

## **Employee Benefits - City of Bozeman Custom & Standard Plan Summaries**

Effective 7/1/23 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at <a href="https://www.mmiaeb.net">www.mmiaeb.net</a> and must be referenced for details of all coverages.

	Bozeman (Custom)	Bridger	Madison	Mission	High Deductible (HSA-Qualified)
Deductible (Individual/Family) (January 1 - December 31)	\$1,500 / \$3,000	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$2,800 / \$5,600
Benefit Percentage (what the plan pays if the Deductible is waived or after the					
Deductible is met)					
<ul> <li>All Montana Providers and Non-Montana Cigna Providers</li> </ul>	70%	80%	70%	60%	80%
Non-Montana, Non-Cigna Providers	50%	60%	50%	40%	60%
Annual Out-of-Pocket Maximum (the most you will pay for covered services in a plan year)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,250 / \$10,500
Individual/Family					
Medical Services					
Preventive care as recommended by the US Preventive Services Task Force, CDC, and	100% Plan-paid				
Health Resources & Services Administration at www.healthcare.gov					
Accidental Injury Benefit	100% up to \$300, then standard benefits apply				Deductible applies
Diabetic Education	- 100% Plan-paid				
Hospice Care	2200				арриез
Professional Provider Services	Deductible waived (Plan pays Benefit %)				Deductible applies
Alternative Medicine Benefit - up to \$500					
Nutritional Counseling - up to 10 visits per year					
Home Health Care					
Newborn Initial Care					
Chiropractic Benefit	Not covered	Up to \$4	Up to \$400, plus \$100 x-ray benefit		
Facility Provider Services					
Emergency Room Care	Deductible applies				
Obesity Surgery - one per lifetime, up to \$30,000					
Prescription Drug Benefit					
Prescription Drug Deductible	\$125/\$250		None		None
Prescription Out-of-Pocket Maximum	\$1500/\$3000	\$3600/\$7200		None	
Generic	30% to a max of \$50/prescription	\$4 Retail (30 Day) / \$8 Mail Order (90 Day)			Deductible
Brand Formulary	40% to a max of \$50/prescription	\$20 Retail (30	\$20 Retail (30 Day) / \$40 Mail Order (90 Day)		
Brand Non-Formulary	N/A	\$50 Retail (30	Day) / \$100 Mail 0		