

Employee Benefits - 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 www.mmiaeb.net and must be referenced for details of all coverages.

	Bridger	Madison	Mission	High Deductible (HSA-Qualified)
Deductible (Individual/Family) (January 1 - December 31)	\$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)				
 All Montana Providers and Non-Montana Cigna Providers 	80%	70%	60%	80%
Non-Montana, Non-Cigna Providers	60%	50%	40%	60%
Annual Out-of-Pocket Maximum (the most you will pay for covered services in a plan year) Individual/Family	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,250 / \$10,500
Medical Services				
Preventive care as recommended by the US Preventive Services Task Force, CDC, and Health Resources & Services Administration at www.healthcare.gov	100% Plan-paid			
Accidental Injury Benefit	100% up to \$300, then standard benefits apply			Deductible applies
Diabetic Education	- 100% Plan-paid			
Hospice Care				
Professional Provider Services				
Alternative Medicine Benefit - up to \$500	Deductible waived (Plan navs Benefit %)			5 1 111
Chiropractic Benefit - up to \$400, plus \$100 x-ray benefit				Deductible applies
Home Health Care	аррнез			
Newborn Initial Care				
Nutritional Counseling - up to 10 visits per year				
Facility Provider Services	Deductible applies			
Emergency Room Care				
Obesity Surgery - one per lifetime, up to \$30,000				
Prescription Drug Benefit				
Generic	\$20 Retail (30 Day) / \$40 Mail Order (90 Day)			Deductible applies
Brand Formulary				
Brand Non-Formulary				