



Montana Marketplace Plan Selection Strategies

October 9th , 2024

Today's Agenda

- 2025 Plan Selection Updates
- Plan Selection Tips, Tricks & Tools
- Narrowing the Options



2025 Plan Selection Updates



2025 Employer Coverage Affordability Percentage

Employer Coverage Tool

Use this worksheet to help you gather information about employers that offer traditional health coverage to anyone on your Marketplace application. Complete one form for each employer that offers coverage. You'll need this information to complete the application, even if no one enrolls in coverage through their job (or the job of another person, like a spouse or parent).

Don't use this form if someone works for a business that offers help paying for a health plan or health care expenses through a Health Reimbursement Arrangement (HRA).

Visit [HealthCare.gov/have-job-based-coverage](https://www.healthcare.gov/have-job-based-coverage) for more details if you have (or got an offer for) job-based insurance.

Employee information

Fill in for the **employee** who's offered coverage:

1. Employee name (First, Middle, Last)

3. List the first and last names of each person in the household, even if they're not currently enrolled. Only list a copy of this page if there are more than 5 people.

Name

Employer information

You can ask the **employer** to fill out:

4. Employer name

5. Person or department we can contact for information

6. Employer address (the Marketplace may send notices to this address)

7. City

8. State

9. ZIP code

10. Employer contact phone number

11. Employer contact email address

12. Employer Identification Number (EIN)

Year	Percentage
2024	8.39%
2025	9.02%

Tell us about the health coverage offered by this employer.

13. Do the plans offered by the employer meet the minimum value standard? A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.

- YES** (Go to question 14.) **NO** (STOP and return this form to employee.)
- The employer offers plans that meet the minimum value standard to only the employee, but not the employee's family members. (Go to question 14. You don't need to answer question 15.)

14. How much would the employee pay for themselves for the lowest-cost plan that meets the minimum value standard? Don't include family plans.

- a. Employee would pay this premium: \$
- b. Employee would pay this amount: Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

15. **If other household members are listed for question 3:** How much would the employee pay for the lowest-cost plan that covers the employee and the household members listed in question 3? If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.

- a. Employee would pay this premium: \$
- b. Employee would pay this amount: Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

2025 FPL Chart

2025 Federal Poverty Levels & Brackets for Marketplace Subsidies

Number in Tax Household and Estimated Income for 2025

#	<100%	100%	150%	150+%	200%	200+%	250%	250+%	400%
1	Limited eligibility for PTC & 06 CSR based on immigration status if ineligible for Medicaid or in non-expansion state*	\$ 15,060	\$ 22,590	\$ 22,591	\$ 30,120	\$ 30,121	\$ 37,650	\$ 37,651	\$ 60,240
2		\$ 20,440	\$ 30,660	\$ 30,661	\$ 40,880	\$ 40,881	\$ 51,100	\$ 51,101	\$ 81,760
3		\$ 25,820	\$ 38,730	\$ 38,731	\$ 51,640	\$ 51,641	\$ 64,550	\$ 64,551	\$ 103,280
4		\$ 31,200	\$ 46,800	\$ 46,801	\$ 62,400	\$ 62,401	\$ 78,000	\$ 78,001	\$ 124,800
5		\$ 36,580	\$ 54,870	\$ 54,871	\$ 73,160	\$ 73,161	\$ 91,450	\$ 91,451	\$ 146,320
6		\$ 41,960	\$ 62,940	\$ 62,941	\$ 83,920	\$ 83,921	\$ 104,900	\$ 104,901	\$ 167,840
7		\$ 47,340	\$ 71,010	\$ 71,011	\$ 94,680	\$ 94,681	\$ 118,350	\$ 118,351	\$ 189,360
8		\$ 52,720	\$ 79,080	\$ 79,081	\$ 105,440	\$ 105,441	\$ 131,800	\$ 131,801	\$ 210,880
		Eligible for Cost Sharing Reductions (CSR) in Silver plan							
	CSR 94% (06)*	CSR 94% (06)		CSR 87% (05)		CSR 73% (04)			

Financial Impact of Cost Sharing Reduction Brackets

#	100%	150%	150+%	200%	200+%	250%	250+%	400%
1	\$ 15,060	\$ 22,590	\$ 22,591	\$ 30,120	\$ 30,121	\$ 37,650	\$ 37,651	\$ 60,240
2	20,440	\$ 30,660	\$ 30,661	\$ 40,880	\$ 40,881	\$ 51,100	\$ 51,101	\$ 81,760
3	25,820	\$ 38,730	\$ 38,731	\$ 51,640	\$ 51,641	\$ 64,550	\$ 64,551	\$ 103,280
4	31,200	\$ 46,800	\$ 46,801	\$ 62,400	\$ 62,401	\$ 78,000	\$ 78,001	\$ 124,800
5	36,580	\$ 54,870	\$ 54,871	\$ 73,160	\$ 73,161	\$ 91,450	\$ 91,451	\$ 146,320
6	41,960	\$ 62,940	\$ 62,941	\$ 83,920	\$ 83,921	\$ 104,900	\$ 104,901	\$ 167,840
7	47,340	\$ 71,010	\$ 71,011	\$ 94,680	\$ 94,681	\$ 118,350	\$ 118,351	\$ 189,360
8	52,720	\$ 79,080	\$ 79,081	\$ 105,440	\$ 105,441	\$ 131,800	\$ 131,801	\$ 210,880

Deductible		\$0	\$500	\$3,000	\$5,000
OOPM		\$2,000	\$3,000	\$6,400	\$8,000
Co-Pays	Primary visit	\$0	\$20	\$40	\$40
	Urgent Care	\$5	\$30	\$60	\$60
	Specialty visit	\$10	\$40	\$80	\$80
	Generic Drugs	\$0	\$10	\$20	\$20

2025 Plan Parameters Standards for “Easy Pricing Plans”

TABLE 11—2025 STANDARDIZED OPTIONS SET ONE (FOR ALL FFE AND SBE–FP ISSUERS, EXCLUDING ISSUERS IN DELAWARE, LOUISIANA, AND OREGON)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	63.81%	70.01%	73.09%	87.33%	94.14%	78.06%	88.04%
Deductible	\$7,500	\$5,000	\$3,000	\$500	\$0	\$1,500	\$0
Maximum Out-of-Pocket Limitation	\$9,200	\$8,000	\$6,400	\$3,000	\$2,000	\$7,800	\$4,300
Emergency Room Services	50%	40%	40%	30%	*25%	25%	*\$100
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	*25%	25%	*\$350
Primary Care Visit	*\$50	*\$40	*\$40	*\$20	*\$0	*\$30	*\$10
Urgent Care	*\$75	*\$60	*\$60	*\$30	*\$5	*\$45	*\$15
Specialist Visit	*\$100	*\$80	*\$80	*\$40	*\$10	*\$60	*\$20
Mental Health & Substance Use Disorder Outpatient Office Visit	*\$50	*\$40	*\$40	*\$20	*\$0	*\$30	*\$10
Imaging (CT/PET Scans, MRIs)	50%	40%	40%	30%	*25%	25%	*\$100
Speech Therapy	*\$50	*\$40	*\$40	*\$20	*\$0	*\$30	*\$10
Occupational, Physical Therapy	*\$50	*\$40	*\$40	*\$20	*\$0	*\$30	*\$10
Laboratory Services	50%	40%	40%	30%	*25%	25%	*\$30
X-rays/Diagnostic Imaging	50%	40%	40%	30%	*25%	25%	*\$30
Skilled Nursing Facility	50%	40%	40%	30%	*25%	25%	*\$150
Outpatient Facility Fee (Ambulatory Surgery Center)	50%	40%	40%	30%	*25%	25%	*\$150
Outpatient Surgery Physician & Services	50%	40%	40%	30%	*25%	25%	*\$150
Generic Drugs	*\$25	*\$20	*\$20	*\$10	*\$0	*\$15	*\$5
Preferred Brand Drugs	\$50	*\$40	*\$40	*\$20	*\$15	*\$30	*\$10
Non-Preferred Brand Drugs	\$100	\$80	\$80	\$60	*\$50	*\$60	*\$50
Specialty Drugs	\$500	\$350	\$350	\$250	*\$150	*\$250	*\$150

* Benefit category not subject to the deductible.

Continuing for Plan Year 2025: Easy Pricing Plans

What is a standardized plan?

- Standard AV, maximum out-of-pocket (MOOP), deductibles, and cost-sharing for a given metal level of coverage

Why require standardized plans on the marketplace?

- Can make it easier for shoppers to compare choices based on premiums, provider networks, and quality ratings
- Response to growing number of plan choices in HealthCare.gov states / “choice overwhelm”
- Average in 2022: >100 plans, >45 Silver plans

What's required in 2025?

- Issuers must offer standardized plans at every product network type, at every metal level, and throughout every service area that they offer non-standardized options
- Issuers may only offer 2 non-standardized plan options per network type/metal level in 2025
- Plans labeled as “Easy Pricing” and included as separate filter

Tips, Tricks, & Tools: **Plan Selection**




Your Friendly, Marketplace Filter Tool

Billings, Montana, 59101

Monthly premium
Your monthly premium range is \$0-\$252
\$ to \$

Maximum yearly deductible
Your yearly deductible range is \$200-\$9,450
\$ to \$

Health Savings Account Eligibility (HSA)
 Eligible for an HSA

Health plan categories
This is how health plans split costs with you.
 Easy pricing plans have the same out-of-pocket costs and care before deductibles for some services.
 Bronze (18)
 Silver (15)  Extra savings
 Gold (12)

Health plan types
 Preferred Provider Organization (PPO) (38)
 Point of Service (POS) (7)

Search by plan ID (14 characters)

Insurance companies

✓ **Select an insurance company**
Blue Cross and Blue Shield of Montana (16)
Mountain Health CO-OP (20)
PacificSource Health Plans (9)

45 Total Plans
18 Bronze
15 Silver
12 Gold

2 Plan Types
38 PPOs
7 POSs

3 Issuers
BCBS (16)
Mountain Health (20)
PacificSource (9)

General Definitions of Plan Types

	HMO	EPO	POS	PPO
PCP required?	MAY Require PCP	Doesn't Require PCP	MAY Require PCP	Doesn't Require PCP
Referral to specialist required?	MAY Require referral	Doesn't require referral	MAY require referral	Doesn't require referral
Out of Network Routine Care?	No	No	Yes <i>(separate, higher deductible & cost sharing and no OPM for out of network care)</i>	Yes <i>(separate, higher deductible & cost sharing and no OPM for out of network care)</i>
Out of Network Emergency?	ALL Marketplace plans required by law to "hold member harmless" in case of a life threatening, out of network emergency room visit			

Filter Tool + Easy Pricing Plans

Billings, Montana, 59101

Monthly premium

Your monthly premium range is \$0-\$252

to

Maximum yearly deductible

Your yearly deductible range is \$200-\$9,450

to

Health Savings Account Eligibility (HSA)


Eligible for an HSA


Medical providers

Prescription drugs

Health plan categories

This is how health plans split costs with you.

 Easy pricing plans have the same out-of-pocket costs and care before deductibles for some services.

- Bronze (18)
 - with easy pricing (6)
- Silver (15)  Extra savings
 - with easy pricing (6)
- Gold (12)
 - with easy pricing (6)

Health plan types

- Preferred Provider Organization (PPO) (38)
- Point of Service (POS) (7)

45 Total Plans	Easy Pricing Plans	Non-Easy Pricing Plan
18 Bronze	6	12
15 Silver	6	9
12 Gold	6	6

Plan Education

Premium, Deductible & Out of Pocket Maximum

Working clockwise, start by defining and explaining: the (1) **premium**, then the (2) **deductible**, and finally the (3) **out of pocket max**

Blue Cross and Blue Shield of Montana
Blue Focus Silver POSSM 706
Extra savings | Easy pricing | Silver | POS | Plan ID: 30751MT0670008 | Rating: New plan - Not rated

1 Premium \$16.95 /month Including a \$377 tax credit was \$393.95	Estimated total yearly cost Add yearly cost	2 Deductible \$700 Individual total (health & drug combined) Extra deductible for some services	Out-of-pocket maximum \$3,000 Individual total	3
--	--	--	--	----------

(1) Your premium is what you pay each month to have health insurance, even if you don't use it.

The amount displayed is your monthly cost, after the premium tax credit.

(2) For certain care, you pay full price until you meet your plan's deductible.

Once your deductible is met, the insurance pays a percentage of the cost of certain services, while you pay the remaining amount.

(3) Once your contributions hit the plan's out-of-pocket maximum, the insurance is responsible for the future costs of your care. You must continue to pay your premiums and receive care that is covered by your plan and is within its provider network.

Plan Education

Copayments and Coinsurance

Explain the plan's costs for care next. When opened the (4) "You Pay" section will display copays and coinsurance for certain care services.

Blue Cross and Blue Shield of Montana

[Blue Focus Silver POSSM 706](#)

 Extra savings

 Easy pricing

Silver

POS

Plan ID: 30751MT0670008

Rating New plan - Not rated

Premium

1

\$16.95 /month

Including a \$377 tax credit was \$393.95

Estimated total yearly cost

[Add yearly cost](#)

2

Deductible

\$700

Individual total (health & drug combined)

[Extra deductible for some services](#)

3

Out-of-pocket maximum

\$3,000

Individual total

You pay

4

Primary care

\$20 per visit from day 1

Specialist care

\$40 per visit from day 1

Urgent care

\$30 per visit from day 1

Emergency room

30% coinsurance after deductible

Outpatient mental health

\$20 per visit from day 1

Generic drugs

\$10

(4) This plan has copays for certain services. Primary Care visits will cost \$20, Specialist visits will cost \$40 and Generic Drugs will cost \$10. You do not need to meet your deductible first for primary and specialist visits. We'll double check the situation for Generic Drugs in a moment.

The cost of an ER visit is covered by a 30% coinsurance, or a percentage of the total cost of care. You would pay full price for an ER visit until you hit your \$700 deductible, at which point you would be responsible for 30% of the remainder of the ER visit cost.

Plan Education

An illustrative Scenario

Once you've explained the plan's costs for care, it can be helpful to use a scenario to illustrate the plan's function.

Blue Cross and Blue Shield of Montana
Blue Focus Silver POSSM 706

Extra savings | Easy pricing | Silver | POS | Plan ID: 30751MT0670008 | Rating: New plan - Not rated

1 Premium \$16.95 /month Including a \$377 tax credit was \$393.95	Estimated total yearly cost Add yearly cost	2 Deductible \$700 Individual total (health & drug combined)	3 Out-of-pocket maximum \$3,000 Individual total
4 You pay			
Primary care	\$20 per visit from day 1		
Specialist care	\$40 per visit from day 1		
Urgent care	\$30 per visit from day 1		
Emergency room	30% coinsurance after deductible		
Outpatient mental health	\$20 per visit from day 1		
Generic drugs			

If your first use of this health plan was a visit to the emergency room, you would pay the \$700 Deductible + 30% of ER costs after deductible.

If the ER visit cost \$15,000, you pay \$700 + 30% of the remaining \$14,300 bill, \$4,290. Total cost would be \$700 + \$4,290, or \$4,990.

At this point, your contributions have exceeded the plan's out-of-pocket maximum, you would pay no more than \$3,000 for the ER visit.

For the remainder of the plan year, all in network, covered care would be paid for by the insurance company, though you must continue to pay your premium.

Double Checking a Generic Drug Copay

Blue Cross and Blue Shield of Montana

Blue Focus Silver POSSM 706

Extra savings Easy pricing

Silver POS National Provider Network | Plan ID: 30751MT0670008

[Save](#)

Want this plan? Take the next step
Log in or create an account to apply. Print, email, or select **Link** to review your saved plans when you're ready to enroll.

[Start or update an application](#)

Highlights

Estimated monthly premium	\$16.95 Including a \$377 tax credit Was \$393.95
Deductible	\$700 Individual total (health & drug combined) More deductibles apply Get details: jump to costs for medical care and drugs
Out-of-pocket maximum	\$3,000 Individual total
Estimated total yearly costs	Add yearly cost
Medical providers in-network	Add medical providers
Drugs covered/not covered	Add prescription drugs

Star rating ▼

Plan documents ▲

- [Summary of Benefits \[PDF\]](#)
- [Plan brochure \[PDF\]](#)
- [Provider directory](#)
- [List of covered drugs \[PDF\]](#)

Urgent care and hospital services ▼

Cost & coverage examples ▼

Adult dental coverage ▼

Child dental coverage ▼

Medical management programs ▼

Other services ▼

1

2

3

4

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsmt.com/rx24/4T	Generic drugs	Retail: Value - \$10/prescription Participating - \$10/prescription Mail: \$30/prescription; <u>deductible</u> does not apply	Retail: \$10/prescription; <u>deductible</u> does not apply	Limited to a 30-day supply at retail (or a 90-day supply at a <u>network</u> of select retail pharmacies). Up to a 90-day supply at mail order. <u>Specialty drugs</u> are limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic drug equivalent may also be required if a generic drug equivalent is available. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable <u>copay/coinsurance</u> . Additional charge will not apply to any <u>deductible</u> or out-of-pocket amounts. A covered insulin drug will not exceed \$25 <u>copayment</u> for a 30-day supply.
	Brand drugs (Preferred)	Retail: Value - \$20/prescription Participating - \$20/prescription Mail: \$60/prescription; <u>deductible</u> does not apply	Retail: \$20/prescription; <u>deductible</u> does not apply; <u>deductible</u> does not apply	
	Brand drugs (Non-Preferred)	Retail: Value - \$60/prescription Participating - \$60/prescription Mail: \$180/prescription	Retail: \$60/prescription	
	<u>Specialty drugs</u>	\$250/prescription	\$250/prescription	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% <u>coinsurance</u>	\$2,000/visit plus 50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. For Outpatient Infusion Therapy, see your contract* for details.
	Physician/surgeon fees	30% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need immediate medical attention	<u>Emergency room care</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required for non-emergency transportation; see your contract* for details.
	<u>Urgent care</u>	\$30/visit; <u>deductible</u> does not apply	\$30/visit; <u>deductible</u> does not apply	None
If you have a hospital stay	Facility fee (e.g., hospital room)	30% <u>coinsurance</u>	\$2,000/visit plus 50% <u>coinsurance</u>	<u>Preauthorization</u> required.
	Physician/surgeon fees	30% <u>coinsurance</u>	50% <u>coinsurance</u>	None

American Indian and Alaskan Native

Cost Sharing Reductions

Blue Cross and Blue Shield of Montana

[Blue Focus Silver POSSM 706](#)

 Extra savings |  Easy pricing | Silver | POS | Plan ID: 30751MT0670008 | Rating: New plan - Not rated

Premium

\$11.01 /month

Including a \$401.00 tax credit was \$412.01

Estimated total yearly cost

\$132

Individual total
Based on your predicted use of medical services

[Edit yearly cost](#)

Deductible

\$0

Individual total
(health & drug combined)

[Extra deductible for some services](#)

Out-of-pocket maximum

\$0

Individual total

You pay

Primary care	No charge
Specialist care	No charge
Urgent care	No charge
Emergency room	No charge
Outpatient mental health	No charge
Generic drugs	No charge

[View plan details](#) for full list of benefits, limits, and exclusions.

Narrowing the Options



Sample Network Overview

2022 Illinois Marketplace Network Overview for Ratings Areas 7-11, & 13

Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Total Plans	Coverage of Out of Network Care?	All facilities listed are in network and located in the Sangamon county area					
					HOSPITALS		URGENT CARE FACILITIES			PHARMACIES
					Memorial Medical Center	St Johns Hospital	Memorial Express Care	Memorial Physicians Services	Prompt Care	
BLUE CROSS BLUE SHIELD BLUE CHOICE 36096IL0990	PPO	Referral NOT Required for Specialty Visits	6	Offers Out of Network Care at 50% Coinsurance after separate Out of Network \$15,000 Deductible is met.	Memorial Medical Center	St Johns Hospital	Memorial Express Care	Memorial Physician Services		PREFERRED : County Market Pharmacy, Harry's Walmart, Potter Drug NON-PREFERRED : CVS Pharmacy
HEALTH ALLIANCE POS 20129IL0340	POS	Referral Required for Specialty Visits	11	Offers Out of Network Care at 50% Coinsurance after separate Out of Network \$15,000 Deductible is met.	Memorial Medical Center	St Johns Hospital	Memorial Express Care		Prompt Care	County Market Pharmacy, Curry's Family Pharmacy, CVS Pharmacy, Harry's Pharmacy, Potter Drug, Walgreens, Walmart,
HEALTH ALLIANCE HMO 20129IL0330	HMO	Referral Required for Specialty Visits	1	Coverage for Out of Network Life threatening emergency room care ONLY	Memorial Medical Center	St Johns Hospital	Memorial Express Care		Prompt Care	County Market Pharmacy, Curry's Family Pharmacy, CVS Pharmacy, Harry's Pharmacy, Potter Drug, Walgreens, Walmart,

2024 Central Texas Primary and Specialty Care Overview

* If clients need to see particular doctors, always double-check the insurance company's provider

	Notes	Austin Diagnostic Clinic	Austin Regional Clinic	CommUnityCare	Lone Star Circle of Care	People's Community Clinic	Red River Family Practice	Scott & White Clinics	UT Health Austin	One Medical	Village Medical
AETNA		Austin Diagnostic	Austin Regional	CommUnityCare	Lone Star	People's	Red River	not in network	not in network	not in network	not in network
Ambetter EPO		Austin Diagnostic	Austin Regional	CommUnityCare	Lone Star	People's	not in network	Scott & White	UT Health	One Medical	Village
Ambetter HMO VALUE	Always contact assigned PCP first to determine if referral is needed.	Austin Diagnostic	not in network	not in network	not in network	not in network	not in network	not in network	not in network	not in network	not in network
Ambetter HMO VIRTUAL	Requires referral from members' assigned virtual Teladoc PCP	Austin Diagnostic	Austin Regional	CommUnityCare	Lone Star	People's	not in network	Scott & White	not in network	One Medical	Village
BAYLOR, SCOTT & WHITE HEALTH PLAN		not in network	not in network	not in network	Lone Star	not in network	not in network	Scott & White	not in network	One Medical	Village
BCBS Blue Advantage		Austin Diagnostic	Austin Regional	CommUnityCare	Lone Star	People's	Red River	Scott & White	UT Health	One Medical	Village
BCBS MyBlue Health		Austin Diagnostic	Austin Regional	LIMITED - Check directory	LIMITED - Check directory	People's	not in network	not in network	not in network	not in network	Village
CHRISTUS		not in network	not in network	not in network	not in network	not in network	not in network	not in network	not in network	not in network	not in network
Imperial Health		Austin Diagnostic	Austin Regional	CommUnityCare	Lone Star	not in network	not in network	Scott & White	not in network	not in network	not in network
MODA		Austin Diagnostic	Austin Regional	not in network	Lone Star	not in network	not in network	not in network	not in network	not in network	not in network
OSCAR		not in network	Austin Regional - NOT after 3/24	CommUnityCare	Lone Star	not in network	Red River	not in network	UT Health	One Medical	Village
SENDERO		Austin Diagnostic	Austin Regional	CommUnityCare	Lone Star	People's	not in network	not in network	UT Health	One Medical	not in network
US Health & Life/Ascension		not in network	Austin Regional	CommUnityCare	Lone Star	Check directory	Check directory	not in network	UT Health	Check directory	not in network
UNITED		Austin Diagnostic	not in network	CommUnityCare	Lone Star	People's	Red River	Check directory	not in network	Check directory	Village

Best OE Preparation Practice:

Compile a Network Overview Document, ASAP

The Filter Tool and Network Overview

White Sulphur Springs, Montana, 59645

2024 Montana Marketplace Network Overview White Sulphur Springs, MT, 59645

Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Total Plans	Coverage of Out of Network Care?
BLUE CROSS BLUE SHIELD OF MONTANA BLUE PREFERRED PPO	PPO	No Referral Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
MOUNTAIN HEALTH CO-OP (Plus & Connect)	PPO	No Referral Required for Specialty Visits	15	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
PACIFIC SOURCE HEALTH PLANS	PPO	No Referral Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.

33 Total Plans

14 Bronze | 11 Silver | 8 Gold

1 Health Plan Types

PPO

3 Insurance Companies

- Blue Cross Blue Shield (9)
- Mountain Health (15)
- Imperial Insurance (7)

Network Overview & Ratings Area

2024 Montana Marketplace Network Overview White Sulphur Springs, MT, 59645				
Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Total Plans	Coverage of Out of Network Care?
BLUE CROSS BLUE SHIELD OF MONTANA BLUE PREFERRED PPO	PPO	No Referral Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
MOUNTAIN HEALTH CO-OP (Plus & Connect)	PPO	No Referral Required for Specialty Visits	15	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
PACIFIC SOURCE HEALTH PLANS	PPO	No Referral Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.

2024 Montana Marketplace Network Overview Billings, MT, 59101				
Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Total Plans	Coverage of Out of Network Care?
BLUE CROSS BLUE SHIELD OF MONTANA BLUE FOCUS POS (30751MT0670)	POS	Referral NOT Required for Specialty Visits	7	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
BLUE CROSS BLUE SHIELD OF MONTANA BLUE PREFERRED PPO (30751MT0550)	PPO	Referral NOT Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
MOUNTAIN HEALTH CO-OP (Plus: 32225MT0060) (Connect: 32225MT0090)	PPO	Referral NOT Required for Specialty Visits	20	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
PACIFICSOURCE HEALTH PLANS (Navigator: 23603MT0290)	PPO	Referral NOT Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.

2024 Montana Marketplace Network Overview

Billings, MT, 59101

Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Total # of Plans	Coverage of Out of Network Care?
BLUE CROSS BLUE SHIELD OF MONTANA BLUE FOCUS POS (30751MT0670)	POS	Referral NOT Required for Specialty Visits	7	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
BLUE CROSS BLUE SHIELD OF MONTANA BLUE PREFERRED PPO (30751MT0550)	PPO	Referral NOT Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
MOUNTAIN HEALTH CO-OP (Plus: 32225MT0060) (Connect: 32225MT0090)	PPO	Referral NOT Required for Specialty Visits	20	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.
PACIFICSOURCE HEALTH PLANS (Navigator: 23603MT0290)	PPO	Referral NOT Required for Specialty Visits	9	Offers Out of Network Care at 50% Coinsurance after separate Out of Network Deductible is met.

All facilities listed are in network and located within 50 miles of Billings

HOSPITALS				PHARMACIES
Billings Clinic	Intermountain Health St. Vincent	Big Horn	Roundup Memorial	
				PREFERRED :
				NON-PREFERRED :
Billings Clinic	Intermountain Health St. Vincent	Big Horn	Roundup Memorial	

Durable Medical Equipment



Big Horn Hospital Association

General Acute Care Hospital • Physical Therapy Facility

Big Horn Hospital Association
17 N Miles Ave, Hardin, MT 59034
[Get directions](#) (est. 42.9 miles away)



2014-2024

Provider Directories: Mountain Health

The screenshot displays the Mountain Health Co-op provider directory interface. On the left, there are several filter sections: 'Sort' (A-Z), 'Filter by' (Clear filters), 'Specialty' (Choose Specialty), 'Provider Gender' (None Specified), and 'Search radius' (50 mile radius). The main content area features a 'Network' dropdown menu with options: None (checked), Idaho-Access Care, Idaho-Engage, Idaho-Link, Montana-Access Care, Montana-Connected Care (highlighted), Montana-Plus Tier 2 (highlighted), Montana-Rocky Mountain, and Wyoming-High Plains. To the right, there are search fields for 'State' (Select One) and 'ZIP Code' (03801). Below the filters, the page shows 'HealthCare.gov' branding, a 'Back to plans' link, and a 'Compare plans' section. The 'Compare plans' section includes a 'Quick tips' box with links like 'Review plan category fast facts' and 'Consider plans with easy pricing'. Three plan cards are visible: 'Plus Silver Standard', 'Connect Silver Standard', and 'Connect Silver Option 2', each with an 'Easy pricing' icon and a 'Save' button. The bottom right corner features a 'Beyond the Basics' logo celebrating 25 years of Marketplace Coverage from 2014-2024.



Sort

A-Z

Filter by

Clear filters

Specialty

Primary Care

Provider Gender

None Specified

Search radius

50 mile radius

Accepting new patients

Accepting new patients

Languages

Clear

- English
- Spanish
- Portuguese
- French

Network

Montana-Plus Tier 2

City

sulphur springs

State

Montana

Clear

ZIP Code

Clear

0 results within 50 miles of sulphur springs, MT

0 results within 50 miles of sulphur springs, MT

We couldn't find any results. Try typing something else or adjusting your filters.

Montana

+ Access Network

- Plus Network (A Two-Tier Provider Network Product)

Plus plans are designed to support the relationship with your primary care provider. This means the plan keeps your co-pay lower by providing the option to visit Tier 1 providers, who are available through participating Community Health Centers.

Tier 1 – Participating Community Health Centers for lower office visit copays

Tier 2 – All other Connected Care Network providers

Available to Individual and Group members

+ Connect Network

Beyond ²⁶
the Basics

Celebrating 10 Years of
Marketplace Coverage

2014-2024

Resources

Build Your Own Network Overview Charts:

- [Blank Template Versions for Network Overview Resource \(>6 plans\)](#) (Excel)
- [Blank Template Versions for Network Overview Resource \(Simple\)](#)

**Note: Available on Google Sheets. To use this spreadsheet, log into your Google account and select "Make a Copy" or "Download" -> "Microsoft Excel (.xlsx)"*

Enrollment Tools:

- [Marketplace Enrollment Checklist Guide](#)
- [Easy Pricing Plans \(Standardized Plans\) Guide](#)
- [Summary of Benefits and Coverage Guide](#)
- [Plan Comparison Worksheet \(Available in 8 Languages\)](#)

Webinar: [Under the Hood: Building Your Own Plan Selection Tools for 2024](#)

Contact

Thank you so much for your time and attention today.

Best of luck this season!

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*This is a project of the Center on Budget and Policy Priorities
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