

# HDHP MONTANA INDIVIDUAL

## Outline of Coverage for 2011

The above information is a *summary* of benefits provided for the two options available under HDHP Montana Individual. Benefits and general provisions described herein are subject to terms of the actual Contract. This Plan meets Federal requirements to be offered in conjunction with Health Savings Accounts (HSAs). The two options provide Individual Coverage (only one person covered under the contract) or Family Coverage (two or more family members covered under the contract).

<b>Benefit Period</b>	Calendar year (January 1 through December 31)		
<b>Deductible</b>		<b>Option 1</b>	<b>Option 2</b>
	<i>Individual Coverage</i>	\$2,500	\$5,000
	<i>Family Coverage*</i>	\$5,000	\$10,000
<i>*The entire family deductible must be satisfied before benefits are paid on any one family member.</i>			
<b>Coinsurance</b>		<b>BCBSMT Pays</b>	<b>Member Pays</b>
		100%	0
<b>Out of Pocket Amount</b>	<i>The total amount you would pay in a single benefit period. BCBSMT pays 100% of the allowable fee on services after the deductible is satisfied. Any amount you pay for balances owed to Nonparticipating providers does not apply to the Out of Pocket Amount.</i>		
	<i>Individual Coverage</i>	\$2,500	\$5,000
	<i>Family Coverage</i>	\$5,000	\$10,000

**The Exclusion Period for Preexisting Conditions** is 12 months. However, the Exclusion Period for Preexisting Conditions does not apply to Members under 19 years of age. If you had Creditable Coverage that was continuous within 63 days of your Certificate of Creditable Coverage being issued, that coverage will be credited toward the exclusion period.

## Blue Cross and Blue Shield of Montana (BCBSMT) – Participating Providers

### Participating Provider

#### Physicians and Other Medical Professionals

Participating Providers (physicians and other medical professionals, such as physical therapists, nurse practitioners, etc.) have contracted with BCBSMT to provide services.

Participating Providers accept the BCBSMT allowable fee plus any deductible as payment in full for covered services. These providers will submit your claim for you, and BCBSMT will pay the Participating Provider directly.

### Finding Participating Providers

A majority of health care providers in Montana are Participating Providers. To find the participation status of a provider, check our on-line provider directory at [www.bcbsmt.com](http://www.bcbsmt.com), or contact Customer Service at **1-800-447-7828**. Be sure to have your subscriber identification number available when you call.

### Nonparticipating Provider

#### Physicians and Other Medical Professionals

Nonparticipating providers (physicians and other medical professionals, such as physical therapists, nurse practitioners,

etc.) have not contracted with BCBSMT, and your out of pocket expenses can be significantly higher.

Nonparticipating providers are subject to a 20% differential which means BCBSMT reduces its allowable fee by 20% before calculating your benefits. You may be balance billed by the Nonparticipating provider for the difference between the BCBSMT payment and the total charge including any deductible and coinsurance amounts.

### Blue Card Out-of-State and World-Wide Health Care Services

The BlueCard Program enables BCBSMT members who are traveling or living in another Blue Plan's service area to receive all the same benefits of their BCBSMT Plan and access to BlueCard providers and savings.

If you choose a Participating Provider in another state for health care services, these providers will file claims for you. There may be no balance billing except for your deductible.

**To find BlueCard Participating Providers, call 1-800-810-BLUE (2583) or visit our website at [www.bcbs.com/healthtravel/](http://www.bcbs.com/healthtravel/).**

## Benefit Highlights *(for more detailed information, refer to your Contract)*

Deductible applies to all services listed below, unless otherwise indicated.

Prior Authorization, which is not a guarantee of payment, is recommended for some services, supplies, treatments and drugs to help the member identify potential expenses, payment reductions, or claim denials the Member may have if these proposed services, etc. are not Medically Necessary or not a Covered Medical Expense. Examples of such services are: Hospice, TMJ surgery and Durable Medical Equipment over \$500. Refer to your Contract.

Benefit	Covered Services
<b>Professional Provider Services</b>	Home and office calls, surgery, anesthesia, diagnostic lab and x-ray, and provided by a Professional Provider.
<b>Preventive Health Care</b>	Services include, but are not limited to: 1. Services that have an "A" or "B" rating in the United States Preventive Services Task Force's current recommendations; and 2. Immunizations recommended by the Advisory Committee of Immunization Practices of the Centers for Disease Control and Prevention; and 3. Health Resources and Services Administration (HRSA) Guidelines for Preventive Care & Screenings for Infants, Children, Adolescents and Women; and 4. Current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued prior to November 2009. Examples of Preventive Health Care services include, but are not limited to, physical examinations, colonoscopies, immunizations and vaccinations. Paid at 100% of the allowable fee.
<b>Inpatient Hospital</b>	Room and board, special care units, ancillary charges and transplant coverage.
<b>Outpatient Hospital</b>	Accidental injury, x-ray and lab, surgery, chemotherapy, respiratory therapy, radiation therapy, medical emergency, surgicenter, oxygen and equipment to use in the home, blood transfusion services, ambulance, medical supplies to use outside hospital and orthopedic devices.
<b>Individual Therapies</b>	Physical, occupational, speech and cardiac rehabilitation therapies for outpatient professional and facility charges.
<b>Rehabilitation Therapy</b>	Inpatient and outpatient therapy services.
<b>Chiropractic Services</b>	Not Covered.
<b>Durable Medical Equipment and Prostheses</b>	Initial purchase, replacements and repair. Prior Authorization is recommended if charges are over \$500.
<b>Mental Illness</b>	Mental Illness, including Severe Mental Illness is processed under regular medical benefits.
<b>Autism Spectrum Disorders</b>	<p>Diagnosis and treatment of Autistic disorder, Asperger's disorder or pervasive developmental disorder. Habilitative or rehabilitative care, including, but not limited to, professional, counseling and guidance services and treatment programs; Applied Behavior Analysis (ABA), also known as Lovaas therapy; discrete trial training, pivotal response training, intensive intervention programs and early intensive behavioral intervention; medications; psychiatric or psychological care; therapeutic care provided by a speech-language pathologist, audiologist, occupational therapist or physical therapist.</p> <p>The following maximums apply to ABA therapy: \$50,000 a year for a child 8 years of age or younger; \$20,000 a year for a child 9 years of age through 18 years of age. (ABA therapy is only available to members 0-18 years of age.)</p>
<b>Chemical Dependency</b>	Processed under regular medical benefits.
<b>Well-Child Care</b>	Well-child exams, lab tests and immunizations. Paid at 100% of the allowable fee.
<b>Mammograms</b>	Paid at 100% of the allowable fee.
<b>Diabetic Education Benefit</b>	Up to \$250 per benefit period for outpatient services.
<b>Prescription Drugs</b>	Processed under regular medical benefits.
<b>Ambulance</b>	Processed under regular medical benefits.