

2025 Small Group Plans

More Value. More Choice.

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

2025 Small Group Plans

The Blue Cross and Blue Shield of Montana Small Group Portfolio is available from January 1 until December 31, 2025. All our plans offer features and benefits designed with members' health and wellbeing in mind. Here are the highlights:

Blue Focus POSSM

Our Blue Focus POS (Point of Service) plans offer richer benefits at lower premiums when compared to our traditional PPO plans. Talk with your sales representative to learn how Blue Focus POS can help your groups save money and offer employees more options to fit their lifestyles and budgets.

Meeting the Need for Self-led, Digital Tools

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, powered by Learn to Live, is based on the proven fundamentals of cognitive behavioral therapy. The member experience begins with a comprehensive assessment and personalized program recommendations. Users progress through interactive, online lessons and have opportunities to work with a live coach.

\$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 injectible/nasal spray)
- Nitrates (e.g., nitroglycerin sublingual)

Member and Employer Savings with Member Rewards

When members choose quality lower-cost, reward-eligible options, they will receive cash rewards and save on health care costs. Included with PPO plans and administered by Zelis, Member Rewards includes maintenance medications and helps members:

- Compare costs and quality of providers and maintenance medications
- Save on out-of-pocket costs
- Earn cash rewards

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.

Cancer Services and Support

Offered as a solution to bridge the cancer care gap and support healthier outcomes, the Cancer Services and Support Hub is your employee's resource for cancer care navigation. The Hub will house all of the employee's benefits information, cancer program details and additional resources.

Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions—included as part of your 2025 benefit plan—offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

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:

- pediatric mental illness, eating disorders and obsessive-compulsive disorders.
- at-risk, providing clinician outreach with the goal of preventing suicide and self-harm events.
- signs and symptoms of mental illness and substance use.
- Workplace Crisis Intervention: Clinical support should a tragedy affecting an employee occur.

Wellbeing Management

This complete wellness solution delivers member-centered wellness tools and care management programs, including:

- complex cases.
- and personal support for adjusting to life events.
- programs and fitness and nutrition device integration.
- Fitness Program: This program offers a flexible gym network to fit members' lifestyles and budgets.
- Blue PointssM: Members earn and redeem points for participating in wellness activities.

Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing non-emergency needs. Virtual Visits and Telemedicine consultations with members' primary care physicians are conducted by phone, online video or mobile app.

Benefit Boost with Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. We've combined medical coverage with some of the most popular ancillary benefits, including vision, accident and critical illness benefits, to complement new group quotes for medical, dental, life and short-term disability plans.

Complementary Programs Empowering Members to Take Control of Their Health

Putting the power of wellness in members' hands helps them save money and prevent some types of health conditions, while saving employers money by reducing doctor visits and hospitalizations.

Complementary programs include Blue365[®]. Employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.

• 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,

• **Risk Identification and Outreach:** New, predictive analytics model designed to identify members who may be

• Mental Health Response Course: Online self-paced training to help members develop the skills to respond to the

• Health Advisor: Addresses the mental, physical and emotional aspects of health issues for the most costly and

Behavioral Health: Multidisciplinary teams engage members through Digital Mental Health, utilization management

• Well onTarget®: This member wellness portal offers personalized wellness action plans, digital self-management

	Blue Cross and Blue Shield of Montana 2025 Small Group Plan Portfolio																		
					Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Cost Share Pha							Pharmac	y Benefits	Pediatric Dental	
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 Visit/ PCP Telemedicine ¹	Virtual Visits (MDLIVE)	SPC Office Visit/ SPC 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	Pediatric Dental In/Out ²
	Blue Preferred Platinum PPO [™] 102	P911PFR	NA	\$350 / \$1,050	\$700 / \$2,100	\$1,600 / \$4,800	\$3,200 / \$9,600	80% / 50%	\$30	\$15	\$60	\$50	DC	\$350 copay	DC	DC	\$15/\$25/\$65/\$100/\$250/\$350	\$25/\$35/\$85/\$120/\$250/\$350	70% / 70%
	Blue Preferred Platinum PPO [™] 103 ⁷	P6K1PFR	NA	\$600 / \$1,800	\$1,200 / \$3,600	\$2,600 / \$7,800	\$5,200 / \$15,600	80% / 50%	\$15	\$10	\$50	\$50	\$150	\$350 copay	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70% / 70%
	Blue Preferred Platinum PPO℠ 101	P910PFR	NA	\$850 / \$2,550	\$1,700 / \$5,100	\$1,600 / \$4,800	\$3,200 / \$9,600	80% / 50%	\$30	\$15	\$55	\$50	DC	\$350 copay	DC	DC	\$20/\$30/\$50/\$75/\$250/\$350	\$30/\$40/\$70/\$95/\$250/\$350	70% / 70%
	Blue Preferred Gold PPO [™] 107	G931PFR	NA	\$1,600 / \$4,800	\$3,200 / \$9,600	\$6,600 / \$19,800	\$13,200 / \$39,600	80% / 50%	\$40	\$15	\$75	\$50	DC	DC	DC	DC	\$15/\$25/\$60/\$150/\$250/\$350	\$25/\$35/\$80/\$170/\$250/\$350	70% / 70%
	Blue Preferred Gold PPO [™] 110	G933PFR	NA	\$2,100 / \$6,300	\$4,200 / \$12,600	\$6,850 / \$20,550	\$13,700 / \$41,100	80% / 50%	\$40	\$15	\$75	\$50	DC	\$400 copay	DC	DC	\$5/\$20/\$50/\$100/\$250/\$350	\$15/\$30/\$70/\$120/\$250/\$350	70% / 70%
	Blue Preferred Gold PPO SM 105	G930PFR	NA	\$2,600 / \$7,800	\$5,200 / \$15,600	\$4,600 / \$13,800	\$9,200 / \$27,600	80% / 50%	\$40	\$15	\$75	\$50	DC	DC	DC	DC	\$15/\$25/\$75/\$160/\$250/\$350	\$25/\$35/\$95/\$180/\$250/\$350	70% / 70%
	Blue Preferred Gold PPO SM 135 ⁵	G6E1PFR	\$0 \$0	\$3,300 / \$9,900	\$6,600 / \$19,800	\$3,300 / \$9,900	\$6,600 / \$19,800	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue Preferred Gold PPO SM 101⁵	G6J2PFR	\$0 \$0	\$3,300 / \$9,900	\$6,600 / \$19,800	\$3,750 / \$11,250	\$7,500 / \$22,500	90% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
PPO sm	Blue Preferred Silver PPO [™] 117	S931PFR	NA	\$3,600 / \$10,800	\$7,200 / \$21,600	\$6,600 / \$19,800	\$13,200 / \$39,600	80% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
ferred	Blue Preferred Gold PPO™ 111	G6K2PFR	NA	\$3,600 / \$10,800	\$7,200 / \$21,600	\$6,100 / \$18,300	\$12,200 / \$36,600	80% / 50%	\$30	\$15	\$55	\$50	DC	DC	DC	DC	\$10/\$25/\$70/\$160/\$250/\$350	\$20/\$35/\$90/\$180/\$250/\$350	70% / 70%
Blue Preferred PPO ^s	Blue Preferred Silver PPO™ 127⁵	S935PFR	\$0 \$0	\$3,700 / \$11,100	\$7,400 / \$22,200	\$6,850 / \$20,550	\$13,700 / \$41,100	80% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	70% / 70%
۵	Blue Preferred Gold PPO SM 123 ⁶	G936PFR	\$475 \$475-\$600	\$4,250 / \$12,750	\$8,500 / \$25,500	\$4,250 / \$12,750	\$8,500 / \$25,500	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue Preferred Silver PPO [™] 101 ⁵	S6J3PFR	\$0 \$0	\$4,300 / \$12,900	\$8,600 / \$25,800	\$7,200 / \$21,600	\$14,400 / \$43,200	70% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
	Blue Preferred Silver PPO [™] 120	S932PFR	NA	\$5,100 / \$15,300	\$10,200 / \$30,600	\$9,100 / \$27,300	\$18,200 / \$54,600	70% / 50%	\$55	\$15	\$85	\$60	DC	DC	DC	DC	\$20/\$35/\$65/\$100/\$250/\$350	\$30/\$45/\$85/\$120/\$250/\$350	70% / 70%
	Blue Preferred Silver PPO SM 122 ⁵	S933PFR	\$0 \$0	\$5,500 / \$16,500	\$11,000 / \$33,000	\$5,500 / \$16,500	\$11,000 / \$33,000	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue Preferred Silver PPO SM 136 ⁵	S6E1PFR	\$0 \$0	\$5,800 / \$17,400	\$11,600 / \$34,800	\$5,800 / \$17,400	\$11,600 / \$34,800	100% / 100%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%
	Blue Preferred Silver PPO [™] 121	S6K3PFR	NA	\$6,350 / \$19,050	\$12,700 / \$38,100	\$9,200 / \$27,600	\$18,400 / \$55,200	60% / 50%	\$35	\$15	\$60	\$75	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70% / 70%
	Blue Preferred Bronze PPO SM 134 ⁵	B902PFR	\$0 \$0	\$6,750 / \$20,250	\$13,500 / \$40,500	\$7,600 / \$22,800	\$15,200 / \$45,600	60% / 50%	DC	DC	DC	DC	DC	\$700	DC	DC	70%/70%/60%/50%/50%/50%	60%/60%/50%/50%/50%/50%	70% / 70%
	Blue Preferred Bronze PPO SM 101	B6J1PFR	NA	\$8,900 / \$26,700	\$17,800 / \$53,400	\$8,900 / \$26,700	\$17,800 / \$53,400	100% / 100%	\$50	\$15	DC	DC	DC	DC	DC	DC	100%	100%	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 one 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 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.

Basic lab and X-ray services are covered at the deductible and coinsurance level

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. 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.

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 2025 Small Group Plan Portfolio																			
				Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Cost Share							Pharmacy Benefits		Pediatric Dental	
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 Visit/ PCP Telemedicine ¹	Virtual Visits (MDLIVE)	SPC Office Visit/ SPC 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	Pediatric Dental In/Out ²
	Blue Focus Platinum POS℠ 007	P6K4BLC	NA	\$350 / \$1,050	\$700 / \$2,100	\$1,600 / \$4,800	\$3,200 / \$9,600	80% / 50%	\$30	DC	\$60	\$50	DC	\$350 copay	DC	DC	\$15/\$25/\$65/\$100/\$250/\$350	\$25/\$35/\$85/\$120/\$250/\$350	70% / 70%
	Blue Focus Platinum POS [™] 008 ⁷	P6K1BLC	NA	\$600 / \$1,800	\$1,200 / \$3,600	\$2,600 / \$7,800	\$5,200 / \$15,600	80% / 50%	\$15	DC	\$50	\$50	\$150	\$350 copay	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70% / 70%
	Blue Focus Platinum POS℠ 006	P6E1BLC	NA	\$850 / \$2,550	\$1,700 / \$5,100	\$1,600 / \$4,800	\$3,200 / \$9,600	80% / 50%	\$30	DC	\$60	\$50	DC	\$350 copay	DC	DC	\$25/\$30/\$75/\$175/\$350/\$450	\$35/\$40/\$95/\$185/\$350/\$450	70% / 70%
	Blue Focus Gold POS℠ 007	G6E2BLC	NA	\$1,600 / \$4,800	\$3,200 / \$9,600	\$5,800 / \$17,400	\$11,600 / \$34,800	80% / 50%	\$45	DC	\$85	\$50	DC	DC	DC	DC	\$15/\$25/\$60/\$150/\$250/\$350	\$25/\$35/\$80/\$170/\$250/\$350	70% / 70%
	Blue Focus Gold POS℠ 005	G6E1BLC	NA	\$1,850 / \$5,550	\$3,700 / \$11,100	\$7,100 / \$21,300	\$14,200 / \$42,600	80% / 50%	\$50	DC	\$90	\$50	DC	\$350 copay	DC	DC	\$5/\$15/\$60/\$150/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	70% / 70%
	Blue Focus Gold POS℠ 008	G6E3BLC	NA	\$2,600 / \$7,800	\$5,200 / \$15,600	\$6,600 / \$19,800	\$13,200 / \$39,600	90% / 50%	\$45	DC	\$90	\$50	DC	\$350 copay	DC	DC	\$10/\$20/\$50/\$100/\$250/\$350	\$20/\$30/\$70/\$120/\$250/\$350	70% / 70%
wsSO	Blue Focus Gold POS [™] 101⁵	G6J2BLC	\$0 \$0	\$3,300 / \$9,900	\$6,600 / \$19,800	\$3,750 / \$11,250	\$7,500 / \$22,500	90% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue Focus POS⁵	Blue Focus Silver POS℠ 010	S6E1BLC	NA	\$3,600 / \$10,800	\$7,200 / \$21,600	\$6,600 / \$19,800	\$13,200 / \$39,600	80% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue	Blue Focus Gold POS℠ 009	G6K2BLC	NA	\$3,600 / \$10,800	\$7,200 / \$21,600	\$6,100 / \$18,300	\$12,200 / \$36,600	80% / 50%	\$30	DC	\$55	\$50	DC	DC	DC	DC	\$10/\$25/\$70/\$160/\$250/\$350	\$20/\$35/\$90/\$180/\$250/\$350	70% / 70%
	Blue Focus Silver POS℠ 003⁵	S6E2BLC	\$0 \$0	\$3,950 / \$11,850	\$7,900 / \$23,700	\$7,250 / \$21,750	\$14,500 / \$43,500	90% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
	Blue Focus Silver POS℠ 101⁵	S6J3BLC	\$0 \$0	\$4,300 / \$12,900	\$8,600 / \$25,800	\$7,200 / \$21,600	\$14,400 / \$43,200	70% / 50%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
	Blue Focus Silver POS℠ 001	S6E3BLC	NA	\$5,100 / \$15,300	\$10,200 / \$30,600	\$9,100 / \$27,300	\$18,200 / \$54,600	70% / 50%	\$55	DC	\$85	\$60	DC	DC	DC	DC	\$20/\$35/\$65/\$100/\$250/\$350	\$30/\$45/\$85/\$120/\$250/\$350	70% / 70%
	Blue Focus Silver POS℠ 011	S6K3BLC	NA	\$6,100 / \$18,300	\$12,200 / \$36,600	\$9,200 / \$27,600	\$18,400 / \$55,200	60% / 50%	\$40	DC	\$65	\$75	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$250/\$350	\$10/\$20/\$70/\$120/\$250/\$350	70% / 70%
	Blue Focus Bronze POS℠ 002⁵	B6E1BLC	\$0 \$0	\$7,350 / \$22,050	\$14,700 / \$44,100	\$7,350 / \$22,050	\$14,700 / \$44,100	100% / 100%	DC	DC	DC	DC	DC	\$700	DC	DC	100%	100%	100% / 100%
	Blue Focus Bronze POS ^s 101	B6J1BLC	NA	\$8,900 / \$26,700	\$17,800 / \$53,400	\$8,900 / \$26,700	\$17,800 / \$53,400	100% / 100%	\$50	DC	DC	DC	DC	DC	DC	DC	100%	100%	100% / 100%

Plan Pairings

Listed below we have available combinations (same plan basics, different network) that can be selected when making plan offering decisions. See Benefit Plan Agreement for more information.

	Blue Cross and Blue Shield of Montana 2025 Small Group Parity Plans										
	P911PFR		P6K4BLC								
0	P6K1PFR		P6K1BLC								
ОЧЧ	S931PFR	POS	S6E1BLC								
Preferred	G6K2PFR	Blue Focus F	G6K2BLC								
	S932PFR		S6E3BLC								
Blue	B6J1PFR		B6J1BLC								
	G6J2PFR		G6J2BLC								
	S6J3PFR		S6J3BLC								

General Notes:

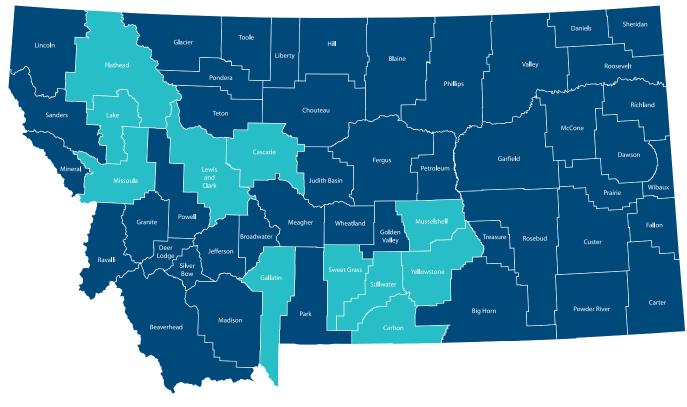
NA - Not Applicable; NC = Not Covered; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract. All plans include 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 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. Basic lab and X-ray services are covered at the deductible and coinsurance level

Footnotes

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- 3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PT scans.
- refer to your Benefit Booklet.
- 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.

4. 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

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		
Туре	Broad	POS HMO		
Availability	1-50	1-50		
Coverage	Statewide	Billings: Carbon, Musselshell, Stillwater, Sweet Grass and Yellowstone Bozeman: Gallatin Kalispell: Flathead Great Falls: Cascade Helena: Lewis and Clark Missoula: Lake and Missoula		
Must Live/Work in Network Service Area	Νο	Yes		
Primary Care Physician Required	Νο	Yes		
Referral Required	Νο	Νο		
OON Coverage	Yes	Yes		
BlueCard®	Yes	Yes		
Blue Access for Members ^{5M}	Yes	Yes		
Provider Finder®	Yes	Yes		
Member Liability Estimator	Yes	No		

* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico 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 is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Montana and New Mexico 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 logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue365 is a discount program only for BCBSMT members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSMT does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSMT reserves the right to stop or change this program at any time without notice. But not possible to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of Montana to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSMT.

Twin Health, Inc. is an independent company that has contracted with Blue Cross and Blue Shield of Montana to provide care and disease 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.

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 Montana 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 Blue 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 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.