



NAVIGATOR



# Beyond what's required

2023 Health Plans for **Montana Individuals and Families**



# The kind of help **you'd expect from a friend.**

At PacificSource, member service is more than professional—it's personal.

What's more, it's local. The people who help you are right here in the Northwest. We answer your calls in less than 30 seconds on average, according to internal call reports. And we're committed to going beyond what's required to make sure you're satisfied.



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PacificSource is a **not-for-profit community health plan**. We don't answer to shareholders, but to members, providers, producers, and employers—the people who depend on our products and services.

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# Health plans that focus on the right things: **you, your doctor,** and **your community**



## A unique, not-for-profit partnership

PacificSource is different. We're a local health insurer that works closely with highly rated providers to deliver exceptional member experience.



## Integrated care that revolves around members

This patient-centered approach is enabled by close collaboration with our provider partners, supported by best-in-class data analytics.



## High-value care and lower costs

We strive to compensate providers based on quality of outcomes and overall value—not volume.



## Ongoing investment in community health

As a not-for-profit insurer, PacificSource continually invests in our own neighborhoods, through financial aid and access to healthcare for diverse populations and those most in need.

# Benefits that go beyond what's required



## Expanded telehealth coverage

Members can see a doctor without leaving home. You'll get the care you need, when and where you need it.



## No referrals required with any plan

Our plans don't require members to visit a primary care doctor before seeing a specialist. (Some specialists may have their own referral requirements.)



## No-cost preventive care and preventive drugs

We're pleased to offer \$0 copays on:

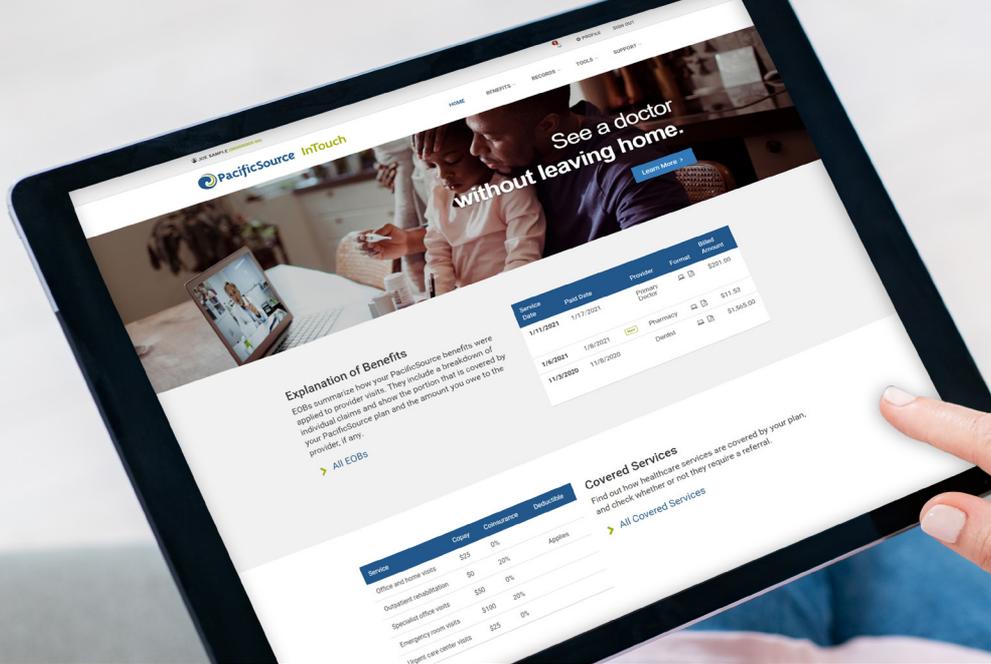
- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires. (Note: Standard plans only use the Standard ACA drug list.)



## Human service

No automated phone trees or offshore call centers





# InTouch puts you in charge



**Manage your benefits from your computer, phone, or tablet—24/7.**

You'll have secure access to all your insurance information, plus valuable health-related extras, with our InTouch site and iOS/Android app.

## With InTouch you can:

- Display your member ID
- Schedule doctor visits—physical and behavioral health—through Teladoc®
- Review what's covered by your plan
- Read Explanation of Benefits statements
- Check your deductible status
- Search for a doctor
- Select your primary care provider
- Call our free 24-Hour NurseLine
- Work toward health goals with our health and wellness portal
- Reach our Customer Service team



# The Navigator **difference**

## **A coordinated network of highly rated medical professionals**

Your provider network determines which doctors and hospitals are covered at the highest benefit level.

In Montana, the Navigator network includes, among many others, **Billings Clinic, St. Patrick Hospital, Logan Health, St. Peter's Health, SCL Health,** and **Community Medical Center.** Plus thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers.

Navigator also offers out-of-network benefits, for greater freedom and choice.

# Navigator

## Cost-effective care coordination that puts members at the center

Navigator is our clinically integrated product. We work with members and a network of local, highly rated healthcare providers focused on quality outcomes.

With Navigator, you get a plan that:

- Supports you on your journey toward optimal health
- Values and promotes your healthcare engagement
- Provides empowering self-management tools
- Emphasizes shared decision making with providers

**Members experience seamless, accountable care** from a dedicated team of providers.



Care coordination and oversight



## The doctors and hospitals you want

We've partnered with well-respected health centers and hospitals in the region to provide members and their families with quality care.

### Montana

Statewide



### Idaho

Blackfoot  
Boise  
Idaho Falls  
Nampa/Caldwell  
Pocatello  
Twin Falls



### Oregon

Statewide

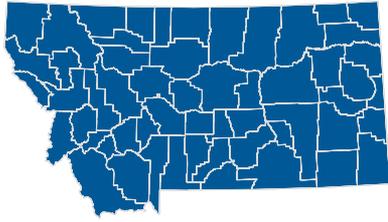


### Washington

Spokane  
Tacoma  
Vancouver



In-network availability is based on member's plan and network.



Navigator is available for purchase by people living in any Montana county.

# In-network, nationwide

	DEDUCTIBLE		OUT OF POCKET MAX	
	In-Net.	Out-of-Net.	In-Net.	Out-of-Net.
Medical, Rx, and Vision	\$XXX	\$X,XXX	\$X,XXX	\$XX,XXX

**MEDICAL BENEFITS, PRIOR AUTHORIZATION, & ELIGIBILITY:**  
 Members 555-555-5555 | CS@PacificSource.com  
 Providers 555-555-5555 | CS@PacificSource.com

**DENTAL:** 555-555-5555 | Dental@PacificSource.com

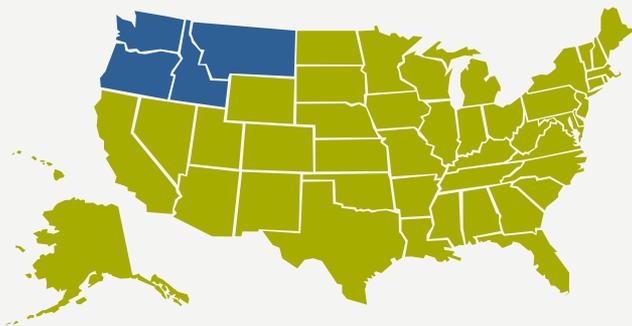
**24-HOUR NURSELINE:** 855-834-6150

**PHARMACISTS:** 844-834-6150 | Fax 541-225-3665

Verify benefits at [InTouch.PacificSource.com](http://InTouch.PacificSource.com)  
 PacificSource Health Plans | PO Box 7068, Springfield, OR 97475-0068  
 This card is not an authorization for services or a guarantee of payment.

## Outside the Northwest?

With **Navigator**, your in-network coverage goes with you thanks to partnerships with **First Health®** and **First Choice Health™**.



- Our four-state provider network
- Provider networks through **First Health®** and **First Choice Health™** (Alaska)



## Out-of-network benefits

Want to see a doctor who's not in your network? With Navigator, their services are covered, up to an allowed amount.

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We cover more than **49,000** individual members and their families across the Greater Northwest.

PacificSource covers independent people just like you who get their health insurance direct, not from an employer.

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Source: monthly enrollment report, March 2022



# 2023 Montana | Navigator Individual and Family Medical Plans

													HSA-QUALIFIED PLANS				MONTANA STANDARD PLANS					
	Gold 1500		Silver 3000†		Silver 4000†		Silver 5000		Bronze 7000		Bronze 9100		Silver HSA 3500		Bronze HSA 7050		Standard Gold		Standard Silver		Standard Expanded Bronze	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>Deductible</b> Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$14,000 / \$28,000	\$9,100 / \$18,200	\$18,200 / \$36,400	\$3,500 / \$7,000	\$7,000 / \$14,000	\$7,050 / \$14,100	\$14,100 / \$28,200	\$2,000 / \$4,000	\$4,000 / \$8,000	\$5,800 / \$11,600	\$11,600 / \$23,200	\$7,500 / \$15,000	\$15,000 / \$30,000
<b>Out-of-Pocket Maximum</b> Individual / Family	\$7,000 / \$14,000	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$7,600 / \$15,200	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$6,700 / \$13,400	\$25,000 / \$50,000	\$7,050 / \$14,100	\$25,000 / \$50,000	\$8,700 / \$17,400	\$25,000 / \$50,000	\$8,900 / \$17,800	\$25,000 / \$50,000	\$9,000 / \$18,000	\$25,000 / \$50,000
<b>Preventive Services</b>	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% no deductible^	Covered in full	25% no deductible^	Covered in full	25% no deductible^
<b>Preventive Drug Coverage</b>	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Only for drugs on the Standard Preventive No-Cost Drug List (Affordable Care Act) In Network: Covered in full, Out of Network: 50% after deductible					
<b>Accident Benefit</b>	Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Not Covered		Not Covered		Not Covered	
<b>Office Visits Primary (including behavioral health), Urgent Care, and Specialist</b>	10% after deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: 40% after deductible	50% after deductible	Primary/Urgent: \$20 no deductible Specialist: \$40 no deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: 40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	Primary: \$30 no deductible Urgent: \$45 no deductible Specialist: \$60 no deductible	50% after deductible	Primary: \$40 no deductible Urgent: \$60 no deductible Specialist: \$80 no deductible	50% after deductible	Primary: \$50 no deductible Urgent: \$75 no deductible Specialist: \$100 no deductible	50% after deductible
<b>Telehealth</b>	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
<b>Inpatient Hospital</b>	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Lab / X-ray</b>	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Physical, Occupational, and Speech Therapy</b>	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
<b>Outpatient Surgery</b>	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Emergency Services</b>	10% after deductible	10% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	25% after deductible	25% after deductible	0% after deductible	0% after deductible	25% after deductible	25% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible
<b>Chiropractic / Acupuncture</b> Visits per benefit period: Chiro: 10 / Acu: 12	10% after deductible	50% after deductible	\$35 no deductible	50% after deductible	\$20 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
<b>Prescription (Rx) Drug Coverage</b> Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15 no deductible Tier 2: \$50 no deductible Tier 3: \$75 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$30 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$20 no deductible Tier 2: \$40 no deductible Tier 3: \$80 after deductible Tier 4: \$350 after deductible	50% after deductible	Tier 1: \$25 no deductible Tier 2: \$50 after deductible Tier 3: \$100 after deductible Tier 4: \$500 after deductible	50% after deductible
<b>Pediatric Eye Exam</b> One exam per benefit period	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40	Covered in full	Covered in full up to \$40
<b>Pediatric Vision Hardware</b> One item per benefit period	Covered in full up to \$150 then subject to in-network deductible and 10%		Covered in full up to \$150 then subject to in-network deductible and 40%		Covered in full up to \$150 then subject to in-network deductible and 30%		Covered in full up to \$150 then subject to in-network deductible and 30%		Covered in full up to \$150 then subject to in-network deductible and 40%		Covered in full up to \$150 then subject to in-network deductible		Covered in full up to \$150 then subject to in-network deductible and 25%		Covered in full up to \$150 then subject to in-network deductible		Covered in full up to \$150 then subject to in-network deductible and 25%		Covered in full up to \$150 then subject to in-network deductible and 40%		Covered in full up to \$150 then subject to in-network deductible and 50%	

^Well-baby/well-child care and preventive mammograms are covered in full both in and out of network.

†Available only on direct basis

This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at [CoverageAdvisors@PacificSource.com](mailto:CoverageAdvisors@PacificSource.com). Go to [PacificSource.com](http://PacificSource.com) for details or to see a plan's Summary of Benefits. Accessibility help: for assistance reading this table or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.



## Vision care for kids

### **Pediatric vision benefits for members through age 18**

All of our medical plans include pediatric vision coverage. This includes routine eye exams at no cost when seeing an in-network doctor. See plan comparison on previous page for details.

# Decide on dental



## Good dental health can lead to better overall health. You can:

- Add one of our dental plans to your health plan
- Select dental-only
- Purchase these plans year-round, not just during open enrollment

### 2023 Montana

### Individual and Family Dental Plan Comparison

USE THIS CHART TO COMPARE OUR DENTAL PLANS	Dental Choice 0-20-50 1000	Dental Choice 0-20-50 1500	Kids Dental Choice 0-20-50 <small>(coverage for members age 18 and under)</small>
	No network needed	No network needed	No network needed
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
<b>Annual Deductible</b> Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Annual Maximum Benefit</b> Per person, age 19 and older	\$1,000	\$1,500	N/A
<b>Pediatric Out-of-Pocket Maximum</b> Individual/Family, age 18 and younger	\$375 / \$750	\$375 / \$750	\$375 / \$750
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
<b>Class I Services</b>	Covered in full	Covered in full	Covered in full
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
<b>Class II Services</b>	20%	20%	20%
<b>Class III Services</b>	50%	50%	50%
<b>Exclusion Period</b> Per person, age 19 and older	Class II: 6 months; Class III: 12 months	Class II: 6 months; Class III: 12 months	None

This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at [CoverageAdvisors@PacificSource.com](mailto:CoverageAdvisors@PacificSource.com). For more details, search individual and family plans at [PacificSource.com](http://PacificSource.com). Accessibility help: for assistance reading this table or the rest of the document, please call us at **855-330-2792**, TTY: 711. We accept all relay calls.



# Finding the **right plan**



One factor as you decide on a plan will be whether you want one that can be paired with a health savings account (HSA). Here are things to consider.

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## **All plans**

**All our health plans** include coverage for preventive care, \$0 annual physicals from in-network providers, \$0 copays on many preventive drugs, and most vaccinations.

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## **HSA**

**HSA-qualified plans** help you save for healthcare expenses like deductibles and coinsurance. The plans require that all major benefits be subject to your deductible.

With HSA plans, you'll set up a dedicated bank account, contributions to which are 100% tax deductible (up to a maximum), like an IRA. Another benefit: withdrawals from your HSA account to pay for qualified medical expenses are tax-free.

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## **Non-HSA**

**Non-HSA plans** allow you to use some benefits for a copay prior to meeting your deductible (such as primary care, urgent care, or pharmacy).

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# Ten more ways **PacificSource** gives you more



Access to highly rated hospitals and urgent care centers



\$500 accident benefit with most plans



Affordable gym memberships through Active&Fit Direct™



No-cost care management for chronic conditions



Global emergency services from Assist America®



Prenatal resources for expectant parents



Help quitting tobacco



Up to \$150 reimbursement for health & wellness classes



Home-delivered pharmacy orders



Weight Watchers® program discounts

Additional benefits are not considered insurance.

# Next steps:



**Select a health plan**  
(see the big chart)



**Decide on dental**  
(see the smaller chart)

## Shop and enroll:



Contact your  
broker



Online at [Shop.  
PacificSource.com/  
individual](https://Shop.PacificSource.com/individual)



Or call us at  
**855-983-8844**

TTY: 711  
We accept all relay calls

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## **We're here to help.**

It's natural to have questions about a topic as important as your family's health. We understand, and we're happy to speak with you by phone or email.

**Phone:** 855-983-8844

**TTY:** 711. We accept all relay calls.

**Email:** [CoverageAdvisors@PacificSource.com](mailto:CoverageAdvisors@PacificSource.com)

[PacificSource.com](http://PacificSource.com)

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Update to our 2023 plan brochures

**Good news! Starting June 1, 2023,  
Aetna's national PPO network will replace  
First Health<sup>®</sup> and First Choice Health in Alaska.**

**PacificSource Health Plans is collaborating with Aetna Signature Administrators<sup>®</sup> to provide our members with greater access to in-network care across the nation.**

This change has been added to the digital versions of these documents. Rather than reprint paper copy brochures, we chose the more sustainable option of this notice.

We look forward to serving you.

**Questions?**

Employers: 888-492-2875

Individuals: 855-330-2792

TTY: 711. We accept all relay calls.

[PacificSource.com](http://PacificSource.com)



**Members First**