



Student Health Insurance Plan

for University of Montana (Helena)

Welcome to AcademicBlue, your Student Health Insurance Plan

Who can enroll?

If you are a student enrolled for six (6) or more credits at a participating campus, you are eligible for the insurance.

This insurance will begin on the first day of the semester provided that the payment is made as required.

All Campuses: Students who have enrolled for six (6) credits or more will automatically be enrolled for the entire semester. Students may waive coverage at the time of registration for classes for each Fall and Spring semester if they have alternative insurance coverage. The insurance fee will be assessed each semester. Paying for the Spring semester will cover the student through the following summer.

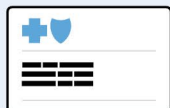
International students, regardless of their number of credits, are required to have health insurance coverage.

As noted earlier, students enrolled for less than six (6) are not eligible for the Student Health Insurance Plan. Exceptions must be approved by the campus student health service or other campus office responsible for student insurance.

If you do not waive coverage by the end of the 15th day of classes, the premium will be charged to your student account.

For additional information

- Visit bcbsmt.com
- Call 855-267-0214



Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSMT
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Montana State University 2025-2026 Plan Highlights^{1,2}

| Benefit Maximum & Deductible | | In-Network Provider | Out-of-Network Provider |
|--|--|---|--|
| Benefit Maximum | | Unlimited | Unlimited |
| Deductible (Individual) | | \$500 | \$1,000 |
| Out-of-Pocket Maximum (Individual) | | \$6,850 | \$13,700 |
| Benefit Coverage <i>Deductible applies unless noted below:</i> | | In-Network Provider | Out-of-Network Provider |
| Hospital Expenses | | 80% | 60% |
| Surgical Expenses | | 80% | 60% |
| Doctor's Visits Including NPs and PAs | | 100% after \$20 Primary Care Provider copayment \$40 Specialist copayment | 60% |
| Emergency Care and Accidental Injury <ul style="list-style-type: none">Facility Services – Copayment is waived if the insured is admitted, inpatient hospital expenses will applyPhysician Services | | 80% of allowable fee after \$100 copayment 80% of allowable fee | 80% of allowable fee after \$100 copayment 80% of allowable fee |
| Diagnostic X-Rays & Laboratory Procedures | | 80% | 60% |
| Hi-tech Radiology MRI, CAT Scan and PET Scan (reading/professional component included) | | 100% after \$100 copayment | 60% |
| Prescription Drugs Per 30-day Retail Supply (deductible waived) <i>*Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.</i> | | At pharmacies contracting with Prime Therapeutics ³ ,100% after: <ul style="list-style-type: none">\$15 copayment for each generic drug\$30 copayment for each brand-name drug*\$50 copayment for non-preferred brand-name drug* | 60% after: <ul style="list-style-type: none">\$15 copayment for each generic drug\$30 copayment for each brand-name drug*\$50 copayment for non-preferred brand-name drug* Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement. |
| Preventative Care Services | | 100% (deductible waived) | 100% (deductible waived) |
| Deadlines, Coverage Periods and Premium Costs | Fall | Spring | Spring New |
| Waiver Deadline | The end of the 15 th day of classes | The end of the 15 th day of classes | The end of the 15 th day of classes |
| Dates Covered | 8/01/2025 – 1/31/2026 | 2/01/2026 – 7/31/2026 | 1/01/2026 – 7/31/2026 |
| Student Rate** | \$2,192 | \$2,192 | \$2,557 |

**A \$7.50 AES fee is included for Fall and Spring. A \$8.75 fee is included for Spring New.

This document contains a summary of your school's proposed student health insurance policy benefits, restrictions, and exclusions as of the date of its publication. For specific details about your plan, please refer to your policy of insurance.

1 This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSMT Participating Provider Option (PPO) Network.

2 Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your School Policy.

3 The relationship between Blue Cross and Blue Shield of Montana (BCBSMT) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSMT, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Montana complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-710-6984 (TTY: 711).

For the full list of languages, see your specific school policy.