

# MCHA Traditional Indemnity Plan

## Outline of Coverage

### General Information

| Traditional Plan   |  |
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| Deductible   | \$1,000  |
| Coinsurance  | 80/20  |
| Maximum Annual Liability   | \$5,000  |
| Lifetime Maximum Benefit   | \$2,000,000  |
| Benefit Period   | Calendar Year (January 1 through December 31)  |
| Preventive Benefit   | Pays 100% of the allowable fee up to \$300 Per benefit period for Preventive Health Care                                     |
| Deductible Waived for:   |  |
| <ul style="list-style-type: none"> <li>Well-Child Care (through age 7)</li> <li>Mammograms</li> <li>Hospice</li> </ul> | <ul style="list-style-type: none"> <li>Newborn Initial Care and Lifesaving Procedures</li> <li>Diabetic Education</li> </ul> |

\* **Maximum Annual Liability** is the total amount you would pay in a single benefit period. Once the total of your deductible and coinsurance reaches this amount, the MCHA Traditional Plan pays 100% of the allowable fee on most covered services. Any amount you pay for balances owed to nonparticipating providers, diabetic education, and prescriptions does not apply to the out-of-pocket amount.

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

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| <p><b>BCBSMT Participating Providers</b></p> <p>A BCBSMT participating provider is either an individual (e.g., physician, physical therapist, nurse practitioner) or a facility (e.g., hospital) that has contracted with BCBSMT to provide services to our members.</p> <p>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.</p> | <p><b>Nonparticipating Providers</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>Professional Providers (e.g., doctors, physical therapists, nurse practitioners, radiologists) are subject to a 10% differential.</li> <li>Facility Providers (e.g., hospitals, hospice, home health) are subject to a 10% differential.</li> </ul> <p>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.</p> |
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### Finding Participating Providers

Fortunately, 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](http://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 policyholder 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. 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/](http://www.bcbs.com/healthtravel/).

**The Exclusion Period for Preexisting Conditions** is 12 months. If you had Creditable Coverage that was continuous within 30 days of your Certificate of Creditable Coverage being issued, that coverage may be credited toward the exclusion period.

**Prior Authorization**, which is not a guarantee of payment, is recommended for some services, supplies, treatments and drugs to help the member identify potential expenses, payment reductions, or claim denials the Member may have if these proposed services, etc. are not Medically Necessary or not a Covered Medical Expense. Examples of such services are: Hospice and Durable Medical Equipment over \$500. Refer to your Contract.

