

RETIREES: Medicare Advantage Plan

The following is a summary of the 2027 Blue Cross Blue Shield Medicare Advantage plans available exclusively to Medicare-eligible retirees of the MMIA health plan. *All retirees that are Medicare-eligible must terminate coverage on an MMIA health plan.* For more information about MMIA-sponsored Group Medicare Advantage Plans or other Medicare questions, contact Wendy Nelson at 406-969-3000 or wendy@justaskwendy.com.

Plan Year: 1/1/27-12/31/27 (Benefits for In-Network Providers)

Medical Benefits*	Advantage - Premium	Advantage – Value Plus	Advantage - Value
Monthly Premium for Retiree Only	\$252.37	\$193.70	\$158.46
Annual Deductible	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$2,500	\$5,000	\$6,700
Preventive Services	No Copay	No Copay	No Copay
Primary Care Visit	\$10 Copay	\$20 Copay	\$25 Copay
Specialist Office Visit	\$25 Copay	\$50 Copay	\$50 Copay
Physical Therapy	\$25 Copay	\$40 Copay	\$40 Copay
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay
Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay
Ambulance	\$200 Copay	\$200 Copay	\$200 Copay
Home Health Care	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay
Inpatient Hospital	\$125/day (Days 1-7)	\$250/day (Days 1-7)	\$250/day (Days 1-7)
Skilled Nursing Facility	\$0 Copay (1-20 days) \$178/day (21-100 days)	\$0 Copay (1-20 days) \$178/day (21-100 days)	\$0 Copay (1-20 days) \$178/day (21-100 days)

Prescription Benefits For 30 Day Supply at In-Network Pharmacies Max OOP \$2,100

Deductible	\$250
Preferred Generic	\$0 Copay
Non-Preferred Generic	\$6 Copay
Preferred Brand	\$39 Copay
Non-Preferred Brand	\$85 Copay
Specialty	30% up to \$2,100 then covered at 100%

Dental, Vision and Hearing Benefits*

Dental	\$5 Copay Preventive; 100% plan paid Basic/Restorative	\$5 Copay Preventive; \$50 Copay Medicare-covered services	No Preventive; \$50 Copay Medicare-covered services
Eye Exams	\$10 Copay routine eye exam; \$0 Copay Medicare-covered services		
Eye Wear	\$0 Copay eyeglass lenses; \$150 allowance on frames and contact lenses; \$40 Copay Medicare-covered services	\$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered services	\$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered services
Hearing Exams	\$15 Copay Medicare-covered exam; \$15 Copay for one routine exam/year	\$15 Copay Medicare-covered exam; \$15 Copay for one routine exam/year	\$40 Copay for Medicare-covered services only
Hearing Aids	\$1,000 hearing aid allowance every 3 years	\$500 hearing aid allowance every 3 years	Not Covered

*The above information is for comparison purposes and is not a guarantee of benefits. For full benefit information, see the Summary Plan Documents.