

Outline of Coverage for 2007

The following information is a *summary* of benefits provided for Montana Youthcare. Benefits and general provisions described herein are subject to terms of the actual Contract.

Lifetime Maximum Benefit	\$5,000,000	
Benefit Period	Calendar year (January 1 through December 31)	
Deductible	<i>Individual</i>	\$1,000
Co-insurance	BCBSMT Pays	Member Pays
	75%	25%
Maximum Member Liability	<p><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 Non-Participating providers does not apply to the Maximum Member Liability.</i></p> <p><i>Individual</i> \$2,500</p>	
Eligibility	Children ages three months through 18 years are eligible to apply for Montana Youthcare.	

The Primary Care Benefit—Montana Youthcare is a traditional benefit plan with a Primary Care Benefit. Deductible and co-insurance are waived for the first \$400 in covered Primary Care services which must be provided by Blue Cross and Blue Shield of Montana (BCBSMT) participating professional providers. Additional details are outlined in your Contract.

Waiting Period for Pre-existing Conditions is 12 months. 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 waiting 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.bluecrossmontana.com, or contact Customer Service at 1-800-447-7828. Be sure to have your subscriber identification number available when you call.

Non-Participating Provider

Physicians and Other Medical Professionals

Non-Participating 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.

Non-Participating 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 Non-Participating provider for the difference between the BCBSMT payment and the total charge including any deductible and co-insurance 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/.

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

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

Benefit	Covered Services
Professional Provider Services	Home and office calls, surgery, anesthesia, diagnostic lab and X-ray, and maternity services. Covered services under the Primary Care Benefit must be provided by a Participating Professional Provider.
Inpatient Hospital	Room and board, special care units, ancillary charges and transplant coverage.
Outpatient Hospital	Accidental injury, X-ray and lab, surgery, chemotherapy, respiratory therapy, radiation therapy, medical emergency, surgicenter, blood transfusion services, ambulance, and orthopedic devices. Any services provided in an emergency room are not covered under your Primary Care Benefit.
Individual Therapies	Physical, occupational, speech and cardiac rehabilitation therapies. \$2,000 maximum per benefit period combined for outpatient professional and facility charges.
Rehabilitation Therapy*	\$100,000 lifetime maximum, per member combined for inpatient and outpatient rehabilitation therapy services.
Chiropractic Services	Not covered.
Durable Medical Equipment and Prostheses*	Initial purchase, replacements and repair. Prior Authorization is recommended if charges are over \$500.
Mental Illness	<i>Note: Severe Mental Illness is processed under regular medical benefits.</i>
Outpatient	\$2,000 maximum per benefit period.
Inpatient	21 days for professional, hospital and/or freestanding inpatient facility charges, per benefit period combined with chemical dependency. Inpatient day maximum applies. Plan Notification is recommended.
Chemical Dependency	\$1,000 per benefit period for outpatient services. 21 days for professional and/or freestanding inpatient facility charges, per benefit period, combined with Mental Illness. \$4,000 maximum benefit per a 24-month period. \$8,000 lifetime maximum benefit.
Well-Child Care*	Well-child exams, lab tests and immunization through two years of age.
Mammograms	Paid at the actual charge up to a maximum of \$70. Deductible applies to balance.
Diabetic Education Benefit*	Up to \$250 per benefit period for outpatient services.
Prescription Drugs	\$100 deductible, separate from the medical deductible, then BCBSMT pays 75%. Member purchases at pharmacy and submits receipts to BCBSMT for processing.

* Deductible does not apply.

Covered Services for Your Primary Care Benefit

Your first \$400 in covered Primary Care services provided by a participating professional provider are paid at 100% of the allowable fee for: Office calls, including any services and supplies provided during the office call; Physical examinations, Vision examinations, Gynecological exam, including routine Pap smears; Immunizations and vaccinations not covered under the Well-Child Care benefit, Diagnostic X-ray and laboratory services; Services provided for treatment of an accident, performed in a Professional Provider's office. After the first \$400 is met, your annual deductible and co-insurance apply to covered services.

To learn more about Montana Youthcare, call Blue Cross and Blue Shield of Montana at 1-800-447-7828, Extension 8965, or your local BCBSMT agent, or visit our website at www.bluecrossmontana.com.

This information is only a summary of benefits.

Benefits and general provisions described herein are subject to the terms of the Contract.