High Deductible Health Plan $3,400 100% Highlights

Plan Provisions	In-Network	Out-Of-Network
Annual Deductible - Calendar Year		
Individual	$3,400	$6,800
Family	$6,800	$13,600
Out-Of-Pocket Max - Calendar Year		
Individual	$3,400	$6,800
Family	$6,800	$13,600
Plan Services		
Preventive Care	Covered at 100%	20% after deductible
Primary Care Office Visit	0% coinsurance after deductible met	20% after deductible
Specialist Office Visit	0% coinsurance after deductible met	20% after deductible
Diagnostic Test (x-ray,blood work)	0% coinsurance after deductible met	20% after deductible
Imaging (CT/PET scans, MRIs)	0% coinsurance after deductible met	20% after deductible
Urgent Care	0% coinsurance after deductible met	20% after deductible
Emergency Room	0% coinsurance after deductible met	20% after deductible
Outpatient Hospital	0% coinsurance after deductible met	20% after deductible
Inpatient Hospital	0% coinsurance after deductible met	20% after deductible
Pharmacy Services		
Retail (30 Days)		
Generic (Tier 1)	0% coinsurance after deductible met	20% after deductible
Preferred Brand (Tier 2)	0% coinsurance after deductible met	20% after deductible
Non-Preferred Brand (Tier 3)	0% coinsurance after deductible met	20% after deductible
Specialty drugs	0% coinsurance after deductible met	20% after deductible
Mail Order (90 Days)		
Generic	0% coinsurance after deductible met	20% after deductible
Preferred Brand	0% coinsurance after deductible met	20% after deductible
Non-Preferred Brand	0% coinsurance after deductible met	20% after deductible

IMPORTANT NOTE: This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for this plan, please email support@bridgedmt.org or call 406-430-9180 for assistance.