BlueCross BlueShield of Montana

Subject: Important Plan Changes Montana Small Group 2026

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all currently available Blue Cross and Blue Shield of Montana small group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSMT plans.

Your next steps:

- Find the seven-digit plan ID for your current plan(s) in the "Current Health Plans" section of your renewal exhibit
- Use that seven-digit plan ID to find your group's benefit changes in the "Plan Changes" document

If you would like to keep your plan(s) at renewal, nothing else is needed. The coverage provided by your plan(s) will continue with no interruption. If you would like to change your plan(s), or have questions about the changes to your plan, contact your broker or call us. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group's coverage.

Our goal is to serve your health care coverage needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Montana

Blue Cross and Blue Shield of Montana

2026 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

To find your renewal group's 2026 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

The following benefit changes will apply to all Small Group ACA plans in our product portfolio, not just ones listed on the following pages:

- Viscosupplements* will now be a contract exclusion and are no longer a covered benefit.
  *Viscosupplement is a gel-like fluid called hyaluronic acid that is injected into the joint. Typically used for treatment of arthritis or osteoarthritis.
- Changes to the 2026 Health Insurance Drug List.
- Updates to the 2026 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Montana

2026 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2026 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Preferred Gold PPO 135; G6E1PFR

- Your in-network individual Deductible will change to $3,400 from $3,300.
- Your in-network family Deductible will change to $6,800 from $6,600.
- Your in-network individual Out-of-Pocket Maximum will change to $3,400 from $3,300.
- Your in-network family Out-of-Pocket Maximum will change to $6,800 from $6,600.
- Your out-of-network individual Deductible will change to $10,200 from $9,900.
- Your out-of-network family Deductible will change to $20,400 from $19,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to $10,200 from $9,900.
- Your out-of-network family Out-of-Pocket Maximum will change to $20,400 from $19,800.

Blue Preferred Gold PPO 101; G6J2PFR

- Your in-network individual Deductible will change to $3,500 from $3,300.
- Your in-network family Deductible will change to $7,000 from $6,600.
- Your out-of-network individual Deductible will change to $10,500 from $9,900.
- Your out-of-network family Deductible will change to $21,000 from $19,800.

Blue Preferred Gold PPO 123; G936PFR

- Your in-network individual Deductible will change to $4,550 from $4,250.
- Your in-network family Deductible will change to $9,100 from $8,500.
- Your in-network individual Out-of-Pocket Maximum will change to $4,550 from $4,250.
- Your in-network family Out-of-Pocket Maximum will change to $9,100 from $8,500.
- Your out-of-network individual Deductible will change to $13,650 from $12,750.
- Your out-of-network family Deductible will change to $27,300 from $25,500.
- Your out-of-network individual Out-of-Pocket Maximum will change to $13,650 from $12,750.
- Your out-of-network family Out-of-Pocket Maximum will change to $27,300 from $25,500.

Blue Preferred Silver PPO 121; S6K3PFR

- Your in-network individual Deductible will change to $6,500 from $6,350.
- Your in-network family Deductible will change to $13,000 from $12,700.
- Your in-network individual Out-of-Pocket Maximum will change to $9,500 from $9,200.
- Your in-network family Out-of-Pocket Maximum will change to $19,000 from $18,400.
- Your out-of-network individual Deductible will change to $19,500 from $19,050.
- Your out-of-network family Deductible will change to $39,000 from $38,100.
- Your out-of-network individual Out-of-Pocket Maximum will change to $28,500 from $27,600.
- Your out-of-network family Out-of-Pocket Maximum will change to $57,000 from $55,200.
- Your Specialist Office Visit copayment will change to $75 from $60.
- Your Plan coinsurance will change to 70% from 60%.
- Your emergency room coinsurance will change to 70% from 60%.
- Your Imaging Services coinsurance will change to 70% from 60%.
- Your in-network Facility Surgery coinsurance will change to 70% from 60%.
- Your Facility lab services coinsurance will change to 70% from 60%.
- Your Facility X-ray services coinsurance will change to 70% from 60%.

Blue Focus Gold POS 101; G6J2BLC

- Your in-network individual Deductible will change to $3,500 from $3,300.
- Your in-network family Deductible will change to $7,000 from $6,600.
- Your out-of-network individual Deductible will change to $10,500 from $9,900.
- Your out-of-network family Deductible will change to $21,000 from $19,800.

Blue Focus Silver POS 011; S6K3BLC

- Your in-network individual Out-of-Pocket Maximum will change to $9,300 from $9,200.
- Your in-network family Out-of-Pocket Maximum will change to $18,600 from $18,400.
- Your out-of-network individual Out-of-Pocket Maximum will change to $27,900 from $27,600.
- Your out-of-network family Out-of-Pocket Maximum will change to $55,800 from $55,200.
- Your Specialist Office Visit copayment will change to $75 from $65.