



2026 Montana Individual Plans

Your Signature Benefits

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

- Dental & Vision Exam Rewards
- Hundreds of Medications for \$0 Out-of-Pocket*
- No-cost Mental Health Visit
- 24/7 Telehealth



These benefits are easy to use – scan this code with your phone’s camera and follow the link to learn more!

*Established Prescription List

	Peak PPO Gold	Peak PPO/Rocky Mountain Gold Standard	Peak PPO Silver	Peak PPO/Rocky Mountain Silver Standard	Peak PPO/Rocky Mountain Bronze Standard	Peak PPO Bronze HDHP	Peak PPO Catastrophic	Plus Gold	Plus Silver Standard	Plus Bronze	Plus Bronze Standard
Individual Deductible	\$1,500	\$2,000	\$8,000	\$6,000	\$7,500	\$8,400	\$10,600	\$1,500	\$6,000	\$9,000	\$7,500
OOP Max, Individual	\$7,000	\$8,200	\$10,500	\$8,900	\$10,000	\$8,400	\$10,600	\$7,000	\$8,900	\$10,500	\$10,000
Family Deductible	\$3,000	\$4,000	\$16,000	\$12,000	\$15,000	\$16,800	\$21,200	\$3,000	\$12,000	\$18,000	\$15,000
OOP Max, Family	\$14,000	\$16,400	\$21,000	\$17,800	\$20,000	\$16,800	\$21,200	\$14,000	\$17,800	\$21,000	\$20,000
Co-insurance	30%	25%	40%	40%	50%	0%	0%	30%	40%	50%	50%
OON Ded, Individual	\$21,000	\$21,000	\$21,000	\$21,000	\$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	\$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	\$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	\$73,600	\$73,600	\$73,600	\$73,600
OON Coinsurance	50%	45%	50%	50%	50%	20%	20%	50%	50%	50%	50%
PCP Office Visit	\$30	\$30	\$40	\$40	\$50	0% AD	0% AD (3 visits before deductible)	\$5	\$40	\$10	\$50
PCP Office Visit, Tier 2	NA	NA	NA	NA	NA	NA	NA	\$30	NA	\$50	NA
Mental Health Office Visit	\$30 (First visit \$0)	\$30	\$40 (First visit \$0)	\$40	\$50 (First visit \$0)	0% AD	0% AD (3 visits before deductible)	\$5 (First visit \$0)	\$40	\$10 (First visit \$0)	\$50
Mental Health Office Visit, Tier 2	NA	NA	NA	NA	NA	NA	NA	\$30	NA	\$50	NA
Specialist	\$50	\$60	\$75	\$80	\$100	0% AD	0% AD	\$50	\$80	\$100	\$100
Emergency Room	40% AD	25% AD	50% AD	40% AD	50% AD	0% AD	0% AD	40% AD	40% AD	50% AD	50% AD
Urgent Care	\$75	\$45	\$110	\$60	\$75	0% AD	0% AD	\$75	\$60	\$120	\$75
Pharmacy, Tier 1 (Generic)	\$5	\$15	\$10	\$20	\$25	0% AD	0% AD	\$5	\$20	\$10	\$25
Pharmacy, Tier 2 (Pref. Brand)	\$45	\$30	\$65	\$40	\$50 AD	0% AD	0% AD	\$45	\$40	0% AD	\$50 AD
Pharmacy, Tier 3 (Non-Pref)	\$200	\$60	\$250	\$80 AD	\$100 AD	0% AD	0% AD	\$200	\$80 AD	0% AD	\$100 AD
Pharmacy, Tier 4 (Specialty)	\$250	\$250	\$300	\$350 AD	\$500 AD	0% AD	0% AD	\$250	\$350 AD	0% AD	\$500 AD



2026 Montana Small Group Plans

Your Signature Benefits

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

- Dental & Vision Exam Rewards
- Hundreds of Medications for \$0 Out-of-Pocket*
- No-cost Mental Health Visit
- 24/7 Telehealth



These benefits are easy to use – scan this code with your phone’s camera and follow the link to learn more!

*Established Prescription List

	PLUS GOLD	PLUS GOLD HDHP	PLUS SILVER	PLUS SILVER HDHP	PLUS BRONZE	PLUS BRONZE HDHP	PEAK PPO/ROCKY MOUNTAIN GOLD	PEAK PPO/ROCKY MOUNTAIN GOLD HDHP	PEAK PPO/ROCKY MOUNTAIN SILVER	PEAK PPO/ROCKY MOUNTAIN SILVER HDHP	PEAK PPO/ROCKY MOUNTAIN BRONZE	PEAK PPO/ROCKY MOUNTAIN BRONZE HDHP
Individual Deductible	\$1,500	\$4,000	\$7,000	\$6,500	\$9,000	\$8,400	\$1,500	\$4,000	\$7,000	\$6,500	\$9,000	\$8,400
OOP Max, Individual	\$7,000	\$4,000	\$9,000	\$6,500	\$10,500	\$8,400	\$7,000	\$4,000	\$9,000	\$6,500	\$10,500	\$8,400
Family Deductible	\$3,000	\$8,000	\$14,000	\$13,000	\$18,000	\$16,800	\$3,000	\$8,000	\$14,000	\$13,000	\$18,000	\$16,800
OOP Max, Family	\$14,000	\$8,000	\$18,000	\$13,000	\$21,000	\$16,800	\$14,000	\$8,000	\$18,000	\$13,000	\$21,000	\$16,800
Co-insurance	30%	0%	40%	0%	50%	0%	30%	0%	40%	0%	50%	0%
OON Ded, Individual	\$21,000	\$21,000	\$21,000	\$21,000	\$21,000	\$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	\$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	\$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	\$73,600	\$73,600	\$73,600	\$73,600	\$73,600
OON Coinsurance	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%
PCP Office Visit	\$5	0% AD	\$10	0% AD	\$10	0% AD	\$30	0% AD	\$40	0% AD	\$50	0% AD
PCP Office Visit, Tier 2	\$30	0% AD	\$40	0% AD	\$50	0% AD	NA	0% AD	NA	NA	NA	NA
Mental Health Office Visit	\$5 (First visit \$0)	0% AD	\$10 (First visit \$0)	0% AD	\$10 (First visit \$0)	0% AD	\$30 (First visit \$0)	0% AD	\$40 (First visit \$0)	0% AD	\$50 (First visit \$0)	0% AD
Mental Health Office Visit, Tier 2	\$30	0% AD	\$40	0% AD	\$50	0% AD	NA	N/A	NA	NA	NA	NA
Specialist	\$50	0% AD	\$75	0% AD	\$100	0% AD	\$50	0% AD	\$75	0% AD	\$100	0% AD
Emergency Room	40% AD	0% AD	50% AD	0% AD	50% AD	0% AD	40% AD	0% AD	50% AD	0% AD	50% AD	0% AD
Urgent Care	\$75	0% AD	\$110	0% AD	\$120	0% AD	\$75	0% AD	\$110	0% AD	\$120	0% AD
Pharmacy, Tier 1 (Generic)	\$5	0% AD	\$10	0% AD	\$10	0% AD	\$5	0% AD	\$10	0% AD	\$10	0% AD
Pharmacy, Tier 2 (Pref. Brand)	\$45	0% AD	\$65	0% AD	0% AD	0% AD	\$45	0% AD	\$65	0% AD	0% AD	0% AD
Pharmacy, Tier 3 (Non-Pref)	\$200	0% AD	\$250	0% AD	0% AD	0% AD	\$200	0% AD	\$250	0% AD	0% AD	0% AD
Pharmacy, Tier 4 (Specialty)	\$250	0% AD	\$300	0% AD	0% AD	0% AD	\$250	0% AD	\$300	0% AD	0% AD	0% AD