



# Student Health Insurance Plan

## for Montana State University (Northern)

### Welcome to AcademicBlue, your Student Health Insurance Plan

#### Who can enroll?

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

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

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

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

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

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

#### For additional information

- Visit [bcbsmt.com](https://bcbsmt.com)
- Call 855-267-0214



#### Advantages of Membership

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

## Montana State University (Northern) - 2025-2026 Plan Highlights<sup>1,2</sup>

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

Deadlines, Coverage Periods and Premium Costs	Fall	Spring	Spring New
<b>Waiver Deadline</b>	The end of the 15 <sup>th</sup> day of classes	The end of the 15 <sup>th</sup> day of classes	The end of the 15 <sup>th</sup> day of classes
<b>Dates Covered</b>	8/01/2025 – 1/31/2026	2/01/2026 – 7/31/2026	1/01/2026 – 7/31/2026
<b>Student Rate**</b>	\$2,192	\$2,192	\$2,557

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

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

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

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

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

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

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

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

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



**Health care coverage is important for everyone.**

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St., 35<sup>th</sup> Floor  
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

**To receive language or communication assistance free of charge, please call us at 855-710-6984.**

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jí' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.