BlueCross BlueShield of Montana

PY2025 Individual & Family Markets

Open Enrollment

October 23, 2025

What’s New for 2026?

PY2026 OPX, HDHP, HSA Limits

The new out-of-pocket amounts, HDHP minimum deductibles and HSA contribution limits take effect **January 1, 2026**

	2025 Individual Coverage	2026 Individual Coverage	2025 Family Coverage	2026 Family Coverage
ACA OPX Base Variant	$9,200	$10,600	$18,400	$21,200
ACA OPX 73% Cost Sharing	$7,350	$8,450	$14,700	$16,900
ACA OPX 87% & 94% Cost Sharing	$3,050	$3,500	$6,100	$7,000
HDHP OPX	$8,300	$8,500	$16,600	$17,000
HDHP Minimum Deductible	$1,650	$1,700	$3,300	$3,400
HSA Contribution Limits	$4,300	$4,400	$8,550	$8,750

ACA OPX limits apply in the HDHP context to individuals within a family plan (with an aggregate OPX)
The out-of-pocket maximum does not include zero cost sharing plans for eligible Native Americans.

PY2026 Standardized Plans Overview

As with PY2025, CMS requires QHP issuers in the federally facilitated exchange and state-based exchange that use the federal platform to offer standardized plans.

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

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.

PY2026 Standardized Plans Overview

PY2026 Standardized Plans Benefit Designs (for all FFE and SBE-FP issuers, excluding issuers in Delaware, Louisiana, and Oregon).

Standardized Plans	ON or OFF Exchange	Deductible	OPX**	Co-Insurance	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Urgent Care Visit	Generic (Tier 1)	Brand: Preferred (Tier 2)	Brand: Non-Preferred (Tier 3)	Specialty (Tier 4)
Expanded Bronze	Both	$7,500	$10,000	50%	$50	$100	$50	$75	$25	$50*	$100*	$500*
Silver (70% Actuarial Value [AV])	Both	$6,000	$8,900	60%	$40	$80	$40	$60	$20	$40	$80*	$350*
Silver (73% AV‡)	Both	$3,000	$7,400	60%	$40	$80	$40	$60	$20	$40	$80*	$350*
Silver (87% AV‡)	Both	$700	$3,300	70%	$20	$50	$20	$30	$10	$20	$60*	$250*
Silver (94% AV‡)	Both	$0	$2,200	75%	$0	$10	$0	$5	$0	$15	$50	$150
Gold	Both	$2,000	$8,200	75%	$30	$60	$30	$45	$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.

Qualified Health Plans

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

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

*Costs for non-subsidized plans

2026 Montana IFM Key Product Setup Summary

	Blue Choice Preferred PPO	Blue Focus POS
Are members required to select a PCP?	No	No
Is a referral needed to see a specialist?	No	No
Do members have Out-of-Network benefits?	Yes	Yes
Is virtual care through MDLIVE available?	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSMT is required to access non-emergency or non-urgent care outside the plan's service area.	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSMT is required to access non-emergency or non-urgent care outside the plan's service area.
Are members able to receive care for emergent and urgent services outside of MT?	Yes	Yes

2026 On- and Off-Exchange Plans

Network: Blue Preferred PPO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Security PPO℠ 200‡	Both	$10,600	$10,600	0%	$20	DC	DC	$20	DC	0%
Blue Preferred Bronze PPO 201‡	Both	$6,000	$10,600	50%	$35	DC	DC	$35	$55	0% / 10% / 20% / 35% / 45% / 50%
Blue Preferred Bronze PPO 202‡	Both	$4,400	$8,300	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 301	Off only	$9,950	$9,950	0%	0%	DC	DC	DC	DC	0%
Blue Preferred Bronze PPO 302‡	Off only	$5,200	$10,400	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO Standard	**Both**	**$7,500**	**$10,000**	**50%**	**$50**	**$100**	**$50**	**$50**	**$75**	**$25 / $50* / $100* / $500***
Blue Preferred Silver PPO 203	Both	$5,500	$10,600	50%	$40	$65	$40	$40	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO 306	Off Only	$2,500	$9,100	50%	$25	DC	DC	$25	DC	$5 / $15 / $50 / $100 / $250 / $350
Blue Preferred Silver PPO 308	Both	$7,250	$7,250	0%	0%	DC	DC	DC	DC	$10 / $15 / $50 / $100 / $250 / $500
Blue Preferred Silver PPO Standard	**Both**	**$6,000**	**$8,900**	**40%**	**$40**	**$80**	**$40**	**$40**	**$60**	**$20 / $40 / $80* / $350***
Blue Preferred Gold PPO℠ 204	Both	$2,300	$9,950	30%	$20	DC	DC	$20	$60	$5 / $10 / $50 / $100 / $250 / $350
Blue Preferred Gold PPO Standard	**Both**	**$2,000**	**$8,200**	**25%**	**$30**	**$60**	**$30**	**$30**	**$45**	**$15 / $30 / $60 / $250**
Blue Preferred Gold PPO 901	Both	$1,400	$9,200	30%	$0	$40	$0	$0	$60	$0 / $5/ 70%/ 65%/ 55% /50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs
‡ HDHP and HSA compatible plan
Listed Drug 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: *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

2026 On- and Off-Exchange Plans

Network: Blue Focus POS

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Focus Bronze POS℠ 205‡	Both	$3,500	$9,950	50%	$5	DC	DC	$5	$60	0% / 10% / 20% / 35% / 45% / 50%
Blue Focus Bronze POS℠ 302‡	Off Only	$5,200	$8,300	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Focus Bronze POS℠ 705‡	Both	$10,600	$10,600	0%	0%	DC	DC	NA	DC	0%
Blue Focus Bronze POS℠ Standard	**Both**	**$7,500**	**$10,000**	**50%**	**$50**	**$100**	**$50**	**$50**	**$75**	**$25 / $50* / $100* / $500***
Blue Focus Silver POS℠ 206	Both	$3,500	$8,900	40%	$30	$45	$30	$30	$45	0% / 10% / 20% / 30%/ 40% / $50%
Blue Focus Silver POS℠ 306	Off Only	$3,000	$8,200	50%	$25	DC	DC	$25	$40	$5 / $15 / $50 / $100 / $250 / $350
Blue Focus Silver POS℠ Standard	**Both**	**$6,000**	**$8,900**	**40%**	**$40**	**DC**	**DC**	**$40**	**DC**	**$20 / $40 / $80* / $350***
Blue Focus Silver POS℠ 903	Both	$7,250	$7,250	0%	DC	$80	$40	DC	$60	$10 / $15 / $50 / $100 / $250 / $500
Blue Focus Gold POS℠ 207	Both	$500	$8,900	40%	20%	DC	DC	DC	DC	10% / 20% / 30% / 35% / 45% / 50%
Blue Focus Gold POS℠ Standard	**Both**	**$2,000**	**$8,200**	**25%**	**$30**	**$60**	**$30**	**$30**	**$45**	**$15 / $30 / $60 / $250**
Blue Focus Gold POS℠ 902	Both	$1,000	$8,500	30%	$10	$40	$10	$10	$60	$0 / $5/ 70%/ 65%/ 55% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs
‡ HDHP and HSA compatible plan
Listed Drug 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: *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

Health Insurance for American Indians

Health insurance does not replace Indian health care; it supports it.

- Get care when you need it, throughout the year
- Access to a wider network of doctors and hospitals for specialized care
- Keep up with important preventive health screenings to help stay healthy

Health Insurance for American Indians

Learn how insurance can help you, your family and your community.

How can insurance help you stay in control of your health?

- If you have diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions.
- If you have an unexpected illness or injury, health insurance can help pay for urgent treatment and limit your medical expenses.
- Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.
- Your Indian health care provider can bill your insurance for the care you receive. When your provider is paid by the insurance company, not Indian Health Services, more money is left in the tribal health system to help your community.
- **Health insurance does not replace Indian health care — it supports it.**

What does health insurance cover?

Health insurance covers certain benefits considered essential to good health including:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse
- Preventive/wellness care covered at no cost to you, including well-woman and well-child visits, vaccines and screenings for cancer, high blood pressure, diabetes, depression, and other important services to help you stay healthy
- Pediatric services, including vision and dental care for children up to 19

How can American Indians get help to pay for health insurance?

The Health Insurance Marketplace (healthcare.gov) gives American Indians special help to sign up and buy insurance. Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace. Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost-sharing plans. These plans cover doctor visits, medicine and more for little to no cost.

***NOTE:** To get zero or limited cost-sharing plans, you need to apply through the Marketplace.*

bcbsmt.com

QHP Pediatric Vision

Pediatric Vision Coverage

Pediatric vision coverage is a benefit that provides eye care for children. It ensures children up to 19 have access to essential vision care, which is crucial for their development.

- 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
- Pediatric Vision isn’t a separate plan but is embedded in medical coverage

QHP (Pediatric) Vision: Highlights

- $0 copay for eye exam with dilation
- Up to $39 for retinal imaging
- $150 allowance for frames, with 20% off balance over $150
- $0 copay for some lenses — single, bifocal, trifocal and lenticular
- Other progressive lenses have varying copays
- $0 copay for medically necessary contact lenses
- Benefit frequency is once every 12 months

Dental Qualified Health Plans

Dental care for the whole family: 4 family dental plans & 2 pediatric dental plans

- All plans offer coverage for basic preventive services
- Plans also offer coverage for other dental procedures, including oral surgery, extractions, restorative work, and more
- We offer a range of monthly rates to fit your clients' budgets
- BlueCare Dental℠ 1D plan features the lowest rates

2026 Dental QHPs: Overview

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

- 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 for adults; unlimited annual max on BlueCare Dental 4 Kids℠ 1A

BlueCare Dental 1B & BlueCare Dental 4 Kids 1B features:

- Lower monthly premium (compared to 1A plans)
- 100% 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 for adults; unlimited annual max on BlueCare Dental 4 Kids 1B

BlueCare Dental 1C features:

- Lower monthly premium (compared to 1A & 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 for adults

BlueCare Dental 1D features:

- Lowest monthly premium (compared to 1A, 1B, & 1C plans)
- 100% coverage on most preventive services provided by in-network dentists
- $50 deductible for many services
- Savings on procedures up to the annual $1,000 max for adults

2026 Dental QHPs: Benefits

Benefits[2]	BlueCare Dental 1A[3]	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B[3]	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C	BlueCare Dental 1D
Individual Deductible (family deductible = 3x individual)	$25	$25	$50	$50	$50	$50
Annual Maximum	$1,500[4]	N/A	$1,000[4]	N/A	$1,000[4]	$1,000[4]
Diagnostic Evaluations	0%[5]	0%[5]	0%[5]	20%[5]	20%[5]	0%[5]
Preventive	0%[5]	0%[5]	0%[5]	20%[5]	20%[5]	0%[5]
Diagnostic Radiographs	0%[5]	0%[5]	0%[5]	20%[5]	20%[5]	0%[5]
Miscellaneous Preventive Services	20%	20%	0%[5]	20%[5]	20%[5]	0%[5]
Basic Restorative	20%	20%	40%	50%	50%[6]	50%[6]
Non-Surgical Extractions	20%	20%	40%	50%	50%[6]	50%[6]
Non-Surgical Periodontal	20%	20%	40%	50%	50%[6]	50%[6]
Endodontics	20%	20%	50%	50%	50%[6]	N/A
Oral Surgery	20%	20%	50%	50%	50%[6]	N/A
Surgical Periodontal	20%[7]	20%	50%[7]	50%	50%[7]	N/A
Major Restorative	50%[7]	50%	50%[7]	50%	50%[7]	N/A
Prosthodontics	50%[7]	50%	50%[7]	50%	50%[7]	N/A
Misc. Restor. & Prosthodontics Services	50%[7]	50%	50%[7]	50%	50%[7]	N/A
Orthodontics[8] (up to age 19)	50%[5]	50%[5]	50%[5]	50%[5]	50%[5]	N/A
Out-of-Pocket Maximum (no out-of-pocket maximums for adults)	Applies to Pediatric Plans Only $450 for 1 child // $900 for 2+ children					

1. This does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. 2. In-network coverage. 3. If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under age 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19. 4. Annual maximum does not apply to members up to age 19. 5. Deductible is waived. 6. Six month waiting period from date of purchase applies before any services are allowed. 7. Twelve month waiting period from date of purchase applies before any services are allowed. 8. Unlimited maximum for medically necessary orthodontia for members up to age 19.

Key Provider Networks for IFM Market

All in on day 1 of the ACA for 13 years in 56 counties

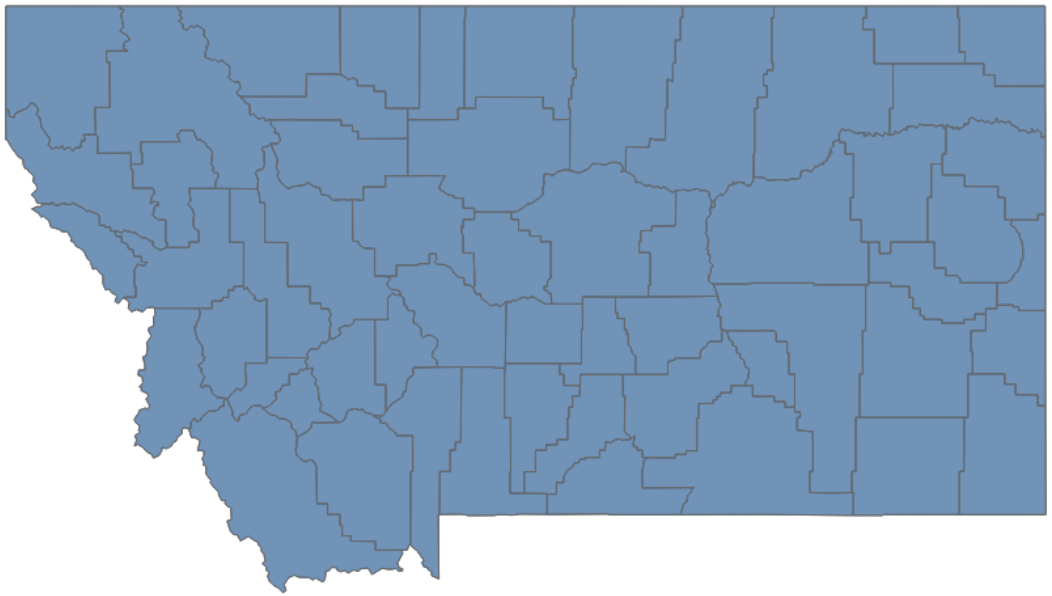
We're not going anywhere, and we're not standing still

- BCBSMT has been continuously serving Montana communities for **over 85 years**
- We offer both a statewide PPO and a city-focused POS network
- We have nearly **100%** of Montana's hospitals in our PPO network

BCBSMT Provider Networks Overview

Blue Preferred PPO

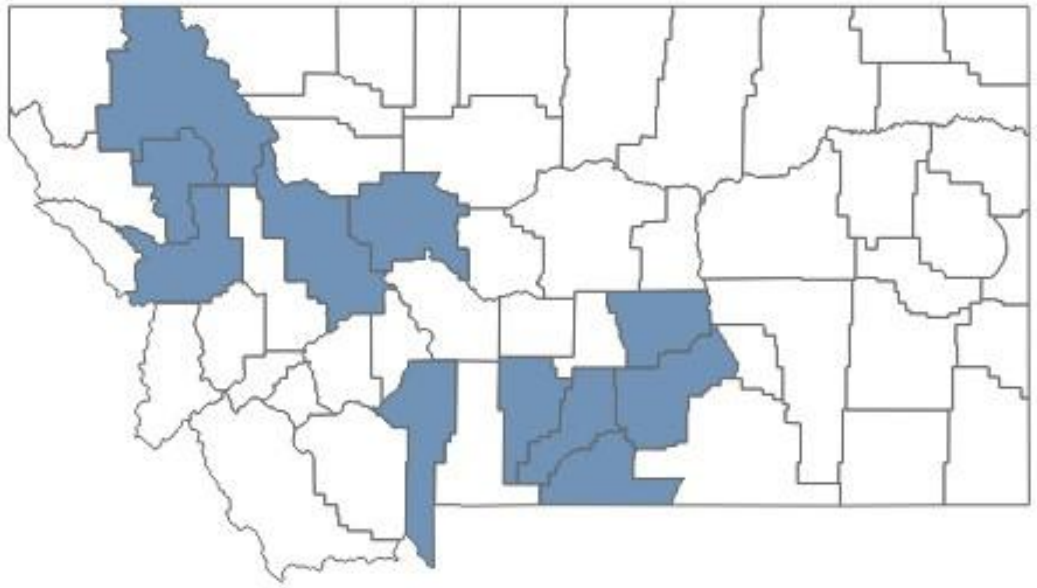
- Existing statewide network in all 56 counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze, Catastrophic



Approximately
64 hospitals and 12,905 providers

Blue Focus POS

- Existing network in Carbon, Cascade, Flathead, Gallatin, Lake, Lewis and Clark, Missoula, Musselshell, Stillwater, Sweet Grass, and Yellowstone counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze



Approximately
16 hospitals and 6,889 providers

Source: Network status and statistics as of 6/18/2025. Hospitals: General Acute and Critical Access Hospitals; Providers: PCPs and Specialists. Providers counted on unique NPI.

Blue Focus POS In-Network Hospitals

Market	Blue Focus POS Network
Carbon County	Beartooth Billings Clinic
Cascade County	Benefis Health System
Flathead County	Logan Health
Gallatin County	Bozeman Health and Big Sky Medical Center
Lake County	St. Luke Hospital
Lewis and Clark County	St. Peter's Health
Missoula County	Community Medical Center
Musselshell County	Roundup Memorial
Park County	Livingston Health
Stillwater County	Stillwater Billings Clinic
Sweet Grass County	Pioneer Medical Center
Yellowstone County	Billings Clinic Hospital

Reminder: A majority of Montana hospitals are in-network for Blue Preferred PPO with the exception of St. James Hospital

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 6/17/25. Health system participation subject to change.

Source: BCBSMT Provider Network Management

BlueCross BlueShield of Montana

Prescription and Pharmacy

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

Pharmacy Networks

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

1. IN-NETWORK: ***Value Pharmacies***. Lower copay/coinsurance at an in-network Value Pharmacy vs. using an in-network Participating Pharmacy
2. IN-NETWORK: ***Participating Pharmacies***. Member cost share may be higher when using a Participating Pharmacy versus using a Value Pharmacy
3. OUT-OF-NETWORK 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 from a mail order pharmacy
- Members can get up to a 30-day supply of medication from a Participating Pharmacy
- 90-day supplies are 3x the 30-day retail copay

Value Pharmacies in Montana
Albertsons/Safeway
Walgreens
Walmart
Sam's Club
Select Independent Pharmacies

- Pharmacies in the Value Network are subject to change
- Select Independent Pharmacies may be included in the Value Pharmacy Network

99.4% of members have access to at least 1 pharmacy within 2 miles*

* Based on BCBSMT Health Insurance Marketplace membership Q1 2025

Montana Out-of-Network Pharmacies

- Member out-of-pocket costs are highest when using OON pharmacies
- A 50% penalty applies for plans that allow OON benefits
- If applicable, members that fill prescriptions at OON pharmacies may pay full amount, then submit claims for eligible reimbursement

90-day Supply Options

90-Day Supply Providers
• Value Pharmacies • Mail Order via Express Scripts® Pharmacy • Mail Order via Ridgeway Pharmacy

Adherence increases by 7–10% when prescriptions are filled for 90 days compared to 30 days*

Ridgeway Pharmacy is an independent company that has contracted with Blue Cross and Blue Shield of Montana to provide Pharmacy Benefit Management for members with coverage through BCBSMT.

BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Montana. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

*Hermes M, Gleason PP, Starner CI, "Adherence to chronic medication therapy associated with 90-day supplies compared to 30-day supplies," Presented at Academy of Managed Care Pharmacy, Abstract in J Manag Care Pharm, 2010;16:141-142

Drug List Tier Designs

- Standardized plans prescribed by CMS must have 4 drug tiers
- Non-standardized plans - we offer 6 drug tiers
- Regardless of the number of tiers, the lists have similar drugs in them for each market
- 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

Offered with Non-Standardized plans

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

Offered with Standardized plans

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

Biosimilars

- A biosimilar is a biologic product that is highly similar to its reference drug and has no clinically meaningful difference.
- Biosimilars are an active part of our cost management strategy for our members.

Reference Drug	Biosimilar
Lantus	Glargine-yfgn, Semglee
Stelara	Selarsdi, Steqeyma, Yesintek
Humira	Adalimumab-adaz, Adalimumab-aaty, Hadlima, Simlandi
Actemra	Tyenne

***Prices for biosimilars are typically 15% to 35% lower than their reference drug**

Feng K, Russo M, Maini L, Kesselheim AS, Rome BN. Patient Out-of-Pocket Costs for Biologic Drugs After Biosimilar Competition. JAMA Health Forum. 2024 Mar 1;5(3):e235429. doi: 10.1001/jamahealthforum.2023.5429. PMID: 38551589; PMCID: PMC10980968.

$0 Emergency Use Medications

Select acute Emergency Use Medications* have no cost ($0) to the member

Why? These medications are typically used for emergency use or life-saving situations. Removing cost barriers improves access and helps ensure supply is on hand before it is needed. Ultimately improving clinical outcomes, member satisfaction and benefit experience.

Where? Applies at in-network pharmacies, including both preferred and non-preferred pharmacies.

What do members need to do? Members present their script and insurance card to a participating pharmacy and applicable emergency medications will process w/ $0 member share. Deductible waived where applicable.

What drug categories?

- Severe allergic reactions
- Hypoglycemia
- Opioid overdoses
- Nitrates

Product Examples
• Epinephrine • Glucagon • Naloxone / Narcan • Nitroglycerin

Exclusions:

- Health Savings Account eligible plans
- Out of network pharmacies
- Non preferred brand products

[Zero-Dollar Emergency-Use Medications Flyer]

* HSA eligible plans are excluded from the Emergency Use Medications benefit

High-Deductible Health Plans - $0 HSA Preventive Drug Program*

Designed for use with Health Savings Account eligible plans

Select medications that can be used for preventive purposes have no-cost ($0) to the member. Deductible is waived.

What plans? Select Montana HSA eligible plans

- Blue Preferred Bronze PPO 202
- Blue Preferred Bronze PPO 302
- Blue Focus Bronze POS 302

When? Effective January 1st, 2026

Why? Removing cost share barriers to frequently used maintenance preventive medications to improve:

- Member satisfaction / benefit experience
- Medication adherence
- Clinical outcomes

What do members need to do? Members can see if their medication is listed on the HSA Preventive Drug Program list and present their script and insurance card to a participating pharmacy. Applicable medications will process with $0 member share.

Preventive Drug Program Categories
• Anti-coagulants/anti-platelets • Depression • Diabetes medications • Diabetic supplies • High blood pressure • High cholesterol orals • Osteoporosis • Respiratory

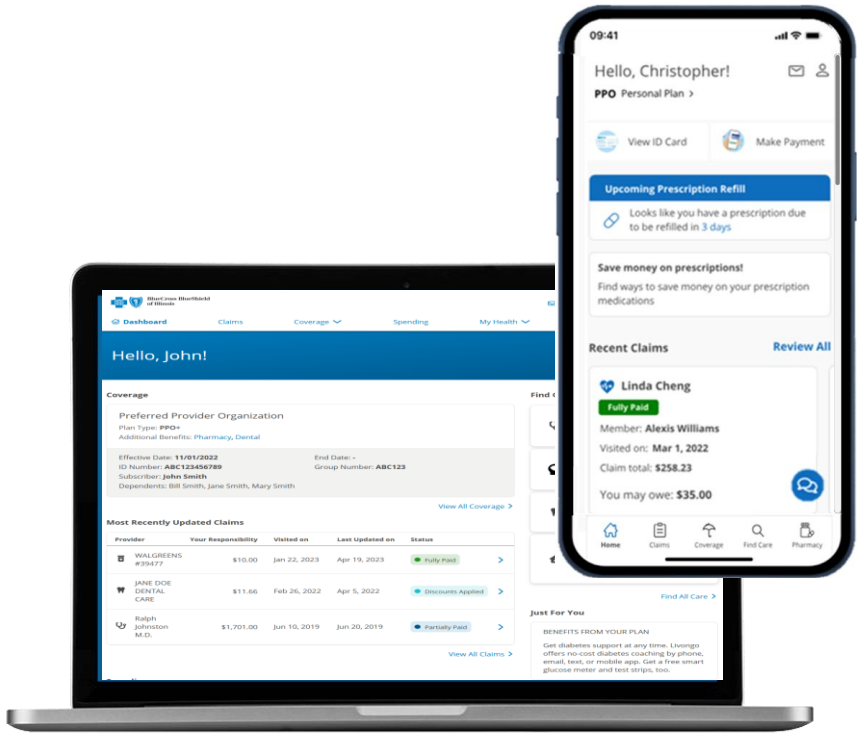
*Only available in MT

If medications are not used for preventive purposes, they could be subject to deductible and applicable member cost share

Rx Digital Tools Key Features

Either on the BCBSMT App or Blue Access for Members, members can take control of their care by managing their medical, pharmacy, and ancillary benefits all in one place

- Find in-network medical providers
- Locate nearby in-network pharmacies
- Share their member ID with their providers
- Check coverage and view claims status and history
- Access information about prescription drugs, including medication details, lower cost options, pre-approvals and refills
- Compare drug costs at different pharmacies
- Get clinical review status and details
- Live Chat with a pharmacy customer service representative



BlueCross BlueShield of Montana

Value Added Benefits

MDLIVE is Dedicated to Helping Members Get Better and Stay Well

MDLIVE is a digital healthcare platform that offers reliable 24/7 health care by phone or video. Our board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists provides personalized care for hundreds of medical and mental health needs. The program is convenient for members to receive care digitally any time and any where! Physicians are available to speak with patient in English, Spanish and more (other languages available via translation services).

Urgent Care

- Cold & Flu
- Covid
- Allergies
- Earache
- Fever
- Headache
- UTI *(adult females only)*
- Insect Bites
- Nausea
- Pink eye
- Yeast Infections
- Sore Throat

And More…

Virtual Primary Care

MDLIVE can act as your PCP and be responsible for coordinating members' care

Behavioral Health

Members have access to a licensed Behavioral Therapist that provides care for those in need of mental health support.

Dermatology

Members have access to dermatologist providers who can assist them with any skin related issue

NEW for 2026:

- MDLIVE offers asynchronous Urgent Care, allowing members to receive medical advice without a formal appointment by submitting photos

Get a Case Manager with Member Benefits

Your members health plan offers Health Management programs to address your medical and behavioral needs. These programs aim to help:

- Keep them healthy
- Manage their emerging health risks
- Assist with their safety and health outcomes
- Manage their chronic illness, if they have one

For details on the Health Management Programs available to you and how to enroll:

- Log in to Blue Access for Members at bcbsmt.com, go to the “My Coverage” tab, and click on “Member Resources”

As our valued Blue Cross and Blue Shield of Montana member, we want to help you use your benefits wisely. Scan the QR codes below and explore resources that will help explain your benefits and how to best use them.

App Tracker

Visit this site to stay up to date on your health care application.

What to Expect and When

Learn how to use your benefits and more.

After your plan starts, you can scan these codes to easily access resources and make the most of your coverage.

Blue Access for Members℠

Access your plan information all in one place, wherever you are.

BCBSMT App

Secure access to all of your important health care updates on the go.

Blue365®

Save money and take advantage of exclusive deals with your membership.

Help Center

All the information you need to understand your benefits and get answers to your questions.

MDLIVE®

Online platform that offers reliable 24/7 health care by phone or video.

Payment Portal

Log in to pay or choose another way to pay your monthly bill.

Provider Finder® — Dental

Search for dentists, and other dental providers that can help you with routine dental care.

Provider Finder — Doctors & Hospitals

Find providers who will help you with routine health care.

Provider Finder — Guest Log In

Quickly locate in-network providers in guest mode.

Provider Finder — Pharmacy

Find a pharmacy network to use your prescription and pharmacy benefits.

Provider Finder — Vision

Search for vision care providers.

Where to Go for Care

A handy guide that shows your in-network options for that pesky cold or broken bone.

Thank you!
Any questions?