



Members **first**

2022 Health Plans for **Montana Small Groups** | 1–50



Here to **help**

Since our founding in 1933, we've learned a lot about keeping members and employers satisfied. Year in and year out, we've invested in the relationships and technologies that mean a better experience for all.

Our staff is right here in the Northwest. We answer member calls in less than 30 seconds on average, according to internal call reports. And we're committed to doing what it takes to keep clients happy.



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

Your healthcare coverage, **optimized.**



A unique, not-for-profit partnership

PacificSource is different: An experienced, local health plan working hand in hand with highly rated local 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.

98.6%

That's our employer satisfaction rating, based on surveys conducted Q1 of 2021. The remaining 1.4%? We're working on it.

Benefits that go beyond what's required



Expanded telehealth coverage

Members can see a doctor without leaving home—including behavioral health visits for adults. Your employees get the care they need, where and when they need it.



No referrals needed 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.)



Pay-nothing 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



Human service

No automated phone trees or offshore call centers.



Client service that **puts you first**

You'll have a dedicated representative who's focused on you, your plan details, and helping you control costs.

PacificSource Health Plans covers more than **226,000** members and their families in the Greater Northwest.

Our business clients include companies working in a variety of industries.
That's experience we can leverage to help you.



Manufacturing



Construction



Education



Legal



Wholesale Supply



Medical



Retail



Restaurants



Banking



Agriculture



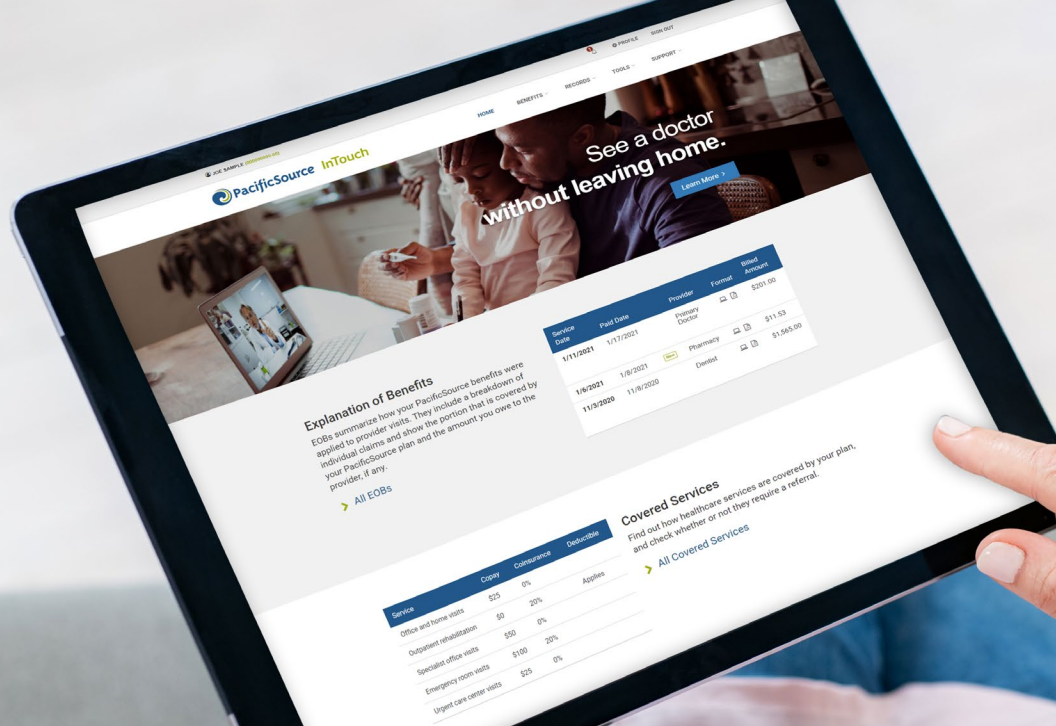
Nonprofit



Transportation

Source: monthly enrollment report, May 2021





InTouch puts you in charge



Manage employee benefits from your computer, phone, or tablet, 24/7. You'll have employer-only access to all your insurance info through our secure online portal.

With InTouch for Employers you can:

Easily pay your bill

View statements, pay online, and review payment history.

Run reports

Know who and how many employees are covered.

Get info on demand

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

Manage enrollment status

Easily add, update, and delete employee information.

ID cards

Request ID cards and print temporary ones.

Keep in touch

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



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 Centers.** Plus thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers.

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

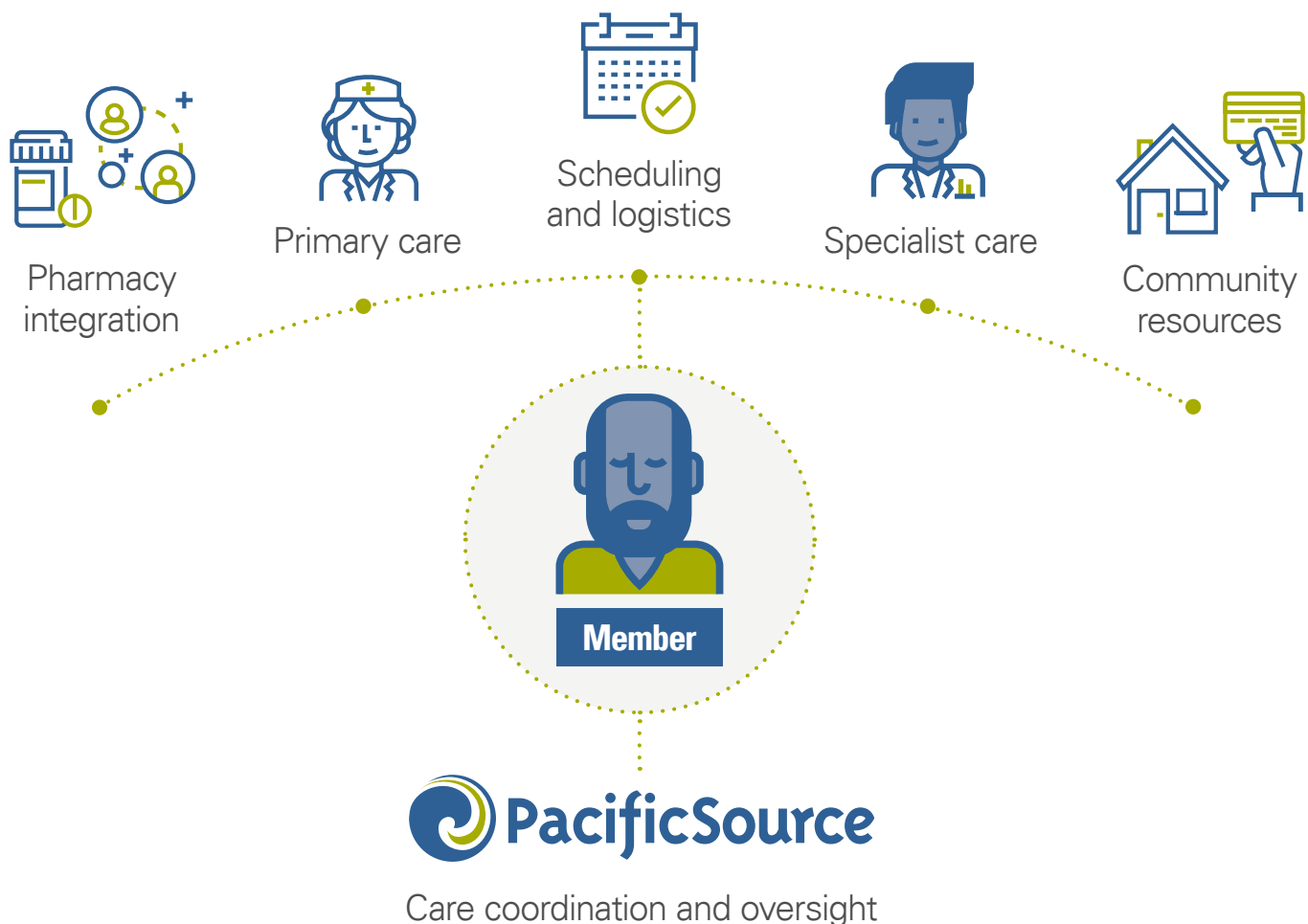
Navigator

Cost-effective care coordination that puts members at the center

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

With Navigator, members have access to a broad array of in-network providers. This includes local doctors, providers in our four-state area and northern Wyoming, nationally through our partnership with First Health®, and in Alaska through First Choice Health™. Out-of-network benefits are included as well.

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





Give your staff **the doctors and hospitals they 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



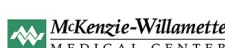
Idaho

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.

How Navigator **benefits employers**



Multiple plan designs



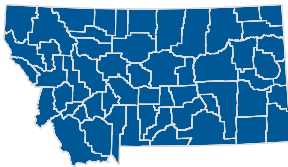
Controlled costs



Clinical integration



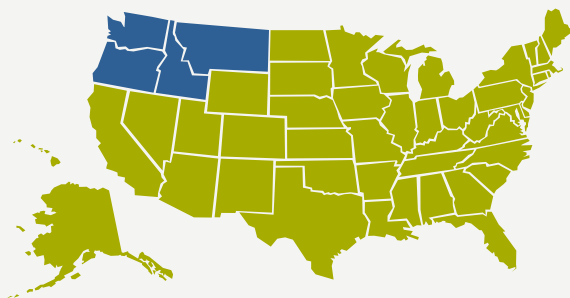
Unified communications



Navigator is available for purchase by businesses located in all Montana counties.

In-network, **nationwide**

Navigator lets members see providers across the country, thanks to partnerships with First Health® and First Choice Health.™



■ Our four-state provider network

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



2022 Montana | Navigator Small Group Medical Plans

	NON-HSA QUALIFIED PLANS																		HSA QUALIFIED PLANS										
Product	Platinum 500^		Gold 1000^		Gold 2000^		Silver 3000		Silver 4500^		Silver 5500^		Silver 6500^		Bronze 8150		Bronze 8700		Gold HSA 3000		Silver HSA 3000		Silver HSA 4500		Silver HSA 5500		Bronze HSA 7000		
	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	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$8,150 / \$16,300	\$16,300 / \$32,600	\$8,700 / \$17,400	\$17,400 / \$34,800	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$7,000 / \$14,000	\$14,000 / \$28,000	
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$8,150 / \$16,300	\$16,300 / \$32,600	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$8,150 / \$16,300	\$16,300 / \$32,600	\$8,700 / \$17,400	\$17,400 / \$34,800	\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,750 / \$13,500	\$13,500 / \$27,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$7,000 / \$14,000	\$14,000 / \$28,000	
	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	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	Covered in Full¹	Covered in Full	Covered in Full¹	Covered in Full	Covered in Full¹	Covered in Full	25%¹	Covered in Full	Covered in Full¹	Covered in Full	Covered in Full¹	Covered in Full	Covered in Full	
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%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
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.		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:		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)	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%	Covered in Full*	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Office Visits Primary, Urgent Care, and Specialist	Primary/ Urgent Care: \$10* Specialist: \$20*	50%	Primary/ Urgent Care: \$30* Specialist: \$60*	50%	Primary/ Urgent Care: \$30* Specialist: \$60*	50%	Primary/ Urgent Care: \$35* Specialist: 40%	50%	Primary/ Urgent Care: \$35* Specialist: \$70*	50%	Primary/ Urgent Care: \$30* Specialist: \$60*	50%	Primary/ Urgent Care: \$30* Specialist: \$60*	50%	Primary/ Urgent Care: \$40* Specialist: Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Inpatient Hospital	20%	50%	30%	50%	30%	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Lab / X-ray	20%	50%	30%	50%	30%	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Physical, Occupational, and Speech Therapy	20%	50%	30%	50%	30%	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Outpatient Surgery	20%	50%	30%	50%	30%	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Emergency Services Copay waived if admitted	\$250 plus 20%	\$250 plus 20%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 40%	\$250 plus 40%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$10*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	\$30*	50%	\$30*	50%	\$40*	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5* Tier 2: \$15* Tier 3: \$50* Tier 4: \$250*	50%	Tier 1: \$10* Tier 2: \$35* Tier 3: \$60* Tier 4: \$250*	50%	Tier 1: \$10* Tier 2: \$35* Tier 3: \$60* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	

^This plan available with or without adult vision. *Not subject to deductible. ¹Well-baby and well-child care are not subject to deductible. Preventive mammograms are not subject to deductible and are covered in full both in- and out-of-network.

This is a brief summary. Contact us at MontanaSales@PacificSource.com or go to 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** 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, Kids 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.

2022 Montana | Small Group Dental Plans

	Dental Choice Core	Dental Choice 0-20-50 750	Dental Choice 0-20-50 1000 or 0-20-50 1500	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Kids Dental Choice 0-20-50 or 20-40-50 <small>(coverage for members age 18 and under)</small>
	No Network Needed	No Network Needed	No Network Needed	No Network Needed	No Network Needed	No Network Needed
Group Size Required for Standalone Policy	1+	1+	1+	1+	1+	1+
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible <small>Individual / Family</small>	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit <small>Per person, age 19 and older</small>	\$500 on Class II services	\$750	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	N/A
Pediatric Out-of-Pocket Maximum <small>Individual/Family, age 18 and under</small>	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	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	Covered in Full	Covered in Full or 20%
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%	20%	20% or 40%
Class III Services	50% (age 19+ not covered)	50%	50%	50%	50%	50%
Exclusion Period <small>Per person, age 19 and older</small>	Class II: 6 months	Class II: 6 months; Class III 12 months	Class III: 12 months	None	None	None
Cosmetic Orthodontia*	N/A	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	N/A

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).
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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
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspid 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
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia*

- Available based on group size with any dental plan purchased direct through PacificSource (except Core and Kids plans)
- 26-50 enrolled employees: \$1,000 lifetime max, 12-month wait period; wait period reduced or eliminated with prior orthodontia coverage

Focus on
vision

Our vision plans focus on wellness and prevention.

Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Pediatric vision hardware is covered in full up to \$150.** After that, it’s subject to an in-network deductible and then a cost-sharing fee up to 50%, depending on the plan.

Vision for adults

Many of our medical plans include coverage for adult eye exams and vision hardware. When visiting an in-network provider, **eye exams are covered in full.** Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Adult vision hardware is covered in full up to \$150.**

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this brochure.

Choose **one plan, or more**



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

Right Fit

Our Right Fit options let your employees choose the premium and coverage that suit them best.

- Employees may choose from two to four different products.
- There's no minimum enrollment, but the number of plans you offer can't exceed the number of enrolling employees.
- Your products can use different provider networks, and employees can change products during open enrollment.
- Minimum employer contribution: 50% employee/0% dependents of your lowest-cost plan.

Underwriting guidelines apply.

HSA

Health Savings Accounts (HSA) are a win-win

HSA-qualified plans help employees save money for healthcare expenses, such as deductibles and coinsurance. They also help employers save premium dollars—and your contributions to HSA accounts are exempt from payroll taxes.

HRA

Health Reimbursement Arrangements (HRA) to combat costs

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 you choose PacificSource Administrators, they can take care of claims filing and reimbursement through Easy Pay.

At a glance, your PacificSource coverage includes:



No-cost wellness programs to encourage employee fitness, nutrition, and behavioral health



Education reimbursement up to \$150 for health and wellness classes



Pediatric vision benefits with all plans, and adult vision on a select few



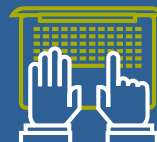
No-cost care management for chronic conditions



Affordable fitness center access from our partner, Active&Fit Direct™



Prenatal program for expectant mothers



Easy online access for you and your employees



\$500 accident benefit for covered services due to an accident outside of work



Home delivery of prescriptions—up to a 90-day supply



24-Hour NurseLine at no cost



Worry-free travel with global emergency services from Assist America®

Additional benefits are not considered insurance.

Next steps:



Choose a health plan or plans



Decide on dental



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.

Phone: 888-492-2875

Email: MontanaSales@PacificSource.com

PacificSource.com
