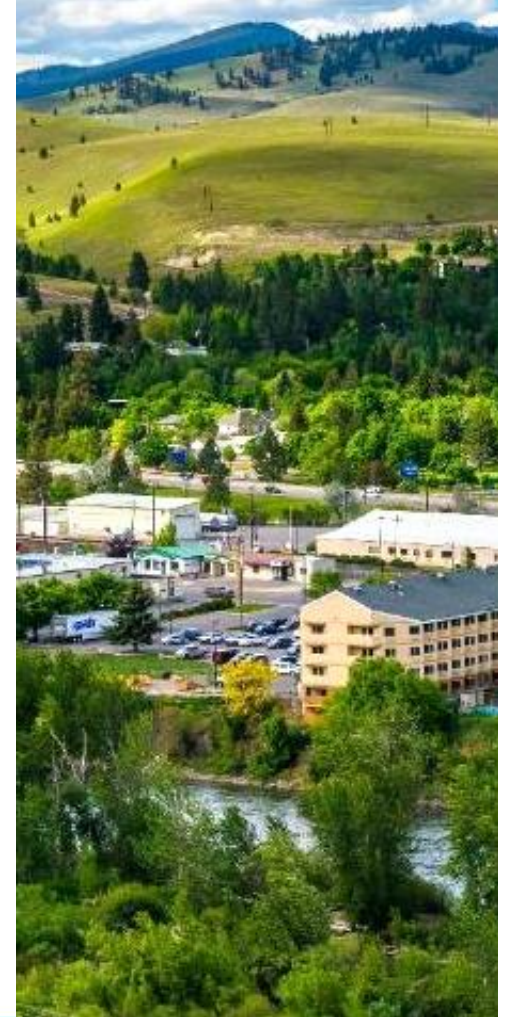
2023 OPX, HDHP and HSA Limits

Notice of Benefit and Payment Parameters for 2023 were issued in April. New OPX amounts, HDHP minimum deductibles and HSA contribution limits take effect Jan. 1, 2023.

	2022 Individual Coverage	2023 Individual Coverage	2022 Family Coverage	2023 Family Coverage
ACA OPX Base Variant	\$8,700	\$9,100	\$17,400	\$18,200
ACA OPX 73% Cost Sharing	\$6,950	\$7,250	\$13,900	\$14,500
ACA OPX 87% & 94% Cost Sharing	\$2,900	\$3,000	\$5,800	\$6,000
HDHP OPX	\$7,050	\$7,500	\$14,100	\$15,000
HDHP Minimum Deductible	\$1,400	\$1,500	\$2,800	\$3,000
HSA Contribution Limits	\$3,650	\$3,850	\$7,300	\$7,750

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

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 Qualified Health Plans
- Several plans with \$0 to \$20 PCP office visits*
- Three low deductible plans: \$250, \$750 and \$900*
- Several plans with \$0 to \$10 Tier 1 drugs*

* Costs for non-subsidized plans.

BCBSMT Market Participation Executive Summary

On-exchange Market Opportunity

- Top four Montana counties accounted for 52% (26K) of state total
- On-exchange market size: 51K
- On-exchange market share: 43%

Two Network Offerings

- Blue Preferred PPO and Blue Focus POS

Top Selling BCBSMT QHPs

1. Blue Preferred Bronze PPO 202
2. Blue Preferred Bronze PPO 201
3. Blue Focus Silver POS 206
4. Blue Focus Bronze POS 205
5. Blue Preferred Silver PPO 308

Competitor Network Presence

- Two competitors (Mountain Health Co-op and PacificSource) are both present statewide

BCBSMT 2023 On- and Off-Exchange Plans

Blue Preferred PPO

2023 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 200	Off	Renewing	\$9,100	\$9,100	0%	\$20	\$20	No	No	0%
Blue Preferred Bronze PPO 201	Both	Renewing	\$3,500	\$9,100	50%	\$35	\$35	No	No	0% / 10% / 20% / 35% / 45% / 50%
Blue Preferred Bronze PPO 202	Both	Renewing	\$4,000	\$7,000	30%	30%	DC	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 301	Both	Renewing	\$8,700	\$9,100	0%	0%	DC	No	No	0%
Blue Preferred Bronze PPO 302	Off only	Renewing	\$5,200	\$7,000	30%	30%	DC	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 502	Off only	Renewing	\$5,000	\$7,050	50%	50%	DC	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 602	Off only	Renewing	\$6,500	\$7,000	10%	10%	DC	Yes	Yes	10% / 10% / 20% / 30% / 40% / 50%
Blue Preferred Bronze PPO 701	Both	New (Stdzd)	\$9,100	\$9,100	0%	0%	DC	No	No	0%
Blue Preferred Bronze PPO 705	Both	New (Stdzd)	\$7,500	\$9,000	50%	\$50	\$50	No	No	\$25 / \$50 / \$100 / \$500 *
Blue Preferred Silver PPO 203	Both	Renewing	\$900	\$9,100	50%	40%	DC	No	No	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO 306	Off Only	Renewing	\$4,500	\$9,100	50%	\$25	\$25	No	No	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Preferred Silver PPO 308	Both	Renewing	\$7,500	\$9,100	0%	0%	DC	No	No	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
Blue Preferred Silver PPO 703	Both	New (Stdzd)	\$5,800	\$8,900	40%	\$40	DC	No	No	\$20 / \$40 / \$80 / \$350 **
Blue Preferred Gold PPO 204	Both	Renewing	\$750	\$9,100	30%	\$10	\$10	No	No	\$5 / \$10 / \$50 / \$100 / \$250 / \$350
Blue Preferred Gold PPO 704	Both	New (Stdzd)	\$2,000	\$8,700	25%	\$30	\$30	No	No	\$15 / \$30 / \$60 / \$250

NOTES

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

Bold = new plan Stdzd = CMS standardized plan with prescribed cost structure and 4 prescription tiers OPX = Out of Pocket Maximum includes deductible DC = deductible coinsurance

† 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.

BCBSMT 2023 On- and Off-Exchange Plans

Blue Focus POS

2023 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	\$9,100	50%	\$45	NA	No	No	0% / 10% / 20% / 35% / 45% / 50%
Blue Focus Bronze POS 302	Off Only	Renewing	\$5,200	\$7,000	30%	30%	NA	Yes	Yes	20% / 25% / 30% / 35% / 45% / 50%
Blue Focus Bronze POS 705	Both	New (Stdzd)	\$9,100	\$9,100	0%	0%	NA	No	No	0%
Blue Focus Bronze POS 708	Both	New (Stdzd)	\$7,500	\$9,000	50%	\$50	NA	No	No	\$25 / \$50 / \$100 / \$500 *
Blue Focus Silver POS 206	Both	Renewing	\$3,400	\$9,100	50%	\$30	NA	No	No	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Focus Silver POS 306	Off Only	Renewing	\$4,500	\$9,100	50%	\$25	NA	No	No	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Focus Silver POS 706	Both	New (Stdzd)	\$5,800	\$8,900	40%	\$40	NA	No	No	\$20 / \$40 / \$80 / \$350 **
Blue Focus Gold POS 207	Both	Renewing	\$250	\$9,100	40%	20%	NA	No	No	10% / 20% / 30% / 35% / 45% / 50%
Blue Focus Gold POS 707	Both	New (Stdzd)	\$2,000	\$8,700	25%	\$30	NA	No	No	\$15 / \$30 / \$60 / \$250

NOTES

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

Bold = new plan Stdzd = CMS standardized plan with prescribed cost structure and 4 prescription tiers OPX = Out of Pocket Maximum includes deductible DC = deductible coinsurance

‡ 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.

Dental Qualified Health Plans



2023 Dental QHPs: Overview

BlueCare Dental 1A & BlueCare Dental 4 Kids 1A feature:

- 100% coverage on most preventive services with in-network dentists
- Low \$50 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 1B & BlueCare Dental 4 Kids 1B feature:

- Lower monthly premium (compared to 1A plans)
- 90% coverage on most preventive services provided by in-network dentists
- \$75 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

• NEW •

BlueCare Dental 1C features:

- Lowest monthly premium (compared to 1A and 1B plans)
- 80% coverage on most preventive services provided by in-network dentists
- \$75 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max

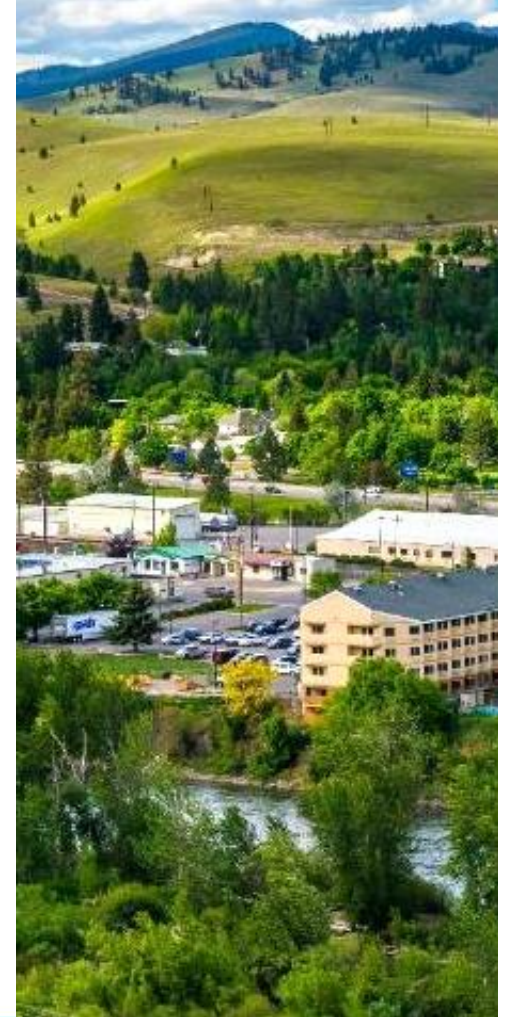


2023 Dental QHPs: Details

	BlueCare Dental 1A ²		BlueCare Dental 4 Kids 1A		BlueCare Dental 1B ²		BlueCare Dental 4 Kids 1B	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible (Family deductible equals 3 times individual)	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75
Annual Maximum	\$1,500 ³		N/A		\$1,000 ³		N/A	
Diagnostic Evaluations	0% ⁴	0% ⁴	0% ⁴	0% ⁴	10% ⁴	10% ⁴	20% ⁴	20% ⁴
Preventive	0% ⁴	0% ⁴	0% ⁴	0% ⁴	10% ⁴	10% ⁴	20% ⁴	20% ⁴
Diagnostic Radiographs	0% ⁴	0% ⁴	0% ⁴	0% ⁴	10% ⁴	10% ⁴	20% ⁴	20% ⁴
Miscellaneous Preventive Services	20%	20%	20%	20%	10%	10%	20%	20%
Basic Restorative	20%	20%	20%	20%	30%	30%	50%	50%
Non-Surgical Extractions	20%	20%	20%	20%	30%	30%	50%	50%
Non-Surgical Periodontal	20%	20%	20%	20%	30%	30%	50%	50%
Adjunctive Services	20%	20%	20%	20%	30%	30%	50%	50%
Endodontics	20%	20%	20%	20%	50%	50%	50%	50%
Oral Surgery	20%	20%	20%	20%	50%	50%	50%	50%
Surgical Periodontal⁵	20%	20%	20%	20%	50%	50%	50%	50%
Major Restorative⁵	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics⁵	50%	50%	50%	50%	50%	50%	50%	50%
Miscellaneous Restorative & Prosthodontics Services⁵	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontics⁵ (up to age 19)	N/A	N/A	50% ⁴	50% ⁴	N/A	N/A	50% ⁴	50% ⁴
Out-of-Pocket Maximum	\$375 for 1 child/ \$750 for 2+ children	N/A	\$375 for 1 child/ \$750 for 2+ children	N/A	\$375 for 1 child/ \$750 for 2+ children	N/A	\$375 for 1 child/ \$750 for 2+ children	N/A

For Training Purposes Only

Provider Networks



All in
on day 1
for 10 years of
in 56 counties

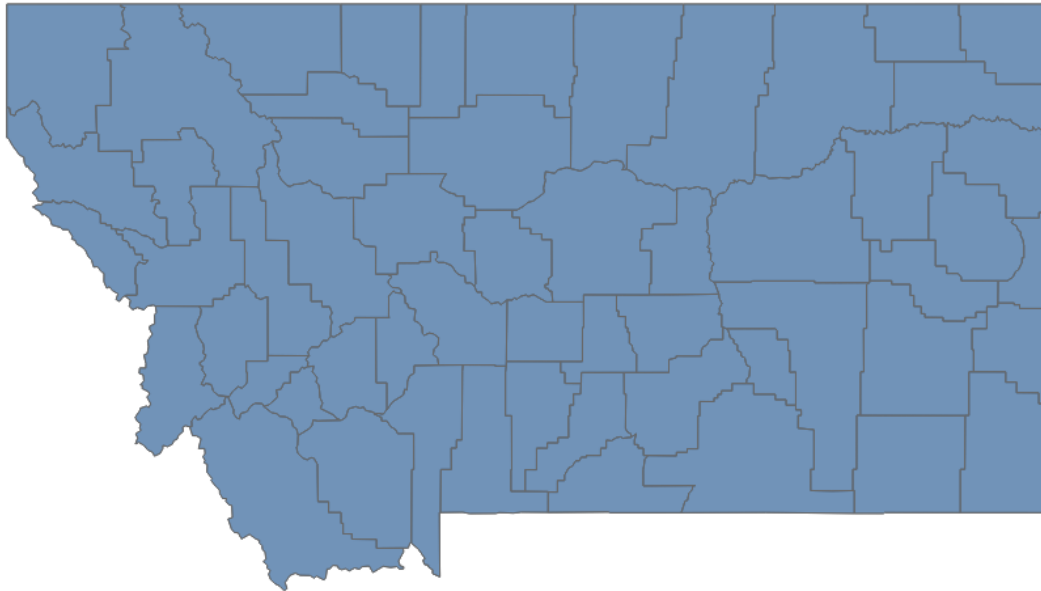
We're not
going anywhere
but we're not
standing still.

- Blue plans have 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

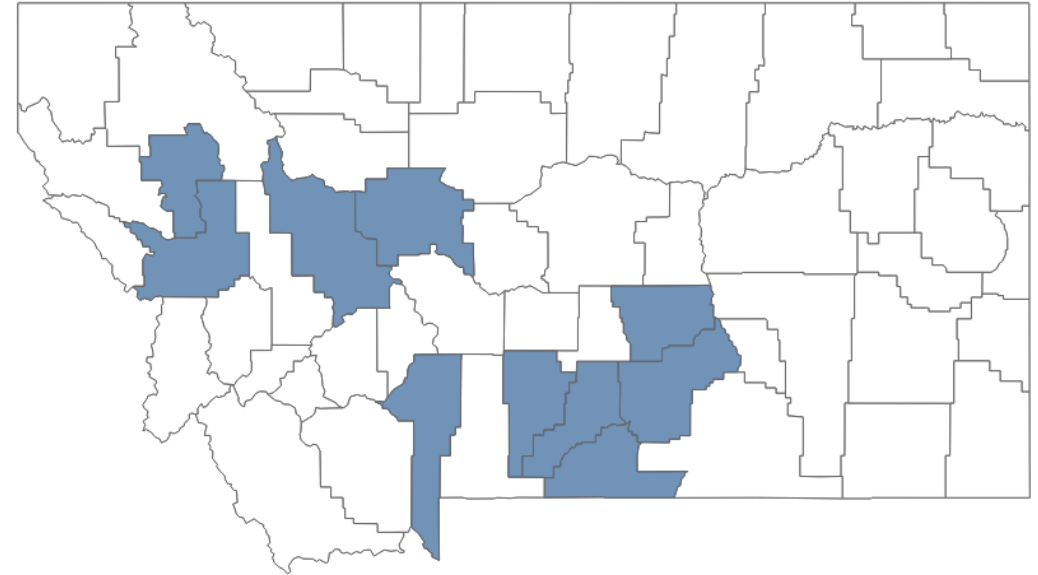
- Existing statewide network
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze, Catastrophic



Approximately
65 hospitals and 11,119 providers

Blue Focus POS

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



Approximately
12 hospitals and 4,027 providers

Source: Network status and statistics as of July 25, 2022. Hospitals: General Acute and Critical Access Hospitals; Providers: PCPs and Specialists.
Blue Preferred PPO – 2,320 PCPs and 8,799 Specialists. Blue Focus POS – 824 PCPs and 3,203 Specialists.

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
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.



Supplemental Dental and Vision Plans*

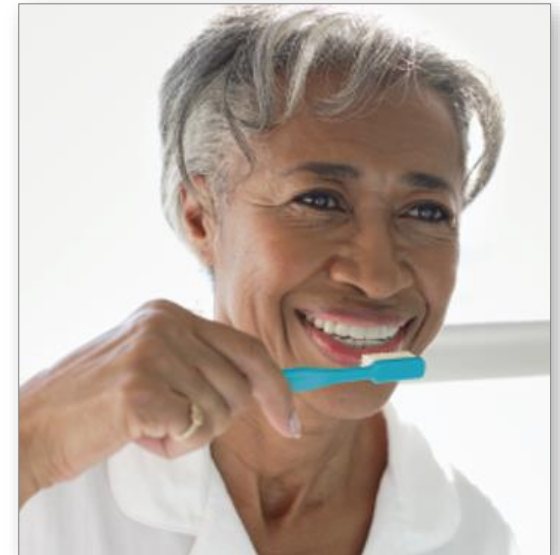
** The following products are NOT ACA qualified health plans. They do NOT meet the “minimum essential coverage” (MEC) rules of ACA. BlueCare Dental Classic, for example, does not meet MEC for pediatric dental.*

BlueCare Dental Classic: Overview

BlueCare Dental Classic Standalone (non-ACA) Plans

Plans	Target Consumer Segment
BlueCare Dental Classic PREMIER	Consumers looking for a higher level of benefits
BlueCare Dental Classic STANDARD	Budget-conscious with needs beyond preventive services
BlueCare Dental Classic BASIC	Only looking for preventive services and on a budget

- ✓ Geared to the Medicare Supplement and PDP members
 - Members with retail QHP plans should be sold an ACA dental plan
 - Members with MAPD already have embedded dental benefits
- ✓ No dependent coverage
- ✓ Uses Dental Network of America's (DNoA) PPO network
- ✓ BlueCare Dental sales and marketing materials are on the Supply Portal and the Retail Producer Microsite.



BlueCare Dental Classic: Basics

CoveragePlus Central platform

- Platform used to enroll new members into these plans

BlueCare Dental Effective Dates

- Policy length is 12 months from effective date (unlike calendar year for ACA dental)
- Updated policy: enrollment can now be completed anytime during the month to be effective the 1st day of the next month

BlueCare Dental Classic Cancellation

- Members who wish to cancel can do so online on the CoveragePlus Central platform or call the Trionfo Customer Service Number

BlueCare Dental Classic: Highlights

BlueCare Dental Classic PREMIER

- 100% coverage on most preventive services with in-network dentists
- \$50 deductible for in-network services
- Potential savings on most dental procedures up to annual \$2,000 maximum
- Waived deductible for Class I services

BlueCare Dental Classic STANDARD

- 80% coverage on most preventive services provided by in-network dentists
- \$75 deductible for in-network services
- Potential savings on most dental procedures up to annual \$1,000 maximum

BlueCare Dental Classic BASIC

- 100% coverage on most preventive services when members chose in-network dentists
- \$50 deductible for in-network services
- Potential savings on most dental procedures up to annual \$1000 max
- Waived deductible for Class I services
- Only Diagnostic, Preventive and Basic Restorative Services are covered under this plan

BlueCare Dental Classic: Details

	BlueCare Dental Classic Premier		BlueCare Dental Classic Standard		BlueCare Dental Classic Basic ³	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$50	\$50	\$75	\$100	\$50	\$75
Annual Maximum	\$2,000		\$1,000		\$1,000	
Diagnostic Evaluations	100% ⁴	100% ⁴	80%	80%	100% ⁴	100% ⁴
Preventive	100% ⁴	100% ⁴	80%	80%	100% ⁴	100% ⁴
Diagnostic Radiographs	100% ⁴	100% ⁴	80%	80%	100% ⁴	100% ⁴
Miscellaneous Preventive Services	80%	80%	50%	50%	80%	80%
Basic Restorative	80%	80%	50%	50%	80%	80%
Non-Surgical Extractions	80%	80%	50%	50%	N/A	N/A
Non-Surgical Periodontal	80%	80%	50%	50%	N/A	N/A
Adjunctive Services	80%	80%	50%	50%	N/A	N/A
Endodontics	50%	50%	50%	50%	N/A	N/A
Oral Surgery	50%	50%	50%	50%	N/A	N/A
Orthodontics	N/A	N/A	N/A	N/A	N/A	N/A

The services below have a 12 month waiting period from effective date.

Surgical Periodontal	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A
Major Restorative	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A
Prosthodontics	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A
Miscellaneous Restorative and Prosthodontics Services	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A

BlueCare Vision: Overview

BlueCare Vision Standalone (non-ACA) Plans

- Non-ACA vision plans ideal for entire family providing for an eye exam with dilation and allowances for frames and lenses
- Available for adults 18+, dependent coverage up to age 26
- Uses the EyeMed Select network
- BlueCare Vision sales and marketing materials available on the the Supply Portal and the Retail Producer Microsite.



Plans	Target Consumer Segment
BlueCare Vision PREMIER	Consumers looking for a higher level of benefits
BlueCare Vision STANDARD	Budget-conscious with needs beyond preventive services
BlueCare Vision BASIC	Only looking for preventive services and on a budget

BlueCare Vision: Basics

CoveragePlus Central platform

- Platform used to enroll new members into these plans

BlueCare Vision Effective Dates

- Policy length is 12 months from the effective date
- Updated policy: enrollment can now be completed anytime during the month to be effective the 1st day of the next month

BlueCare Vision Cancellation

- Members who wish to cancel can do so online on the CoveragePlus Central platform or call the Trionfo Customer Service Number

Customer Service

855-258-8471

Thank you!