



## Hyalite Rural Fire District

### Board Meeting Synopsis Approval Form

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The written synopsis of the February 15, 2022 Hyalite Rural Fire District (HRFD)  
Board of Trustees Regular Board Meeting was approved by motion of the HRFD Board of  
Trustees on March 15, 2022.

  
Chair Signature

Eugene M. Geddes, III  
Printed Name

  
Secretary Signature

Ken Beideman  
Printed Name

**HYALITE RURAL FIRE DISTRICT  
BOARD OF TRUSTEES REGULAR PUBLIC MEETING  
SYNOPSIS**

DATE: FEBRUARY 15, 2022

TIME: 7:00 p.m.

LOCATION: Sourdough Fire Station, 4541 S. 3<sup>rd</sup> Rd., Bozeman, Montana

*In compliance with [MCA 2017 2-3-212](#) and the Hyalite Rural Fire District Bylaws, the minutes of HRFD Board of Trustees open public meetings are comprised of an audio recording and a written synopsis. The audio recording is designated as the official record of a meeting. The written synopsis serves to assist the public in accessing portions of the audio recording and is a good faith attempt to provide the public with another method to be informed about the actions of the Board. The minutes are available to the public at [www.hyalitefire.org/board-meeting-minutes/](http://www.hyalitefire.org/board-meeting-minutes/) or at the Hyalite Rural Fire District Administrative Offices, 4541 S. 3<sup>rd</sup> Rd., Bozeman, MT, during its standard business hours.*

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**TRUSTEES IN ATTENDANCE:**

Pete Geddes  
Justin Miller  
Jason Jarrett via phone  
Walt Zidack  
Ken Beideman

**STAFF IN ATTENDANCE:**

Brian Nickolay, Fire Chief  
Chris Dahlhauser, Assistant Fire Chief  
Sheryl Wyman, Administrative Assistant

**PUBLIC IN ATTENDANCE:**

Caitlin Fuego, Volunteer Firefighter  
Sava Karcher, Volunteer Firefighter  
Christopher Leeper, Volunteer Firefighter  
Weston Neubauer, Volunteer Firefighter  
Hunter Ziegler, Volunteer Firefighter  
Oren Schumaker, NWKS  
Antoinette Bloem, First West Insurance

<b>0:00:22</b>	<b>CALL TO ORDER OF HYALITE RURAL FIRE DISTRICT</b>  Chair Geddes called the meeting to order and asked for any public comment on non-agenda items. Fire Chief Nickolay states Oren Schumaker is here to introduce himself to the board. He is a former volunteer and architect. Chair Geddes suggests he speaks during the Chief's report  .
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	<p><b>HYALITE CONSENT AGENDA</b></p> <p>Chair Geddes asks if there are any requests to pull anything from the Consent Agendas. None given.</p> <p><b>Motion: Chair Geddes asks for a motion to approve the consent agenda. Trustee Zidack made a motion to approve the consent agenda as presented.</b></p> <p>Trustee Miller seconded the motion.</p> <p><b>Vote:</b> Jarrett-Yes; Zidack-Yes; Beideman-Yes Miller-Yes; Geddes-Yes; Unanimous approval.</p> <p><i>[See January 25, 2022 Board Packet for Consent Agenda items Approved]</i></p>
	<b>REGULAR AGENDA</b>
<b>0:01:38</b>	<p><b>Agenda Item 1 – Swearing in of New Firefighters</b></p> <p>Chief Nickolay introduces the new firefighters to the board. Each firefighter introduces themselves and tells a bit about themselves. Chief Nickolay gives an oath to the new apprentice firefighters and presents them with certificate of completion of the Hyalite Fire Department recruit academy.</p> <p>Trustees give their thanks. Chair Geddes makes comments to the firefighters and thanks the volunteers for their involvement and servicing their community.</p>
<b>0:06:52</b>	<p><b>Agenda Item 2 – Discussion and Decision – First West Presentation on Health and Dental Insurance Options – Antoinette Bloem</b></p> <p>Ms. Bloem introduces herself. She provides information on the health insurance plans offered to the employees. The plan the employees are currently enrolled in is going to see an increase of 9% for the renewal beginning in April of 2022. This plan is not an HSA eligible plan. She also provided information for Pacific Source. Ms. Bloem discusses another plan that does offer an HSA option.</p> <p>Trustee Miller asks if the employee can choose which plan. She advises that Blue Cross Blue Shield can offer up to three plans for the employee to choose from. Two plans are currently offered. Chief Nickolay provides input from the Chief's position. The employees had met with Antoinette before the meeting to go over the plans and benefits to the employees.</p> <p>Ms. Bloem spoke further about Delta Dental and Blue Vision. She also states the trend is for health insurance costs are between 8 and 10% increases.</p> <p>Chair Geddes asks for board discussion. He asks the Chief if he is happy with plans. Chief Nickolay states he is and there weren't any concerns or issues by the staff in the renewal.</p>

	<p>Trustee Miller and Zidack asks questions and makes comments about the plans. Discussion is held regarding deductibles and out of pocket costs. Information was also provided regarding HSAs and FSAs. Chair Geddes makes comments. Trustee Zidack confirms the options available. Ms. Bloem discusses the other carriers available.</p> <p>Trustee Zidack confirms for budgeting purposes there won't be much of a change depending on what plan the employee chooses.</p> <p>Ms. Bloem explains the difference between the composite rates and age-based rates. She recommends the board renew the plans currently selected. Trustee Miller likes one additional plan that will be added for the employees to choose from. Trustee Zidack asks for more information on HSA accounts.</p> <p><b>Motion: Trustee Miller moves to renew with Blue Cross and to have 931, 930, and HSA plans and keep dental as is.</b></p> <p>Trustee Beideman seconded the motion.</p> <p><b>Vote:</b> Jarrett-Yes; Zidack-Yes; Beideman-Yes; Miller-Yes; Geddes-Yes; Unanimous approval.</p> <p><i>[See Attachments A – Health and Dental Plans]</i></p>
0:30:13	<p><b>Agenda Item 3 – Discussion and Decision – Creating a Fire Station Concept Sub-Committee</b></p> <p>Chief Nickolay discusses the needs assessment to develop a sub-committee to work on conceptual designs. Chair Geddes refers to Attachment D from the January 25, 2022 meeting synopsis (Attached). Chief Nickolay recommends forming a sub-committee including himself and Chris representing the fire department; two board members, and members from the community as taxpayer representation.</p> <p>Chair Geddes makes comments and finds it very important to have members of the community from that area. He suggested that it doesn't necessarily have to be the same two board members at every meeting. Should there be more than three board members at the meeting it would be noticed but no decisions would be made. Decisions would be made at a full board member with all trustees present.</p> <p>Trustee Zidack agrees that as long as the meeting is properly noticed and that any work done by the committee will be presented at a regularly scheduled board meeting.</p> <p>Discussion is held regarding the payment of the current bond and the request for a new bond proposal to the public. The current bond is scheduled to be retired in 2027. Chief Nickolay discusses the current growth in the area and the expanding need.</p>

	<p>Chief Nickolay suggests working with Oren Schumaker to develop a concept idea down to present to the public. Oren Schumaker introduces himself and provides his background. He was a volunteer with Rae/Sourdough Fire Department from 1997 - 2003. He was also an EMT with AMR while an architecture student at MSU. His firm has recently opened an office in Bozeman. He was the design mind behind the Cottonwood Station. He discusses the possible expansion options for the Cottonwood Station. He went to Arizona and saw several fire stations that were being built. Chief Nickolay explains there are different options to get design options with different payment options. He feels it would be beneficial in working with Oren's firm who has the background in fire stations.</p> <p>Chair Geddes explains the duty to protect the public. And having an architect involved from day one makes a ton of sense. He suggests having an RFP process. Trustee Zidack feels it would be right to have a legal notice for the RFP process to protect the public as well as the department. Discussion is held between the trustees regarding the concept stage and the building phase.</p> <p><b>0:47:04</b> Chair Geddes asks for more board discussion. Trustee Beideman suggests making sure we use someone who has experience who have built a fire station. Discussion is held regarding the RFP. Oren Schumaker suggests even doing an RFQ (Request for Qualifications). He provides other suggestions for the RFP. Further discussion is held regarding the concept to go to the public.</p> <p>Chair Geddes suggests next month the Chief will present the RFQ language to the board for approval. Trustee Zidack discusses the time length necessary to get the submissions. Chair Geddes states next month there will be an agenda item for discussion and decision on approval for a request for qualifications. We will also have more information about a recommendation of length for noticing. The selected firm from the RFQ pool will then be brought into the sub-committee work.</p> <p>Chief Nickolay presents that we also need to decide what amount of money do we want to spend on the concept design phase. Discussion is held regarding the fees to be expected, i.e. travel expenses.</p> <p>Chief Nickolay asks if an ad should be run for public representation. Discussion is held regarding timing of starting the sub-committee meetings. The sub-committee will only be advisory to the board. Rules of engagement and duties will be defined for the sub-committee.</p> <p><b>Motion: Trustee Zidack moves to form a sub-committee and the Chief will prepare an RFQ to be approved by the board at the next meeting.</b></p> <p>Trustee Beideman seconded the motion.</p> <p><b>Vote:</b> Jarrett-Yes; Zidack-Yes; Beideman-Yes; Miller-Yes; Geddes-Yes; Unanimous approval.</p>
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	<p>The Chief will advertise to the public for interest in the sub-committee.</p> <p><i>[See Attachment B – Attachment D of January 25, 2022 board meeting.]</i></p>
<b>1:14:33</b>	<p><b>Fire Chief's Report</b></p> <p>Chief Nickolay discusses items in his fire chief's report. He goes into further detail on items number eight and nine.</p> <p>Regarding item number 11 he is still working through the process researching for the replacement of the twins. He and Assistant Chief Dahlhauser will be making a site visit to the Pierce facility to get more information regarding costs and time lines to bring back to the board.</p> <p>Number 12 is presenting an opportunity to work with the DNRC to purchase a hybrid wildland truck by buying a cab and chassis the DNRC will build it the truck into a wildland truck. They will maintain the wildland pump unit and we will maintain the chassis of the truck. This will save us money where we can pay \$50,000 - \$60,00 to get a truck that would cost \$150,000 - \$200,000. This would also greatly increase our capability to fight wildland fires, especially in the spring when the heavy trucks are not able to leave the roads. Discussion is held regarding the specifications of the wildland truck.</p> <p>Number 15 is still in the process. Assistant Chief Dahlhauser is working with Medicare, Medicaid and Pintler, and the reporting software.</p> <p>The Chief is working on outreach to several HOAs in the fire district. He has recently met with Hyalite Meadows.</p> <p>A new letter of engagement has been signed with Amy Christensen. This is not a retainer but another resource. Susan Swimley will still need to be used as our general legal resource. Discussion is held regarding HR resources.</p> <p>Chair Geddes asks for board discussion. None given.</p> <p><i>[See Attachment C – Fire Chief's Report with Attachments]</i></p>
<b>1:23:52</b>	<p><b>Trustees' Activities</b></p> <ul style="list-style-type: none"> <li>• Trustee Beideman will be attending the 2022 FSTS Staff and Command Seminar March 11<sup>th</sup> and 12<sup>th</sup>.</li> <li>• Administrative Assistant advises no one else filed for the open trustee position. The write in deadline is February 28<sup>th</sup> and if no one writes in we will not have an election.</li> </ul>
<b>1:25:05</b>	<p><b>Announcements</b></p> <ul style="list-style-type: none"> <li>• Next board meeting set for March 15, 2022 at Sourdough Station.</li> </ul>
<b>1:27:41</b>	<p><b>ADJOURNMENT</b></p>



Presented to: Hyalite Rural Fire District for a proposed effective date of:  
April 1, 2022

Your Agent/Producer is First West Insurance

Your Agent/Producer is First West Insurance			Current Plan												
Carrier	Plan Name	Plan Network	Rate Quarter	Metallic Level	Deductible	Co-ins	Maximum OOP	Office Visit	Spec. Visit	Urgent Care	Telemedicine	Prescriptions	Accident Benefit	HSA Qualified	Preventive Care
							</								

	Current Plan			
Carrier	BCBSMT	BCBSMT	BCBSMT	Pacific Source
Plan Name	G931PFR (PPO 107)	G931PFR (Gold PPO 107)	G930PFR (Gold PPO 105)	Navigator Gold 2000
Plan Network	PPO	PPO	PPO	Navigator
Rate Quarter	Q2 2021	Q2 2022	Q2 2022	Q2 2022
Metallic Level	Gold	Gold	Gold	Gold
Deductible	\$1,500	\$1,500	\$2,500	\$2,000
Co-ins	80%	80%	80%	70%
Maximum OOP	\$5,700	\$5,700	\$4,500	\$5,500
Office Visit	\$35.00	\$35.00	\$35.00	\$30.00
Spec. Visit	\$65.00	\$65.00	\$65.00	\$60.00
Urgent Care	\$50.00	\$50.00	\$50.00	\$30.00
Telemedicine	\$35 PCP/\$65 Spec.	\$15 PCP/\$65 Spec.	\$15 PCP/\$65 Spec.	\$0 copay
Prescriptions	\$5/\$15/\$60/\$150/\$250/\$350 when using Value Network Pharmacies	\$5/\$15/\$60/\$150/\$250/\$350 when using Value Network Pharmacies	\$5/\$15/\$60/\$150/\$250/\$350 when using Value Network Pharmacies	\$0/\$10/\$35/\$60/\$250
Accident Benefit	\$0	\$0	\$0	\$500
HSA Qualified	No	No	No	No
Preventive Care	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%

	Composite Rate Table - Small Group			
Employee Only	Manually Enter Rates	\$546.10	\$539.49	\$531.18
Employee/Spouse	Manually Enter Rates	\$1,092.19	\$1,078.98	\$1,062.35
Employee/Child(ren)	Manually Enter Rates	\$1,146.80	\$1,132.93	\$1,115.47
Employee/Family	Manually Enter Rates	\$1,692.90	\$1,672.41	\$1,646.65

Composite Rates by Employee					
Name	Coverage Type	Rates shown are for Rating Area 2			
Dahlhauser, Christopher	Employee/Child(ren)	Manually Enter Rates	\$1,146.80	\$1,132.93	\$1,115.47
Dahlhauser, Samantha					
Dahlhauser, Zev					
Malone, Malcolm	Employee Only	Manually Enter Rates	\$546.10	\$539.49	\$531.18
Nickolay, Brian	Employee Only	Manually Enter Rates	\$546.10	\$539.49	\$531.18
Prato, Colin	Employee Only	Manually Enter Rates	\$546.10	\$539.49	\$531.18

Total Medical Premium	\$0.00	\$2,785.09	\$2,751.39	\$2,709.00
Total Annual Medical Premium	\$0.00	\$33,421.08	\$33,016.68	\$32,508.00
% Change from Current		#DIV/0!	#DIV/0!	#DIV/0!



deltadentalins.com

January 14, 2022

BRIAN NICKOLAY  
 HYALITE RURAL FIRE DISTRICT  
 ADMINISTRATIVE ASSISTANT 4541 S. 3RD RD.  
 BOZEMAN MT 59715

RE: COVID-19 Premium Changes for HYALITE RURAL FIRE DISTRICT  
 Group #17272-51213 ER#09046

Dear Valued Customer:

We appreciate your business and thank you for choosing Delta Dental Insurance Company(Delta Dental). Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your Delta Dental PPO<sup>SM</sup> plan, we considered cost factors related to your group's dental service utilization and claims experience as well as the impact of the ongoing COVID-19 pandemic. Our analysis indicates that a decrease in your current rates are warranted.

The following is the renewal information for your dental plan:

<b>Effective Date</b>	April 1, 2022	
<b>Contract Term</b>	April 1, 2022 to March 31, 2024	
<b>% Decrease</b>	4.00%	
	<b>Current Rates</b>	<b>Renewal Rates</b>
<b>Employee</b>	\$ 39.31	\$ 37.74
<b>Employee + One or More</b>	\$ 96.66	\$ 92.79

Please keep this renewal letter with your contract documents. It serves as an amendment to your Delta Dental Contracts for the rates and contract term.

Delta Dental Insurance Company  
 Telephone: 800-521-2651

Delta Dental of California  
 Telephone: 888-335-8227

Delta Dental Mid-Atlantic Region  
 Delta Dental of Delaware, Inc.  
 Delta Dental of the District of Columbia  
 Delta Dental of New York, Inc.  
 Delta Dental of Pennsylvania (Maryland)  
 Delta Dental of West Virginia  
 Telephone: 800-932-0783

To renew your dental plan contract, please follow these steps:

- 1) Review this letter for changes in your dental plan for April 1, 2022
- 2) Begin paying the rates outlined in this letter with your new contract term.

If you choose not to renew your contract, please send written notification, by certified mail, to Allied Administrators at PO Box 70930 Oakland CA 94612 or email: [info@alliedadministrators.com](mailto:info@alliedadministrators.com) on or prior to March 1, 2022

If you have any questions about your renewal, your Allied Administrators account coordinator 877-472-2669 will be happy to help.

We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

Delta Dental Insurance Company



Mohammadreza Navid  
Group Vice President  
Sales

c: DELTA DENTAL INSURANCE CO

FIRST WEST INSURANCE  
ANTOINETTE BLOEM  
1905 STADIUM DR  
BOZEMAN MT 59715

 <b>BlueCross BlueShield of Montana</b>	Southwest Service Center 1001 E Lookout Dr, 12th Fl Bldg B Richardson, TX 75082
RETURN ADDRESS REQUESTED ***** HYALITE RURAL FIRE DISTRICT 4541 SOUTH 3RD BOZEMAN MT 59715	

Dear Group Administrator,

**Thank you for choosing Blue Cross and Blue Shield of Montana.**

This exhibit includes essential information about your group's renewal options for the upcoming year.

Talk with your Producer or the Montana Small Group Account Management team to review your options and help you submit the right paperwork, if you're considering changes.

If you choose to renew with no changes, no paperwork or notification is needed.

Thank you for doing business with **Blue Cross and Blue Shield of Montana.**



Dear Group Administrator,

## It's time to renew with Blue Cross and Blue Shield of Montana!

This exhibit gives you important information about your group's renewal options for the upcoming year.



- Step 1** Talk to your Producer or Blue Cross and Blue Shield of Montana Small Group Account Management team at 800-281-0446 to review your options and any paperwork needed if you want to make a change to your coverage.



- Step 2** To make changes for the new year, please return the BPA Amendment Form to [mtsmallgroupamendment@bcbsmt.com](mailto:mtsmallgroupamendment@bcbsmt.com) at least 15 days before your renewal date.

If you don't want to make any changes, then you're set! No paperwork or emails are required - coverage will renew without any interruption.

**Thank you for continuing to trust Blue Cross and Blue Shield of Montana to protect your business!**

# RENEWAL CONTENTS

- [How to Read Your Renewal](#)
- [Renewal at a Glance](#)
- [Medical Plans](#)
- [Dental Plans](#)
- [Vision Plans](#)
- [Enhancing Employer Benefits](#)
- [Ready to Renew](#)
- [Appendix](#)

# How to Read Your Renewal

Your Blue Cross and Blue Shield of Montana (BCBSMT) coverage renews each year on your renewal date (found in the top right corner of this page).

Lots of things can change from year-to-year, that's why it's important to think through your business needs and your employees' needs to make sure the right plans are in place for the new year.

This renewal exhibit helps you learn more about coverage options.



## Follow these steps to get the most out of your renewal exhibit

### Step 1: Review your current renewal

The [Renewal at a Glance](#) section provides a quick overview on the:

- **Current Plan** – shows current plan(s) and total monthly cost(s)
- **Renewing Plan** – gives suggestions for the next year based upon current coverage – if you don't make any changes to your plans, this is the plan(s) that will start on the new coverage year.
- **Low Cost Options** – look at these plans for lower cost coverage ideas (if available)

### Step 2: Need more ideas?

Did you know that you have a wide variety of medical plans to choose from? If you didn't find the right fit in the [Renewal at a Glance](#) section, go to the [Medical Plans](#) section to review everything available.

Best of all – small groups can offer up to SIX benefit plans – offering more than one plan to your employees lets them choose the benefits and price that is right for their needs.

### Step 3: Consider enhancing your employer benefit package

Offering a competitive benefits package is important. BCBSMT offers small group dental plans, short-term and long-term disability plans and more found in [Dental Plans](#) and [Enhancing Employer Benefits](#) sections.

### Step 4: Need more information?

The [Appendix](#) includes helpful information like:

- Employee census – who has coverage today
- Premiums at the employee level

[Go Back to Renewal Contents](#)

# How to Read Your Renewal

- Details on what coverage includes

## Step 5: Let's renew!

**No changes?** Great! You don't need to return any paperwork or send any emails. Your coverage will continue uninterrupted based on the Renewing Plan(s) in the [Renewal at a Glance](#) section.

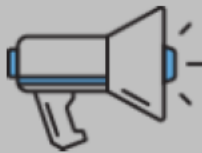
**Need to make plan changes?** No problem. Simply return the BPA Amendment Form (found in the Forms section of Blue Access for Employers) at least 15 days before the renewal date to:



**Email:** MTsmallgroupamendment@bcbsmt.com



**Fax:** 406-441-5585



**Small businesses have big options, thanks to BCBSMT!**

Did you know that small employers can offer up to SIX medical plans through BCBSMT?

Employer contributions are based on the lowest cost option offered.

Offering more than one plan lets employees have the freedom to choose what is right for them.

[Go Back to Renewal Contents](#)

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Registered Marks  
Blue Cross and Blue Shield Association

## Renewal at a Glance

Your group's current Medical plan(s), suggested plans for the upcoming year and low-cost options (if available) are listed below.

If these plans aren't a good fit for the new year, don't worry, you've got more plans to choose from in the [Medical Plans](#) section.

	Current Plan	Renewal Plan	Low Cost Option 1	Low Cost Option 2
Plan ID	G6E1PFR	G6E1PFR	B6J1PFR	B902PFR
Metallic	Gold	Gold	Bronze	Bronze
Network Name	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred
Deductible In-Network // Out-of-Network	\$2800//\$5600	\$2900//\$5800	\$8550//\$17100	\$6500//\$13000
Primary Care/Virtual Visit	100%/DC	DC/DC	\$35/\$15	DC/DC
Coinsurance In-Network // Out-of-Network	100%/100%	100%/100%	100%/100%	60%/50%
Out-of-Pocket Max In-Network // Out-of-Network	\$2800//\$5600	\$2900//\$5800	\$8550//\$17100	\$7000//\$26000
Specialist Office Visit	100%	DC	DC	DC
Non Preferred Pharmacy Copays	100%	100%	100%	60%/60%/50%/50%/50%/50%

	Current Plan	Renewal Plan	Low Cost Option 1	Low Cost Option 2
Plan ID	G931PFR	G931PFR	B6J1PFR	B902PFR
Metallic	Gold	Gold	Bronze	Bronze
Network Name	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred
Deductible In-Network // Out-of-Network	\$1500//\$3000	\$1500//\$3000	\$8550//\$17100	\$6500//\$13000
Primary Care/Virtual Visit	\$35//\$35	\$35/\$15	\$35/\$15	DC/DC
Coinsurance In-Network // Out-of-Network	80%/50%	80%/50%	100%/100%	60%/50%
Out-of-Pocket Max In-Network // Out-of-Network	\$5700//\$15000	\$5700//\$15000	\$8550//\$17100	\$7000//\$26000
Specialist Office Visit	\$65	\$65	DC	DC
Non Preferred Pharmacy Copays	\$15/\$25/\$80/\$170/\$250/\$350	\$15/\$25/\$80/\$170/\$250/\$350	100%	60%/60%/50%/50%/50%/50%

More information on rates is available in the [Appendix – Monthly Medical Premiums](#) section. To view other plans, see the [Medical Plans](#) section.

### Current and Renewal Metallic Medical Plans and Premium - Age Rates

Medical Rates					Current Plan : G6E1PFR				Renewal Plan : G6E1PFR			
	Employee	DOB	Age	State	Employee Rates	Spouse Rates	Child Rates	Total	Employee Rates	Spouse Rates	Child Rates	Total
1					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Monthly Medical Premium*					\$0.00				\$0.00			

Medical Rates					Low Cost Option 1 : B6J1PFR				Low Cost Option 2 : B902PFR			
	Employee	DOB	Age	State	Employee Rates	Spouse Rates	Child Rates	Total	Employee Rates	Spouse Rates	Child Rates	Total
1					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Monthly Medical Premium*					\$0.00				\$0.00			

Medical Rates					Current Plan : G931PFR				Renewal Plan : G931PFR			
	Employee	DOB	Age	State	Employee Rates	Spouse Rates	Child Rates	Total	Employee Rates	Spouse Rates	Child Rates	Total
1	MALONE MALCOLM	07/09/1994	27	MT	\$401.75			\$401.75	\$437.47			\$437.47
2	PRATO COLIN	01/25/1993	29	MT	\$426.47			\$426.47	\$467.10			\$467.10
3	DAHLHAUSER CHRISTOPHER	04/12/1973	48	MT	\$613.22		\$626.95	\$1240.17	\$682.50		\$677.90	\$1360.40
4	NICKOLAY BRIAN	12/17/1983	38	MT	\$485.71			\$485.71	\$520.12			\$520.12
Total Monthly Medical Premium*					\$2554.10				\$2785.09			

Medical Rates					Low Cost Option 1 : B6J1PFR				Low Cost Option 2 : B902PFR			
	Employee	DOB	Age	State	Employee Rates	Spouse Rates	Child Rates	Total	Employee Rates	Spouse Rates	Child Rates	Total
1	MALONE MALCOLM	07/09/1994	27	MT	\$309.82			\$309.82	\$318.54			\$318.54
2	PRATO COLIN	01/25/1993	29	MT	\$330.81			\$330.81	\$340.12			\$340.12
3	DAHLHAUSER CHRISTOPHER	04/12/1973	48	MT	\$483.36		\$480.11	\$963.47	\$496.96		\$493.61	\$990.57
4	NICKOLAY BRIAN	12/17/1983	38	MT	\$368.35			\$368.35	\$378.72			\$378.72
Total Monthly Medical Premium*					\$1972.45				\$2027.95			

## Renewal at a Glance

### Total Monthly Renewal Premium - Age Rates

Plan ID	Plan Name	Enrolled Count	Total Monthly Medical Cost
G6E1PFR	Blue Preferred Gold PPO 135	0	\$0.00
G931PFR	Blue Preferred Gold PPO 107	4	\$2785.09
Total Monthly Medical Premium*			\$2,785.09

See [Medical Rate Contingencies](#) in the Appendix section for more information about your rates.

To view all alternate plan options available to you, please see the [Medical Plans](#) section.

# Renewal at a Glance

## Vision Plan and Premium

The plan will pay the following amounts for covered vision services. Any balances are the member's responsibility. Benefits are for members age 19 and older.

	Current Vision Plan	Renewal Vision Plan
	VSTD SMT	VSTD SMT
<b>Exam</b> (once every 12-month period)	\$60	\$60
<b>Frames</b>	\$48	\$48
<b>Conventional Lenses</b> (per pair)	Single-Vision - \$50 Bifocal-Single - \$72 Bifocal-Double - \$136 Trifocal - \$92 Lenticular Including Aspheric - \$320	Single-Vision - \$50 Bifocal-Single - \$72 Bifocal-Double - \$136 Trifocal - \$92 Lenticular Including Aspheric - \$320
<b>Contact Lenses</b>	In Lieu of glasses - \$98 Sole Treatment Option - \$320	In Lieu of glasses - \$98 Sole Treatment Option - \$320
<b>Per Member Per Month Rate</b> (19 years and above)	\$6.00	\$6.00
<b>Enrolled count</b>	4	4
<b>Total Monthly Vision Cost</b>	\$24.00	\$24.00

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# Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network//Out-of-Network	Individual Out-of-Pocket Max In-Network//Out-of-Network	Primary Care/Virtual Visit	Coinsurance In-Network//Out-of-Network	Specialist Office Visit	Urgent Care Visit	ER Copay//Coinsurance Per ER visit	In-Patient Deductible In-Network//Out-of-Network	Non-Preferred Pharmacy Copays	Total Monthly Health Cost - Age Rates	Total Monthly Health Cost - Composite Rates
<b>Blue Preferred Network</b>											
<b>PPO Plans</b>											
<b>Platinum</b>											
P911PFR	\$250//\$500	\$1500//\$4500	\$25/\$15	80%//50%	\$50	\$50	\$250//100%	DC//DC	\$10/\$20/\$70/\$120/\$250/\$350	\$3419.13	\$3419.14
P6K1PFR	\$500//\$1000	\$2500//\$7500	\$10/\$10	80%//50%	\$40	\$50	\$250//100%	DC//DC	\$10/\$20/\$70/\$120/\$250/\$350	\$3317.32	\$3317.30
P910PFR	\$750//\$1500	\$1500//\$4500	\$25/\$15	80%//50%	\$45	\$50	\$250//100%	DC//DC	\$10/\$20/\$55/\$95/\$250/\$350	\$3346.33	\$3346.31
<b>Gold</b>											
G931PFR	\$1500//\$3000	\$5700//\$15000	\$35/\$15	80%//50%	\$65	\$50	DC//80%	DC//DC	\$15/\$25/\$80/\$170/\$250/\$350	\$2785.09	\$2785.11
G933PFR	\$2000//\$4000	\$6000//\$15000	\$35/\$15	80%//50%	\$65	\$50	\$300//100%	DC//DC	\$10/\$20/\$70/\$120/\$250/\$350	\$2776.48	\$2776.49
G930PFR	\$2500//\$5000	\$4500//\$10500	\$35/\$15	80%//50%	\$65	\$50	DC//80%	DC//DC	\$15/\$25/\$80/\$170/\$250/\$350	\$2751.39	\$2751.40
G6K2PFR	\$3500//\$7000	\$6000//\$15000	\$25/\$15	80%//50%	\$45	\$50	DC//80%	DC//DC	\$15/\$25/\$80/\$170/\$250/\$350	\$2599.14	\$2599.16
<b>Silver</b>											
S931PFR	\$3000//\$6000	\$5250//\$15750	DC/DC	80%//50%	DC	DC	DC//80%	DC//DC	80%/80%/70%/60%/60%/50%	\$2451.22	\$2451.21
S932PFR	\$4750//\$9500	\$8400//\$23700	\$40/\$15	70%//50%	\$65	\$50	DC//70%	DC//DC	\$20/\$30/\$70/\$120/\$250/\$350	\$2315.24	\$2315.25
S6K3PFR	\$6000//\$12000	\$8700//\$26100	\$30/\$15	60%//50%	\$50	\$75	DC//60%	DC//DC	\$10/\$20/\$70/\$120/\$250/\$350	\$2279.82	\$2279.80
<b>Bronze</b>											
B6J1PFR	\$8550//\$17100	\$8550//\$17100	\$35/\$15	100%//100%	DC	DC	DC//100%	DC//DC	100%	\$1972.45	\$1972.43
<b>HSA Plans*</b>											
<b>Gold</b>											
G6E1PFR*1	\$2900//\$5800	\$2900//\$5800	DC/DC	100%//100%	DC	DC	DC//100%	DC//DC	100%	\$2791.91	\$2791.89

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# Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network//Out-of-Network	Individual Out-of-Pocket Max In-Network//Out-of-Network	Primary Care/Virtual Visit	Coinsurance In-Network//Out-of-Network	Specialist Office Visit	Urgent Care Visit	ER Copay//Coinsurance Per ER visit	In-Patient Deductible In-Network//Out-of-Network	Non-Preferred Pharmacy Copays	Total Monthly Health Cost - Age Rates	Total Monthly Health Cost - Composite Rates
G6J2PFR <sup>*1</sup>	\$2900//\$5800	\$3500//\$10500	DC/DC	90%//50%	DC	DC	DC//90%	DC//DC	80%/80%/70%/60%/60%/50%	\$2611.56	\$2611.56
G936PFR <sup>*1</sup>	\$4000//\$8000	\$4000//\$8000	DC/DC	100%//100%	DC	DC	DC//100%	DC//DC	100%	\$2559.38	\$2559.38
Silver											
S935PFR <sup>*1</sup>	\$3000//\$6000	\$6000//\$18000	DC/DC	80%//50%	DC	DC	DC//80%	DC//DC	60%/60%/50%/50%/50%/50%	\$2409.25	\$2409.24
S6J3PFR <sup>*1</sup>	\$4000//\$8000	\$6900//\$20700	DC/DC	80%//50%	DC	DC	DC//80%	DC//DC	80%/80%/70%/60%/60%/50%	\$2234.79	\$2234.77
S933PFR <sup>*1</sup>	\$4400//\$8800	\$4400//\$8800	DC/DC	100%//100%	DC	DC	DC//100%	DC//DC	100%	\$2487.37	\$2487.37
S6E1PFR <sup>*1</sup>	\$5500//\$11000	\$5500//\$11000	DC/DC	100%//100%	DC	DC	DC//100%	DC//DC	100%	\$2313.38	\$2313.36
Bronze											
B902PFR <sup>*1</sup>	\$6500//\$13000	\$7000//\$26000	DC/DC	60%//50%	DC	DC	\$600//60%	DC//DC	60%/60%/50%/50%/50%/50%	\$2027.95	\$2027.96
Blue Focus Network											
POS Plans											
Platinum											
P6K4BLC	\$250//\$500	\$1500//\$4500	\$25/NA	80%//50%	\$50	\$50	\$250//100%	DC//DC	\$10/\$20/\$70/\$120/\$250/\$350	\$3327.00	\$3326.99
P6K1BLC	\$500//\$1000	\$2500//\$5000	\$10/NA	80%//50%	\$40	\$50	\$250//100%	DC//DC	\$10/\$20/\$70/\$120/\$250/\$350	\$3201.37	\$3201.37
P6E1BLC	\$750//\$1500	\$1500//\$4500	\$25/NA	80%//50%	\$45	\$50	\$250//100%	DC//DC	\$15/\$25/\$80/\$170/\$250/\$350	\$3189.34	\$3189.34
Gold											
G6E1BLC	\$1250//\$2500	\$7000//\$18750	\$35/NA	80%//50%	\$70	\$50	\$250//100%	DC//DC	\$15/\$25/\$80/\$170/\$250/\$350	\$2622.22	\$2622.22
G6E2BLC	\$1500//\$3000	\$5700//\$15000	\$35/NA	80%//50%	\$65	\$50	DC//80%	DC//DC	\$15/\$25/\$80/\$170/\$250/\$350	\$2598.68	\$2598.71
G6E3BLC	\$2500//\$5000	\$6500//\$16500	\$30/NA	90%//50%	\$65	\$50	\$250//100%	DC//DC	\$20/\$30/\$70/\$120/\$250/\$350	\$2542.83	\$2542.81

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# Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network//Out-of-Network	Individual Out-of-Pocket Max In-Network//Out-of-Network	Primary Care/Virtual Visit	Coinsurance In-Network//Out-of-Network	Specialist Office Visit	Urgent Care Visit	ER Copay//Coinsurance Per ER visit	In-Patient Deductible In-Network//Out-of-Network	Non-Preferred Pharmacy Copays	Total Monthly Health Cost - Age Rates	Total Monthly Health Cost - Composite Rates
G6K2BLC	\$3500//\$7000	\$6000//\$15000	\$25/NA	80%/50%	\$45	\$50	DC//80%	DC//DC	\$15/\$25/\$80/\$170/\$250/\$350	\$2381.31	\$2381.29
Silver											
S6E1BLC	\$3000//\$6000	\$5250//\$15750	DC/NA	80%/50%	DC	DC	DC//80%	DC//DC	80%/80%/70%/60%/60%/50%	\$2223.11	\$2223.09
S6E3BLC	\$4750//\$9500	\$8400//\$23700	\$40/NA	70%/50%	\$65	\$50	DC//70%	DC//DC	\$20/\$30/\$70/\$120/\$250/\$350	\$2093.54	\$2093.55
S6K3BLC	\$6000//\$12000	\$8700//\$17400	\$30/NA	60%/50%	\$50	\$75	DC//60%	DC//DC	\$10/\$20/\$70/\$120/\$250/\$350	\$2062.65	\$2062.64
Bronze											
B6J1BLC	\$8550//\$17100	\$8550//\$17100	\$35/NA	100%/100%	DC	DC	DC//100%	DC//DC	100%	\$1754.73	\$1754.71
HSA Plans*											
Gold											
G6J2BLC*1	\$2900//\$5800	\$3500//\$10500	DC/NA	90%/50%	DC	DC	DC//90%	DC//DC	80%/80%/70%/60%/60%/50%	\$2395.31	\$2395.32
Silver											
S6E2BLC*1	\$3700//\$7400	\$6750//\$20250	DC/NA	90%/50%	DC	DC	DC//90%	DC//DC	80%/80%/70%/60%/60%/50%	\$2142.98	\$2142.97
S6J3BLC*1	\$4000//\$8000	\$6900//\$20700	DC/NA	80%/50%	DC	DC	DC//80%	DC//DC	80%/80%/70%/60%/60%/50%	\$2004.74	\$2004.76
Bronze											
B6E1BLC*1	\$7000//\$14000	\$7000//\$14000	DC/NA	100%/100%	DC	DC	\$600//100%	DC//DC	100%	\$1903.51	\$1903.52

Blue Focus Plans include a Telehealth benefit with a cost share. See your Benefit Booklet for more details.

Coinsurance applies after deductible is met for medical and pharmacy.

\*1 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

\*HSA plan includes a mandatory employer contribution, please refer to the *"Appendix - Plan Notes"* section of this renewal exhibit.

The total monthly medical premium is based on all currently enrolled members.

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# Medical Plans

See the [Appendix - Summary of Benefits and Coverage](#) section for instructions to pull SBCs.

See the [Appendix - Plan Notes](#) section for benefit details.

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# Dental Plans



## Complete your health care coverage with a dental plan.

Small businesses with 10 or more employees may offer two dental plan options. For dental pairing rules, see the [Appendix - Dental Rate Contingencies and Plan Pairings](#) section.

Plan #	Deductible In Network//Out of Network <sup>*2</sup>	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-Of-Network	Orthodontia Lifetime Max	Total Monthly Dental Cost - Age Rates	Total Monthly Dental Cost - Composite Rates
<b>Contributory Group</b>								
<b>High Allocation</b>								
DMTHR31	\$25//\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$383.86	\$383.84
DMTHR32	\$50//\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$363.70	\$363.68
DMTHR33	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$348.48	\$348.47
DMTHR34	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$316.90	\$316.92
DMTHM39	\$50//\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$225.04	\$225.03
DMTHM41 <sup>*3</sup>	\$25//\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$104.82	\$104.86
DMTHR50	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$323.50	\$323.51
DMTHM57	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$304.50	\$304.49
<b>Low Allocation</b>								
DMTLR35	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$292.76	\$292.77
DMTLR36	\$50//\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$272.40	\$272.39
DMTLR37	\$75//\$75	\$1000	90th R&C	90%/70%/50%/NA	90%/70%/50%/NA	NA	\$237.06	\$237.08
DMTLM38	\$50//\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$217.40	\$217.40
DMTLM40	\$75//\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA	\$164.72	\$164.70

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# Dental Plans



## Complete your health care coverage with a dental plan.

Small businesses with 10 or more employees may offer two dental plan options. For dental pairing rules, see the [Appendix - Dental Rate Contingencies and Plan Pairings](#) section.

Plan #	Deductible In Network//Out of Network <sup>*2</sup>	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-Of-Network	Orthodontia Lifetime Max	Total Monthly Dental Cost - Age Rates	Total Monthly Dental Cost - Composite Rates
DMTLR58 <sup>*4</sup>	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$294.10	\$294.08

### Voluntary Group

#### High Allocation

DMTHR42 <sup>*1</sup>	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$370.06	\$370.06
DMTHM43 <sup>*1</sup>	\$50//\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$243.04	\$243.02
DMTHM45 <sup>*3</sup>	\$25//\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$115.22	\$115.27
DMTHR51 <sup>*1</sup>	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$341.74	\$341.72
DMTHR52 <sup>*1</sup>	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$349.12	\$349.13
DMTHM59 <sup>*1</sup>	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$323.14	\$323.13

#### Low Allocation

DMTLR53 <sup>*1</sup>	\$50//\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$294.70	\$294.68
DMTLM54 <sup>*1</sup>	\$50//\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$220.42	\$220.40
DMTLR60 <sup>*1*4</sup>	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$318.44	\$318.44

Dental Group Size : A

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# Dental Plans

Coinsurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho (both High & Low Coverage).

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

Plans have the same benefits both in and out of network.

Contributory Group = (>75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation).

\*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.

\*2 Waived Deduct ble applies to all Class I services and plans include 3x Family Deductible Limit.

\*3 Only Basic Restorative Services are covered.

\*4 Prev/Diag svcs do not count toward annual max.

See the [Appendix – Dental Benefit Coverage](#) for benefit details.

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## Vision Plans

Plan #	Exam (once every 12-month benefit period)	Frames	Conventional Lenses (per pair) <sup>*1</sup>	Contact Lenses <sup>*2</sup>	Per Member Per Month Rate (19 Yrs and Above) <sup>*3</sup>	Total Monthly Cost
<b>OVIS</b>						
VSTD SMT	\$60	\$48	Single-Vision - \$50; Bifocal-Single - \$72; Bifocal-Double - \$136; Trifocal - \$92; Lenticular Including Aspheric - \$320	In Lieu of glasses - \$98; Sole Treatment Option - \$320	\$6.00	\$24.00

Note Refer to Vision Summaries for additional details.

\*1 Lenticular includes Aspheric.

\*2 This is for Sole Treatment Option only. If your visual acuity cannot be made 20/70 or better with spectacle lenses, but can be made better than 20/70 with contact lenses.

\*3 The Vision rates above are calculated on a per member per month basis. The rates would be charged per employee, per spouse/DP (if applicable) and up to a max of three children. The Vision rates above are calculated on a per member per month basis and are applicable to members 19 years of age and older.

# Enhancing Employer Benefits

Small business owners face the same challenges as larger businesses when it comes to attracting and retaining quality employees while containing costs.

An employee benefits program is a valuable asset, but it must include the right mix of products at a price that works for everyone, including:

## Group Dental

Dental plans are available as a separate plan from BCBSMT

## Group Term Life Insurance

The loss of the primary family wage-earner can threaten the futures of other family members. Life insurance is a great way to provide for loved ones in the event of an untimely death. It can be one of the most valuable investments a person can make.

## Accidental Death & Dismemberment (AD&D)

These plans pay an additional benefit if an employee dies or suffers dismemberment or paralysis as the result of an accident.

## Dependent Life Benefit

Provides employers with the option to add a dependent life benefit to the term life insurance plan and provide protection for an employee's spouse and children.

## Group Short-Term and Long-Term Disability Insurance

Short-term and long-term disability insurance protects employees who cannot work because of a disability caused by illness or injury. But as a disability carrier, BCBSMT does more than pay claims—we manage them, helping to control costs through a disability claim management program that focuses on returning employees to work.

## Vision

Vision Plans being offered in the 2-9 and 10+ lives space!

Vision for groups under 50 eligible employees must be sold with at least one other ancillary product; that ancillary product can now be BlueCare Dental! Simply contact your Broker or the Small Group Account Management Team for more details!



**Talk to your Producer or call the Small Group Account Management Team for more information.**

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# Enhancing Employer Benefits

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

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# Ready to Renew

**Thank you for continuing to trust Blue Cross and Blue Shield of Montana to protect your business!**

## Renewing... without changes

If you aren't making changes to your plan(s), then you're set! No paperwork or emails are required -your coverage will renew without any interruption.

## Renewing... with changes

- Choose the plans to offer employees (including any current plans you wish to keep)
- Consider adding enhancements to your employer benefits package
- Complete, sign and return the BPA Amendment Form , found in Blue Access for Employers<sup>SM</sup>

**Send paperwork at least 15 days before the renewal date to:**



**Email:** [mtsmallgroupamendment@bcbsmt.com](mailto:mtsmallgroupamendment@bcbsmt.com)



**Fax:** 406-441-5585



## Questions about your renewal?

Talk with your producer/broker or BCBSMT Account Executive at 800-281-0446 or at [mtsgam@bcbsmt.com](mailto:mtsgam@bcbsmt.com).

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# Appendix - Medical Census

This census represents enrollment at the time the renewal was prepared. It may not reflect current enrollment.

	Name		Relationship	DOB	Age	Coverage Type **	State
1	MALONE	MALCOLM	Employee		27	EO	MT
2	NICKOLAY	BRIAN	Employee		38	EO	MT
3	DAHLHAUSER	CHRISTOPHER	Employee		48	EC	MT
3.1	DAHLHAUSER	SAMANTHA	Dependent		16	EC	MT
3.2	DAHLHAUSER	ZEY	Dependent		11	EC	MT
4	PRATO	COLIN	Employee		29	EO	MT

\*\*Coverage Type: EO = Employee Only; ES = Employee/Spouse/Domestic Partner; EC = Employee + Child(ren); EF = Employee + Family

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## Appendix - Monthly Medical Premiums

Renewal Alternate Medical Plan Premiums – Monthly Premium Shown by Age and Composite Rates (due to system rounding, the group's total composite rated premium may vary slightly from the group's age rated premium).

Metallic Renewal Alternate Medical Plan Premiums – Monthly Premium by Age and Composite Rates

B6E1BLC				Blue Focus Network				ACA				Bronze			
Age Band		Monthly Medical Cost		Age Band		Monthly Medical Cost		Age Band		Monthly Medical Cost		Age Band		Monthly Medical Cost	
0-14		\$218.25		23		\$285.30		32		\$337.51		41		\$371.46	
15		\$237.65		24		\$285.30		33		\$341.79		42		\$378.02	
16		\$245.07		25		\$286.44		34		\$346.35		43		\$387.15	
17		\$252.49		26		\$292.15		35		\$348.64		44		\$398.56	
18		\$260.48		27		\$298.99		36		\$350.92		45		\$411.97	
19		\$268.47		28		\$310.12		37		\$353.20		46		\$427.95	
20		\$276.74		29		\$319.25		38		\$355.48		47		\$445.92	
21		\$285.30		30		\$323.82		39		\$360.05		48		\$466.47	
22		\$285.30		31		\$330.66		40		\$364.61		49		\$486.72	
Composite Rates															
EO : \$373.24				ES : \$746.48				EC : \$783.80				EF : \$1,157.04			

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## Appendix - Monthly Medical Premiums

B6J1BLC				Blue Focus Network				ACA				Bronze	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$201.19	23	\$263.00	32	\$311.13	41	\$342.43	50	\$469.72	59	\$684.59		
15	\$219.08	24	\$263.00	33	\$315.07	42	\$348.47	51	\$490.50	60	\$713.78		
16	\$225.92	25	\$264.05	34	\$319.28	43	\$356.89	52	\$513.38	61	\$739.03		
17	\$232.75	26	\$269.31	35	\$321.39	44	\$367.41	53	\$536.52	62	\$755.60		
18	\$240.12	27	\$275.62	36	\$323.49	45	\$379.77	54	\$561.50	63	\$776.38		
19	\$247.48	28	\$285.88	37	\$325.59	46	\$394.50	55	\$586.49	64+	\$789.00		
20	\$255.11	29	\$294.30	38	\$327.70	47	\$411.07	56	\$613.58				
21	\$263.00	30	\$298.50	39	\$331.91	48	\$430.00	57	\$640.93				
22	\$263.00	31	\$304.82	40	\$336.11	49	\$448.68	58	\$670.12				

### Composite Rates

EO : \$344.06    ES : \$688.12    EC : \$722.53    EF : \$1,066.59

B6J1PFR				Blue Preferred Network				ACA				Bronze	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$226.16	23	\$295.63	32	\$349.73	41	\$384.91	50	\$528.00	59	\$769.52		
15	\$246.26	24	\$295.63	33	\$354.16	42	\$391.71	51	\$551.35	60	\$802.34		
16	\$253.95	25	\$296.81	34	\$358.89	43	\$401.17	52	\$577.07	61	\$830.72		
17	\$261.63	26	\$302.73	35	\$361.26	44	\$413.00	53	\$603.09	62	\$849.34		
18	\$269.91	27	\$309.82	36	\$363.62	45	\$426.89	54	\$631.17	63	\$872.70		
19	\$278.19	28	\$321.35	37	\$365.99	46	\$443.44	55	\$659.25	64+	\$886.89		
20	\$286.76	29	\$330.81	38	\$368.35	47	\$462.07	56	\$689.70				
21	\$295.63	30	\$335.54	39	\$373.09	48	\$483.36	57	\$720.45				
22	\$295.63	31	\$342.64	40	\$377.82	49	\$504.34	58	\$753.27				

### Composite Rates

EO : \$386.75    ES : \$773.50    EC : \$812.18    EF : \$1,198.93

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## Appendix - Monthly Medical Premiums

B902PFR				Blue Preferred Network				ACA				Bronze	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$232.52	23	\$303.95	32	\$359.57	41	\$395.74	50	\$542.85	59	\$791.18		
15	\$253.19	24	\$303.95	33	\$364.13	42	\$402.73	51	\$566.87	60	\$824.92		
16	\$261.09	25	\$305.17	34	\$369.00	43	\$412.46	52	\$593.31	61	\$854.10		
17	\$269.00	26	\$311.24	35	\$371.43	44	\$424.62	53	\$620.06	62	\$873.25		
18	\$277.51	27	\$318.54	36	\$373.86	45	\$438.90	54	\$648.93	63	\$897.26		
19	\$286.02	28	\$330.39	37	\$376.29	46	\$455.92	55	\$677.81	64+	\$911.85		
20	\$294.83	29	\$340.12	38	\$378.72	47	\$475.07	56	\$709.12				
21	\$303.95	30	\$344.98	39	\$383.58	48	\$496.96	57	\$740.73				
22	\$303.95	31	\$352.28	40	\$388.45	49	\$518.54	58	\$774.46				

### Composite Rates

EO : \$397.64    ES : \$795.28    EC : \$835.04    EF : \$1,232.68

G6E1BLC				Blue Focus Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$300.66	23	\$393.02	32	\$464.94	41	\$511.71	50	\$701.93	59	\$1,023.03		
15	\$327.39	24	\$393.02	33	\$470.84	42	\$520.75	51	\$732.98	60	\$1,066.66		
16	\$337.60	25	\$394.59	34	\$477.13	43	\$533.33	52	\$767.18	61	\$1,104.39		
17	\$347.82	26	\$402.45	35	\$480.27	44	\$549.05	53	\$801.76	62	\$1,129.15		
18	\$358.83	27	\$411.88	36	\$483.41	45	\$567.52	54	\$839.10	63	\$1,160.20		
19	\$369.83	28	\$427.21	37	\$486.56	46	\$589.53	55	\$876.43	64+	\$1,179.06		
20	\$381.23	29	\$439.79	38	\$489.70	47	\$614.29	56	\$916.92				
21	\$393.02	30	\$446.08	39	\$495.99	48	\$642.59	57	\$957.79				
22	\$393.02	31	\$455.51	40	\$502.28	49	\$670.49	58	\$1,001.41				

### Composite Rates

EO : \$514.16    ES : \$1,028.32    EC : \$1,079.74    EF : \$1,593.90

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## Appendix - Monthly Medical Premiums

G6E1PFR				Blue Preferred Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$320.11	23	\$418.45	32	\$495.03	41	\$544.82	50	\$747.35	59	\$1,089.23		
15	\$348.57	24	\$418.45	33	\$501.30	42	\$554.45	51	\$780.41	60	\$1,135.67		
16	\$359.45	25	\$420.12	34	\$508.00	43	\$567.84	52	\$816.81	61	\$1,175.84		
17	\$370.33	26	\$428.49	35	\$511.35	44	\$584.57	53	\$853.64	62	\$1,202.21		
18	\$382.04	27	\$438.54	36	\$514.69	45	\$604.24	54	\$893.39	63	\$1,235.26		
19	\$393.76	28	\$454.86	37	\$518.04	46	\$627.67	55	\$933.14	64+	\$1,255.35		
20	\$405.90	29	\$468.25	38	\$521.39	47	\$654.04	56	\$976.24				
21	\$418.45	30	\$474.94	39	\$528.08	48	\$684.17	57	\$1,019.76				
22	\$418.45	31	\$484.98	40	\$534.78	49	\$713.88	58	\$1,066.21				

### Composite Rates

EO : \$547.43    ES : \$1,094.86    EC : \$1,149.60    EF : \$1,697.03

G6E2BLC				Blue Focus Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$297.96	23	\$389.49	32	\$460.77	41	\$507.12	50	\$695.63	59	\$1,013.84		
15	\$324.45	24	\$389.49	33	\$466.61	42	\$516.07	51	\$726.40	60	\$1,057.08		
16	\$334.57	25	\$391.05	34	\$472.84	43	\$528.54	52	\$760.28	61	\$1,094.47		
17	\$344.70	26	\$398.84	35	\$475.96	44	\$544.12	53	\$794.56	62	\$1,119.00		
18	\$355.60	27	\$408.19	36	\$479.07	45	\$562.42	54	\$831.56	63	\$1,149.77		
19	\$366.51	28	\$423.38	37	\$482.19	46	\$584.24	55	\$868.56	64+	\$1,168.47		
20	\$377.81	29	\$435.84	38	\$485.30	47	\$608.77	56	\$908.68				
21	\$389.49	30	\$442.07	39	\$491.54	48	\$636.82	57	\$949.19				
22	\$389.49	31	\$451.42	40	\$497.77	49	\$664.47	58	\$992.42				

### Composite Rates

EO : \$509.55    ES : \$1,019.10    EC : \$1,070.06    EF : \$1,579.61

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## Appendix - Monthly Medical Premiums

G6E3BLC		Blue Focus Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$291.56	23	\$381.12	32	\$450.86	41	\$496.22	50	\$680.68	59	\$992.06
15	\$317.47	24	\$381.12	33	\$456.58	42	\$504.98	51	\$710.79	60	\$1,034.36
16	\$327.38	25	\$382.64	34	\$462.68	43	\$517.18	52	\$743.95	61	\$1,070.95
17	\$337.29	26	\$390.27	35	\$465.73	44	\$532.42	53	\$777.48	62	\$1,094.96
18	\$347.96	27	\$399.41	36	\$468.78	45	\$550.34	54	\$813.69	63	\$1,125.07
19	\$358.63	28	\$414.28	37	\$471.83	46	\$571.68	55	\$849.90	64+	\$1,143.36
20	\$369.69	29	\$426.47	38	\$474.88	47	\$595.69	56	\$889.15		
21	\$381.12	30	\$432.57	39	\$480.97	48	\$623.13	57	\$928.79		
22	\$381.12	31	\$441.72	40	\$487.07	49	\$650.19	58	\$971.09		

### Composite Rates

EO : \$498.59	ES : \$997.18	EC : \$1,047.04	EF : \$1,545.63
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G6J2BLC		Blue Focus Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$274.64	23	\$359.01	32	\$424.71	41	\$467.43	50	\$641.19	59	\$934.50
15	\$299.06	24	\$359.01	33	\$430.09	42	\$475.69	51	\$669.55	60	\$974.35
16	\$308.39	25	\$360.45	34	\$435.84	43	\$487.18	52	\$700.79	61	\$1,008.82
17	\$317.72	26	\$367.63	35	\$438.71	44	\$501.54	53	\$732.38	62	\$1,031.44
18	\$327.78	27	\$376.24	36	\$441.58	45	\$518.41	54	\$766.49	63	\$1,059.80
19	\$337.83	28	\$390.24	37	\$444.45	46	\$538.51	55	\$800.59	64+	\$1,077.03
20	\$348.24	29	\$401.73	38	\$447.33	47	\$561.13	56	\$837.57		
21	\$359.01	30	\$407.48	39	\$453.07	48	\$586.98	57	\$874.91		
22	\$359.01	31	\$416.09	40	\$458.81	49	\$612.47	58	\$914.76		

### Composite Rates

EO : \$469.67	ES : \$939.34	EC : \$986.31	EF : \$1,455.98
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## Appendix - Monthly Medical Premiums

G6J2PFR				Blue Preferred Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$299.44	23	\$391.42	32	\$463.05	41	\$509.63	50	\$699.08	59	\$1,018.87		
15	\$326.05	24	\$391.42	33	\$468.92	42	\$518.63	51	\$730.00	60	\$1,062.31		
16	\$336.23	25	\$392.99	34	\$475.18	43	\$531.16	52	\$764.05	61	\$1,099.89		
17	\$346.41	26	\$400.81	35	\$478.32	44	\$546.81	53	\$798.50	62	\$1,124.55		
18	\$357.37	27	\$410.21	36	\$481.45	45	\$565.21	54	\$835.68	63	\$1,155.47		
19	\$368.33	28	\$425.47	37	\$484.58	46	\$587.13	55	\$872.87	64+	\$1,174.26		
20	\$379.68	29	\$438.00	38	\$487.71	47	\$611.79	56	\$913.18				
21	\$391.42	30	\$444.26	39	\$493.97	48	\$639.97	57	\$953.89				
22	\$391.42	31	\$453.66	40	\$500.23	49	\$667.76	58	\$997.34				

### Composite Rates

EO : \$512.07    ES : \$1,024.14    EC : \$1,075.35    EF : \$1,587.42

G6K2BLC				Blue Focus Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$273.04	23	\$356.91	32	\$422.22	41	\$464.70	50	\$637.44	59	\$929.04		
15	\$297.31	24	\$356.91	33	\$427.58	42	\$472.91	51	\$665.64	60	\$968.65		
16	\$306.59	25	\$358.34	34	\$433.29	43	\$484.33	52	\$696.69	61	\$1,002.92		
17	\$315.87	26	\$365.48	35	\$436.14	44	\$498.60	53	\$728.10	62	\$1,025.40		
18	\$325.86	27	\$374.04	36	\$439.00	45	\$515.38	54	\$762.00	63	\$1,053.60		
19	\$335.85	28	\$387.96	37	\$441.85	46	\$535.37	55	\$795.91	64+	\$1,070.73		
20	\$346.20	29	\$399.38	38	\$444.71	47	\$557.85	56	\$832.67				
21	\$356.91	30	\$405.09	39	\$450.42	48	\$583.55	57	\$869.79				
22	\$356.91	31	\$413.66	40	\$456.13	49	\$608.89	58	\$909.41				

### Composite Rates

EO : \$466.92    ES : \$933.84    EC : \$980.53    EF : \$1,447.45

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## Appendix - Monthly Medical Premiums

G6K2PFR				Blue Preferred Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$298.01	23	\$389.56	32	\$460.85	41	\$507.21	50	\$695.75	59	\$1,014.02		
15	\$324.50	24	\$389.56	33	\$466.69	42	\$516.17	51	\$726.53	60	\$1,057.27		
16	\$334.63	25	\$391.12	34	\$472.93	43	\$528.63	52	\$760.42	61	\$1,094.66		
17	\$344.76	26	\$398.91	35	\$476.04	44	\$544.22	53	\$794.70	62	\$1,119.21		
18	\$355.67	27	\$408.26	36	\$479.16	45	\$562.52	54	\$831.71	63	\$1,149.98		
19	\$366.58	28	\$423.45	37	\$482.28	46	\$584.34	55	\$868.72	64+	\$1,168.68		
20	\$377.87	29	\$435.92	38	\$485.39	47	\$608.88	56	\$908.84				
21	\$389.56	30	\$442.15	39	\$491.62	48	\$636.93	57	\$949.36				
22	\$389.56	31	\$451.50	40	\$497.86	49	\$664.59	58	\$992.60				

### Composite Rates

EO : \$509.64    ES : \$1,019.28    EC : \$1,070.24    EF : \$1,579.88

G930PFR				Blue Preferred Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$315.47	23	\$412.38	32	\$487.85	41	\$536.92	50	\$736.51	59	\$1,073.43		
15	\$343.51	24	\$412.38	33	\$494.03	42	\$546.40	51	\$769.09	60	\$1,119.20		
16	\$354.23	25	\$414.03	34	\$500.63	43	\$559.60	52	\$804.97	61	\$1,158.79		
17	\$364.96	26	\$422.28	35	\$503.93	44	\$576.09	53	\$841.26	62	\$1,184.77		
18	\$376.50	27	\$432.17	36	\$507.23	45	\$595.48	54	\$880.43	63	\$1,217.35		
19	\$388.05	28	\$448.26	37	\$510.53	46	\$618.57	55	\$919.61	64+	\$1,237.14		
20	\$400.01	29	\$461.45	38	\$513.83	47	\$644.55	56	\$962.08				
21	\$412.38	30	\$468.05	39	\$520.42	48	\$674.24	57	\$1,004.97				
22	\$412.38	31	\$477.95	40	\$527.02	49	\$703.52	58	\$1,050.74				

### Composite Rates

EO : \$539.49    ES : \$1,078.98    EC : \$1,132.93    EF : \$1,672.42

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## Appendix - Monthly Medical Premiums

G931PFR		Blue Preferred Network		ACA		Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$319.33	23	\$417.43	32	\$493.82	41	\$543.49
15	\$347.72	24	\$417.43	33	\$500.08	42	\$553.09
16	\$358.57	25	\$419.10	34	\$506.76	43	\$566.45
17	\$369.43	26	\$427.45	35	\$510.10	44	\$583.15
18	\$381.11	27	\$437.47	36	\$513.44	45	\$602.77
19	\$392.80	28	\$453.75	37	\$516.78	46	\$626.14
20	\$404.91	29	\$467.10	38	\$520.12	47	\$652.44
21	\$417.43	30	\$473.78	39	\$526.80	48	\$682.50
22	\$417.43	31	\$483.80	40	\$533.48	49	\$712.14
						50	\$745.53
						51	\$778.51
						52	\$814.82
						53	\$851.56
						54	\$891.21
						55	\$930.87
						56	\$973.86
						57	\$1,017.28
						58	\$1,063.61
						59	\$1,086.57
						60	\$1,132.91
						61	\$1,172.98
						62	\$1,199.28
						63	\$1,232.25
						64+	\$1,252.29

### Composite Rates

EO : \$546.10    ES : \$1,092.20    EC : \$1,146.81    EF : \$1,692.91

G933PFR		Blue Preferred Network		ACA		Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$318.35	23	\$416.14	32	\$492.29	41	\$541.81
15	\$346.64	24	\$416.14	33	\$498.54	42	\$551.39
16	\$357.46	25	\$417.80	34	\$505.19	43	\$564.70
17	\$368.28	26	\$426.13	35	\$508.52	44	\$581.35
18	\$379.94	27	\$436.11	36	\$511.85	45	\$600.91
19	\$391.59	28	\$452.34	37	\$515.18	46	\$624.21
20	\$403.66	29	\$465.66	38	\$518.51	47	\$650.43
21	\$416.14	30	\$472.32	39	\$525.17	48	\$680.39
22	\$416.14	31	\$482.31	40	\$531.83	49	\$709.93
						50	\$743.23
						51	\$776.10
						52	\$812.31
						53	\$848.93
						54	\$888.46
						55	\$927.99
						56	\$970.85
						57	\$1,014.13
						58	\$1,060.32
						59	\$1,083.21
						60	\$1,129.40
						61	\$1,169.35
						62	\$1,195.57
						63	\$1,228.45
						64+	\$1,248.42

### Composite Rates

EO : \$544.41    ES : \$1,088.82    EC : \$1,143.26    EF : \$1,687.67

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## Appendix - Monthly Medical Premiums

G936PFR				Blue Preferred Network				ACA				Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$293.45	23	\$383.60	32	\$453.80	41	\$499.45	50	\$685.11	59	\$998.51		
15	\$319.54	24	\$383.60	33	\$459.55	42	\$508.27	51	\$715.41	60	\$1,041.09		
16	\$329.51	25	\$385.13	34	\$465.69	43	\$520.55	52	\$748.79	61	\$1,077.92		
17	\$339.49	26	\$392.81	35	\$468.76	44	\$535.89	53	\$782.54	62	\$1,102.08		
18	\$350.23	27	\$402.01	36	\$471.83	45	\$553.92	54	\$818.99	63	\$1,132.39		
19	\$360.97	28	\$416.97	37	\$474.90	46	\$575.40	55	\$855.43	64+	\$1,150.80		
20	\$372.09	29	\$429.25	38	\$477.97	47	\$599.57	56	\$894.94				
21	\$383.60	30	\$435.39	39	\$484.10	48	\$627.19	57	\$934.83				
22	\$383.60	31	\$444.59	40	\$490.24	49	\$654.42	58	\$977.41				

### Composite Rates

EO : \$501.84    ES : \$1,003.68    EC : \$1,053.86    EF : \$1,555.70

P6E1BLC				Blue Focus Network				ACA				Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$365.69	23	\$478.02	32	\$565.50	41	\$622.38	50	\$853.74	59	\$1,244.29		
15	\$398.19	24	\$478.02	33	\$572.67	42	\$633.38	51	\$891.51	60	\$1,297.35		
16	\$410.62	25	\$479.93	34	\$580.32	43	\$648.67	52	\$933.10	61	\$1,343.24		
17	\$423.05	26	\$489.49	35	\$584.14	44	\$667.79	53	\$975.16	62	\$1,373.35		
18	\$436.43	27	\$500.96	36	\$587.96	45	\$690.26	54	\$1,020.57	63	\$1,411.12		
19	\$449.82	28	\$519.61	37	\$591.79	46	\$717.03	55	\$1,065.98	64+	\$1,434.06		
20	\$463.68	29	\$534.90	38	\$595.61	47	\$747.15	56	\$1,115.22				
21	\$478.02	30	\$542.55	39	\$603.26	48	\$781.56	57	\$1,164.93				
22	\$478.02	31	\$554.03	40	\$610.91	49	\$815.50	58	\$1,217.99				

### Composite Rates

EO : \$625.36    ES : \$1,250.72    EC : \$1,313.26    EF : \$1,938.62

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## Appendix - Monthly Medical Premiums

P6K1BLC				Blue Focus Network				ACA				Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$367.06	23	\$479.82	32	\$567.63	41	\$624.73	50	\$856.96	59	\$1,248.97		
15	\$399.69	24	\$479.82	33	\$574.82	42	\$635.76	51	\$894.86	60	\$1,302.23		
16	\$412.17	25	\$481.74	34	\$582.50	43	\$651.12	52	\$936.61	61	\$1,348.29		
17	\$424.64	26	\$491.34	35	\$586.34	44	\$670.31	53	\$978.83	62	\$1,378.52		
18	\$438.08	27	\$502.85	36	\$590.18	45	\$692.86	54	\$1,024.42	63	\$1,416.43		
19	\$451.51	28	\$521.56	37	\$594.02	46	\$719.73	55	\$1,070.00	64+	\$1,439.46		
20	\$465.43	29	\$536.92	38	\$597.86	47	\$749.96	56	\$1,119.42				
21	\$479.82	30	\$544.60	39	\$605.53	48	\$784.51	57	\$1,169.32				
22	\$479.82	31	\$556.11	40	\$613.21	49	\$818.57	58	\$1,222.58				

### Composite Rates

EO : \$627.72    ES : \$1,255.44    EC : \$1,318.21    EF : \$1,945.93

P6K1PFR				Blue Preferred Network				ACA				Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$380.36	23	\$497.20	32	\$588.19	41	\$647.35	50	\$888.00	59	\$1,294.21		
15	\$414.17	24	\$497.20	33	\$595.65	42	\$658.79	51	\$927.28	60	\$1,349.40		
16	\$427.09	25	\$499.19	34	\$603.60	43	\$674.70	52	\$970.53	61	\$1,397.13		
17	\$440.02	26	\$509.13	35	\$607.58	44	\$694.59	53	\$1,014.29	62	\$1,428.46		
18	\$453.94	27	\$521.07	36	\$611.56	45	\$717.96	54	\$1,061.52	63	\$1,467.73		
19	\$467.87	28	\$540.46	37	\$615.53	46	\$745.80	55	\$1,108.76	64+	\$1,491.60		
20	\$482.28	29	\$556.37	38	\$619.51	47	\$777.12	56	\$1,159.97				
21	\$497.20	30	\$564.32	39	\$627.47	48	\$812.92	57	\$1,211.68				
22	\$497.20	31	\$576.25	40	\$635.42	49	\$848.22	58	\$1,266.87				

### Composite Rates

EO : \$650.45    ES : \$1,300.90    EC : \$1,365.95    EF : \$2,016.40

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## Appendix - Monthly Medical Premiums

P6K4BLC		Blue Focus Network				ACA				Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$381.47	23	\$498.65	32	\$589.90	41	\$649.24	50	\$890.59	59	\$1,297.99
15	\$415.38	24	\$498.65	33	\$597.38	42	\$660.71	51	\$929.98	60	\$1,353.34
16	\$428.34	25	\$500.64	34	\$605.36	43	\$676.67	52	\$973.36	61	\$1,401.21
17	\$441.31	26	\$510.62	35	\$609.35	44	\$696.61	53	\$1,017.25	62	\$1,432.62
18	\$455.27	27	\$522.59	36	\$613.34	45	\$720.05	54	\$1,064.62	63	\$1,472.01
19	\$469.23	28	\$542.03	37	\$617.33	46	\$747.97	55	\$1,111.99	64+	\$1,495.95
20	\$483.69	29	\$557.99	38	\$621.32	47	\$779.39	56	\$1,163.35		
21	\$498.65	30	\$565.97	39	\$629.30	48	\$815.29	57	\$1,215.21		
22	\$498.65	31	\$577.94	40	\$637.27	49	\$850.70	58	\$1,270.56		

### Composite Rates

EO : \$652.35    ES : \$1,304.70    EC : \$1,369.94    EF : \$2,022.29

P910PFR		Blue Preferred Network				ACA				Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$383.69	23	\$501.55	32	\$593.33	41	\$653.02	50	\$895.77	59	\$1,305.53
15	\$417.79	24	\$501.55	33	\$600.86	42	\$664.55	51	\$935.39	60	\$1,361.21
16	\$430.83	25	\$503.56	34	\$608.88	43	\$680.60	52	\$979.03	61	\$1,409.36
17	\$443.87	26	\$513.59	35	\$612.89	44	\$700.67	53	\$1,023.16	62	\$1,440.95
18	\$457.92	27	\$525.62	36	\$616.91	45	\$724.24	54	\$1,070.81	63	\$1,480.58
19	\$471.96	28	\$545.18	37	\$620.92	46	\$752.33	55	\$1,118.46	64+	\$1,504.65
20	\$486.50	29	\$561.23	38	\$624.93	47	\$783.92	56	\$1,170.12		
21	\$501.55	30	\$569.26	39	\$632.96	48	\$820.03	57	\$1,222.28		
22	\$501.55	31	\$581.30	40	\$640.98	49	\$855.64	58	\$1,277.95		

### Composite Rates

EO : \$656.14    ES : \$1,312.28    EC : \$1,377.89    EF : \$2,034.03

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## Appendix - Monthly Medical Premiums

P911PFR				Blue Preferred Network				ACA				Platinum	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$392.03	23	\$512.46	32	\$606.24	41	\$667.22	50	\$915.25	59	\$1,333.93		
15	\$426.88	24	\$512.46	33	\$613.93	42	\$679.01	51	\$955.74	60	\$1,390.82		
16	\$440.20	25	\$514.51	34	\$622.13	43	\$695.41	52	\$1,000.32	61	\$1,440.01		
17	\$453.53	26	\$524.76	35	\$626.23	44	\$715.91	53	\$1,045.42	62	\$1,472.30		
18	\$467.88	27	\$537.06	36	\$630.33	45	\$739.99	54	\$1,094.10	63	\$1,512.78		
19	\$482.22	28	\$557.04	37	\$634.43	46	\$768.69	55	\$1,142.79	64+	\$1,537.38		
20	\$497.09	29	\$573.44	38	\$638.53	47	\$800.97	56	\$1,195.57				
21	\$512.46	30	\$581.64	39	\$646.72	48	\$837.87	57	\$1,248.87				
22	\$512.46	31	\$593.94	40	\$654.92	49	\$874.26	58	\$1,305.75				

### Composite Rates

EO : \$670.42    ES : \$1,340.84    EC : \$1,407.88    EF : \$2,078.30

S6E1BLC				Blue Focus Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$254.90	23	\$333.20	32	\$394.18	41	\$433.83	50	\$595.10	59	\$867.32		
15	\$277.56	24	\$333.20	33	\$399.17	42	\$441.49	51	\$621.42	60	\$904.30		
16	\$286.22	25	\$334.53	34	\$404.50	43	\$452.15	52	\$650.41	61	\$936.29		
17	\$294.88	26	\$341.20	35	\$407.17	44	\$465.48	53	\$679.73	62	\$957.28		
18	\$304.21	27	\$349.19	36	\$409.84	45	\$481.14	54	\$711.38	63	\$983.61		
19	\$313.54	28	\$362.19	37	\$412.50	46	\$499.80	55	\$743.04	64+	\$999.60		
20	\$323.20	29	\$372.85	38	\$415.17	47	\$520.79	56	\$777.36				
21	\$333.20	30	\$378.18	39	\$420.50	48	\$544.78	57	\$812.01				
22	\$333.20	31	\$386.18	40	\$425.83	49	\$568.44	58	\$848.99				

### Composite Rates

EO : \$435.90    ES : \$871.80    EC : \$915.39    EF : \$1,351.29

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## Appendix - Monthly Medical Premiums

S6E1PFR				Blue Preferred Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$265.25	23	\$346.73	32	\$410.18	41	\$451.44	50	\$619.26	59	\$902.54		
15	\$288.83	24	\$346.73	33	\$415.38	42	\$459.42	51	\$646.65	60	\$941.03		
16	\$297.84	25	\$348.12	34	\$420.93	43	\$470.51	52	\$676.82	61	\$974.31		
17	\$306.86	26	\$355.05	35	\$423.70	44	\$484.38	53	\$707.33	62	\$996.16		
18	\$316.56	27	\$363.37	36	\$426.48	45	\$500.68	54	\$740.27	63	\$1,023.55		
19	\$326.27	28	\$376.90	37	\$429.25	46	\$520.10	55	\$773.21	64+	\$1,040.19		
20	\$336.33	29	\$387.99	38	\$432.03	47	\$541.94	56	\$808.92				
21	\$346.73	30	\$393.54	39	\$437.57	48	\$566.90	57	\$844.98				
22	\$346.73	31	\$401.86	40	\$443.12	49	\$591.52	58	\$883.47				

### Composite Rates

EO : \$453.60      ES : \$907.20      EC : \$952.56      EF : \$1,406.16

S6E2BLC				Blue Focus Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$245.71	23	\$321.19	32	\$379.97	41	\$418.19	50	\$573.65	59	\$836.06		
15	\$267.55	24	\$321.19	33	\$384.79	42	\$425.58	51	\$599.02	60	\$871.71		
16	\$275.90	25	\$322.47	34	\$389.92	43	\$435.85	52	\$626.96	61	\$902.54		
17	\$284.25	26	\$328.90	35	\$392.49	44	\$448.70	53	\$655.23	62	\$922.78		
18	\$293.25	27	\$336.61	36	\$395.06	45	\$463.80	54	\$685.74	63	\$948.15		
19	\$302.24	28	\$349.13	37	\$397.63	46	\$481.78	55	\$716.25	64+	\$963.57		
20	\$311.55	29	\$359.41	38	\$400.20	47	\$502.02	56	\$749.34				
21	\$321.19	30	\$364.55	39	\$405.34	48	\$525.15	57	\$782.74				
22	\$321.19	31	\$372.26	40	\$410.48	49	\$547.95	58	\$818.39				

### Composite Rates

EO : \$420.19      ES : \$840.38      EC : \$882.40      EF : \$1,302.59

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## Appendix - Monthly Medical Premiums

S6E3BLC		Blue Focus Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$240.04	23	\$313.78	32	\$371.20	41	\$408.54	50	\$560.41	59	\$816.77
15	\$261.38	24	\$313.78	33	\$375.91	42	\$415.76	51	\$585.20	60	\$851.60
16	\$269.54	25	\$315.04	34	\$380.93	43	\$425.80	52	\$612.50	61	\$881.72
17	\$277.70	26	\$321.31	35	\$383.44	44	\$438.35	53	\$640.11	62	\$901.49
18	\$286.48	27	\$328.84	36	\$385.95	45	\$453.10	54	\$669.92	63	\$926.28
19	\$295.27	28	\$341.08	37	\$388.46	46	\$470.67	55	\$699.73	64+	\$941.34
20	\$304.37	29	\$351.12	38	\$390.97	47	\$490.44	56	\$732.05		
21	\$313.78	30	\$356.14	39	\$395.99	48	\$513.03	57	\$764.68		
22	\$313.78	31	\$363.67	40	\$401.01	49	\$535.31	58	\$799.51		

### Composite Rates

EO : \$410.50      ES : \$821.00      EC : \$862.05      EF : \$1,272.55

S6J3BLC		Blue Focus Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$229.86	23	\$300.47	32	\$355.46	41	\$391.21	50	\$536.64	59	\$782.12
15	\$250.29	24	\$300.47	33	\$359.96	42	\$398.12	51	\$560.38	60	\$815.48
16	\$258.10	25	\$301.67	34	\$364.77	43	\$407.74	52	\$586.52	61	\$844.32
17	\$265.92	26	\$307.68	35	\$367.17	44	\$419.76	53	\$612.96	62	\$863.25
18	\$274.33	27	\$314.89	36	\$369.58	45	\$433.88	54	\$641.50	63	\$886.99
19	\$282.74	28	\$326.61	37	\$371.98	46	\$450.71	55	\$670.05	64+	\$901.41
20	\$291.46	29	\$336.23	38	\$374.39	47	\$469.63	56	\$701.00		
21	\$300.47	30	\$341.03	39	\$379.19	48	\$491.27	57	\$732.25		
22	\$300.47	31	\$348.24	40	\$384.00	49	\$512.60	58	\$765.60		

### Composite Rates

EO : \$393.09      ES : \$786.18      EC : \$825.49      EF : \$1,218.58

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## Appendix - Monthly Medical Premiums

S6J3PFR				Blue Preferred Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$256.24	23	\$334.95	32	\$396.25	41	\$436.10	50	\$598.22	59	\$871.87		
15	\$279.01	24	\$334.95	33	\$401.27	42	\$443.81	51	\$624.68	60	\$909.05		
16	\$287.72	25	\$336.29	34	\$406.63	43	\$454.53	52	\$653.82	61	\$941.21		
17	\$296.43	26	\$342.99	35	\$409.31	44	\$467.93	53	\$683.30	62	\$962.31		
18	\$305.81	27	\$351.03	36	\$411.99	45	\$483.67	54	\$715.12	63	\$988.77		
19	\$315.19	28	\$364.09	37	\$414.67	46	\$502.42	55	\$746.94	64+	\$1,004.85		
20	\$324.90	29	\$374.81	38	\$417.35	47	\$523.53	56	\$781.44				
21	\$334.95	30	\$380.17	39	\$422.71	48	\$547.64	57	\$816.27				
22	\$334.95	31	\$388.21	40	\$428.07	49	\$571.42	58	\$853.45				

### Composite Rates

EO : \$438.19      ES : \$876.38      EC : \$920.20      EF : \$1,358.39

S6K3BLC				Blue Focus Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$236.50	23	\$309.15	32	\$365.72	41	\$402.51	50	\$552.14	59	\$804.72		
15	\$257.52	24	\$309.15	33	\$370.36	42	\$409.62	51	\$576.56	60	\$839.03		
16	\$265.56	25	\$310.39	34	\$375.31	43	\$419.52	52	\$603.46	61	\$868.71		
17	\$273.60	26	\$316.57	35	\$377.78	44	\$431.88	53	\$630.67	62	\$888.19		
18	\$282.25	27	\$323.99	36	\$380.25	45	\$446.41	54	\$660.04	63	\$912.61		
19	\$290.91	28	\$336.05	37	\$382.73	46	\$463.72	55	\$689.40	64+	\$927.45		
20	\$299.88	29	\$345.94	38	\$385.20	47	\$483.20	56	\$721.25				
21	\$309.15	30	\$350.89	39	\$390.15	48	\$505.46	57	\$753.40				
22	\$309.15	31	\$358.30	40	\$395.09	49	\$527.41	58	\$787.71				

### Composite Rates

EO : \$404.44      ES : \$808.88      EC : \$849.32      EF : \$1,253.76

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S6K3PFR				Blue Preferred Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$261.40	23	\$341.70	32	\$404.23	41	\$444.89	50	\$610.28	59	\$889.45		
15	\$284.64	24	\$341.70	33	\$409.36	42	\$452.75	51	\$637.27	60	\$927.37		
16	\$293.52	25	\$343.07	34	\$414.82	43	\$463.69	52	\$667.00	61	\$960.18		
17	\$302.40	26	\$349.90	35	\$417.56	44	\$477.35	53	\$697.07	62	\$981.70		
18	\$311.97	27	\$358.10	36	\$420.29	45	\$493.41	54	\$729.53	63	\$1,008.70		
19	\$321.54	28	\$371.43	37	\$423.02	46	\$512.55	55	\$761.99	64+	\$1,025.10		
20	\$331.45	29	\$382.36	38	\$425.76	47	\$534.08	56	\$797.19				
21	\$341.70	30	\$387.83	39	\$431.23	48	\$558.68	57	\$832.72				
22	\$341.70	31	\$396.03	40	\$436.69	49	\$582.94	58	\$870.65				

### Composite Rates

EO : \$447.02    ES : \$894.04    EC : \$938.74    EF : \$1,385.76

S931PFR				Blue Preferred Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$281.05	23	\$367.39	32	\$434.62	41	\$478.34	50	\$656.16	59	\$956.32		
15	\$306.04	24	\$367.39	33	\$440.13	42	\$486.79	51	\$685.18	60	\$997.10		
16	\$315.59	25	\$368.86	34	\$446.01	43	\$498.55	52	\$717.15	61	\$1,032.37		
17	\$325.14	26	\$376.21	35	\$448.95	44	\$513.24	53	\$749.48	62	\$1,055.51		
18	\$335.43	27	\$385.02	36	\$451.89	45	\$530.51	54	\$784.38	63	\$1,084.54		
19	\$345.71	28	\$399.35	37	\$454.83	46	\$551.09	55	\$819.28	64+	\$1,102.17		
20	\$356.37	29	\$411.11	38	\$457.77	47	\$574.23	56	\$857.12				
21	\$367.39	30	\$416.99	39	\$463.65	48	\$600.68	57	\$895.33				
22	\$367.39	31	\$425.81	40	\$469.52	49	\$626.77	58	\$936.11				

### Composite Rates

EO : \$480.63    ES : \$961.26    EC : \$1,009.32    EF : \$1,489.95

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## Appendix - Monthly Medical Premiums

S932PFR				Blue Preferred Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$265.46	23	\$347.01	32	\$410.51	41	\$451.81	50	\$619.76	59	\$903.27		
15	\$289.06	24	\$347.01	33	\$415.72	42	\$459.79	51	\$647.17	60	\$941.79		
16	\$298.08	25	\$348.40	34	\$421.27	43	\$470.89	52	\$677.36	61	\$975.10		
17	\$307.10	26	\$355.34	35	\$424.05	44	\$484.77	53	\$707.90	62	\$996.96		
18	\$316.82	27	\$363.67	36	\$426.82	45	\$501.08	54	\$740.87	63	\$1,024.37		
19	\$326.54	28	\$377.20	37	\$429.60	46	\$520.51	55	\$773.83	64+	\$1,041.03		
20	\$336.60	29	\$388.30	38	\$432.37	47	\$542.38	56	\$809.57				
21	\$347.01	30	\$393.86	39	\$437.93	48	\$567.36	57	\$845.66				
22	\$347.01	31	\$402.18	40	\$443.48	49	\$592.00	58	\$884.18				

### Composite Rates

EO : \$453.97      ES : \$907.94      EC : \$953.34      EF : \$1,407.31

S933PFR				Blue Preferred Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$285.20	23	\$372.81	32	\$441.03	41	\$485.40	50	\$665.84	59	\$970.42		
15	\$310.55	24	\$372.81	33	\$446.63	42	\$493.97	51	\$695.29	60	\$1,011.81		
16	\$320.24	25	\$374.30	34	\$452.59	43	\$505.90	52	\$727.73	61	\$1,047.60		
17	\$329.94	26	\$381.76	35	\$455.57	44	\$520.82	53	\$760.53	62	\$1,071.08		
18	\$340.38	27	\$390.70	36	\$458.56	45	\$538.34	54	\$795.95	63	\$1,100.54		
19	\$350.81	28	\$405.24	37	\$461.54	46	\$559.22	55	\$831.37	64+	\$1,118.43		
20	\$361.63	29	\$417.17	38	\$464.52	47	\$582.70	56	\$869.77				
21	\$372.81	30	\$423.14	39	\$470.49	48	\$609.54	57	\$908.54				
22	\$372.81	31	\$432.09	40	\$476.45	49	\$636.01	58	\$949.92				

### Composite Rates

EO : \$487.72      ES : \$975.44      EC : \$1,024.21      EF : \$1,511.93

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## Appendix - Monthly Medical Premiums

S935PFR		Blue Preferred Network				ACA				Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
0-14	\$276.24	23	\$361.10	32	\$427.18	41	\$470.15	50	\$644.92	59	\$939.94
15	\$300.80	24	\$361.10	33	\$432.60	42	\$478.46	51	\$673.45	60	\$980.03
16	\$310.18	25	\$362.54	34	\$438.38	43	\$490.01	52	\$704.87	61	\$1,014.69
17	\$319.57	26	\$369.77	35	\$441.26	44	\$504.46	53	\$736.64	62	\$1,037.44
18	\$329.68	27	\$378.43	36	\$444.15	45	\$521.43	54	\$770.95	63	\$1,065.97
19	\$339.80	28	\$392.52	37	\$447.04	46	\$541.65	55	\$805.25	64+	\$1,083.30
20	\$350.27	29	\$404.07	38	\$449.93	47	\$564.40	56	\$842.45		
21	\$361.10	30	\$409.85	39	\$455.71	48	\$590.40	57	\$880.00		
22	\$361.10	31	\$418.51	40	\$461.49	49	\$616.04	58	\$920.08		

### Composite Rates

EO : \$472.40	ES : \$944.80	EC : \$992.04	EF : \$1,464.44
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# Appendix - Monthly Dental Premiums

Alternate Dental Renewal Plan Premiums – Monthly Premium Shown by Age and Composite Rates (due to system rounding, the group's total composite rated premium may vary slightly from the group's age rated premium).

Renewing dental plan rates shown in the Renewal at a Glance section are based only on currently enrolled members. Alternative dental plan options shown in this section include all members.

## Alternate Dental Renewal Plan Premiums – Monthly Premium by Age and Composite Rates

DMTHM39			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$33.42	Over 21: \$39.55	\$225.04
Composite Rates:	EO : \$41.29	ES : \$82.58	\$225.03
	EC : \$101.16	EF : \$163.10	

DMTHM41			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$19.73	Over 21: \$16.34	\$104.82
Composite Rates:	EO : \$19.24	ES : \$38.48	\$104.86
	EC : \$47.14	EF : \$76.00	

DMTHM43			Total Monthly Dental Cost*
Voluntary Group	High Allocation		
Age Rates:	Under 21: \$36.66	Over 21: \$42.43	\$243.04
Composite Rates:	EO : \$44.59	ES : \$89.18	\$243.02
	EC : \$109.25	EF : \$176.13	

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# Appendix - Monthly Dental Premiums

DMTHM45			Total Monthly Dental Cost*
Voluntary Group	High Allocation		
Age Rates:	Under 21: \$21.69	Over 21: \$17.96	\$115.22
Composite Rates:	EO : \$21.15	ES : \$42.30	\$115.27
	EC : \$51.82	EF : \$83.54	

DMTHM57			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$47.03	Over 21: \$52.61	\$304.50
Composite Rates:	EO : \$55.87	ES : \$111.74	\$304.49
	EC : \$136.88	EF : \$220.69	

DMTHM59			Total Monthly Dental Cost*
Voluntary Group	High Allocation		
Age Rates:	Under 21: \$51.59	Over 21: \$54.99	\$323.14
Composite Rates:	EO : \$59.29	ES : \$118.58	\$323.13
	EC : \$145.26	EF : \$234.20	

DMTHR31			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$54.97	Over 21: \$68.48	\$383.86
Composite Rates:	EO : \$70.43	ES : \$140.86	\$383.84
	EC : \$172.55	EF : \$278.20	

DMTHR32			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$54.03	Over 21: \$63.91	\$363.70
Composite Rates:	EO : \$66.73	ES : \$133.46	\$363.68
	EC : \$163.49	EF : \$263.58	

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# Appendix - Monthly Dental Premiums

DMTHR33			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$51.84	Over 21: \$61.20	\$348.48
Composite Rates:	EO : \$63.94	ES : \$127.88	
	EC : \$156.65	EF : \$252.56	\$348.47

DMTHR34			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$48.47	Over 21: \$54.99	\$316.90
Composite Rates:	EO : \$58.15	ES : \$116.30	
	EC : \$142.47	EF : \$229.69	\$316.92

DMTHR42			Total Monthly Dental Cost*
Voluntary Group	High Allocation		
Age Rates:	Under 21: \$56.93	Over 21: \$64.05	\$370.06
Composite Rates:	EO : \$67.90	ES : \$135.80	
	EC : \$166.36	EF : \$268.21	\$370.06

DMTHR50			Total Monthly Dental Cost*
Contributory Group	High Allocation		
Age Rates:	Under 21: \$44.89	Over 21: \$58.43	\$323.50
Composite Rates:	EO : \$59.36	ES : \$118.72	
	EC : \$145.43	EF : \$234.47	\$323.51

DMTHR51			Total Monthly Dental Cost*
Voluntary Group	High Allocation		
Age Rates:	Under 21: \$53.27	Over 21: \$58.80	\$341.74
Composite Rates:	EO : \$62.70	ES : \$125.40	
	EC : \$153.62	EF : \$247.67	\$341.72

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# Appendix - Monthly Dental Premiums

DMTHR52			Total Monthly Dental Cost*
Voluntary Group	High Allocation		
Age Rates:	Under 21: \$49.28	Over 21: \$62.64	\$349.12
Composite Rates:	EO : \$64.06	ES : \$128.12	\$349.13
	EC : \$156.95	EF : \$253.04	

DMTLM38			Total Monthly Dental Cost*
Contributory Group	Low Allocation		
Age Rates:	Under 21: \$35.08	Over 21: \$36.81	\$217.40
Composite Rates:	EO : \$39.89	ES : \$79.78	\$217.40
	EC : \$97.73	EF : \$157.57	

DMTLM40			Total Monthly Dental Cost*
Contributory Group	Low Allocation		
Age Rates:	Under 21: \$25.08	Over 21: \$28.64	\$164.72
Composite Rates:	EO : \$30.22	ES : \$60.44	\$164.70
	EC : \$74.04	EF : \$119.37	

DMTLM54			Total Monthly Dental Cost*
Voluntary Group	Low Allocation		
Age Rates:	Under 21: \$37.39	Over 21: \$36.41	\$220.42
Composite Rates:	EO : \$40.44	ES : \$80.88	\$220.40
	EC : \$99.08	EF : \$159.74	

DMTLR35			Total Monthly Dental Cost*
Contributory Group	Low Allocation		
Age Rates:	Under 21: \$40.34	Over 21: \$53.02	\$292.76
Composite Rates:	EO : \$53.72	ES : \$107.44	\$292.77
	EC : \$131.61	EF : \$212.19	

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# Appendix - Monthly Dental Premiums

DMTLR36			Total Monthly Dental Cost*
Contributory Group	Low Allocation		
Age Rates:	Under 21: \$39.00	Over 21: \$48.60	\$272.40
Composite Rates:	EO : \$49.98	ES : \$99.96	
	EC : \$122.45	EF : \$197.42	\$272.39

DMTLR37			Total Monthly Dental Cost*
Contributory Group	Low Allocation		
Age Rates:	Under 21: \$33.59	Over 21: \$42.47	\$237.06
Composite Rates:	EO : \$43.50	ES : \$87.00	
	EC : \$106.58	EF : \$171.83	\$237.08

DMTLR53			Total Monthly Dental Cost*
Voluntary Group	Low Allocation		
Age Rates:	Under 21: \$42.83	Over 21: \$52.26	\$294.70
Composite Rates:	EO : \$54.07	ES : \$108.14	
	EC : \$132.47	EF : \$213.58	\$294.68

DMTLR58			Total Monthly Dental Cost*
Contributory Group	Low Allocation		
Age Rates:	Under 21: \$45.33	Over 21: \$50.86	\$294.10
Composite Rates:	EO : \$53.96	ES : \$107.92	
	EC : \$132.20	EF : \$213.14	\$294.08

DMTLR60			Total Monthly Dental Cost*
Voluntary Group	Low Allocation		
Age Rates:	Under 21: \$49.78	Over 21: \$54.72	\$318.44
Composite Rates:	EO : \$58.43	ES : \$116.86	
	EC : \$143.15	EF : \$230.80	\$318.44

Dental Group Size : A

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# Appendix - Plan Notes

## Additional Benefit Information

This renewal exhibit does not contain a complete listing of exclusions, limitations and conditions that apply to the plan benefits displayed. For more information on these products, please refer to the plan's Summary of Benefits and Coverage, Benefit Booklet and/or speak with the Small Group Account Management Team for additional information.

## Embedded Deductibles

All small group metallic plans include an embedded deductible. This means that no more than one individual deductible is required to be met by any one individual in a family contract.



## Health Savings Accounts (HSA) Plans

In accordance with federal regulations, copays will not apply until after the deductible is met, for applicable HSA plans.

Some HSA plans may require a mandatory employer contribution, refer to the chart below to determine if a mandatory contribution is required and the contribution range:

Plan #	B6E1BLC	B902PFR	G6E1PFR	G6J2BLC	G6J2PFR	G936PFR	S6E1PFR	S6E2BLC	S6J3BLC
\$ Amount	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$475 \$475-\$600	\$0 \$0	\$0 \$0	\$0 \$0

Plan #	S6J3PFR	S933PFR	S935PFR
\$ Amount	\$0 \$0	\$0 \$0	\$0 \$0

## Preventive prescription coverage

All HSA plans now feature a \$0 copay for certain preventive drugs, helping members stick to their treatment plans and better manage their health conditions.



## Pharmacy Benefits

All small group plans include prescription drug benefits. For those plans which offer a prescription coinsurance, the coinsurance amount will be applied after the medical deductible is met.

Prescription drug benefits are based upon a drug list and tier level. How much a member pays out-of-pocket for prescription drugs is determined by whether their medication is on the drug list and which tier it is under – if a member chooses a medication on a lower tier, the out-of-pocket cost will be lower.

Some prescriptions may require members to meet certain criteria before prescription drug coverage may be

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## Appendix - Plan Notes

approved, including prior authorization or step therapy.

Prescription copays are also based upon use of preferred or non-preferred pharmacies. Benefits displayed within the Plan Options section represent the higher copays for Non-Preferred Pharmacies. If a member visits an in network Preferred Pharmacy (excluding HMO and 100% cost sharing plans), they may pay a lower copay or coinsurance amount for a covered, non-specialty prescription drug. A full list of preferred pharmacies is available online at [myprime.com](http://myprime.com) using the "preferred" filter.



### Qualified small group metallic health plans include pediatric vision and dental benefits.

Pediatric vision benefits are available to members up to age 19 and include one eye exam every 12 months as well as select pediatric hardware and vision discounts. To locate a provider, visit [eyemedvisioncare.com/bcbsmt](http://eyemedvisioncare.com/bcbsmt).

Pediatric dental benefits are available to child dependents up to age 19. Benefits are subject to the medical deductible; coinsurance, copayments and other cost-sharing rules apply. To find an in network pediatric dental provider, visit [https://www.bcbsmt.com/provider\\_finder/dental.html](https://www.bcbsmt.com/provider_finder/dental.html); select BlueCare Dental 4 Kids for Providers.



### Wellbeing Management

Through Blue Access for Members.<sup>SM</sup> members can visit Well onTarget® for tools and resources to help management their health, including earning Blue Points<sup>SM</sup> by completing specific activities and achieving goals online. Points can be redeemed online for a variety of items including gift cards, electronics and more.

Additional programs include the Special Beginnings, a maternity program which identifies high risk pregnancies and increased opportunities for intervention, and the 24/7 Nurseline – available to answer general health questions or direct members to seek necessary care.

Review [Medical Plans](#)



### DENTAL BENEFIT COVERAGE BlueCare Dental Enhanced Benefit<sup>SM</sup>

BCBS dental plans work together with medical plans to offer comprehensive coverage for the entire member. Through the BlueCare Dental Enhanced Benefit program, members identified with heart disease, diabetes or those who are pregnant are eligible for additional cleaning - as studies have shown that poor dental health can complicate these conditions.

Working together with the medical plan, this additional dental benefit can help to keep members healthier and

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# Appendix - Plan Notes

lower chances of more serious complications.

## Orthodontics Coverage

Some dental plans offer orthodontic benefits for both children AND adults. Refer to the Dental Plan Options to review applicable plans and available life time maximum benefits.

Review [Dental Plans](#)

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# Appendix - Monthly Premiums

## Individual Age and Composite Rated Premiums

Premium rates for all medical and dental plans include two rating options:

**1. Individual age-rates.** Age-rates are based on each individual's age. This means the total premium for a family would equal the sum of all individual family members' rates.

If an employee covers more than three dependent children (under the age of 21) on their family policy, the premium rate for children is capped at the three oldest children, under the age of 21.

**2. Composite-rates.** Composite-rates are billed by coverage tier (EO = Employee Only; ES = Employee + Spouse; EC = Employee + Child(ren); EF = Employee + Family).

Both the EC and EF tiers include all children covered under the plan, regardless of the number of children.

Groups with multiple medical and/or dental plans may select only one rating method. Combining plans with age and composite rates (including medical and dental plan combinations) is not allowed.

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# Appendix - Medical Rate Contingencies

## Rates are Contingent Upon

- A minimum and sustained enrollment of 75% of eligible employees (less valid waivers).
- An employer contribution of at least 50% of the 'Employee Only' cost. If multiple medical options are provided to employees, the employer may elect to contribute 50% of the lowest cost plan "Employee Only" premium.
- Employer will promptly notify Blue Cross and Blue Shield of Montana (BCBSMT) of any change in participation and Employer contribution.
- BCBSMT reserves the right to:
  - Restrict new business enrollment in medical insurance coverage to open or special enrollment periods unless the 50% minimum employer contribution is met and at least 75% of eligible employees (less valid waivers) have enrolled for coverage.
  - Review participation and contribution on existing business and non-renew or discontinue medical coverage unless the 50% minimum employer contribution is met and at least 75% of eligible employees (less valid waivers) have enrolled for coverage.
  - Change premium rates upon 31 days written notice in the event of new local, state, or federal legislation or administrative rulings which obligate BCBSMT to pay new taxes, surcharges, or other fees, or to modify a benefit or mandate a new benefit.
- Contracts shown represent enrollment as of four months prior to the renewal effective date.
- The medical and/or dental rates shown are for twelve (12) months from the renewal effective date and have been priced in accordance with our current regulatory status and the existing benefit program. If your rate effective date is different from your renewal effective date, your rates are guaranteed until your next renewal effective date.
- For Government Plans and Church Plans, BCBSMT's administration is based on the Benefit Plan not being subject to ERISA. For all other plans, BCBSMT's administration is based on the Benefit Plan being subject to ERISA. In the event you have determined that the above administration is not applicable to the Plan, please advise BCBSMT of your position in writing as soon as possible.
- This renewal assumes the contract will be issued in Montana.
- Upon inquiry from employer groups, BCBSMT will provide information to the employer group regarding compensation paid to the employer's Producer/Agent by BCBSMT in connection with the employer's policy or contract with BCBSMT.
- This information is not intended, nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.

Review [Total Monthly Medical Premium](#)

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# Appendix - Dental Rate Contingencies and Plan Pairings

## Dental Rates Are Contingent Upon:

- A 12-month effective period beginning from the renewal effective date.
- Retirees are not eligible for coverage.

## Plan Pairings (Groups 10+)

Any one contributory high option can be paired with any one contributory low option.

Any one voluntary high option can be paired with any voluntary low option.

Voluntary plans and contributory plans may not be offered together.

**Exception:** DMTHM57 can be paired with DMTHR33.

Also: DMTHM59 can be paired with DMTHR42.

Also: DMTHM41 can be paired with any contributory plan.

And DMTHM45 can be paired with any voluntary plan.

## Participation Requirements

### Contributory

>75% participation

>50% employer contribution

### Voluntary

>25% participation

Review [Total Monthly Dental Premium](#)

# Appendix - Notices and Important Information

## Off-Cycle Plan Change Requests for Regulated Small Groups (1-50)

If a plan change or addition is needed, a new quote must be pulled from BCBSMT. Rate quotes are only required for new plans. Existing/remaining plans that are not changed are not required to be requoted.

Rate information from this renewal packet cannot be used for any Anniversary Date or off-cycle changes.

Montana BCBSMT Quotes pulled for off cycle changes (those not occurring upon the group's Anniversary Date) may be impacted by:

- **Age changes** – if a subscriber has aged between the time of the group's renewal and the off-cycle plan change(s), the new age must be used for quoting purposes for plan changes only. If the subscriber remains in their existing plan, no rate adjustment is required.
- **Headquarter location changes** – if the group moves headquarter locations after the Anniversary Date, this may affect the rating area and rates for off cycle plan change(s). Rates for existing plans will not be affected by the new rating area, until the group's next Anniversary Date.
- **Inaccurate rate information** – in the unlikely event that inaccurate information is provided for off-cycle plan change(s), such as updating the group's new rating area, BCBSMT cannot honor the quote.
- **Composite Changes** – Off-cycle plan change(s) are not available to groups who wish to change their billing method, (electing to move from age rates to composite rates and vice versa); or groups who wish to add additional composite rated plans. Anniversary Date changes are required in these situations. Contact BCBSMT to obtain final rates involving Anniversary Date changes.

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# Appendix - Notices and Important Information

Notwithstanding anything in the renewal or proposal to the contrary, BCBSMT reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification there to) is enacted or becomes effective/implemented, which would require BCBSMT to pay, submit or forward, on its own behalf or on the Employer Group's behalf. BCBSMT also reserves the right to change the premium rates it charges Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/implemented which results in increased projected claim costs or an increase to BCBSMT's expenses or cost of plan administration.

If this document was generated for an employer with current BCBSMT coverage, it is void unless provided by a BCBS MT Representative with express permission from Underwriting.

## Notice of Privacy Practices

The federal and state laws require medical plans to provide notice of their privacy practices, legal duties and an insured's rights concerning protected medical information. Please copy and distribute the enclosed Notice of Privacy Practices to each new employee at the time of his or her enrollment of medical coverage.

## Important Notices Document

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employers to notify all eligible employees of important provisions in their medical care plans:

- The employees' right to enroll in the plan under the "special enrollment provision".

Please copy and distribute the enclosed Important Notices - *Initial Notice about Special Enrollment Rights in Your Group Medical Plan and Additional Notices* directly to all your employees as soon as possible.

NOTE: This notice must also be given to each new employee prior to his or her enrollment in, or declination of, medical coverage, and must be redistributed each year at open enrollment.

## INSTRUCTIONS

Employee applications are required if the you're adding a dual choice program to your current standalone PPO program.

**Important:** all open enrollment applications must be signed, dated, and received by BCBSMT prior to the open enrollment effective date. If the date on the application is after the open enrollment effective date, regardless of receipt date, the applicant may not enroll until the next annual open enrollment.

Please note that late enrollment for employees/dependents selecting HMO or PPO coverage will only be permitted at open enrollment.

Payment of the premium due under the policy constitutes acceptance of the terms of our renewal offer.

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# Appendix - Notices and Important Information

## Summary of Benefits & Coverage

### Notice to Policyholder

The Affordable Care Act requires group medical plans and/or insurance issuers to create and distribute a Summary of Benefits and Coverage (or alternate format permitted by the Affordable Care Act) (the "SBC"), to participants and beneficiaries in certain specified situations as required by Section 2715 of the Public Medical Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time (the "SBC Requirements"). This Notice is to inform you that effective for Policy Years for which you, as Policyholder, hold an open enrollment period on or after September 23, 2012, Blue Cross and Blue Shield of Montana (BCBSMT) will provide certain SBC services as follows.

For participants and beneficiaries who join other than through an open enrollment period BCBSMT will provide the following SBC services as of the first day of your first plan year that is on or after September 23, 2012. Policyholder will promptly provide BCBSMT with such policy year date.

### SBC Creation

BCBSMT will create the SBC and provide it to you, as Policyholder.

### SBC Review and Distribution

The Policyholder shall carefully review the SBC and if it is satisfactory, the Policyholder will distribute it to participants and beneficiaries at the time and in a manner consistent with the SBC Requirements. If not satisfactory, Policyholder will promptly notify BCBSMT

Accordingly, your policy is being issued or renewed subject to the above responsibilities and to additional SBC terms and conditions, including but not limited to:

- Policyholder is responsible for synthesizing information from its various insurers and administrative service providers it uses for its group medical plan (or providing multiple partial SBCs if permitted by law).
- Nothing in the Contract relieves the Policyholder or its group medical plan of their respective legal and regulatory obligations with respect to the SBC.
- BCBSMT has no responsibility for, or obligations with respect to, the SBCs except as specified in this Contract.
- Policyholder is responsible for furnishing to BCBSMT in a timely manner all information necessary for the timely creation and distribution of SBCs, including but not limited to names and addresses for: (i) any person currently enrolled in any plan administered or insured by BCBSMT, and (ii) any person the employer tells us is eligible or may become eligible. Policyholder's failure to furnish such information, to agree to an implementation plan or to promptly review/approve SBCs may delay and/or jeopardize BCBSMT's preparation of the SBC and the Plan is relieved of its SBC obligations.
- BCBSMT's SBC operations will not be considered to be in breach of the Contract to the extent BCBSMT has worked diligently and in good faith to provide the SBC services, based on a reasonable interpretation of then-current SBC-related ACA provisions and Guidance, in a manner consistent with the SBC Requirements.
- BCBSMT may, but is not required to, monitor Policyholder's performance of its SBC obligations, audit the Policyholder with respect to the SBC, request and receive information, documents and assurances from Policyholder with respect to the SBC, provide its own SBC (or SBC corrections) to participants and beneficiaries, communicate with participants and beneficiaries regarding the SBC, respond to SBC-related inquiries from participants and beneficiaries, and/or take steps to avoid or correct potential violations of applicable laws or regulations. Policyholder will notify the Plan of any actual or potential non-compliance with the SBC Requirements.
- Policyholder will indemnify and hold BCBSMT harmless with respect to the SBC.

These changes are binding on your Policy and/or you will receive a formal Policy amendment for your files once it has been approved by the Montana Department of Insurance.

### [Go Back to Renewal Contents](#)



## Summary of Benefits and Coverage (SBC) Tool Steps

### No Login Requirements!

Login information is not required to access the **Summary of Benefits and Coverage (SBC) tool**. Use the link provided to the right or continue to use **Blue Access for Employers<sup>SM</sup>** or **Blue Access for Producers<sup>SM</sup>**.

 **CLICK HERE**  
for the SBC  
Tool Link

Steps to use the SBC Tool	
<b>STEP 1:</b>	Click on the Order basket if you are requesting SBCs for metallic plans. Use the old SBC Tool to access SBCs for metallic plans with effective dates before 2021, and all grandfathered, transitional and Blue Balance Funded <sup>SM</sup> plans.
<b>STEP 2:</b>	It's not a required field but you will get the best results when you add the seven-digit Plan ID at the top of the page. <ul style="list-style-type: none"> <li>Identify your State and market segment</li> <li>Click "Search"</li> </ul> <b>Please Note:</b> SBCs are currently only available in English.
<b>STEP 3:</b>	Available SBCs will appear under the "Results" section. If the seven-digit Plan ID was not included in the search, a full list of small group benefit plans will appear under the "Results" drop down tab. <ul style="list-style-type: none"> <li>Select your requested SBC and click "Next".</li> </ul>
<b>STEP 4:</b>	Identify the required plan effective dates. "Coverage for" will default to Individual/Family. Click "Next".
<b>STEP 5:</b>	<b>Review the proof carefully.</b> Check to make sure the correct period and coverage is populated on page 1 of the PDF in the upper right corner. Click the "Print on Site" button to download, save or print the SBC.
<b>STEP 6:</b>	Close the PDF pop-up window to complete your order.



### Technical Help

1. [CLICK HERE](#) for technical issues support.
2. If an SBC is missing or additional assistance is needed, please reach out to [StandardSBCRequests@bcbsmt.com](mailto:StandardSBCRequests@bcbsmt.com).

# Appendix - Notices and Important Information

## I. Initial Notice about Special Enrollment Rights in Your Group Medical Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, nonfederal governmental plans. Contact your employer or plan administrator for more information.

### A. SPECIAL ENROLLMENT PROVISIONS

#### Loss of Other Coverage (Excluding Medicaid or a State Children's Medical Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

#### Loss of Coverage for Medicaid or a State Children's Medical Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's medical insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's medical insurance program.

#### New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

#### Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Medical Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's medical insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

**To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.**

## II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

### NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED MEDICAL PLANS ONLY)

**For plans that require or allow for the designation of primary care providers by participants or**

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# Appendix - Notices and Important Information

## **beneficiaries:**

If the plan requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

## **For plans that require or allow for the designation of a primary care provider for a child:**

For children, you may designate a pediatrician as the primary care provider.

## **For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:**

You do not need prior authorization from the plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a medical care professional in our network who specializes in obstetrics or gynecology. The medical care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

**For a list of participating medical care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.**

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# Appendix - Notices and Important Information

## IRS Announces Inflation Adjustments for 2022 HDHPs and HSAs

The IRS has announced the inflation adjustments for 2022 High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA). These adjustments include maximum HSA contributions, minimum deductible amount and maximum out-of-pocket limits. The following adjustments apply to the calendar year 2022.

### Contributions to an HSA

For the calendar year 2022, the annual limitation on contributions to an HSA under §223(b)(2)(A) for an individual with self-only coverage under a HDHP is **\$3,650**. The annual limitation on contributions to an HSA under §223(b)(2)(B) for an individual with family coverage under an HDHP is **\$7,300**.

### Additional Contribution Amount (Individuals Age 55 and Older)

The catch-up contribution limit to an HSA under §223(b)(3)(B), is \$1,000. There is no change from 2021.

### High Deductible Health Plans

An HDHP is defined under §223(c)(2)(A) as a health plan with an annual deductible that is not less than **\$1,400** for self-only coverage or **\$2,800** for family coverage. The annual out-of-pocket expenses (deductibles, copayments, and other amounts, but not premiums) do not exceed **\$7,050** for self-only coverage or **\$14,100** for family coverage.

	2022	2021
Minimum Individual Deductible	\$1,400	\$1,400
Minimum Family Deductible	\$2,800	\$2,800
Maximum Individual OOP	\$7,050	\$7,000
Maximum Family OOP	\$14,100	\$14,000
Maximum Individual Contribution	\$3,650	\$3,600
Maximum Family Contribution	\$7,300	\$7,200
Minimum Individual Embedded Deductible	\$2,800*	\$2,800
Minimum Family Embedded Deductible	\$2,800	\$2,800

*\*According to IRS guidance, an individual deductible (an embedded deductible) provided under a family HDHP must be at least the family minimum for the year (\$2,800 in 2022). Due to system limitations, groups with an embedded deductible family HDHP may not offer an employee-only HDHP with a deductible less than the family minimum (\$2,800) unless separate benefit agreements are established for employee-only and family HDHP coverage. The IRS individual minimum is \$1,400 for 2022.*

*Please note that the HDHP limits on out of pocket expenses and the maximum out of pocket limits under the Affordable Care Act ("ACA") are NOT the same. The maximum out of pocket limits for 2022 are \$8,700 for self-only coverage, \$17,400 for other than self-only coverage.*

IRS revenue procedure: <https://www.irs.gov/pub/irs-drop/rp-21-25.pdf>

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## Hyalite Fire Department

### New Rae Fire Station

Purpose – To provide operational and administrative needs for the replacement of the Rae Fire Station. Additionally, to address future growth of the fire district's west end.

Needs bullet points –

- Four Apparatus Bays
  - Pull through style
  - 14-ft doors
  - 50-ft in length
    - Potentially one bay at 80 feet
  - Proper floor drains
  - Bay Restroom
  - Apparatus bay hydrant refill
- Decontamination Area directly adjacent to apparatus bays
  - PPE extractor and drying
  - Equipment cleaning and drying
  - Firefighter showers
- Equipment repair area
  - Adjacent to apparatus bays
- PPE/Locker room
- EMS supply room
- Storage supply room
- Workout room
- 12 Resident bedrooms (consider 6 in station resident rooms and 6 rental apartments)
  - 6 conjoining resident bathrooms
- Resident lounge/living room
- Resident Kitchen with pantry
- Resident laundry (multiple hook ups)
- Resident entry/mudroom
- Resident garage/storage area
- Three administrative offices
  - Battalion Chief, Captain, and general use
- Proper communication abilities
  - High speed internet
  - Emergency radio and notification
- Conference room
- Public restrooms
- Exterior message board
- Separation of resident and administrative areas
- Public, resident and response parking areas

## Need description –

**1. Four apparatus bays**

- Consider one 80-foot bay to accommodate future aerial/ladder apparatus
- Fulfill needed apparatus placement
  - 1 ambulance/EMS response vehicle
  - 1 structure fire engine
  - 1 wildland fire brush unit
  - 1 water tender
- Currently the apparatus bay configuration of the three Hyalite Fire District stations are filled to capacity.
  - Unable to purchase additional apparatus in the future.
  - Dependent on the current Rae Fire Station apparatus bays being kept in place to hold reserve apparatus.
- Pull through apparatus bays
  - Allows for safe operations. No need for backing of apparatus
  - Eliminate the need to back in off Gooch Hill Road
- Apparatus bays doors
  - At least 50 feet in length
  - Overhead doors would need to be 14 feet openings
  - Consideration for glass panels for lighting and solar heating
- Proper floor drains in the apparatus bays
  - Oil/sand separator
  - Connected to a wastewater system
  - Apparatus melt off/de-ice when returning during winter months
    - In floor heating would be beneficial
  - Allows apparatus to be washed inside the station
  - Ensure all areas of the bay floor slope to a drain
- Wall hydrant style water refill for apparatus
  - Important serving rural non-hydrant areas
  - Able to refill apparatus at the fire station after calls or training
  - 2 1/2 "national hose connections
  - Plumbed to all apparatus bays
    - Prevent having to strength hose across the apparatus floor
    - Prevents slip and trip hazards and prevent injuries
- Vehicle exhaust removal system
  - Protect the health of our firefighters
  - Quickly remove harmful exhaust from apparatus
  - Plumbed to every apparatus bay
- Electrical and air shorelines
  - Provide electrical charging and air supply to apparatus
  - Plumbed to all apparatus bays
  - Supplied from a station air compressor enclosed in a compressor room
    - Air compressor with enough capability to service vehicles if needed
- 1 Bay restroom
  - Directly adjacent to the apparatus bays
  - Allows responders to use the restroom without disturbing or contaminating living spaces.
- Hose bibs for washing apparatus
  - Multiple bibs at different locations.

**2. Decontamination Area**

- Directly adject to apparatus bays
  - Allows for direct cleaning of people, PPE and equipment upon returning to the fire station
- Proper ventilation
  - Allows for proper air movement and drying of equipment
- PPE extractor and PPE dryer
- Equipment cleaning
  - Wash sinks with proper drainage
  - Floor drains with proper drainage
  - Water spicket connections
  - Equipment drying racks
  - Hose drying racks
- 2-4 Individual firefighter showers rooms
  - Allows firefighters to shower immediately upon returning regardless of resident or not
  - Allows for living space in the fire station to not be contaminated
  - Each shower tied to a dressing room
- Eye wash station

**3. Equipment Repair Area**

- Adjacent to apparatus bays
  - Workspace with a workbench and tool box
  - Potential for larger repairs to be done in old Rae Fire Stations bays
- Plumbed with air lines for maintenance from station compressor

**4. PPE/Locker room**

- Separated from the living quarter to protect the health and safety of firefighters.
- Placed to allow proper flow of the fire station.
- 18-20 lockers for PPE storage.
- Large enough for firefighter to don and doff PPE turnouts
- No windows in order to eliminate direct sunlight to PPE.
- Proper ventilation
- Motion sensor lights

**5. EMS Supply Room**

- Room roughly double the size of the EMS supply room at Sourdough station

**6. Storage Supply Room**

- Storage space for general cleaning supplies, paper products, prevention materials and event items
- Similar to mezzanine and fire riser room at Sourdough station

**7. Workout Room**

- Positioned to not interrupt daily fire station operations
  - Loud music and weight noise
- Rubber gym floor
- Proper size for multiple users
- Roll up or exterior door for fair weather usage
- Proper ventilation

**8. Resident Bedrooms**

- Option 1 –
  - 12 resident bedrooms

- Dorm room style similar to Sourdough Station
- Bed, desk and armoire furniture provided
- Conjoining shared bathrooms between rooms
- Eliminate the need for a resident to traverse the station to use the restroom or shower.
- Option 2 –
  - 6 resident bedrooms with same features as option 1
  - 6 separated studio rental apartments
    - Allow for a continuation of our resident rental program

#### **9. Lounge/Living Area**

- Lounge seating for resident firefighters plus extra 4 person crew

#### **10. Resident Kitchen**

- Kitchen area large enough to support residents
- Refrigerator and freezer space for resident and non-resident usage
- Cooktop and stove large enough to support resident and non-resident usage
  - Controlled by station alerting
- Pantry space for resident firefighters

#### **11. Resident laundry area**

- Large enough to accommodate resident firefighters
- At least two washers and two dryers

#### **12. Resident entry area**

- Separate entry area for resident firefighters adjacent to resident parking area
- Storage to accommodate resident firefighter outdoor clothing storage
- Separate from living area

#### **13. Resident garage/storage area**

- Storage of resident firefighter outdoor gear
- Could use existing Rae station

#### **14. Administrative Offices**

- Three individual offices
  - Supplied with office furniture
- Plan for future development of staff
  - Battalion Chief, Captain and watch desk/receptionist

#### **15. Proper Communication Capabilities**

- High speed wireless internet
  - Transmitted throughout the fire station
  - Important for MSU students
- Base station radio
  - Radio head in proper location. Most likely adjacent to PPE room/apparatus bay
  - Radio speakers wired to all rooms in the fire station with volume control knobs in each room.
- Station alerting
  - Message board in PPE room
  - Light control for night time notification
  - Stove/oven control

#### **16. Conference/Community Room**

- Very similar to Sourdough station
  - Proper acoustics
  - Conference table and chairs

- Multiple white boards (smart board)??
- Connected to public area of fire station

**17. Public restrooms**

- Directly adject to conference room
- Men and women restrooms

**18. Exterior message board**

- Digital message board
- Area has a good amount of traffic
- Display events, prevention messages and board info

**19. Separate living and admin spaces**

- Keeping resident and admin areas separated would be beneficial
- Reduce noise in the admin area
- Connect admin areas to public area

**20. Separate resident and admin parking areas**

- Allows for proper flow of parking areas
- Public usage does not affect emergency response

**21. Other Considerations**

- Fire suppression sprinkler system
- Motion sensor lights
  - Override switches in certain areas
- Try to avoid flat roof design
- Outdoor patio area away from Huffine Lane and Gooch Hill Road
- Backup power generator
- Flag pole



## **Hyalite Rural Fire District**

### **Fire Chief's Report**

**February 2022**

Prepared by: Fire Chief Brian Nickolay

1. The Hyalite Fire Department responded to 60 calls in January 2022.
  - Call volume January 2021 - 58
  - Call volume January 2020 - 37
  - Call volume January 2019 - 45
2. Our current roster is at 48 members (effective 2/1/2022).
3. We currently have 8 resident firefighters living at the Sourdough Fire Station.
  - Sourdough resident firefighters continue to fill weekend shifts Friday 7pm – Monday 7am
4. We currently have 4 resident firefighters living at the Cottonwood Fire Station.
  - Cottonwood resident firefighters continue to fill weekday night shifts Monday – Thursday 7pm – 7am.
5. We currently have 4 resident renters at the Rae house.
  - Rae renters continue to be offered incentive in discounted rent for responding to 30% of the call volume per month.
6. Non-resident volunteer firefighters continue to cover 6 hour shifts at the Sourdough Fire Station on Monday – Friday 7am – 7pm. This staffing level allows us to keep a crew on duty at the fire station 24 hours a day, 7 days a week.
7. We continue our regular multi company fire and EMS training every Wednesday night and command training twice a month.
8. We did offer mutual aid training to our partners as part of January's command training. We did have participation from Gallatin County 911. It was very beneficial to have our dispatchers come out. We will continue to offer training to our working partners in the future.
9. We have begun a new process to promote new volunteer Lieutenants and Captains within the fire department. New Lieutenants and Captains are working through a promotion academy being overseen by Assistant Fire Chief Dahlhauser. We hope to promote four new Captains to

help with providing command coverage and six new Lieutenants to work as crew leaders. We hope this new academy style promotional process will streamline promotions in the future and give equal opportunities to all our volunteers.

9. The ambulance contract for Gallatin County is still in draft form. We are waiting for the county to release the latest draft to review.

10. Our recruit firefighters from the fall 2021 academy have finished their training and are now responding members of the fire department. Captain Malone and Captain Culbertson worked incredibly well to complete this academy after the staff change with Chris Eaton's retirement. We will now begin the recruitment process for the spring 2022 academy. We hope to bring on six new firefighters starting in March.

11. We are continuing to work on the replacement of Engine 6-2 and Engine 6-3. Myself and Assistant Chief Dahlhauser will be traveling to the Pierce Manufacturing facility in March to research purchasing and specification options.

12. The Hyalite Fire District has the opportunity to expand our wildland firefighting capability with the help of the Montana DNRC. We have the option available to get a DNRC hybrid type 5 wildland truck. It is referred to as a hybrid because the fire district would be responsible for purchasing and maintaining the truck chassis and the DNRC would provide and maintain the wildland fire built out of the truck. This is part of the DNRC's county fire program. With the direction we are moving with our engines and the replacement of Engine 6-2 and 6-3 this could be a great benefit to our wildland firefighting capabilities. I would like to bring the board a more detailed plan in March.

15. Staff is continuing to work on our ambulance transport plan.

- The new ambulance 6-1 has been delivered and is now in service.
- Staff is working on finishing up the needed information for Pintler billing services.
- Staff is working with our medical control at Bozeman Health Deaconess Hospital to line out our transport plan
- Our firefighter/EMTs are trained for ambulance transport functions. Training will be a continuous effort.
- All needed equipment has been purchased.
- We hope to begin EMS transporting in the next 30 days

16. I met with Hyalite Meadows HOA at the end of January as part of their annual meeting. It was a great meeting to connect with our taxpayers. New issues of concern were presented to the fire district. My hope is to continue to reach out to HOAs in an effort to better connect the fire district to the community.

17. I have signed a new letter of engagement with the Christensen & Prezeau law firm for utilizing attorney Amy Christensen as legal counsel regarding employment matters. The fire

district has used Amy in the past. As it has been in the past we are not locked into a retainer with C&P as part of this engagement.

16. We have experienced no firefighter injuries in the last month.

17. All Hyalite Fire apparatus are in service.

# Hyalite Fire Department

Bozeman, MT

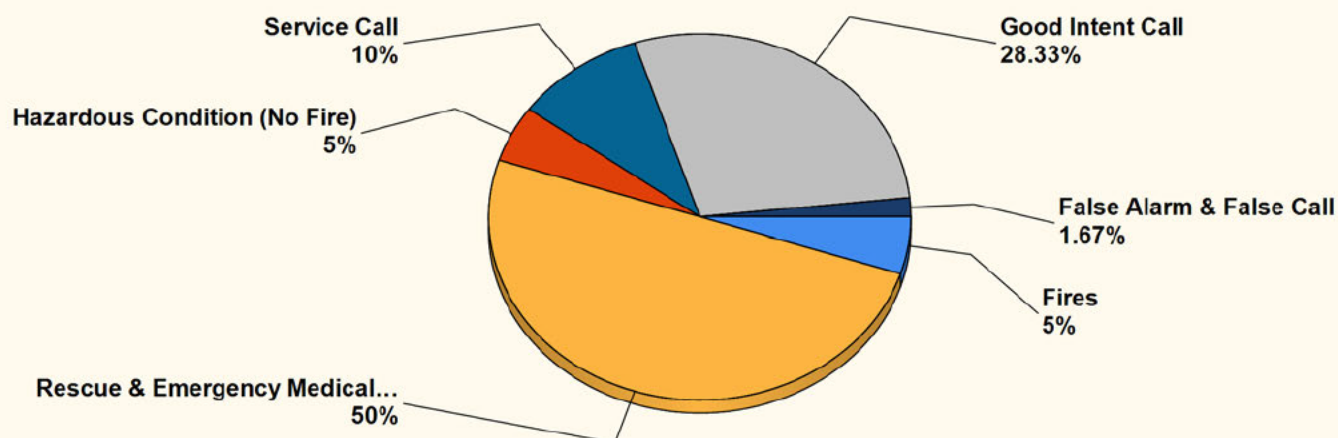
This report was generated on 2/10/2022 11:11:12 AM

Attachment



## Breakdown by Major Incident Types for Date Range

Zone(s): All Zones | Start Date: 01/01/2022 | End Date: 01/31/2022



MAJOR INCIDENT TYPE	# INCIDENTS	% of TOTAL
Fires	3	5%
Rescue & Emergency Medical Service	30	50%
Hazardous Condition (No Fire)	3	5%
Service Call	6	10%
Good Intent Call	17	28.33%
False Alarm & False Call	1	1.67%
<b>TOTAL</b>	<b>60</b>	<b>100%</b>

Only REVIEWED and/or LOCKED IMPORTED incidents are included. Summary results for a major incident type are not displayed if the count is zero.

# Detailed Breakdown by Incident Type

Attachment C

INCIDENT TYPE	# INCIDENTS	% of TOTAL
111 - Building fire	2	3.33%
131 - Passenger vehicle fire	1	1.67%
321 - EMS call, excluding vehicle accident with injury	19	31.67%
322 - Motor vehicle accident with injuries	2	3.33%
324 - Motor vehicle accident with no injuries.	9	15%
411 - Gasoline or other flammable liquid spill	1	1.67%
440 - Electrical wiring/equipment problem, other	1	1.67%
444 - Power line down	1	1.67%
510 - Person in distress, other	3	5%
512 - Ring or jewelry removal	1	1.67%
542 - Animal rescue	1	1.67%
554 - Assist invalid	1	1.67%
611 - Dispatched & cancelled en route	15	25%
622 - No incident found on arrival at dispatch address	1	1.67%
631 - Authorized controlled burning	1	1.67%
745 - Alarm system activation, no fire - unintentional	1	1.67%
<b>TOTAL INCIDENTS:</b>	<b>60</b>	<b>100%</b>

Only REVIEWED and/or LOCKED IMPORTED incidents are included. Summary results for a major incident type are not displayed if the count is zero.

# Hyalite Fire Department

Bozeman, MT

This report was generated on 2/10/2022 11:13:53 AM

Attachment



## Incident Count per User-Defined Fields for Date Range

Start Date: 01/01/2022 | End Date: 01/31/2022

ANSWERS	# INCIDENTS
<b>USER-DEFINED FIELD: For EMS calls was this an Alpha, Bravo, Charlie, Delta or Echo call type?</b>	
Alpha	7
Bravo	3
Charlie	2
Delta	8
MVA	11

<b>USER-DEFINED FIELD: For EMS calls what was the outcome of the patients?</b>	
MVA with at least one patient transport by AMR	2
MVA with no transport	8
Refusal	7
Transported by AMR	12

Only User-Defined values selected in the CUSTOM field of an incident Included. Only REVIEWED incidents included in count.



Amy D. Christensen  
Cherche Prezeau  
John F. Sullivan  
Colin Phelps  
Vicki Bignell  
J. Stuart Segrest

February 10, 2022

SUBJECT: C&P 3214-1

HYALITE FIRE DEPARTMENT

Brian Nickolay  
Hyalite Fire Department  
4541 S 3<sup>rd</sup> Road  
Bozeman, MT 59715  
By email: [bnickolay@hyalitefire.org](mailto:bnickolay@hyalitefire.org)

Dear Brian:

This letter will confirm that you have retained Christensen & Prezeau, PLLP ("C&P Law"), to provide legal advice to Hyalite Fire Department ("you").

C&P Law will provide legal services reasonably required to represent you and will take reasonable steps to inform you of progress and respond to your inquiries. You will be truthful with C&P Law, cooperate with C&P Law, keep C&P Law informed of developments, advise C&P Law of any changes in your contact information, and pay for legal fees in a timely manner, in accordance with the terms set forth in this letter.

C&P Law will charge you for legal services at the following rates: Firm Partner -- \$250.00/hour; Associate Attorney -- \$200.00 - \$225.00/hour; Paralegal -- \$100.00/hour. C&P Law bills its time in twentieth of an hour increments, which will be reflected in a monthly billing statement. You also will be charged for all expenses incurred by C&P Law during its representation. These expenses may include, but are not limited to, copying charges (\$0.10 per page), consultants' fees, parking, and mileage (billed at the federal mileage reimbursement rate). You will be responsible for direct payment of any costs in excess of \$500.

C&P Law shall send you monthly billing statements for costs and fees incurred. You shall pay C&P Law's statements within fourteen (14) days after each statement's date. Statements that are not paid within thirty (30) days after receipt will accrue interest on the unpaid balance at the rate of 1.5% per month.

In regard to the payment of your monthly statement, no retainer is necessary at this time. In the event a retainer is required, such money (and all client money held by C&P Law) is placed in our



314 N. Last Chance Gulch, Suite 300  
Helena, MT 59601

P 406.442.3690 F 406.603.4008

CPLAWMT.COM

Brian Nickolay  
 February 10, 2022  
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trust account. All sums earned by C&P Law will be removed from the trust account on a monthly basis. All unearned amounts will remain in the trust account. You will be provided with a monthly, itemized statement that will show what services were provided and the remaining balance of its retainer payment. If, at the conclusion of this action, there is any money held in the trust account that was not earned by C&P Law, those funds will be reimbursed to you.

Your money will earn interest in the trust account, however, C&P Law participates in the Interest On Lawyer's Trust Account program (IOLTA), which provides that all interest earned in our trust account is contributed to assist low income legal services, so neither you nor C&P Law benefit from the interest earned on your retainer.

You may discharge C&P Law at any time. C&P Law may withdraw its services with your consent or for good cause. Good cause includes your breach of the terms of this Agreement, your refusal to cooperate with C&P Law or to follow C&P Law's advice on a material matter, or any other fact or circumstance that would render C&P Law's continuing representation unlawful or unethical.

I am sending this letter electronically. Please sign the letter and return a signed copy to me by email or mail. Please retain a signed copy of the letter for your files.

Please do not hesitate to contact me if you have any questions.

Sincerely,



Amy D. Christensen

ADC:cc

.....  
*I, Brian Nickolay for Hyalite Fire Department, consent to the representation by Christensen & Prezeau, PLLP, on the terms and conditions set forth above.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
 Brian Nikolay

Prefers to receive monthly invoice ☐ by U.S. mail/ ☐ by electronic communication (email) at the following email address:

\_\_\_\_\_  
 (Email address)