



2011 Benefit Comparison Guide

Covered Services	Comprehensive Major Medical (CMM)		Big Sky Select	HDHPe		
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Annual Deductible			Level B - Level C			
Individual:	\$1,000	\$1,500	\$750 - \$1,500	\$2,600	\$3,000	\$5,000
Family:	\$2000	\$3,000	\$1,500 - \$3,000	\$5,200	\$6,000	\$10,000
Out-of-Pocket Maximum			Level B - Level C			
Individual:	\$3,000	\$4,500	\$2,000 - \$4,000	\$2,600	\$3,000	\$5,000
Family:	\$6,000	\$9,000	\$2,000 - \$4,000	\$5,200	\$6,000	\$10,000
Coinsurance	50%	50%	40%	100/0	100/0	100/0
First Dollar Benefit	None	None	None	None	None	None
Copayment	None	None	\$30 Level A only	None	None	None
Chiropractic Services	Deductible and Coinsurance apply. \$600 Benefit Period Maximum \$100 X-ray Maximum per benefit period		Level A - \$30 Copay Level B & C Standard Benefits	Deductible applies - \$600 Maximum per benefit period \$100 X-ray Maximum per benefit period		
DME	Deductible and Coinsurance apply. Not included in the OOP		Deductible Waived Paid at 70%	Deductible applies paid at 100% of allowed after deductible		
Prior Authorization is recommended for Purchase repairs and replacement over \$500						
Emergency Room	Deductible and Coinsurance apply		\$100 Copayment	Deductible applies paid at 100% of allowed after deductible		
Home Health	Deductible is waived Coinsurance applies 180 visit maximum per benefit period - Not included in the OOP			Deductible applies paid at 100% of allowed after deductible		
Hospice	Deductible is waived pays at 100%			Deductible applies paid at 100% of allowed after deductible		
Skilled Nursing	Deductible and coinsurance apply. 60 day maximum per benefit period		Payable at Level B or C only	Deductible applies paid at 100% of allowed after deductible. 60 day maximum per benefit period		
Preventive Health Benefits						
Preventive Health	Paid at 100% of allowable charges					
Immunizations	Paid at 100% of allowed charges					
Diabetic Education	Paid at 100% of allowed up to \$250. Deductible and Coinsurance apply after the first \$250			Paid at 100% of allowed up to \$250. Deductible and Coinsurance apply after the first \$250		
Pharmacy Benefits - Efficient RX						
	Retail Pharmacy-34 day	Mail Order - 90 day	Retail Pharmacy 34 day & Mail Order 90 day:			
Deductible	\$150 Waived for generics		Medical deductible applies			
Generic	\$10	\$20	Paid at 100% after deductible			
Brand Formulary	\$40	\$80	Paid at 100% after deductible			
Brand Non-Formulary	60% (up to \$200)	60% (up to \$200)	Paid at 100% after deductible			
Specialty Formulary	\$100		Paid at 100% after deductible			
Specialty Non-Formulary	\$200		Paid at 100% after deductible			

All percentages are of the allowable fee unless otherwise indicated. This is a summary of benefits only. If there are any conflicts between the information contained in this summary and the actual terms of the contract the contract will govern