

	Platinum 500 [^]	
	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000
Preventive Services	Covered in full	25% after deductible ¹
Preventive Drug Coverage	Covered in full	50% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident.	
Office Visits: Primary, Urgent Care, and Specialist	Primary/Urgent: \$10 no deductible Specialist: \$20 no deductible	50% after deductible
Telehealth	\$10 no deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Lab / X-ray	20% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Services	\$250 plus 20% after deductible	
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$10 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5 no deductible Tier 2: \$15 no deductible Tier 3: \$50 no deductible Tier 4: \$250 no deductible	50% after deductible

[^]This plan available with or without adult vision.

¹ Well-baby/well-child care and preventive mammograms are covered in full both in and out of network.

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2024 Montana Navigator Small Group Medical Plans

	Gold 1000 [^]	Gold 2000 [^]	Gold 3000 [^]	Gold HSA 3200	
	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	Gold 1000: \$2,000 / \$4,000 Gold 2000 & 3000: \$4,000 / \$8,000	
Out-of-Pocket Maximum Individual / Family	\$6,500 / \$13,000	\$6,500 / \$13,000	\$5,500 / \$11,000	Gold 1000 & 2000: \$13,000 / \$26,000 Gold 3000: \$11,000 / \$22,000	
Preventive Services	Covered in full			25% after deductible ¹	
Preventive Drug Coverage	Covered in full			50% after deductible	
Accident Benefit	Covered in full up to \$500, within 90 days of accident			Covered in full up to \$500, within 90 days of accident	
Office Visits: Primary, Urgent Care, and Specialist	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	Primary/Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	
Telehealth	\$30 no deductible	\$30 no deductible	\$35 no deductible	50% after deductible	
Inpatient Hospital	30% after deductible			50% after deductible	
Lab / X-ray	30% after deductible			50% after deductible	
Physical, Occupational, and Speech Therapy	30% after deductible	30% after deductible	\$35 no deductible	50% after deductible	
Outpatient Surgery	30% after deductible			50% after deductible	
Emergency Services	\$250 plus 30% after deductible				
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$30 no deductible	\$30 no deductible	\$35 no deductible	50% after deductible	
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible
				0% after deductible	0% after deductible

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2024 Montana Navigator Small Group Medical Plans

	Silver 3000	Silver 4500 [^]	Silver 5500 [^]	Silver 6500 [^]	
	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$3,000 / \$6,000	\$4,500 / \$9,000	\$5,500 / \$11,000	\$6,500 / \$13,000	Silver 3000: \$6,000 / \$12,000 Silver 4500: \$9,000 / \$18,000 Silver 5500: \$11,000 / \$22,000 Silver 6500: \$13,000 / \$26,000
Out-of-Pocket Maximum Individual / Family	\$9,400 / \$18,800	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	Silver 3000: \$18,800 / \$37,600 Silver 4500, 5500, 6500: \$18,200 / \$36,400

Preventive Services	Covered in full	25% after deductible ¹
Preventive Drug Coverage	Covered in full	50% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident	

Office Visits: Primary, Urgent Care, and Specialist	Primary/Urgent: \$35 no deductible Specialist: \$70 after deductible	Primary/Urgent: \$35 no deductible Specialist: \$70 no deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible
Telehealth	\$35 no deductible	\$35 no deductible	\$30 no deductible	\$30 no deductible	50% after deductible
Inpatient Hospital	40% after deductible	30% after deductible	30% after deductible	30% after deductible	50% after deductible
Lab / X-ray	40% after deductible	30% after deductible	30% after deductible	30% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy	40% after deductible	30% after deductible	30% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	30% after deductible	30% after deductible	30% after deductible	50% after deductible
Emergency Services	\$250 plus 40% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$35 no deductible	\$35 no deductible	\$30 no deductible	\$30 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible

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	Silver HSA 3500		Silver HSA 5100		Silver HSA 5500	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$3,500 / \$7,000	\$7,000 / \$14,000	\$5,100 / \$10,200	\$10,200 / \$20,400	\$5,500 / \$11,000	\$11,000 / \$22,000
Out-of-Pocket Maximum Individual / Family	\$7,500 / \$15,000	\$15,000 / \$30,000	\$5,100 / \$10,200	\$10,200 / \$20,400	\$5,500 / \$11,000	\$11,000 / \$22,000
Preventive Services	Covered in full	25% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹
Preventive Drug Coverage	Covered in full	50% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident	
Office Visits: Primary, Urgent Care, and Specialist	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Telehealth	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Lab / X-ray	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Physical, Occupational, and Speech Therapy	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency Services	20% after deductible	20% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible

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	Bronze 7500		Bronze 9300 [^]		Bronze HSA 7500	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$7,500 / \$15,000	\$15,000 / \$30,000	\$9,300 / \$18,600	\$18,600 / \$37,200	\$7,500 / \$15,000	\$15,000 / \$30,000
Out-of-Pocket Maximum Individual / Family	\$9,400 / \$18,800	\$18,800 / \$37,600	\$9,300 / \$18,600	\$18,600 / \$37,200	\$7,500 / \$15,000	\$15,000 / \$30,000
Preventive Services	Covered in full	25% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹
Preventive Drug Coverage	Covered in full	50% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident	
Office Visits: Primary, Urgent Care, and Specialist	Primary/Urgent: \$40 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/Urgent: \$60 no deductible Specialist: \$120 no deductible	0% after deductible	0% after deductible	0% after deductible
Telehealth	\$40 no deductible	50% after deductible	\$60 no deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Hospital	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Lab / X-ray	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Physical, Occupational, and Speech Therapy	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency Services	30% after deductible	30% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$40 no deductible	50% after deductible	\$60 no deductible	0% after deductible	0% after deductible	0% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	30% after deductible	50% after deductible	Tier 1: \$30 no deductible Tier 2: \$100 no deductible Tier 3: \$200 no deductible Tier 4: \$500 no deductible	0% after deductible	0% after deductible	0% after deductible

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