INSURING MONTANANS ONE SMALL BUSINESS AT A TIME.

Outline of Coverage for 2008

INSURE MONTANA STANDARD PLAN

Introduction

The following information is a summary of benefits provided by the Standard Plan. Information contained in this document is an outline of benefits. For a more comprehensive explanation of your benefits, please refer to your Member Guide or Group Contract.

General Information

Lifetime Maximum Benefit	$2,000,000
Benefit Period	Calendar Year (January 1 through December 31)
Deductible	$1,500 Individual $3,000 Family Aggregate
Deductible Waived for:	• In and Out-of-State Participating Professional Provider services • Preventive Health services when provided by a Participating Professional Provider • Well-Child Care (birth through seven years of age) • Mammograms • Hospice • Home Health • Routine Newborn services • Diabetic Education Benefit *Note: Prescription drugs have their own deductible.*
Coinsurance	BCBSMT pays 60% of the allowable fee Member pays 40% of the allowable fee
Out of Pocket Amount *	$3,500 Individual $7,000 Family Aggregate
Preventive Health Benefit	Paid at 60%. No deductible when services are provided by a Participating Professional Provider.
Office Visits	First two professional physician office visits per member per benefit period paid at 100%. Services must be provided by a Participating Professional Provider.

* **Out of Pocket Amount** is the total amount you would pay in a single benefit period. Once the total of your deductible and coinsurance reaches this amount, the Standard Plan pays 100% of the allowable fee on most covered services. Any amount you pay for balances owed to nonparticipating providers, rehabilitation therapy benefits, durable medical equipment and prosthetics, home health, and prescriptions, does not apply to the Out of Pocket Individual Amount/Family Amount.

The Blue Cross and Blue Shield of Montana Participating Provider Network . . . An Important Feature

BCBSMT Participating Providers

A BCBSMT Participating Provider is either an individual (e.g., physician, physical therapist, nurse practitioner) or a facility (e.g., a hospital) that has contracted with BCBSMT to provide services to our members.

Participating providers accept the BCBSMT allowable fee plus any deductible and coinsurance, as payment in full for covered services. There's no billing to you over your coinsurance and deductible amount. BCBSMT sends payment directly to participating providers.

Nonparticipating Provider

Nonparticipating providers have not contracted with BCBSMT. You will receive payment for claims received from a nonparticipating provider. These providers are under no obligation to send claims in for you. Most importantly, nonparticipating providers are subject to a differential. This means that BCBSMT reduces the allowable fee by the following amounts before we calculate your benefits:

- Professional Providers (e.g., doctors, physical therapists, nurse practitioners, radiologists) are subject to a 20% differential.
- Facility Providers (e.g., hospitals, hospice, home health) are subject to a 20% differential

Nonparticipating providers can bill you the difference between the allowable fee and their total charge, and any deductible and coinsurance, potentially making your out of pocket expenses significantly higher.

Finding Participating Providers

Fortunately, a majority of healthcare 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 ID available when you call.

Out-of-State and Worldwide Services

The "BlueCard Program" gives Blue Cross and Blue Shield of Montana members access to Participating Provider arrangements between Blue Cross and Blue Shield Plans in other states and providers in those states. If you choose a Participating Provider in another state for health care services, you may have discounts and hold-harmless provisions (no balance billing except for your deductible and coinsurance) available to you. These providers will file your claims for you. To find out-of-state or out-of-country Participating Providers, call the toll-free BlueCard Access line at **1.800.810.BLUE (2583)** or check via the Internet at **www.bcbs.com/healthtravel/.**

To learn more about the Standard Plan, call Blue Cross and Blue Shield of Montana at 1.800.447.7828, Ext. 8965 or your local BCBSMT agent.

BlueCross BlueShield of Montana

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.

BENEFIT HIGHLIGHTS (for more detailed information, refer to your Member Guide)

Deductible and coinsurance apply to all services listed below, unless otherwise noted.

BENEFIT	COVERED SERVICES
PROFESSIONAL PROVIDER SERVICES	Deductible waived for Participating Professional Providers. Covered services include home and office calls, x-ray, lab, and other services 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, and other services.
TRANSPLANTS	$10,000 for ambulance or air transport to the transplant site per transplant. $25,000 maximum for organ procurement per transplant. $500,000 lifetime maximum.
CONVALESCENT HOME	Skilled nursing facility, transitional care units, and extended care facilities. Up to 60 days per benefit period.
CHIROPRACTIC SERVICES	$400 maximum per benefit period. Does not include x-ray maximum. X-ray maximum: $100 per benefit period.
HOME HEALTH CARE	Up to 180 visits per benefit period, paid at 50%, deductible waived.
HOSPICE	Paid at 100%, deductible and coinsurance waived.
INDIVIDUAL THERAPIES	Physical, occupational, speech, and cardiac rehabilitation therapies. $2,000 maximum per benefit period, combined, for outpatient professional and facility charges. Deductible is waived for Participating Professional Provider services.
REHABILITATION THERAPY	$100,000 lifetime maximum per member for inpatient and outpatient rehabilitation therapy services. Deductible waived for Participating Professional Provider services.
SUPPLEMENTAL ACCIDENT	Processed under regular medical benefits.
DURABLE MEDICAL EQUIPMENT AND PROSTHESES	Initial purchase, replacements and repair. Prior authorization is recommended if charges are over $500.
MENTAL ILLNESS	*Note: Severe Mental Illness is processed under regular medical benefits.*
OUTPATIENT	Processed under regular medical benefits.
INPATIENT	21 days for professional, hospital and/or freestanding inpatient facility charges, per member, per year. Partial hospitalization for mental illness is covered on a two-for-one basis—two days of partial hospitalization equals one day of inpatient care. Inpatient day maximum applies. Plan notification is recommended.
CHEMICAL DEPENDENCY	$6,000 per 12 months for inpatient and outpatient services. $12,000 lifetime maximum for inpatient services. $2,000 inpatient and outpatient benefit available per benefit year after the $12,000 lifetime maximum is met.
WELL-CHILD CARE	Exams (at approximately the following ages: 1, 2, 4, 6, 9, 15, 18 and 24 months), lab tests and routine immunizations from birth through seven years of age. Deductible does not apply. Paid at 60% of the allowable fee.
MAMMOGRAMS	Paid at the actual charge or $70, whichever is less, for each covered mammogram. Deductible and coinsurance apply after the first $70 is paid.
DIABETIC EDUCATION BENEFIT	Up to $250 per benefit period for outpatient services. Deductible does not apply.
PRESCRIPTION DRUGS	$200 deductible per family member, then: Retail purchase, 34-day supply: $10 generic $30 formulary $75 brand name Mail-order purchase, 90-day supply: $ 20 generic $ 60 formulary $150 brand name

STANDARD PLAN

This information is only a summary of benefits. Benefits and general provisions described herein are subject to the terms of the Member Guide or Group Contract.