



# Blue Balance Funded<sup>SM</sup>

The Level-Funded Solution  
For Standard Markets

EMPLOYERS WITH 10-150 CONTRACTS

Jan. 1 through Dec. 31, 2025

Blue Cross and Blue Shield of Montana offers Blue Balance Funded, an administrative and stop loss coverage suite of services that includes consistent monthly payments for employers.

## New in 2025

### Twin Health Metabolic Health Management

Eligible members have access to a diabetes reversal program that creates a digital representation of their unique metabolism to empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes—all offered as a covered benefit and at no cost.

### \$0 Emergency Use Medications

Upon renewal, cost barriers to select acute medication typically used for emergency use or life-saving situations will be removed, which will help improve clinical outcomes, increase member satisfaction and overall benefit experience. Members will have access to the \$0 cost share when using any in-network pharmacy for the following drug categories:

- Severe allergic reactions (e.g., epinephrine auto-injector)
- Hypoglycemia (e.g., glucagon injection kit)
- Opioid overdoses (e.g., naloxone injectable/nasal spray)
- Nitrates (e.g., nitroglycerin sublingual)

### Blue Balance Funded features:

#### Predicable Monthly Payments<sup>1</sup>

The Blue Balance Funded monthly invoice includes the employer's cost for claims funding, administrative fees and stop loss premiums. For added convenience, BCBSMT manages all three with an online billing system available through Blue Access for Members<sup>SM</sup>.

#### Stop Loss Coverage

Stop loss insurance provides protection for covered claims costs resulting from individual and aggregate claims exceeding the predetermined stop loss levels.

#### Possible Credit

After the yearly settlement, if the actual claims cost is less than the claims funding, groups may be eligible for a credit toward future monthly payments.

#### Availability

Blue Balance Funded is available to employers with 10-150 enrolled employees.

### Behavioral Health Enhancements: Mental Health Hub, Increased Access and Crisis Support

Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the Behavioral Health benefits standard with every small group plan. Enhancements designed to increase member access to specialty behavioral health providers, improve the member experience and offer proactive clinical outreach include:

- Mental Health Hub: Digital one-stop-shop for mental health resources, including optional self-assessment to help members navigate recommended solutions and access behavioral health providers treating substance use disorders, pediatric mental illness, eating disorders, obsessive-compulsive disorders and more.
- Risk Identification and Outreach: New, predictive analytics model designed to identify members who may be at-risk, and providing clinician outreach with the goal of preventing suicide and self-harm events.
- Mental Health Response Course: Online self-paced training to help members develop the skills to respond to the signs and symptoms of mental illness and substance use.
- Workplace Crisis Intervention: Clinical support should a tragedy affecting an employee occur.

#### Digital Mental Health

In some cases, a tool can make it easier for members who would like to improve their mental health or act as a supplement to in-person therapy. Digital Mental Health, administered by Learn to Live, is based on the proven fundamentals of cognitive behavioral therapy. Members access a comprehensive assessment, personalized program recommendations, online lessons and opportunities to work with a live coach.



### The decision to self-insure is an important one and involves certain responsibilities on the employer's part.

To learn if Blue Balance Funded might be right for your groups, talk with your BCBSMT sales executive or account manager. Groups should also consult with their legal and tax advisers.

1. The amount of the monthly payment may fluctuate depending on the number of enrolled employees. It is recalculated each year and is subject to change. Employers are solely responsible for taxes, fees, and obtaining and paying for their own accounting and legal services.

**Blue Balance Funded--Effective Jan. 1, 2025** Plans are subject to change.

|                      |          |           | Calendar Year Deductibles |                   | Medical and Rx Out-of-Pocket Expense |                     | Coinsurance          | Copayments                                     |                                      |                          |                        |                               | Inpatient & Outpatient |                                 | Pharmacy Benefits               |                                  |
|----------------------|----------|-----------|---------------------------|-------------------|--------------------------------------|---------------------|----------------------|--|--------------------------------------|--------------------------|------------------------|-------------------------------|------------------------|---------------------------------|---------------------------------|----------------------------------|
| Plan Name            | Plan ID  | HSA (Y/N) | Individual (In/Out)       | Family (In/Out)   | Individual OPX (In/Out)              | Family OPX (In/Out) | Coinsurance (In/Out) | PCP Office Visit/PCP Telemedicine <sup>1</sup> | Specialist Office Visit <sup>1</sup> | Urgent Care <sup>1</sup> | Imaging <sup>1,2</sup> | Emergency Room <sup>1,3</sup> | Inpatient <sup>1</sup> | Outpatient Surgery <sup>1</sup> | Preferred Pharmacy Network      | Non-Preferred Pharmacy Network   |
| Blue Choice A201     | AMBCC201 | N         | \$500/\$1,000             | \$1,000/\$2,000   | \$2,000/\$6,000                      | \$4,000/\$12,000    | 80%/60%              | \$20/\$15                                      | \$40                                 | \$20                     | Ded and Coins          | \$250                         | Ded and Coins          | Ded and Coins                   | \$0/\$10/\$50/\$100/\$250/\$350 | \$10/\$20/\$70/\$120/\$250/\$350 |
| Blue Choice A203     | AMBCC203 | N         | \$1,500/\$3,000           | \$3,000/\$6,000   | \$3,500/\$10,500                     | \$7,000/\$21,000    | 80%/60%              | \$25/\$15                                      | \$50                                 | \$25                     | Ded and Coins          | \$250                         | Ded and Coins          | Ded and Coins                   | \$0/\$10/\$35/\$75/\$250/\$350  | \$10/\$20/\$55/\$95/\$250/\$350  |
| Blue Choice HSA A591 | AMBCH591 | Y         | \$3,300/\$6,600           | \$6,600/\$13,200  | \$3,300/\$6,600                      | \$6,600/\$13,200    | 100%/100%            | Ded and Coins                                  | Ded and Coins                        | Ded and Coins            | Ded and Coins          | Ded and Coins                 | Ded and Coins          | Ded and Coins                   | 100%                            | 100%                             |
| Blue Choice HSA A293 | AMBCH293 | Y         | \$3,500/\$7,000           | \$7,000/\$14,000  | \$6,450/\$19,350                     | \$12,900/\$38,700   | 90%/70%              | Ded and Coins                                  | Ded and Coins                        | Ded and Coins            | Ded and Coins          | Ded and Coins                 | Ded and Coins          | Ded and Coins                   | 90%/90%/80%/70%/60%/50%         | 80%/80%/70%/60%/60%/50%          |
| Blue Choice HSA A292 | AMBCH292 | Y         | \$4,000/\$8,000           | \$8,000/\$16,000  | \$4,000/\$8,000                      | \$8,000/\$16,000    | 100%/100%            | Ded and Coins                                  | Ded and Coins                        | Ded and Coins            | Ded and Coins          | Ded and Coins                 | Ded and Coins          | Ded and Coins                   | 100%                            | 100%                             |
| Blue Choice A305     | AMBCC305 | N         | \$4,500/\$9,000           | \$9,000/\$18,000  | \$7,000/\$21,000                     | \$14,000/\$42,000   | 80%/50%              | \$30/\$15                                      | \$60                                 | Ded and Coins            | Ded and Coins          | Ded and Coins                 | Ded and Coins          | Ded and Coins                   | \$0/\$10/\$35/\$75/\$250/\$350  | \$10/\$20/\$55/\$95/\$250/\$350  |
| Blue Choice HSA A294 | AMBCH294 | Y         | \$5,000/\$10,000          | \$10,000/\$20,000 | \$6,450/\$19,350                     | \$12,900/\$38,700   | 80%/60%              | Ded and Coins                                  | Ded and Coins                        | Ded and Coins            | Ded and Coins          | Ded and Coins                 | Ded and Coins          | Ded and Coins                   | 90%/90%/80%/70%/60%/50%         | 80%/80%/70%/60%/60%/50%          |
| Blue Choice A306     | AMBCC306 | N         | \$6,000/\$12,000          | \$12,000/\$24,000 | \$7,350/\$22,050                     | \$14,700/\$44,100   | 80%/60%              | \$30/\$15                                      | \$60                                 | Ded and Coins            | Ded and Coins          | Ded and Coins                 | Ded and Coins          | Ded and Coins                   | \$0/\$10/\$50/\$100/\$250/\$350 | \$10/\$20/\$70/\$120/\$250/\$350 |

**Notes:**

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. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
3. Copay plus coinsurance after the deductible will apply until the deductible is met for plans with copay, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) Please refer to your Benefit Booklet.
4. Copays apply after deductible is satisfied

**Additional Ded and Coins Notes:**

- A. Ded and Coins = Not Applicable.
- B. All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.
- C. When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), HEB, and Health Mart Atlas (group of independent pharmacies).
- D. Basic lab and X-ray services are covered at the deductible and coinsurance level
- E. 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.