



**Montana Automobile  
Dealers Association**

	<b>2011 PPO 70/30</b>	<b>2011 PPO 60/40</b>	<b>2011 PPO 50/50</b>	<b>2011 HDHP 3200</b>	<b>2011 HDHP 5000</b>
<b>Deductible</b>					
<b>Individual</b>	\$1,250	\$1,500	\$2,500	\$3,200	\$5,000
<b>Family</b>	\$2,500	\$3,000	\$5,000	\$6,400	\$10,000
<b>Maximum Out-Of-Pocket</b>					
<b>Individual</b>	\$3,000	\$4,000	\$5,000	\$3,200	\$5,000
<b>Family</b>	\$6,000	\$8,000	\$10,000	\$6,400	\$10,000
<b>Coinsurance</b>	70/30	60/40	50/50	100/0	100/0
<b>Maximum Lifetime Benefit</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Well Child Care</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Well-child immunizations through 7 years of age</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Preventive Benefits</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Preventive Mammogram</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Preventive Pap Smear (Lab Charges)</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Colon Cancer Prevention (Fecal Occult Blood Test)</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Sigmoidoscopy</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Colonoscopy</b>	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.	Paid at 100% of allowable fee.
<b>Accident Benefit</b>	Deductible applies, then paid at 70%.	Deductible applies, then paid at 60%.	Deductible applies, then paid at 50%.	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
<b>Inpatient Hospital Services</b>	Deductible applies, then paid at 70%.	Deductible applies, then paid at 60%.	Deductible applies, then paid at 50%.	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%



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<b>Physician Office Visit</b>	\$35 co-pay when utilizing a professional participating provider.	\$35 co-pay when utilizing a professional participating provider.	\$35 co-pay when utilizing a professional participating provider.	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
<b>Diagnostic X-ray &amp; Labs</b>	Included in office call co-pay if physician billed, all other services apply to deductible and coinsurance.	Included in office call co-pay if physician billed, all other services apply to deductible and coinsurance.	Included in office call co-pay if physician billed, all other services apply to deductible and coinsurance.	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
<b>RX Pharmacy Deductible</b>	\$150/member, waived for generics	\$150/member, waived for generics	\$150/member, waived for generics	Major Medical Deductible applies, then paid at 100%.	Major Medical Deductible applies, then paid at 100%.
<b>Generic</b>	\$10	\$10	\$10		
<b>Formulary</b>	\$40	\$40	\$40		
<b>Non-Formulary</b>	60%, capped at \$200 per prescription	60%, capped at \$200 per prescription	60%, capped at \$200 per prescription		
<b>Mail Order</b>	\$150/member, waived for generics	\$150/member, waived for generics	\$150/member, waived for generics	Major Medical Deductible applies, then paid at 100%.	Major Medical Deductible applies, then paid at 100%.
	\$10	\$10	\$10		
	\$80	\$80	\$80		
	60%, capped at \$400 per prescription	60%, capped at \$400 per prescription	60%, capped at \$400 per prescription		
<b>Specialty</b>	Preferred \$100/ Nonpreferred \$200	Preferred \$100/ Nonpreferred \$200	Preferred \$100/ Nonpreferred \$200		
<b>RX Maximum Out-of-Pocket</b>	\$2,500	\$2,500	\$2,500	Same as Major Medical OOP	Same as Major Medical OOP