

# MONTANA UNIVERSITY SYSTEM STUDENT INSURANCE PLAN



BlueCross BlueShield  
of Montana

[www.bcbsmt.com](http://www.bcbsmt.com)

Benefits are only provided for Members under 19 years of age

Outline of Coverage   2025	
Benefit Period	August 1, 2025 - July 31, 2026
Maximum Benefit Amount	None
Deductible	Individual: \$75

## BCBSMT Participating Provider Networks

**Participating Providers (In-Network)** - BCBSMT has a participating dental network.

**Nonparticipating Providers (Out-of-Network)** - Nonparticipating Providers have not contracted with BCBSMT to provide services at negotiated rates, and your out of pocket expenses can be significantly higher. You may receive payment for claims received from a nonparticipating provider. These providers are under no obligation to submit claims for you.

**Finding Participating Providers** - To locate Participating Providers in Montana, check our on-line provider directory at [www.bcbsmt.com](http://www.bcbsmt.com), or contact Customer Service at 1-866-739-4090. Be sure to have your subscriber identification number available when you call.

Covered Services	The Plan will pay Participating Providers	The Plan will pay Non-Participating Providers	Important Information
Diagnostic Evaluations ( <i>Deductible Waived</i> )	80%	80%	<p><b>Maximum Benefit Amount:</b> The maximum amount the Plan will pay in one benefit period. Any balance owed above this amount is the Member's responsibility.</p> <p><b>Deductible:</b> The dollar amount each Member must pay for covered dental expenses incurred during the benefit period before BCBSMT will make payment for any covered dental expense to which the deductible applies.</p> <p><b>Coinsurance:</b> After the Plan pays for covered dental expenses, coinsurance is the percentage of the allowable fee payable by the Member.</p> <p><b>Rating Factors and Trend:</b> The following factors are used in setting rates: the income and claims experience for the 12 months prior to rating calculations for the category of product being rated, the benefit difference for the deductible and coinsurance relationship for the specific products in a product category, the projected claims, income and enrollment for the next 12-month rating period, projected expenses for the plan of the next rating period, and/or age of the application or subscriber, industry, and risk characteristics. The trend of premium increases during the preceding five years is: 2020 - 2%, 2021 - 5%, 2022 - 0%, 2023 - 0%, 2024 - 0%.</p>
Preventive Services ( <i>Deductible Waived</i> )	80%	80%	
Diagnostic Radiographs ( <i>Deductible Waived</i> )	80%	80%	
Miscellaneous Preventive Services ( <i>Deductible Waived</i> )	80%	80%	
Basic Restorative Services	50%	50%	
Non-Surgical Extractions	50%	50%	
Non-Surgical Periodontal Services	50%	50%	
Adjunctive Services	50%	50%	
Endodontic Services	50%	50%	
Oral Surgery Services	50%	50%	
Surgical Periodontal Services	50%	50%	
Major Restorative Services	50%	50%	
Prosthodontic Services	50%	50%	
Miscellaneous Restorative and Prosthodontic Services	50%	50%	
Medically Necessary Orthodontic Services	50%	50%	

Your estimated premium will be \_\_\_\_\_.

This information is only a summary of benefits. For more detailed information, refer to your Contract. Benefits and general provisions described herein are subject to the terms of the Contract.

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### 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	لنتلقى 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 nínizingo, 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.