



**BlueCross BlueShield
of Montana**

Subject: Important Plan Changes Montana Midmarket Group 2024

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all currently available Blue Cross and Blue Shield of Montana (BCBSMT) midmarket group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSMT plans.

Your next steps:

- Find the nine-digit plan ID for your current plan(s) in the “Current Health Plans” section of your renewal exhibit
- Use that nine-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your plan(s) at renewal, nothing else is needed. The coverage provided by your plan(s) will continue with no interruption. If you would like to change your plan(s), or have questions about the changes to your plan, contact your broker or call us. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Montana

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2024 Standard Plans (51+)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

Blue Choice HSA 006; MMBCH0063

The below changes are effective 1/1/2024 through 12/31/2024

- Your plan ID will change to MMBCH0064.
- Your in-network individual Deductible will change to \$3,200 from \$3,100.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,200.
- Your in-network family Deductible will change to \$6,400 from \$6,200.
- Your out-of-network family Deductible will change to \$12,800 from \$12,400.

Blue Choice HSA 006; MMBCH0061

The below changes are effective 1/1/2023 through 12/31/2023

- Your plan ID will change to MMBCH0063.
- Your in-network individual Deductible will change to \$3,100 from \$2,900.
- Your out-of-network individual Deductible will change to \$6,200 from \$5,800.
- Your in-network family Deductible will change to \$6,200 from \$5,800.
- Your out-of-network family Deductible will change to \$12,400 from \$11,600.

Blue Choice HSA 007; MMBCH0073

The below changes are effective 1/1/2024 through 12/31/2024

- Your plan ID will change to MMBCH0074.
- Your in-network individual Deductible will change to \$3,200 from \$3,100.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,200.
- Your in-network family Deductible will change to \$6,400 from \$6,200.
- Your out-of-network family Deductible will change to \$12,800 from \$12,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100.
- Your out-of-network individual Out-of-Pocket Maximum will change \$6,400 from \$6,200
- Your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,200.
- Your out-of-network family Out-of-Pocket Maximum will change to \$12,800 from \$12,400.

Blue Choice HSA 007; MMBCH0071

- Your plan ID will change to MMBCH0073.
- Your in-network individual Deductible will change to \$3,100 from \$3,000.
- Your out-of-network individual Deductible will change to \$6,200 from \$6,000.
- Your in-network family Deductible will change to \$6,200 from \$6,000.
- Your out-of-network family Deductible will change to \$12,400 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$3,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,200 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$6,000.
- Your out-of-network family Out-of-Pocket Maximum will change to \$12,400 from \$12,000.

Blue Options HSA 001; MMBOH0013

The below changes are effective 1/1/2024 through 12/31/2024

- Your plan ID will change to MMBOH0014.
- Your in-network individual Deductible will change to \$3,200 from \$3,100.
- Your in-network family Deductible will change to \$6,400 from \$6,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100.
- Your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,200.

Blue Options HSA 001; MMBOH0011

The below changes are effective 1/1/2023 through 12/31/2023

- Your plan ID will change to MMBOH0013.
- Your in-network individual Deductible will change to \$3,100 from \$2,900.
- Your in-network family Deductible will change to \$6,200 from \$5,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,100 from \$2,900.
- Your in-network family Out-of-Pocket Maximum will change to \$6,200 from \$5,800.