



Members **first**

2022 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.



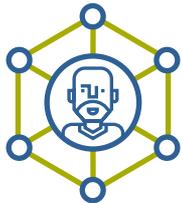
PacificSource is a **not-for-profit community health plan**. We do not answer to shareholders but to members, providers, producers, and employers—the people who depend on our products and services.

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.

Benefits that go beyond what's required



Expanded telehealth coverage

Members can see a doctor without leaving home—including behavioral health visits for adults. You'll get the care you need, when and where you 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:

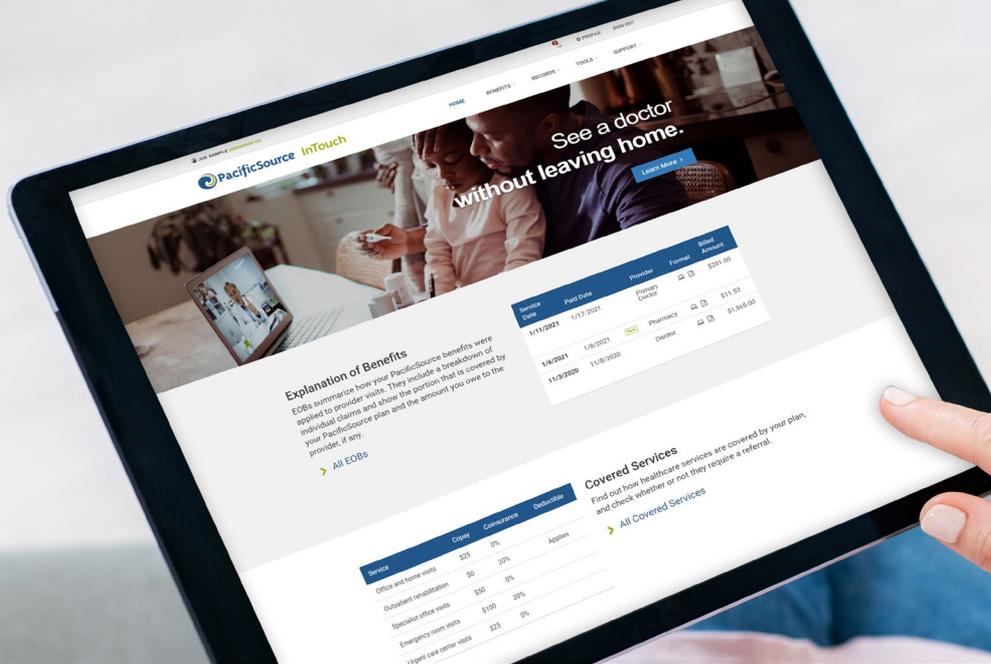
- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires



Human service

No automated phone trees or offshore call centers





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 info, plus valuable health-related extras, with our InTouch site and iOS/Android app.

With InTouch you can:

- Display your member ID
- Schedule doctor visits—general 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 at CaféWell
- 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.

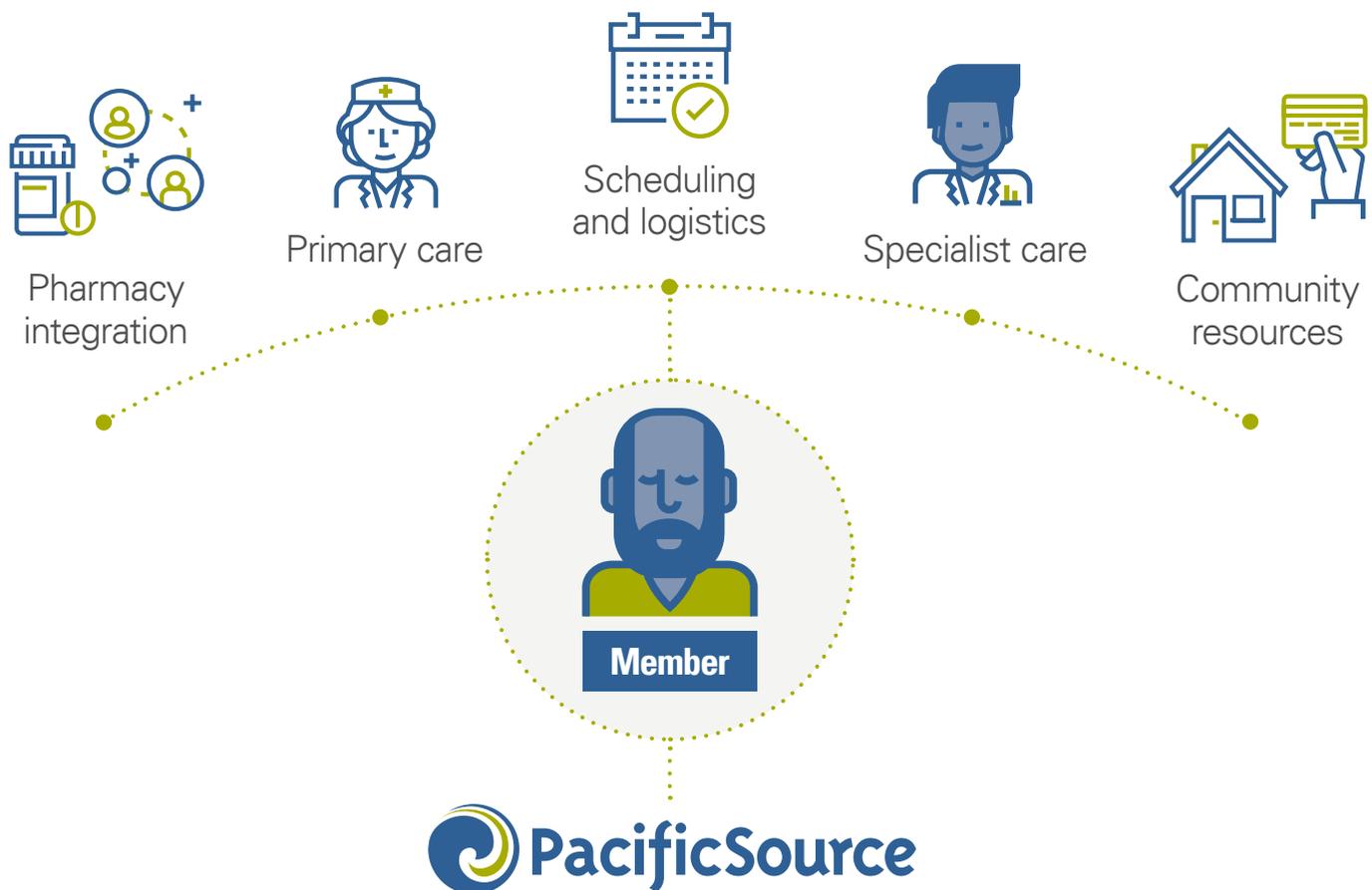
Navigator

Cost-effective care coordination that puts members at the center

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

With Navigator, you have access to a broad array of in-network providers. This includes local doctors, providers in our four-state area, nationally through our partnership with First Health,[®] and in Alaska through First Choice Health.[™]

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

Boise
Idaho Falls
Nampa/Caldwell
Pocatello
Twin Falls



Oregon

Statewide

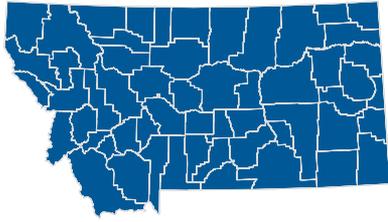


Washington

Spokane
Tacoma
Vancouver



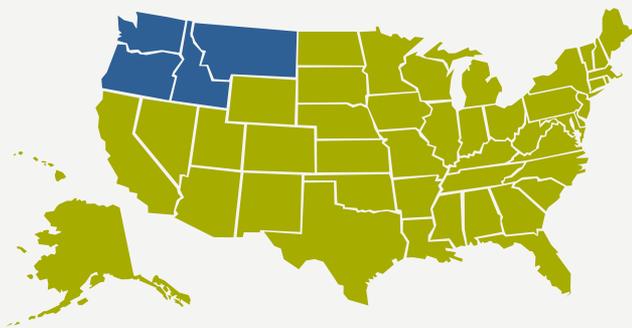
In-network availability is based on member's plan and network.



Navigator is available for purchase by people living in 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)



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.

We cover more than **42,000** individual members and their families across the Greater Northwest.

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

Source: monthly enrollment report, May 2021



2022 Montana | Navigator Individual and Family Medical Plans

	NON-HSA QUALIFIED PLANS												HSA QUALIFIED PLANS			
Product	Gold 1500		Silver 3000 [†]		Silver 4000 [†]		Silver 5000		Bronze 7000		Bronze 8700		Silver HSA 3500		Bronze HSA 7000	
	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	\$8,700 / \$17,400	\$17,400 / \$34,800	\$3,500 / \$7,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$14,000 / \$28,000
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	\$8,700 / \$17,400	\$25,000 / \$50,000	\$6,750 / \$13,500	\$25,000 / \$50,000	\$7,000 / \$14,000	\$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:	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% [^]								
Preventive Drug Coverage	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		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:	
Telehealth (including behavioral health for adults)	Covered in Full*	50%	Covered in Full*	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%	Covered in Full	50%	25%	50%	Covered in Full	50%
Inpatient Hospital	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	25%	50%	Covered in Full	50%
Lab / X-ray	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	25%	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	25%	50%	Covered in Full	50%
Outpatient Surgery	10%	50%	40%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	25%	50%	Covered in Full	50%
Emergency Services	10%	10%	40%	40%	30%	30%	30%	30%	40%	40%	Covered in Full		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%	Covered in Full	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%	Covered in Full	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*	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		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. 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**.



Vision care for kids

Pediatric vision benefits (for members through age 18)

Most of our medical plans include pediatric vision coverage through age 18. This includes routine eye exams at no cost when seeing an in-network doctor. Most plans also include vision hardware coverage up to \$150 for members through age 18.

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.

2022 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
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000	\$1,500	N/A
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$375 / \$750	\$375 / \$750	\$375 / \$750
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in Full	Covered in Full	Covered in Full
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%
Class III Services	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class II: 6 months; Class III: 12 months	Class II: 6 months; Class III: 12 months	None

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Help with **Health Savings Accounts (HSA)**



When you're ready to decide, you'll see two types of plans available: HSA-qualified and Non-HSA qualified.

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

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).

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.

Ten more ways **PacificSource** gives you more



Access to highly rated hospitals and urgent care centers



No-cost care management for chronic conditions



Affordable gym memberships through Active&Fit Direct™



Prenatal resources for expectant mothers



Global emergency services from Assist America®



Up to \$150 reimbursement for health & wellness classes



Help quitting tobacco



Weight Watchers® program discounts



Home-delivered pharmacy orders



\$500 accident benefit with most plans

Additional benefits are not considered insurance.

Next steps:



Select a health plan
(see the big chart)



Decide on dental
(see the smaller chart)



Get a price quote: Contact your agent,
call us at **855-330-2792**, or use our online
quote tool at [PacificSource.com](https://www.PacificSource.com)

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: 800-763-1870

Email: CoverageAdvisors@PacificSource.com

PacificSource.com
