



Employee Benefits - Kalispell Custom Plan

Effective 7/1/19 - 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.

Kalispell Custom Plan	
Deductible (Individual/Family)	\$1,000 / \$2,000
Benefit Percentage (what the Plan pays if the Deductible is waived or after the Deductible is met)	
<ul style="list-style-type: none"> All Montana Providers and Non-Montana Cigna Providers 	70%
<ul style="list-style-type: none"> Non-Montana, Non-Cigna Providers 	50%
Annual Out-of-Pocket Maximum (the most you will pay for covered services in a plan year) Individual/Family	\$3,000 / \$6,000
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
Professional Provider Services - including primary care, therapies (physical, occupational, speech, cardiac, and rehabilitation), and chemical dependency treatment	\$25 Copay, Deductible waived
Urgent Care	\$50 Copay, Deductible waived
Emergency Room	\$100 Copay, Deductible waived
Alternative Medicine Benefit – Plan pays up to \$500 after Copays	\$25 Copay, Deductible waived
Mental Health, Newborn Care, Surgical Services	
<ul style="list-style-type: none"> Professional Provider 	100% Plan paid
<ul style="list-style-type: none"> Facility Provider 	Deductible waived, Plan pays 70%
Maternity and Diagnostic	
<ul style="list-style-type: none"> Professional Provider 	100% Plan paid
<ul style="list-style-type: none"> Facility Provider 	Deductible applies, then Plan pays 70%
Diabetic Education	
Hospice Care	100% Plan paid
Anesthesia Services	
Nutritional Counseling - up to 10 visits per year	
Durable Medical Equipment	
Home Health Care	Deductible waived, Plan pays 70%
Hospital Professional Provider	
<ul style="list-style-type: none"> Outpatient 	\$25 Copay
<ul style="list-style-type: none"> Inpatient 	100% Plan paid
Hospital Facility Services	
Obesity Surgery - one per lifetime, up to \$30,000	Deductible applies, then Plan pays 70%
Medical Supplies for use outside of Facility	
Prescription Drug Benefit - Copay Plan	
Deductible per Benefit Period (separate from medical)	\$300 per Covered Person
Generic	\$10 Copay Retail / \$20 Copay Mail Order
Brand Formulary	\$20 Copay Retail / \$40 Copay Mail Order
Brand Non-Formulary	\$40 Copay Retail / \$80 Copay Mail Order

Plan Cost

Employee Only	\$ 670.00	Medicare Retiree Only	\$ 436.00
Employee & Spouse	\$ 1,340.00	Medicare Retiree & Medicare Spouse	\$ 872.00
Employee & Child(ren)	\$ 1,173.00	One with Medicare & One without Medicare	\$ 1,106.00
Employee, Spouse & Child(ren)	\$ 1,843.00		