



Ensuring the health of your employees



2021 Health Plans for **Montana** Large Groups | 51+

At your service

The PacificSource difference is our exceptional customer service.

Combining technology that serves members with a human approach, we're focused on making health insurance easier for you. And keeping your employees healthy and happy, while controlling your costs.



We've been putting members first with outstanding service since **1933**.

Health insurance **made simple.**

Plus more flexibility and greater in-network access.



Broad in-network area

Our products for 2021 offer multi-state access to in-network providers in Idaho, Montana, Oregon, and Washington, as well as northern Wyoming.



Dedicated service representatives

A single point of contact who understands your needs and those of your employees.



Online access to manage benefits

Manage your company's health insurance benefits with an easy-to-use, secure website, InTouch for Employers.



The right plans

Give your employees a choice by offering up to five health plan options. Subject to underwriting guidelines.

98.6%

It's almost 100%. And, it's PacificSource's employer customer satisfaction rating (based on our survey of employer customers conducted January through March of 2020). And it means you and your employees will very likely be happy with us.

Healthy, happy employees.

Give your employees the health insurance benefits they want.



Doctors on call

Members can consult with doctors by phone or video, including behavioral health visits for adults. Services are from local providers and through our partner, Teladoc.®



No referrals needed with any plan

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



\$0 copays on preventive care and select preventive prescription drugs

No charge for well-baby or well-child care, preventive physicals, preventive mammograms, immunizations, preventive colonoscopies, and more, when receiving care from in-network providers. Plus, select preventive prescriptions are also available at no charge from in-network pharmacies.

Customer service that saves you time and effort.



Personal member service for employees

We answer our phones with real people, not automated computer phone trees. And we do it in 30 seconds or less, on average, according to internal call reports. We're super-responsive on email, too.



Personal client service for you

A dedicated representative who's focused on you, your plan details, and helping you control costs.



So you can focus on your business

Get questions answered and issues resolved, fast.

We cover more than **191,000** employees and their families in the Greater Northwest.

PacificSource business clients include companies working in a variety of industries. That's experience we can leverage to help you with your specific needs.



Manufacturing



Construction



Education



Legal



Wholesale Supply



Medical



Retail



Restaurants



Banking



Agriculture



Nonprofit



Transportation

Source: monthly enrollment report, March 2020





Manage your employees' benefits through our **online tools**.



Secure, convenient, employer-only access to your health plan via our portal, InTouch.

Easily pay your bill

View statements, pay online, and review payment history.

Run reports

Know who and how many employees are covered.

Info on-demand

Get benefit summaries, your contract, handbooks, and more.

Manage enrollment status

Easily add, update, or delete employee enrollment information.

ID cards

Request member ID cards or print them.

Keep in touch

Easy-to-find contact info for your PacificSource representatives.

Choosing a **product**.



Our health plan products are a unique combination of networks and plan designs to fit the needs of you and your employees.

For 2021 we're offering Montana businesses two product portfolios: **Navigator** and **Voyager**.

These products are part of our continued effort to simplify how members make informed decisions about their health, and promote more engagement with their healthcare providers. The products further refine our mission to provide you with quality of care, access, affordability, and member choice.

Navigator and Voyager Networks

Choosing the best product for your business includes choosing provider networks. Your provider network determines which doctors, hospitals, and other healthcare providers are covered by in-network benefits for your employees. All of our Navigator and Voyager products also offer out-of-network benefits, for more freedom and choice.



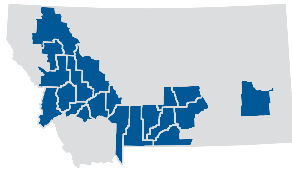
Navigator

Navigator is our coordinated care product, where we work with members and their doctors to navigate care within a network of health professionals focused on the member's journey toward optimal health.

Navigator products are designed to support member engagement and promote shared decision making with providers.

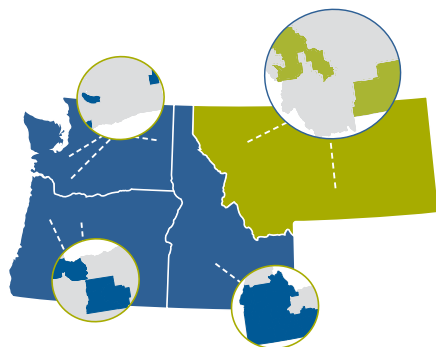
Navigator gives access to a broad array of in-network providers, including local providers, providers within our four-state area and northern Wyoming, nationally, through contracts with First Health®, and in Alaska through contracts with First Choice Health.™

Our provider partners give members personalized care through high-quality health management, and help members better understand the costs associated with their health.



It's available in: Broadwater, Carbon, Custer, Deer Lodge, Flathead, Gallatin, Granite, Jefferson, Lake, Lewis and Clark, Missoula, Musselshell, Park, Powell, Ravalli, Silver Bow, Stillwater, Sweet Grass, and Yellowstone counties.

Navigator products feature in-network coordinated care provider partners in each of our four states.



Montana:

Billings
Bozeman
Butte
Helena
Kalispell
Missoula

Oregon:

Bend
Portland Metro

Idaho:

Boise
Nampa/Caldwell
Pocatello
Twin Falls

Washington:

Olympia
Spokane
Tacoma
Vancouver



How Navigator **benefits employers**

Employees experience seamless accountable care, the result of the efficiencies and expertise of a dedicated team of providers.



Multiple plan designs



Controlled costs



Clinical integration



Unified communications

Give your staff **the doctors and hospitals they want.**

We've partnered with well-respected health centers and hospitals in each state so your employees will get top-notch quality of care and service.

Montana:



Oregon:



Idaho:



Washington:



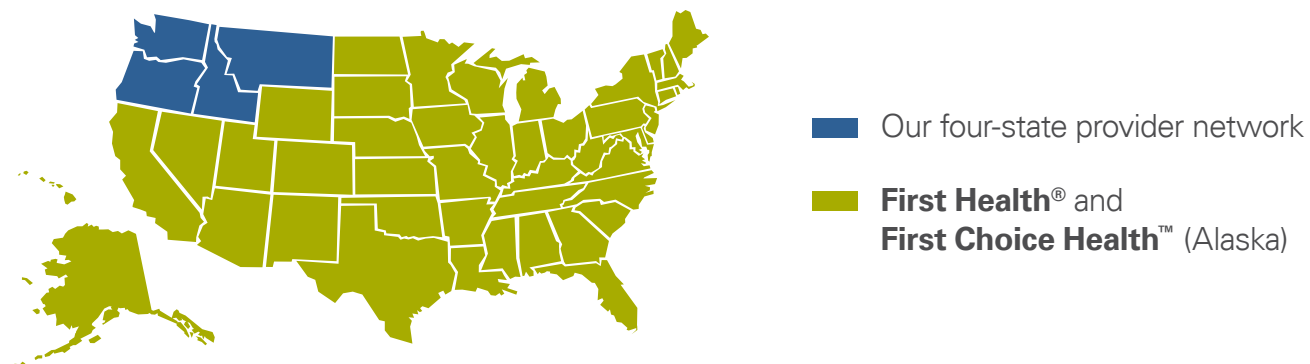
In-network availability based upon member's plan and network.



Voyager products use our preferred provider network, and are suited for a company culture that prefers a more self-directed experience.

Voyager products give your staff **greater choice for in-network providers.**

Eligibility for Voyager products is also more flexible, since your company can be located anywhere in the state of Montana to purchase plans.



Navigator and Voyager include a broad array of in-network providers from PacificSource in Idaho, Montana, Oregon, and Washington, as well as nationally through contracts with First Health®, and in Alaska through contracts with FirstChoice Health.™

In-network availability based upon member's plan and network.

Which product is right for you?

Product	Voyager	Navigator
Cost	\$\$	\$
Broadest access to in-network providers and facilities	★	
Coordination between PacificSource and provider on behalf of members at select provider partner groups and facilities		★
Primary care doctors, specialists, and hospitals work together as a team		★
Access to in-network providers in our four-state service area and northern Wyoming	★	★
Plan allows members to access specialists without a referral	★	★
In-network providers when traveling nationwide	★	★
Out-of-network provider benefits	★	★



2021 Montana | Large Group Medical Plans

	NON-HSA QUALIFIED PLANS																HSA QUALIFIED PLANS											
Product	500+20_20		750+20_20		1000+20_20		1500+20_20		2000+20_30		2500+20_30		3000+20		4000+20_30		HSA 2800+Rx		HSA 3000_50+Rx		HSA 3000+Rx		HSA 4000+Rx		HSA 5000+Rx		HSA 7000+Rx	
	Navigator & Voyager																Navigator & Voyager											
	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	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$500 / \$1,000	\$3,000 / \$6,000	\$750 / \$1,500	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$7,500 / \$15,000	\$2,500 / \$5,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$2,800 / \$5,600	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$2,000 / \$4,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$15,000 / \$30,000	\$7,000 / \$14,000	\$15,000 / \$30,000	\$3,000 / \$6,000	\$15,000 / \$30,000	\$8,000 / \$16,000	\$20,000 / \$40,000	\$2,800 / \$5,600	\$15,000 / \$30,000	\$6,900 / \$13,800	\$15,000 / \$30,000	\$3,000 / \$6,000	\$15,000 / \$30,000	\$4,000 / \$8,000	\$20,000 / \$40,000	\$5,000 / \$10,000	\$20,000 / \$40,000	\$7,000 / \$14,000	\$20,000 / \$40,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services [‡]	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	55%	Covered in Full	55%	Covered in Full	55%	Covered in Full	55%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth (including behavioral health for adults)	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	55%	\$10*	55%	\$10*	55%	\$10*	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Office Visits Primary	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	55%	\$20*	55%	\$20*	55%	\$20*	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Office Visits Specialist	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	55%	\$20*	55%	\$20*	55%	\$20*	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Inpatient Hospital	20%	50%	20%	50%	20%	50%	20%	50%	30%	55%	30%	55%	Covered in Full	55%	30%	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Lab / X-ray	20%	50%	20%	50%	20%	50%	20%	50%	30%	55%	30%	55%	Covered in Full	55%	30%	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Physical, Occupational, and Speech Therapy	20%	50%	20%	50%	20%	50%	20%	50%	30%	55%	30%	55%	Covered in Full	55%	30%	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Outpatient Surgery	20%	50%	20%	50%	20%	50%	20%	50%	30%	55%	30%	55%	Covered in Full	55%	30%	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Chiropractic/Acupuncture 15 visits combined per benefit period	\$20	50%	\$20	50%	\$20	50%	\$20	50%	\$20	55%	\$20	55%	\$20	55%	\$20	55%	Covered in Full	25%	50%	75%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%	Covered in Full	25%
Emergency Services Copay waived if admitted	\$100 plus 20%	\$100 plus 20%	\$100 plus 20%	\$100 plus 20%	\$100 plus 20%	\$100 plus 20%	\$100 plus 20%	\$100 plus 20%	\$100 plus 30%	\$100 plus 30%	\$100 plus 30%	\$100 plus 30%	\$100 then Covered in full	\$100 then Covered in full	\$100 plus 30%	\$100 plus 30%	Covered in Full	Covered in Full	50%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Prescription (Rx) Drug Coverage	For prescription drug coverage, choose from two no-deductible options of copay-style plans. One option offers copays on all four tiers; a second option offers copays on Tiers 1 & 2, and 50% coinsurance on Tiers 3 & 4.																Covered in Full	90%	50%	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%

*Not subject to deductible. †Out-of-network well-baby and well-child care, preventive physicals, and prostate cancer screenings are not subject to deductible. Out-of network well-woman visits, preventive mammograms, and immunizations are covered in full. This is a brief summary. Contact us at montanasales@pacificsource.com or go to [PacificSource.com](https://www.pacificsource.com) for details or to see a plan's Summary of Benefits. Accessibility help: For assistance reading this chart or the rest of the document, please call us at (888) 977-9299. TTY: 711 or (800) 735-3260.

Decide on dental



Good dental health can lead to better overall health. You can group our dental plans with your health plans, or select dental-only.

Dental options to fit your company’s needs

Our Dental Choice, and Choice Plus plans allow your employees to visit any dental provider.

With our Voluntary Dental option, your employees pay the full premium as if they were buying their own dental plan, but they get plan benefits that typically come with a dental plan that you might offer as an employer.

Please note that there are additional guidelines and requirements for voluntary dental plans.

2021 Montana | Large Group Dental Plans

VOLUNTARY DENTAL ONLY				
	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500 or 0-20-50 25-2000	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 50-2000	Dental Choice 0-20-50 25-1500	Dental Choice 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 50-2000
	No Network	No Network	No Network	No Network
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible Individual / Family	\$25 / \$75	\$50 / \$150	\$25 / \$75	\$50 / \$150
Annual Maximum Benefit Per person	\$1,000 or \$1,500 or \$2,000	\$1,000 or \$1,500 or \$2,000	\$1,500	\$1,000 or \$1,500 or \$2,000
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%
Class III Services	50%	50%	50%	50%
Exclusion Period Per person	None	None	Class III: 12 months	Class III: 12 months
Cosmetic Orthodontia*	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max

Plan names explained: Choice—Indemnity plans | Plus—No exclusion periods

*Additional eligibility requirements may apply. This is a brief summary. For more details, contact us at montanasales@pacificsource.com or search Summary of Benefits at [PacificSource.com](https://www.pacificsource.com).
Accessibility help: For assistance reading this chart or the rest of the document, please call us at (888) 977-9299. TTY: 711 or (800) 735-3260.

What’s covered?

Here is a brief list of services and treatments most commonly asked about. Go to [PacificSource.com](https://www.pacificsource.com) to get all the details.

Class I: Preventive Services

- Exams and X-rays
- Three dental cleanings (prophylaxis or periodontal maintenance) per plan year
- Fluoride applications
- Sealant on bicuspids and permanent molars (kids through age 18 only)
- Brush biopsies

Class II: Basic Services

- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges

Cosmetic Orthodontia*

- \$1,000 or \$1,500 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period applies to voluntary plans

Focus on vision



Select your medical plan, then your vision plan.

Vision 150			
		IN NETWORK	OUT OF NETWORK
Adult (age 19+)	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full up to \$150 maximum	
Pediatric	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75 then 100% for frames and/or lenses

Vision 300			
		IN NETWORK	OUT OF NETWORK
Adult (age 19+)	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full up to \$300 maximum	
Pediatric	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75 then 100% for frames and/or lenses

A vision exam-only plan is also available. An in-network vision exam is covered in full. Out-of-network vision exam benefits are the same as a medical office visit.

Helping you choose **a health plan**



Health plans can be complicated. We can help simplify your choice.

All our health plans are designed to help your employees feel well and stay healthy, including coverage for preventive care, \$0 annual physicals, and most vaccinations.



Choose one plan, or more.

Our Right Fit options let your employees decide the premium and coverage that best suits their needs.

They can choose from two to five different plans. There is no minimum enrollment number, but the number of plans offered may not exceed the total number of enrolling employees.

The plans offered can use different provider networks, and employees may change their plan choice during your annual open enrollment period.

The minimum employer contribution requirement is 50% employee / 0% dependents of the lowest-cost plan.

Subject to underwriting guidelines.

Right Fit

Administration

COBRA

Compliance is critical, so why not give COBRA administration and notifications to a team you can trust? We'll simplify with accuracy and efficiency.

Flexible Spending Accounts

FSA

Stretch healthcare dollars while helping employees save by reducing their taxable income. We'll help you understand grace periods, carryovers, and other ways your organization can benefit.

Health Savings Accounts (HSA) are a win-win

HSA

HSA-qualified plans help employees save money for healthcare expenses, such as deductibles and coinsurance. They also help YOU save premium dollars, and your contributions to HSA accounts are exempt from payroll taxes. All of our HSA plans feature embedded deductibles and out-of-pocket limits. **Pro Tip:** look for plan names with "HSA" in them.

Health Reimbursement Arrangements (HRA) to combat costs

HRA

With an HRA, you reimburse some of your employees' medical expenses. You control how much to contribute and which types of expenses are eligible. And if they don't need it, you don't spend it.

At a glance your PacificSource coverage includes:

Cost savings

- ✓ **No-cost wellness programs** to encourage employee fitness, nutrition, and mental health
- ✓ **\$0 copays** on select preventive prescription drugs from in-network pharmacies
- ✓ **Vision benefits** are optional with all plans
- ✓ **Affordable fitness center access** from our partner, Active&Fit Direct™
- ✓ **\$500 accident coverage option** for services due to an accident outside of work
- ✓ **24-Hour NurseLine at no cost**
- ✓ **Health education class reimbursement** up to \$150 for health and wellness classes, such as first aid/CPR, pregnancy, parenting, heart health, and nutrition
- ✓ **No-cost condition support** for employees with chronic conditions
- ✓ **Prenatal program** with information and consultations for expectant mothers

Convenience

- ✓ **Client service and membership representatives** to make things run smoothly
- ✓ **Easy online access** for you and your employees
- ✓ **Video and phone doctor visits** including behavioral visits, through local providers, and nationally through Teladoc®
- ✓ **Digital member ID cards** via our mobile app
- ✓ **No referrals required by our plans** for your employees to see a specialist
- ✓ **Mail-order and retail pharmacy** for up to a 90-day supply
- ✓ **Online provider directory** to easily find who's in-network
- ✓ **Worry-free travel** with global emergency services from Assist America®

Additional benefits not considered as insurance.

What's next?

Here's how to enroll in our products:



Choose a provider network or networks



Choose a health plan or plans



Decide on dental and vision



Contact your broker or our team for a quote

We're here to help.

We know that each step may require guidance,
so please contact us with any questions.

Monday through Friday from 8:00 a.m. to 5:00 p.m.

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Email: montanasales@pacificsource.com

[PacificSource.com](https://www.pacificsource.com)
