We are pleased to bring you the 2016-2017 Montana State University (Great Falls) Student Health Insurance Plan

Underwritten by Blue Cross and Blue Shield of Montana (BCBSMT)

The actuarial value of this plan is 82%, which would meet or exceed a gold metal level of coverage.

- Affordable, quality coverage compatible with the Affordable Care Act, including no pre-existing condition exclusions and no lifetime dollar maximums
- National Blue Cross and Blue Shield provider network and international coverage through BlueCard®
- Access to the Blue Cross and Blue Shield of Montana (BCBSMT) PPO Network
- May have a lower deductible than many employer plans
- May be lower cost than many comparable plans offered on state/federal insurance marketplaces
- Features office visit copay
- Access to the Blue Cross and Blue Shield of Montana (BCBSMT) PPO Network
- Features office visit copay

Eligibility/Enrollment

If you are a student enrolled for six or more credits at a participating campus, you are eligible for the insurance. This insurance will begin on the first day of the semester provided that the payment is made as required.

All Campuses: Students who have enrolled for six credits or more will automatically be enrolled for the entire semester. Students may waive coverage at the time of registration for classes for each Fall and Spring semester if they have alternative insurance coverage. The insurance fee will be assessed each semester. Paying for the Spring semester will cover the student through the following summer.

International students, regardless of their number of credits, are required to have health insurance coverage.

As noted earlier, students enrolled for less than six credits are not eligible for the Student Health Insurance Plan. Exceptions must be approved by the campus student health service or other campus office responsible for student insurance.

If you do not waive coverage by the end of the 15th day of classes, the premium will be charged to your student account.

You get online access to:

- View and download complete plan description
- Find provider and pharmacy information
- Download a temporary ID card
- Customer service, claims and benefit information

For additional information, go to bcbsmt.com, or call 855-267-0214.
## Benefit Maximum & Deductibles

<table>
<thead>
<tr>
<th></th>
<th>Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$6,850</td>
<td>$13,700</td>
</tr>
</tbody>
</table>

## Benefit Coverage

**Hospital Expenses**  
(operative applies unless otherwise noted)  
80%  
60%

**Surgical Expenses**  
80%  
60%

**Doctor’s Visits**  
(including NPs and PAs)  
100% after $20 Primary Care Provider copay and $40 Specialist copay  
60%

**Emergency Care and Accidental Injury**  
Facility Services  
Copayment is waived if the insured is admitted; inpatient hospital expenses will apply.  
80% of allowable fee after $100 copayment

**Physician Services**  
80% of allowable fee

**Diagnostic X-Rays & Laboratory Procedures**  
80%  
60%

**Hi-tech Radiology**  
~MRI, CAT Scan and PET Scan  
100% after $100 copayment  
60%

**Prescription Drugs**  
Per 30-day Retail Supply  
(deductible waived)  
At pharmacies contracting with Prime Therapeutics*, 100% after:  
• $15 copayment for each generic drug  
• $30 copayment for each brand-name drug**  
• $50 Copayment for each non-preferred brand-name drug**  
60% after:  
• $15 copayment for each generic drug  
• $30 copayment for each brand-name drug**  
• $50 Copayment for each non-preferred brand-name drug**

**Preventive Care Services**  
100% (deductible waived)  
100%

## Deadlines, Coverage Periods and Premium Costs

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Deadline</strong></td>
<td>the end of the 15th day of classes</td>
<td>the end of the 15th day of classes</td>
</tr>
<tr>
<td><strong>Dates Covered</strong></td>
<td>08/01/2016 - 01/31/2017</td>
<td>02/01/2017 - 07/31/2017</td>
</tr>
<tr>
<td><strong>Student Rate</strong></td>
<td>$1,683</td>
<td>$1,683</td>
</tr>
</tbody>
</table>

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1 This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSMT Preferred Provider Option (PPO) Network.

2 Covered charges at in-network and out-of-network providers are based on the allowable charge. For more information, please see your Brochure Booklet or Policy.

* The relationship between Blue Cross and Blue Shield of Montana (BCBSMT) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSMT, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.