



Ensuring the health of your employees

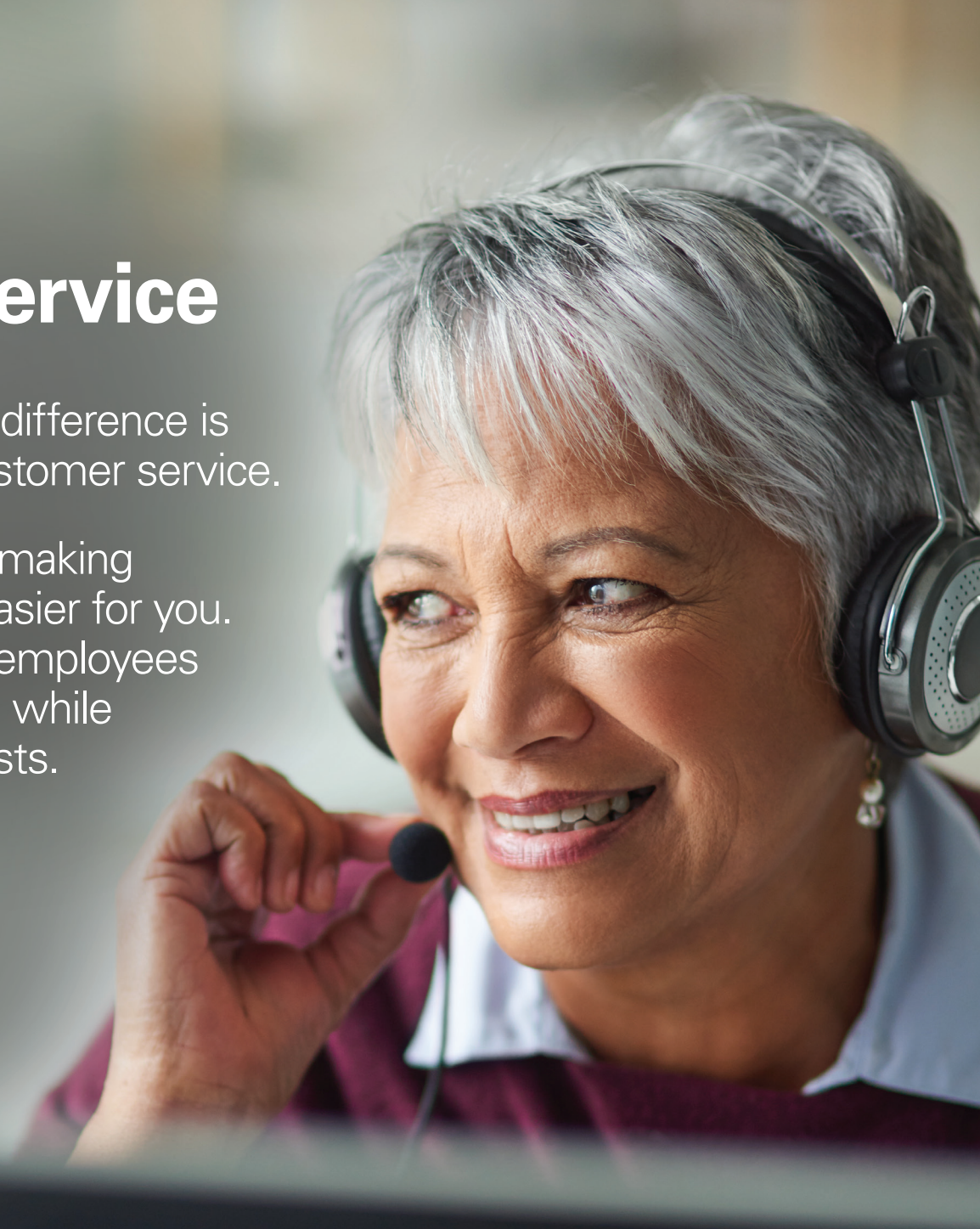


2020 health plans for **Montana** large groups | 51+

At your service

The PacificSource difference is our exceptional customer service.

We're focused on making health insurance easier for you. And keeping your employees healthy and happy, while controlling your costs.



Health insurance **made simple**

Plus more flexibility and greater access to care.



Dedicated service representatives

A dedicated single point of contact who understands the needs of you and 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 products

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


98.3%


Almost 100%—that's the PacificSource employer customer satisfaction rating (based on our survey of employer customers conducted January through April of 2019). Take it as a gentle hint: We're doing our part to make your life easier.


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

Healthy, happy employees

Give your employees the health insurance benefits they want.


- 


Doctors on call | Phone and/or video-based doctor visits from Teladoc®, including behavioral health (for adults), around-the-clock for the price of an office visit, or less.
- 


No referrals needed with any plan | Our plans don't require employees to visit their primary care providers before seeing a specialist. (Some specialists may have their own referral requirements.)
- 

\$0 copays on preventive care and select preventive prescription drugs | No charge on well baby/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 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 **187,000*** employees and their families across the Greater Northwest.

PacificSource business clients include companies working in a variety of industries. That's experience that helps us address your unique demands.

 Manufacturing	 Construction	 Education	 Legal
 Wholesale Supply	 Medical	 Retail	 Restaurants
 Banking	 Agriculture	 Nonprofit	 Transportation

* Monthly enrollment report for May 2019 (includes fully insured and self-insured small and large employer group members and their dependents).





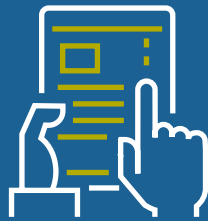
Be the boss of **choice**



Our health plan products are a unique combination of networks and plan designs to fit the needs of your organization. **Whatever you choose, we're laser focused on controlling costs and helping you get great care.**

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 new and update existing employee information, and delete terminations.

ID cards

Request ID cards and print temporary ones.

Keep in touch

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



Employers deserve simple, and **employees do too**



For 2020, we're offering employers two new products: **Voyager** and **Navigator**. By elevating quality of care, accountability, access, affordability, and choice, we're also improving predictability and helping employees make more informed decisions about their health.

Your provider network and the right plan for coverage

Voyager and **Navigator** give you a combination of provider networks and plan designs to fit the needs of you and your employees. The provider network includes the doctors, hospitals, and other health professionals who provide the care. Each product's plan design determines what's covered and the member's share of the cost.

Coordinated care for **greater patient focus**

Navigator gives you aligned, integrated care. Through data sharing, providers are better informed to direct care to members and guide them across the full spectrum of health conditions—helping each member attain their healthiest self.

Benefit from the sum of collaborative care

Experience the efficiencies and expertise of a dedicated, accountable team of providers.



**Multiple
plan designs**



**Controlled
costs**



**Clinical
integration**

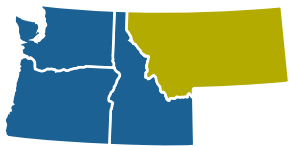


**Information
sharing**

Choose **Voyager** if greater self-directed care is what employees want



Our **Voyager** product is a preferred provider organization that allows for the broadest choice of doctors and facilities.



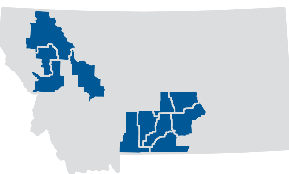
Voyager is available for purchase by businesses located anywhere in Montana, giving members access to care across our four-state provider network. And that's not all: Voyager also allows for in-network benefits nationally through First Health Network and First Choice Health (in Alaska).

Get **Navigator** for a more integrated approach to care



Members-first access across the four-state enterprise:

Unlike most other competing coordinated care options, Navigator members have access to in-network care across Idaho, Montana, Oregon, and Washington.



Navigator serves the following Montana counties: Carbon, Flathead, Lake, Lewis and Clark, Missoula, Musselshell, Park, Stillwater, Sweet Grass, and Yellowstone.

Leading providers **start here**

Give your staff the doctors and hospitals they want.



These top healthcare centers and hospitals power **Navigator** coordinated care. For **Voyager**, they're only the beginning—employees can choose from these provider networks and more.

Montana:



Idaho:



Oregon:



Washington:



This is a partial list of in-network providers. In-network availability is based on the choice of plan and network.

Coverage across the USA



In-network urgent and emergent care is available nationally through our partners, **First Health**® (and **First Choice Health**™ in Alaska). With Voyager, there's more: Employees have access to in-network planned care across all 50 states. (Plan benefits and services may vary between Voyager and Navigator.)

Which product is **right for you?**

	Voyager	Navigator
Cost	\$\$	\$
Broadest access to in-network providers and facilities	★	
Coordinated-care experience 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	★	★
Plan allows members to access specialists without a referral	★	★
In-network providers when traveling nationwide	★	★
Out-of-network provider benefits	★	★

2020 Montana | Large Group Medical Plans

	NON-HSA QUALIFIED PLANS																HSA QUALIFIED PLANS											
	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 6900+Rx	
Product	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	\$6,900 / \$13,800	\$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	\$6,900 / \$13,800	\$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:	
Telemedicine (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/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. For more details, contact us at montanasales@pacificsource.com or search large group plans at [PacificSource.com](https://www.pacificsource.com).

Decide
on **dental**



Dental plans worth
smiling about.

Good dental health can lead to better overall health. Our dental plans range from no annual deductibles to \$50 for individuals and \$150 for families. Our annual maximum range is \$1,000 to \$2,000. You can pair our dental plans with your health plans, or select dental-only. If a dental plan doesn’t fit into your budget, but you still want to offer great coverage, our Voluntary Dental options may be just right for you. Voluntary dental is for groups with 10 or more enrolled employees. Please note these plans have special guidelines and requirements.

To learn more about our dental plans and view plan summaries, go to **PacificSource.com**.

2020 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	PacificSource Dental Defined	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	No Network
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible Individual / Family	\$25 / \$75	\$50 / \$150	N/A	\$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	\$1,000	\$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:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in Full	Covered in Full	Scheduled plan with max amounts PacificSource will pay based on CDT code; see benefit summary for more info	Covered in Full	Covered in Full
	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%	Scheduled plan with max amounts PacificSource will pay based on CDT code; see benefit summary for more info	20%	20%
Class III Services	50%	50%	Scheduled plan with max amounts PacificSource will pay based on CDT code; see benefit summary for more info	50%	50%
Exclusion Period Per person	None	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	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. Contact us at montanasales@pacificsource.com or search Montana Summary of Benefits at **PacificSource.com**.

What’s covered?

Here is a brief list of services and treatments most commonly asked about. Go to **PacificSource.com** for more details.

Class I: Preventive Services

- Exams and X-rays
- Three dental cleanings per 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
- 16+ 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.
Let us 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.



RightFit

Choose up to five products

Our RightFit options let your employees decide the premium and coverage that best suits their needs. Your employees get to choose from two to five different products across a broad spectrum of plans and network providers.

- Minimum enrollment of two employees per product offered
- Employees are able to make changes during your annual open enrollment
- Minimum employer contribution requirement is 50% employee/0% dependents of the lowest cost plan

COBRA

Administration

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

FSA

Flexible Spending Accounts

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.

HSA

Health Savings Accounts

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.

HRA

Health Reimbursement Arrangements

Self-tailor how you reimburse your employees' medical expenses. You control how much to contribute and which types of expenses are eligible. And if employees don't need it, you don't spend it.

Note: COBRA administration, FSA, and HRA services are provided by PacificSource Administrators, Inc.

Great stuff you and your employees get with our plans

Cost savings

- ✓ **No-cost wellness programs** including biometric screenings, onsite flu shots, activity challenges, and more
- ✓ **\$0 copays** on select preventive prescription drugs from in-network pharmacies
- ✓ **Vision benefits** are optional on 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 info and consultations for expectant mothers

Convenience

- ✓ **Client service and membership representatives** to make things run smoothly
- ✓ **Easy online access** for you and your employees
- ✓ **Phone or video doctor visits** through our partner, Teladoc®, and other telemedicine providers
- ✓ **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 happy to help, Monday through Friday
from 8:00 a.m. to 5:00 p.m.**

(406) 422-1008 | (855) 422-1008
montanasales@pacificsource.com

PacificSource.com
