



# Ensuring **your health**



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2021 Health Plans for **Montana** Individuals and Families

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# 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 your family. So you can stay healthy and happy, while controlling healthcare costs.



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

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# Health insurance is complicated. **We simplify it for you.**

**Service and tools to save you time and effort.**



## Four-state in-network area

See in-network providers in Idaho, Montana, Oregon, Washington, and Northern Wyoming, as well as nationally through First Health®, and in Alaska through First Choice Health.™



## Access anytime, from anywhere

Use our mobile app to access your health insurance information, including a convenient mobile ID card.



## No referrals

Need to see a specialist? None of our plans require you to see your primary care physician to get a referral first.

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**30** seconds  
or less

That's the average wait time before someone answers when calling PacificSource customer service, according to internal call reports. No phone trees. Just real, knowledgeable people, ready to help.

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# Cost savings and convenience



## **On-demand access** to doctors by phone and video

Get the medical care you need, when and where you need it. Check your plan benefits for cost-sharing information.



## Find doctors **fast**

Our online search directory helps you find just the right doctor, any time you're ready.



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

There is 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.







# Customer service that saves you time and effort.



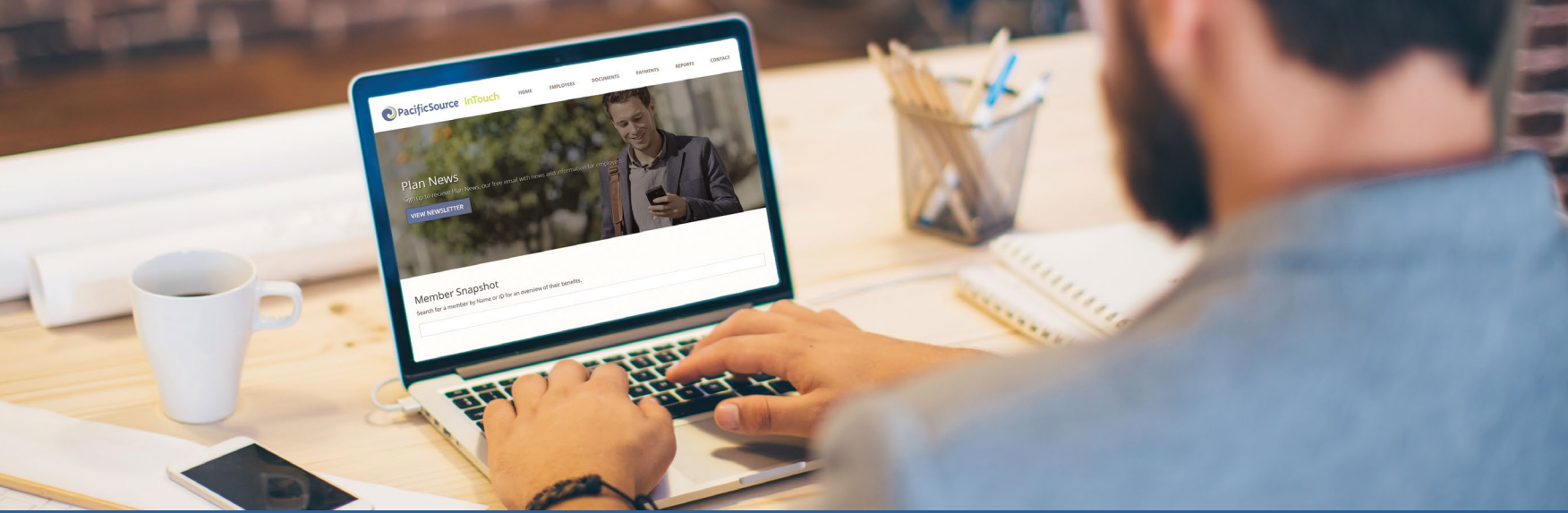
## **Quick access** to customer service

We pick up calls in **30 seconds** or less, according to internal call reports.



## **Live, local** support

We answer all member calls with real people, not automated phone trees.



# Manage your health insurance benefits through our online portal from any **computer or mobile device.**



**Secure, convenient, member-only access to your insurance information and health resources via our InTouch portal and our myPacificSource app.**

## **Coverage information**

View coverage for common services, and even some uncommon ones.

## **EOBs**

See the explanation of benefits statements for your claims.

## **Check your status**

See how much of your deductible has been met.

## **ID cards**

Request ID cards and print temporary ones.

## **CaféWell**

Get access to a health engagement portal (for members 18 and older).

## **Estimate costs**

Find out how much procedures may cost with our treatment cost navigator.



# Two Products for 2021



**The product you can enroll in is determined by which county you live in.**

Our health plan products are a unique combination of networks and plan designs created to meet your family's needs. For 2021 we're offering two products: **Navigator** and **Voyager**. The county where you live determines which one of these you can enroll in.

These products are part of our continued effort to simplify how you make informed decisions about your health, and to keep you engaged with your healthcare providers. The products further refine our mission to provide you with access to quality care, accountability, affordability, and member choice.

Your product's provider network determines which doctors, hospitals, and other healthcare providers are covered by in-network benefits for you. All of our Navigator and Voyager products also offer out-of-network benefits, for more freedom and choice.



# Navigator

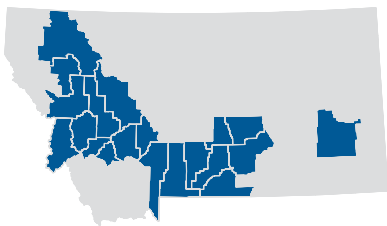
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**Navigator is our coordinated care product, where we work with members and their doctors to navigate care within a network of providers focused on the member's journey toward optimal health.**

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,<sup>®</sup> and in Alaska through contracts with First Choice Health.<sup>™</sup>

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



## **Navigator is available in the following counties:**

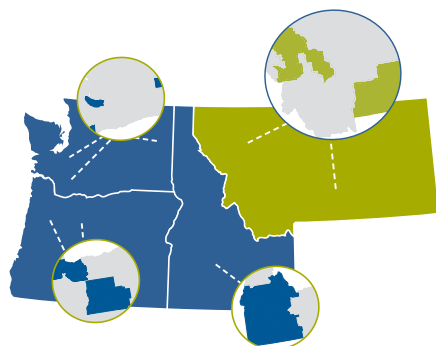
Broadwater, Carbon, Custer, Deer Lodge, Flathead, Gallatin, Granite, Jefferson, Lake, Lewis and Clark, Missoula, Musselshell, Park, Powell, Ravalli, Silver Bow, Stillwater, Sweet Grass, and Yellowstone.

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## 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

## The doctors and hospitals you want.

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

### Montana:



### Washington:



### Oregon:



### Idaho:



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

# Voyager

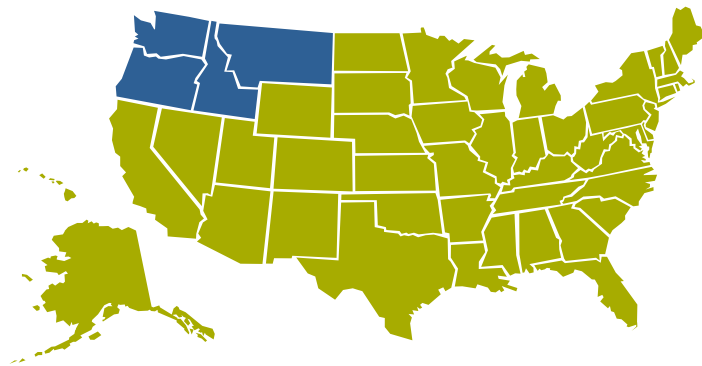
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**Voyager uses a preferred provider network, and is suited for people who prefer a more self-directed experience.**

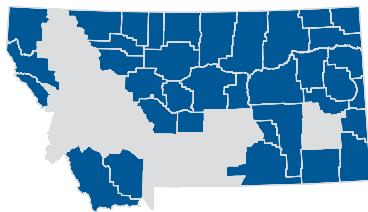
Voyager products give you **greater choice for in-network providers.**

A broader network means more freedom to choose from a greater selection of primary care doctors, specialists, and more.



■ Our four-state provider network

■ **First Health®** and **First Choice Health™** (Alaska)



**Voyager is available for purchase by people living in the following counties:**

Beaverhead, Big Horn, Blaine, Carter, Cascade, Chouteau, Daniels, Dawson, Fallon, Fergus, Garfield, Glacier, Golden Valley, Hill, Judith Basin, Liberty, Lincoln, Madison, McCone, Meagher, Mineral, Petroleum, Phillips, Pondera, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sanders, Sheridan, Teton, Toole, Treasure, Valley, Wheatland, and Wibaux.

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

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



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We cover more than **44,000** individual members  
and their families across the Greater Northwest.

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

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Source: monthly enrollment report, March 2020



2021 Montana | Individual and Family Medical Plans

	NON-HSA QUALIFIED PLANS										HSA QUALIFIED PLANS			
Product	Gold 1500		Silver 3000 <sup>†</sup>		Silver 4000 <sup>†</sup>		Silver 5000		Bronze 7000		Silver HSA 3500		Bronze HSA 6900	
	Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or 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
Deductible 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	\$3,500 / \$7,000	\$7,000 / \$14,000	\$6,900 / \$13,800	\$13,500 / \$27,000
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$7,000 / \$14,000	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$6,750 / \$13,500	\$25,000 / \$50,000	\$6,900 / \$13,800	\$25,000 / \$50,000
	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:
Preventive Services	Covered in Full	25% ^	Covered in Full	25% ^	Covered in Full	25% ^	Covered in Full	25% ^	Covered in Full	25% ^	Covered in Full	25% ^	Covered in Full	25% ^
Preventive Drug Coverage	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Accident Benefit	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	
	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:	
Telemedicine (including behavioral health for adults)	10%	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	25%	50%	Covered in Full	50%
Office Visits Primary, Urgent Care, and Specialist	10%	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Primary/Urgent Care: \$20* Specialist: \$40*	50%	Primary/Urgent Care: \$35* Specialist: \$70*	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	25%	50%	Covered in Full	50%
Inpatient Hospital	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	25%	50%	Covered in Full	50%
Lab / X-ray	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	25%	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	25%	50%	Covered in Full	50%
Outpatient Surgery	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	25%	50%	Covered in Full	50%
Emergency Services	10%	10%	40%	40%	30%	30%	30%	30%	40%	40%	25%	25%	Covered in Full	Covered in Full
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	10%	50%	\$35*	50%	\$20*	50%	\$35*	50%	\$35*	50%	25%	50%	Covered in Full	50%
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15* Tier 2: \$50* Tier 3: \$75* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	30%	50%	30%	50%	40%	50%	25%	50%	Covered in Full	50%
Pediatric Eye Exam 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*
Pediatric Vision Hardware 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 and 25%		Covered in full* up to \$150 then subject to in-network deductible	

\*Not subject to deductible. ^Well-baby and well-child care services are not subject to deductible. Preventive mammograms are not subject to deductible and are covered in full both in and out of network. †Available when purchased from sources other than the exchange. 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](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.





## Kids in **focus**



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

Most of our medical plans include vision coverage, including routine eye exams for members through age 18 at no cost, when seeing an in-network doctor. Most plans also include vision hardware coverage up to \$150 for members through age 18, and amounts over that are covered based on your plan's specific benefits.

# Decide on dental



**Good dental health can lead to better overall health. You can add one of our dental plans to your health plan, or select dental-only. Available for purchase year-round, not just during open enrollment.**

## 2021 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 (coverage for members age 18 and under)
	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 under	\$350 / \$700	\$350 / \$700	\$350 / \$700
	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](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.





# Helping you choose a health plan



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

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

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## Non-HSA

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

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## HSA

HSA-qualified plans help you save money for healthcare expenses, such as deductibles and coinsurance. This type of plan requires that all major benefits be subject to the deductible.

HSA plans enable the use of HSA bank accounts. Contributions to HSA accounts are 100% tax deductible (up to the legal maximum) like an IRA. And withdrawals from your HSA to pay for qualified medical expenses are **tax-free**. Pro tip: Look for plan names with “HSA” in them.

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# At a glance your PacificSource coverage includes:

## Convenience

- ✓ **Easy online access** from desktop, tablet, or mobile app
- ✓ **Access to nearby care** doctors, hospitals and urgent care centers
- ✓ **Phone and video doctor visits** including behavioral health, through local providers, and nationally through Teladoc®
- ✓ **Digital member ID cards** via our website and mobile app
- ✓ **No referrals required by our plans** for you 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®
- ✓ **\$500 accident benefit** included with all coverage

## Cost savings

- ✓ **\$0 copays** on select preventive care and preventive prescription drugs from in-network providers and pharmacies
- ✓ **Affordable fitness center access** from our partner, Active&Fit Direct™
- ✓ **Weight Watchers®** weight-management program discounts
- ✓ **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 care management programs** for chronic conditions
- ✓ **Prenatal program** with information and consultations for expectant mothers
- ✓ **Help quitting smoking** or other tobacco use with the Quit For Life® tobacco cessation program

Additional benefits not considered as insurance.



# What's next?

**Here's how to enroll in our products:**



Find the product offered, based on where you live



Choose a health plan



Decide on dental



Contact your agent or our team for a quote

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

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

**Phone:** (855) 330-2792

**Email:** [coverageadvisors@pacificsource.com](mailto:coverageadvisors@pacificsource.com)

**PacificSource.com**

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