



SMALL GROUP 1-50 EMPLOYEES

2022 Small Group Plans

More Value. More Choice.

2022 Small Group Plans

The 2022 Blue Cross and Blue Shield of Montana (BCBSMT) Small Group Portfolio is available from January 1 until December 31, 2022. All our plans offer features and benefits designed with members' health and wellbeing in mind. We're making access to care even easier with more digital options for medical visits and wellness programs. **Here are the highlights of our 2022 Small Group portfolio.**

New in 2022

Blue Focus POSSM Expansion

Blue Focus POS is big news in 2022. Our Point of Service (POS) plans offer richer benefits at lower premiums, when compared to our traditional PPO plans. And, our growing network means Blue Focus POS is now available in three more Montana Counties: Cascade, Gallatin, and Lewis and Clark. Talk with your sales representative today to learn how Blue Focus POS can help your groups save money and offer employees more options to fit their lifestyles and budgets.

Mental Health

We have a strong commitment to the health of our members, and mental health is an important part of our approach. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every small group plan.

Beginning in 2022, **Digital Mental Health** by Learn to Live will also be included at no extra cost with each new or renewing small group plan. Members can use Blue Access for MembersSM (BAMSM) to easily access private, online programs to help keep their mental health on track through:

- **Support** – an online assessment helps members pinpoint helpful programs.
- **Quick, easy online lessons** – give members access to proven therapy-based techniques.
- **Expert coaches** – to guide and inspire members to reach their goals.
- **Privacy** – personal results, programs and messages are always private.

Their Trusted Benefits and Services Are Here to Stay

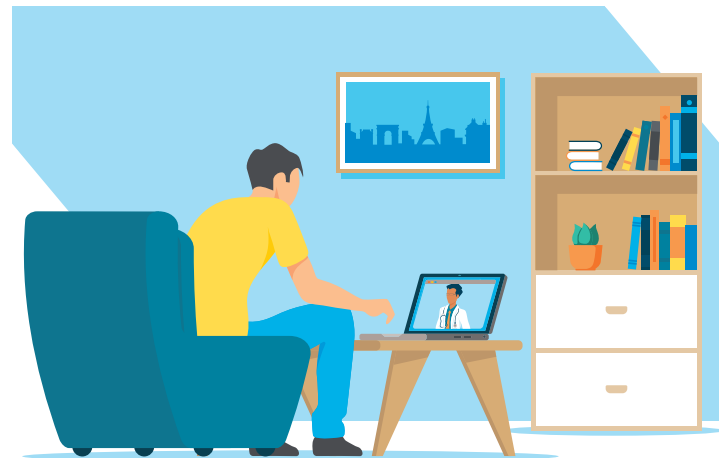
Virtual Visits/Telemedicine

The Doctor Is in – Your Phone or Computer

Convenient, safe access to health care has never been more important. That's why we make care available through our in-network telemedicine providers or through Virtual Visits powered by MDLIVE®. We're making it easy for members to prioritize their health. They can save time and money and get the care they need wherever they are.

What's Telemedicine?

Telemedicine is a kind of health care delivery that lets members consult with their own doctors by telephone or secure video. Their in-network, BCBSMT doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor's office. Doctors can even send an e-prescription to the member's pharmacy of choice.



What are Virtual Visits?

Virtual Visits provide 24/7 access to consultations with board-certified doctors from virtually anywhere. This is helpful when the member's BCBSMT provider is closed, or when the member is traveling.

Encourage members to make sure their doctors can provide consultations by phone or secure video.

	Telemedicine	Virtual Visits
Members consult with their regular BCBSMT network doctors	X	
24/7 Access		X
Doctors can send e-prescriptions to local pharmacies	X	X
Consultations are available by phone, secure video or mobile app	X	X
Includes behavioral health consultations	X	X

Wellbeing Management

Wellbeing Management delivers member-centered care management. Effective resources focus on improving employee health through:

- Health Advisors
- Advanced Analytics
- Utilization Management
- Seamless Care Management
- Digital Mental Health Programs

\$0 Copay for Preventive and Maintenance Drugs is Back in 2022

Employers can choose from select Health Savings Account (HSA) compatible plans with the \$0 member cost-share for certain preventive and maintenance drugs built right into their pharmacy benefits. This supports members' treatment plans, helps keep medical conditions under control and keeps costs low for everyone.

Boost Their Benefits with Ancillary Plans

We understand that competitive benefits are essential to helping employers attract and retain a talented workforce. That's why we've combined our medical coverage with some of the most popular ancillary benefits. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. Talk with your BCBSMT representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare DentalSM
- Life Insurance
- Short- and/or Long-Term Disability
- Accident and Critical Illness
- Vision – now available to groups of 2+

Blue Cross and Blue Shield of Montana 2022 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Pharmacy Benefits			
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	PCP-Office Visits/PCP-Telemedicine ¹	Virtual Visits (MDLIVE)	SCP-Office Visits SCP-Telemedicine ¹	Urgent Care ¹	Imaging (MRI, CT, & PET) ^{1,3}	ER Visit ^{1,4}	Inpatient ^{1,4}	Outpatient Surgery ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Preferred PPO SM	Blue Preferred Platinum PPO SM 102	P911PFR	NA	\$250/\$500	\$500/\$1,000	\$1,500/\$4,500	\$3,000/\$9,000	80%/50%	\$25/\$15	\$15	\$50	\$50	DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	
	Blue Preferred Platinum PPO SM 101	P910PFR	NA	\$750/\$1,500	\$1,500/\$3,000	\$1500/\$4500	\$3,000/\$9,000	80%/50%	\$25/\$15	\$15	\$45	\$50	DC	\$250	DC	DC	\$0/\$10/\$35/\$75/\$250/\$350	\$10/\$20/\$55/\$95/\$250/\$350	
	Blue Preferred Platinum PPO SM 103 ⁷	P6K1PFR	NA	\$500/\$1,000	\$1,000/\$2,000	\$2,500/\$7,500	\$5,000/\$9,000	80%/50%	\$10/\$10	\$10	\$40	\$50	\$150	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	
	Blue Preferred Gold PPO SM 111	G6K2PFR	NA	\$3,500/\$7,000	\$7,000/\$14,000	\$6,000/\$15,000	\$12,000/\$30,000	80%/50%	\$25/\$15	\$15	\$45	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	
	Blue Preferred Gold PPO SM 107	G931PFR	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$5,700/\$15,000	\$11,400/\$30,000	80%/50%	\$35/\$15	\$15	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	
	Blue Preferred Gold PPO SM 110	G933PFR	NA	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$15,000	\$12,000/\$30,000	80%/50%	\$35/\$15	\$15	\$65	\$50	DC	\$300	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	
	Blue Preferred Gold PPO SM 105	G930PFR	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$4,500/\$10,500	\$9,000/\$21,000	80%/50%	\$35/\$15	\$15	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	
	Blue Preferred Silver PPO SM 117	S931PFR	NA	\$3,000/\$6,000	\$6,000/\$12,000	\$5,250/\$15,750	\$10,500/\$31,500	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred Silver PPO SM 121	S6K3PFR	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$8,700/\$26,100	\$17,400/\$52,200	60%/50%	\$30/\$15	\$15	\$50	\$75	DC	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350
	Blue Preferred Silver PPO SM 120	S932PFR	NA	\$4,750/\$9,500	\$9,500/\$19,000	\$8,400/\$23,700	\$16,800/\$47,400	70%/50%	\$40/\$15	\$15	\$65	\$50	DC	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350
	Blue Preferred Bronze PPO SM 101	B6J1PFR	NA	\$8,550/\$17,100	\$17,100/\$34,200	\$8,550/\$17,100	\$17,100/\$34,200	100%/100%	\$35/\$15	\$15	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Preferred Gold PPO SM 135 ⁵	G6E1PFR	\$0/\$0	\$2,900/\$5,800	\$5,800/\$11,600	\$2,900/\$5,800	\$5,800/\$11,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Preferred Gold PPO SM 101 ⁵	G6J2PFR	\$0/\$0	\$2,900/\$5,800	\$8,700/\$17,400	\$3,500/\$10,500	\$10,500/\$31,500	90%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred Silver PPO SM 127 ⁵	S935PFR	\$0/\$0	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$18,000	\$12,000/\$36,000	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%
	Blue Preferred Silver PPO SM 101 ⁵	S6J3PFR	\$0/\$0	\$4,000/\$8,000	\$12,000/\$24,000	\$6,900/\$20,700	\$13,800/\$48,900	80%/50%	DC	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Preferred Silver PPO SM 122 ⁵	S933PFR	\$0/\$0	\$4,400/\$8,800	\$8,800/\$17,600	\$4,400/\$8,800	\$8,800/\$17,600	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Preferred Gold PPO SM 123 ⁶	G936PFR	\$475/\$475-\$600	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Preferred Silver PPO SM 136 ⁵	S6E1PFR	\$0/\$0	\$5,500/\$11,000	\$11,000/\$22,000	\$5,500/\$11,000	\$11,000/\$22,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
Blue Preferred Bronze PPO SM 134 ⁵	B902PFR	\$0/\$0	\$6,500/\$13,000	\$13,000/\$26,000	\$7,000/\$26,000	\$14,000/\$52,000	60%/50%	DC	DC	DC	DC	DC	DC	\$600	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	

General Notes:
NA = Not Applicable; NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network
All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.
All plans include prescription drug benefits. The benefit plan is based on the BCBSMT drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
When members visit a value pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-value pharmacy. Members can find a value pharmacy at myprime.com.

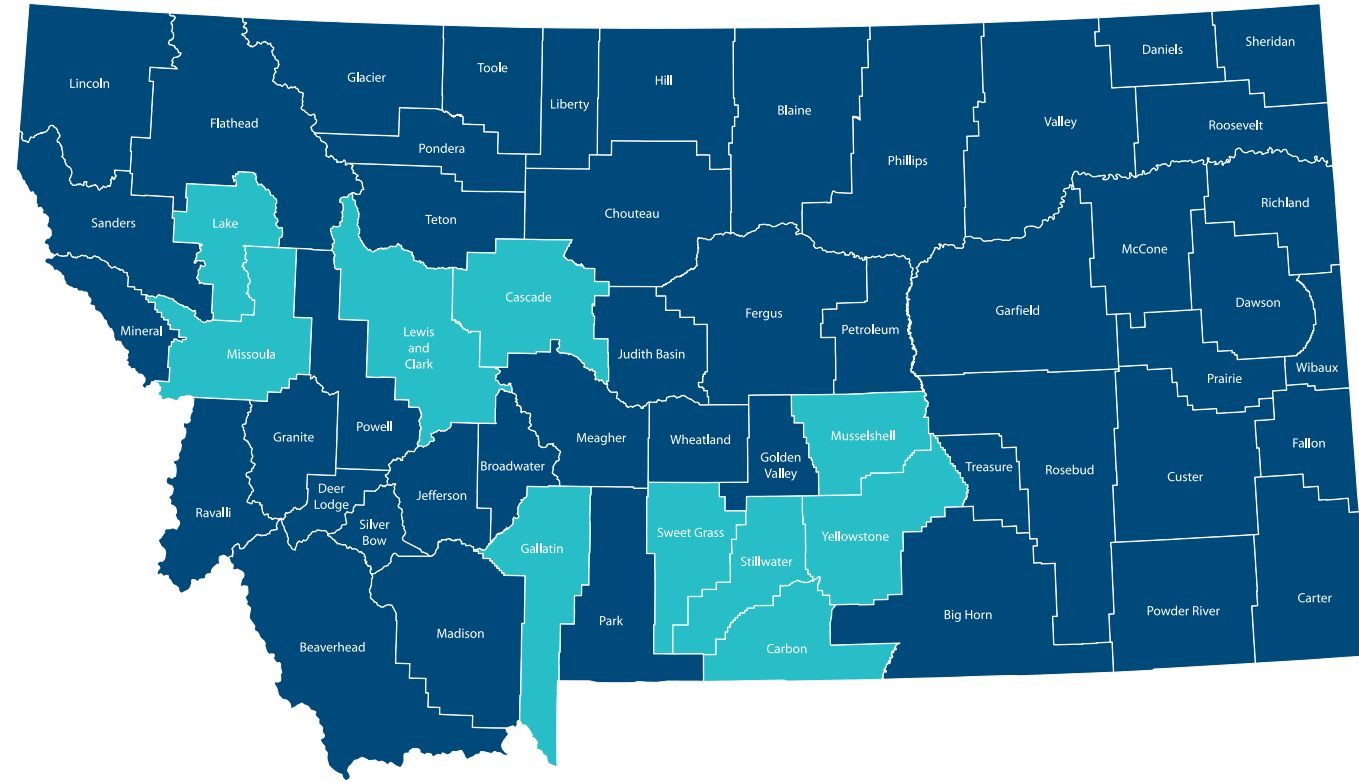
Footnotes
1. These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.
2. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.
3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
4. After the copay, the deductible and coinsurance may apply, waived if admitted. (If admitted, any charges described in inpatient Hospital Services will apply.) Please refer to your Benefit Booklet for details.
5. HSA eligible with \$0 employer funding.
6. These HSA plans have a mandatory employer contribution requirement.
7. Imaging services covered at copay and not subject to deductible and coinsurance.

Blue Cross and Blue Shield of Montana 2022 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Pharmacy Benefits			
Network	Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	PCP-Office Visits/PCP-Telemedicine ¹	Virtual Visits (MDLIVE)	SCP-Office Visits SCP-Telemedicine ¹	Urgent Care ¹	Imaging (MRI, CT, & PET) ^{1,3}	ER Visit ^{1,4}	Inpatient ^{1,4}	Outpatient Surgery ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	
Blue Focus POS SM	Blue Focus Platinum POS SM 007	P6K4BLC	NA	\$250/\$500	\$500/\$1,000	\$1,500/\$4,500	\$3,000/\$9,000	80%/50%	\$25/\$15	NC	\$50	\$50	DC	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	
	Blue Focus Platinum POS SM 006	P6E1BLC	NA	\$750/\$1,500	\$1,500/\$3,000	\$1,500/\$4,500	\$3,000/\$9,000	80%/50%	\$25/\$15	NC	\$45	\$50	DC	\$250	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	
	Blue Focus Platinum POS SM 008 ⁷	P6K1BLC	NA	\$500/\$1,000	\$1,000/\$2,000	\$2,500/\$5,000	\$5,000/\$9,000	80%/50%	\$10/\$10	NC	\$40	\$50	\$150	\$250	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	
	Blue Focus Gold POS SM 009	G6K2BLC	NA	\$3,500/\$7,000	\$7,000/\$14,000	\$6,000/\$15,000	\$12,000/\$30,000	80%/50%	\$25/\$15	NC	\$45	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	
	Blue Focus Gold POS SM 005	G6E1BLC	NA	\$1,250/\$2,500	\$2,500/\$5,000	\$7,000/\$18,750	\$14,000/\$36,000	80%/50%	\$35/\$15	NC	\$70	\$50	DC	\$250	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	
	Blue Focus Gold POS SM 007	G6E2BLC	NA	\$1,500/\$3,000	\$3,000/\$6,000	\$5,700/\$15,000	\$11,400/\$30,000	80%/50%	\$35/\$15	NC	\$65	\$50	DC	DC	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	
	Blue Focus Gold POS SM 008	G6E3BLC	NA	\$2,500/\$5,000	\$5,000/\$10,000	\$6,500/\$16,500	\$13,000/\$33,000	90%/50%	\$30/\$15	NC	\$65	\$50	DC	\$250	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	
	Blue Focus Silver POS SM 010	S6E1BLC	NA	\$3,000/\$6,000	\$6,000/\$12,000	\$5,250/\$15,750	\$10,500/\$31,500	80%/50%	DC	NC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	
	Blue Focus Silver POS SM 001	S6E3BLC	NA	\$4,750/\$9,500	\$9,500/\$19,000	\$8,400/\$23,700	\$16,800/\$47,400	70%/50%	\$40/\$15	NC	\$65	\$50	DC	DC	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	
	Blue Focus Silver POS SM 011	S6K3BLC	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$8,700/\$17,400	\$17,400/\$34,800	60%/50%	\$30/\$15	NC	\$50	\$75	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	
	Blue Focus Bronze POS SM 101	B6J1BLC	NA	\$8,550/\$17,100	\$17,100/\$34,200	\$8,550/\$17,100	\$17,100/\$34,200	100%/100%	\$35/\$15	NC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Focus Gold POS SM 101 ⁵	G6J2BLC	\$0/\$0	\$2,900/\$5,800	\$8,700/\$17,400	\$3,500/\$10,500	\$10,500/\$31,500	90%/50%	DC	NC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Focus Silver POS SM 003 ⁵	S6E2BLC	\$0/\$0	\$3,700/\$7,400	\$7,400/\$14,800	\$6,750/\$20,250	\$13,500/\$40,500	90%/50%	DC	NC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Focus Silver POS SM 101 ⁵	S6J3BLC	\$0/\$0	\$4,000/\$8,000	\$12,000/\$24,000	\$6,900/\$20,700	\$13,800/\$48,900	80%/50%	DC	NC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Focus Bronze POS SM 002 ⁵	B6E1BLC	\$0/\$0	\$7,000/\$14,000	\$14,000/\$28,000	\$7,000/\$14,000	\$14,000/\$28,000	100%/100%	DC	NC	DC	DC	DC	DC	\$600	DC	DC	100%	100%

General Notes:
 NA = Not Applicable; NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network
 All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any individual in a family contract.
 All plans include prescription drug benefits. The benefit plan is based on the BCBSMT drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
 When members visit a value pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-value pharmacy. Members can find a value pharmacy at myprime.com.

Footnotes
 1. These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.
 2. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.
 3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
 4. After the copay, the deductible and coinsurance may apply, waived if admitted. (If admitted, any charges described in inpatient Hospital Services will apply.) Please refer to your Benefit Booklet for details.
 5. HSA eligible with \$0 employer funding.
 6. These HSA plans have a mandatory employer contribution requirement.
 7. Imaging services covered at copay and not subject to deductible and coinsurance.

2022 Montana Small Group (1-50) Provider Networks by County



- Network Names**
- Blue Preferred PPO
 - Blue Preferred PPO and Blue Focus POS

The map represents counties with provider access. Please refer to individual proposal or renewal exhibit to see if the client can select products utilizing these networks.

Montana Small Group Network Offerings Comparison

Plan Name	Blue Preferred PPO	Blue Focus POS
Network/Network Name	Blue Preferred PPO (PPO)	Blue Focus POS
Type	Broad	POS HMO
Availability	1-50	1-50
Coverage	Statewide	Billings: Carbon, Musselshell, Stillwater, Sweet Grass and Yellowstone Bozeman: Gallatin Great Falls: Cascade Helena: Lewis and Clark Missoula: Lake and Missoula
Must Live/Work in Network Service Area	No	Yes
Primary Care Physician Required	No	Yes
Referral Required	No	No
OON Coverage	Yes	Yes
BlueCard®	Yes	Yes
Away From Home Care® (AFHC)	NA	NA
Blue Access for Members	Yes	Yes
Provider Finder®	Yes	Yes
Member Liability Estimator	Yes	No

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Montana. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Montana.

BCBSMT pays for hospice care at 100% for all non-HSA plans -in and -out-of-network. For HSA plans, the Hospice benefit is subject to deductible and coinsurance.

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

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical, Pharmacy, and Dental products are offered by the Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation and Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.