

Montana Building Industry Association (MBIA) Plan Options Effective 6/1/2011

HEALTH FIRST			
Benefit Plan	Annual Deductible	Out-of-Pocket Maximum	Coinsurance
Option 1	\$500 Individual \$1,000 Family <i>Deductible is waived for Participating BCBS Professional Providers</i>	\$1,500 Individual \$3,000 Family	80/20
Option 2	\$1,500 Individual \$3,000 Family <i>Deductible is waived for Participating BCBS Professional Providers</i>	\$2,500 Individual \$5,000 Family	60/40
COMPREHENSIVE MAJOR MEDICAL (CMM)			
Benefit Plan	Annual Deductible	Out-of-Pocket Maximum	Coinsurance
CMM \$1,000 Option 1	\$1,000 Individual \$2,000 Family	\$3,500 Individual \$7,000 Family	70/30
HSA \$3,200 * Option 2	\$3,200 Individual \$6,400 Family	\$3,200 Individual \$6,400 Family	100/0
HSA \$5,200* Option 3	\$5,200 Individual \$10,400 Family	\$5,200 Individual \$10,400 Family	100/0

* A health savings account may be added to these options.

Sole Proprietors- May choose from any of the benefit options.

MBIA 2011 Comparison of Benefits

All percentages are "of allowable fee" unless otherwise indicated

This summary of benefits is based on the official legal documents that establish the Contract. If there is any conflict between the information contained in this summary and the actual terms of the Contract as contained in the official legal documents, the legal documents will govern.

COVERED SERVICES	HEALTH FIRST		COMPREHENSIVE MAJOR MEDICAL (CMM)		
	Option 1 \$500	Option 2 \$1,500	Option 1 \$1,000	Health Savings Account (HSA) Options	
				Option 2 \$3,200	Option 3 \$5,200
LIFETIME MAXIMUM BENEFITS	Unlimited				
DEDUCTIBLE	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family	\$3,200 Individual \$6,400 Family	\$5,200 Individual \$10,400 Family
	DEDUCTIBLE IS WAIVED FOR PARTICIPATING BCBS PROFESSIONAL PROVIDER SERVICES AS NOTED.		DEDUCTIBLE APPLIES TO ALL SERVICES UNLESS OTHERWISE NOTED.		
CO-INSURANCE	80/20	60/40	70/30	100/0	
MAXIMUM MEMBER LIABILITY (MML)	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$3,500 Individual \$7,000 Family	\$3,200 Individual \$6,400 Family	\$5,200 Individual \$10,400 Family
PREVENTIVE HEALTH BENEFIT	<i>Deductible waived, paid at 100% of allowable charges.</i>		Paid at 100% of allowable charges.	<i>Deductible waived, paid at 100% of allowable charges.</i>	
FIRST DOLLAR COVERAGE	<i>Deductible waived for Participating Professional Provider Services.</i>		\$30 copayment per office visit.	Preventive benefits paid at 100%.	
	Paid at 80%.	Paid at 60%.			
HOSPITAL SERVICES	Deductible applies, then paid at 80%.	Deductible applies, then paid at 60%.	Paid at 70% after deductible.	Paid at 100% after deductible.	
ROUTINE NEWBORN EXAM	<i>Deductible waived for Participating Professional Provider Services.</i>		Paid at 70% after deductible.	Paid at 100% after deductible.	
	Paid at 80% after deductible.	Paid at 60% after deductible.			
EMERGENCY ROOM	Deductible applies, then paid at 80%.	Deductible applies, then paid at 60%.	\$50 copayment per visit, waived if admitted to the hospital directly from the emergency room. \$100 copayment per trip for ambulance.	Paid at 100% after deductible.	

MBIA 2011 Comparison of Benefits

All percentages are "of allowable fee" unless otherwise indicated

This summary of benefits is based on the official legal documents that establish the Contract. If there is any conflict between the information contained in this summary and the actual terms of the Contract as contained in the official legal documents, the legal documents will govern.

COVERED SERVICES	HEALTH FIRST		COMPREHENSIVE MAJOR MEDICAL (CMM)		
	Option 1 \$500	Option 2 \$1,500	Option 1 \$1,000	Health Savings Account (HSA) Options	
				Option 2 \$3,200	Option 3 \$5,200
DURABLE MEDICAL EQUIPMENT	<i>Deductible waived for Participating Professional Provider Services.</i>		Deductible applies, then paid at 70% for all qualified medical expenses.	Paid at 100% after deductible.	
	Paid at 80% after deductible.	Paid at 60% after deductible.			
CHIROPRACTIC SERVICES	<i>Deductible waived for Participating Professional Provider Services.</i>		\$30 copayment per office visit.	\$600 maximum per benefit period does not include \$100 x-ray maximum.	
	\$600 maximum per benefit period does not include \$100 x-ray maximum.				
	Paid at 80% after deductible.	Paid at 60% after deductible.		Paid at 100% after deductible.	
PRESCRIPTION DRUG PROGRAM	<p><i>\$150 deductible per member, waived for generics.</i></p> <p><i>Generics - \$10</i></p> <p><i>Brand Formulary - \$40</i></p> <p><i>Brand Non-Formulary – 60% up to a maximum of \$200</i></p> <p><i>Mail Order:</i></p> <p><i>Generics - \$20</i></p> <p><i>Brand Formulary - \$80</i></p> <p><i>Brand Non-Formulary – 60% up to a maximum of \$400</i></p> <p><i>Specialty Pharmaceuticals (30 day supply)</i></p> <p><i>Formulary - \$100</i></p> <p><i>Brand Non-Formulary - \$200</i></p>		Paid at 100% after deductible.		

MBIA 2011 Comparison of Benefits

All percentages are "of allowable fee" unless otherwise indicated

This summary of benefits is based on the official legal documents that establish the Contract. If there is any conflict between the information contained in this summary and the actual terms of the Contract as contained in the official legal documents, the legal documents will govern.

COVERED SERVICES	HEALTH FIRST		COMPREHENSIVE MAJOR MEDICAL (CMM)		
	Option 1 \$500	Option 2 \$1,500	Option 1 \$1,000	Health Savings Account (HSA) Options	
				Option 2 \$3,200	Option 3 \$5,200
WELL-CHILD CARE	Birth through 7 years of age. 100% of allowed charges for routine exams and immunizations				
MAMMOGRAM	<i>Deductible waived.</i> Paid at 100% of allowed charges for baseline or screening mammogram.				
PREVENTIVE COLONOSCOPIES	100% of allowable charges for a Colonoscopy (every 10 years), Barium Enema (every 5 years), Sigmoidoscopy (every 5 years), and/or Fecal Occult Blood Testing (FOBT) annually.				
OUTPATIENT DIABETIC EDUCATION	<i>Deductible waived</i> for the first \$250 of allowed charges per contract year. After the first \$250, deductible and coinsurance applies.				
CHEMICAL DEPENDENCY	<i>Deductible waived for Participating Professional Provider Services.</i>		Paid at 70% after deductible.	Paid at 100% after deductible.	
	Paid at 80% after deductible.	Paid at 60% after deductible.			
MENTAL ILLNESS	<i>Deductible waived for Participating Professional Provider Services.</i>		Paid at 70% after deductible.	Paid at 100% after deductible.	
	Paid at 80% after deductible.	Paid at 60% after deductible.			
HOME HEALTH CARE	180 visits annual maximum benefit.				
	<i>Deductible waived.</i>			Paid at 100% after deductible.	
	Deductible waived. Paid at 80%.	Deductible waived. Paid at 60%.	Paid at 70% after deductible.		
REHABILITATION THERAPY	<i>Deductible waived for Participating Professional Provider Services.</i>		Paid at 70% after deductible.	Paid at 100% after deductible.	
	Paid at 80% after deductible.	Paid at 60% after deductible.			
	OUTPATIENT PHYSICAL, SPEECH, OCCUPATIONAL & CARDIAC THERAPY	<i>Deductible waived for Participating Professional Provider Services.</i>		Paid at 70% after deductible.	Paid at 100% after deductible.
Paid at 80% after deductible.		Paid at 60% after deductible.			
PROSTHETIC DEVICES		<i>Deductible waived for Participating Professional Provider Services.</i>		Paid at 70% after deductible.	Paid at 100% after deductible.
	Paid at 80% after deductible.	Paid at 60% after deductible.			
	SKILLED NURSING FACILITY	60 days annual benefit maximum.			
Paid at 80% after deductible.		Paid at 60% after deductible.	Paid at 70% after deductible.	Paid at 100% after deductible.	

MBIA 2011 Comparison of Benefits

All percentages are "of allowable fee" unless otherwise indicated

This summary of benefits is based on the official legal documents that establish the Contract. If there is any conflict between the information contained in this summary and the actual terms of the Contract as contained in the official legal documents, the legal documents will govern.

COVERED SERVICES	HEALTH FIRST		COMPREHENSIVE MAJOR MEDICAL (CMM)		
	Option 1 \$500	Option 2 \$1,500	Option 1 \$1,000	Health Savings Account (HSA) Options	
				Option 2 \$3,200	Option 3 \$5,200
TRANSPLANTS	<i>Deductible waived for Participating Professional Provider Services.</i>		Paid at 70% after deductible.	Paid at 100% after deductible.	
	Paid at 80% after deductible.	Paid at 60% after deductible.			
ACCIDENTS	Paid at 80% after deductible.	Paid at 60% after deductible.	Paid at 70% after deductible.	Paid at 100% after deductible.	