



Members **first**

2022 Health Plans for **Montana Large Groups** | 51+



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



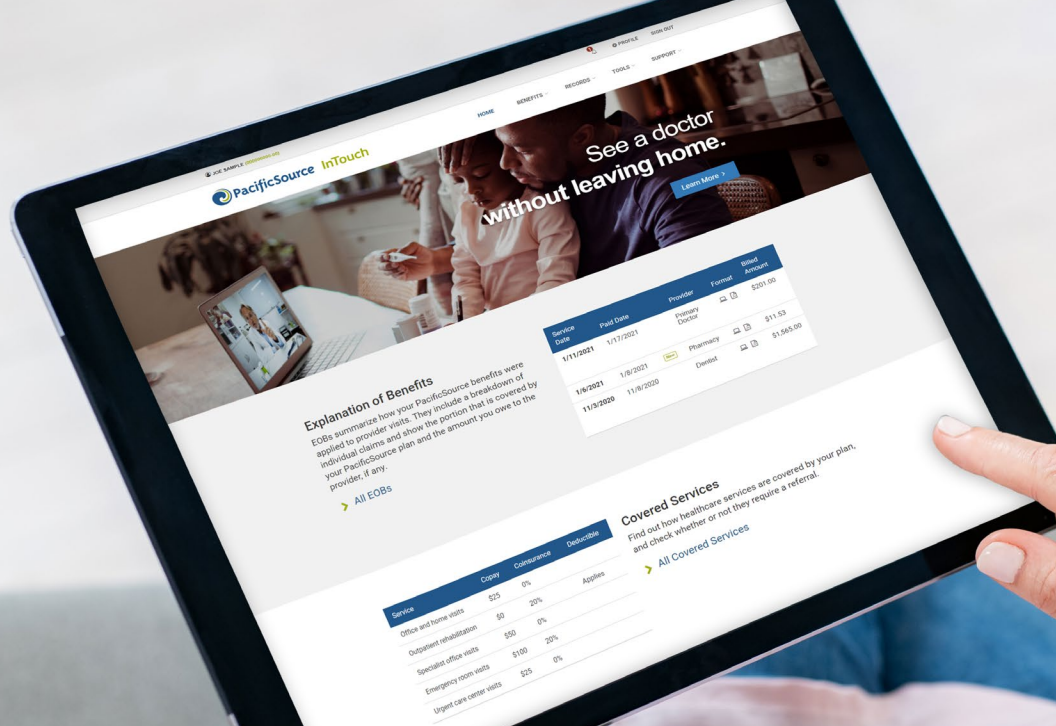
Nonprofit



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.

See member IDs

View and print ID cards for employees.

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 **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.

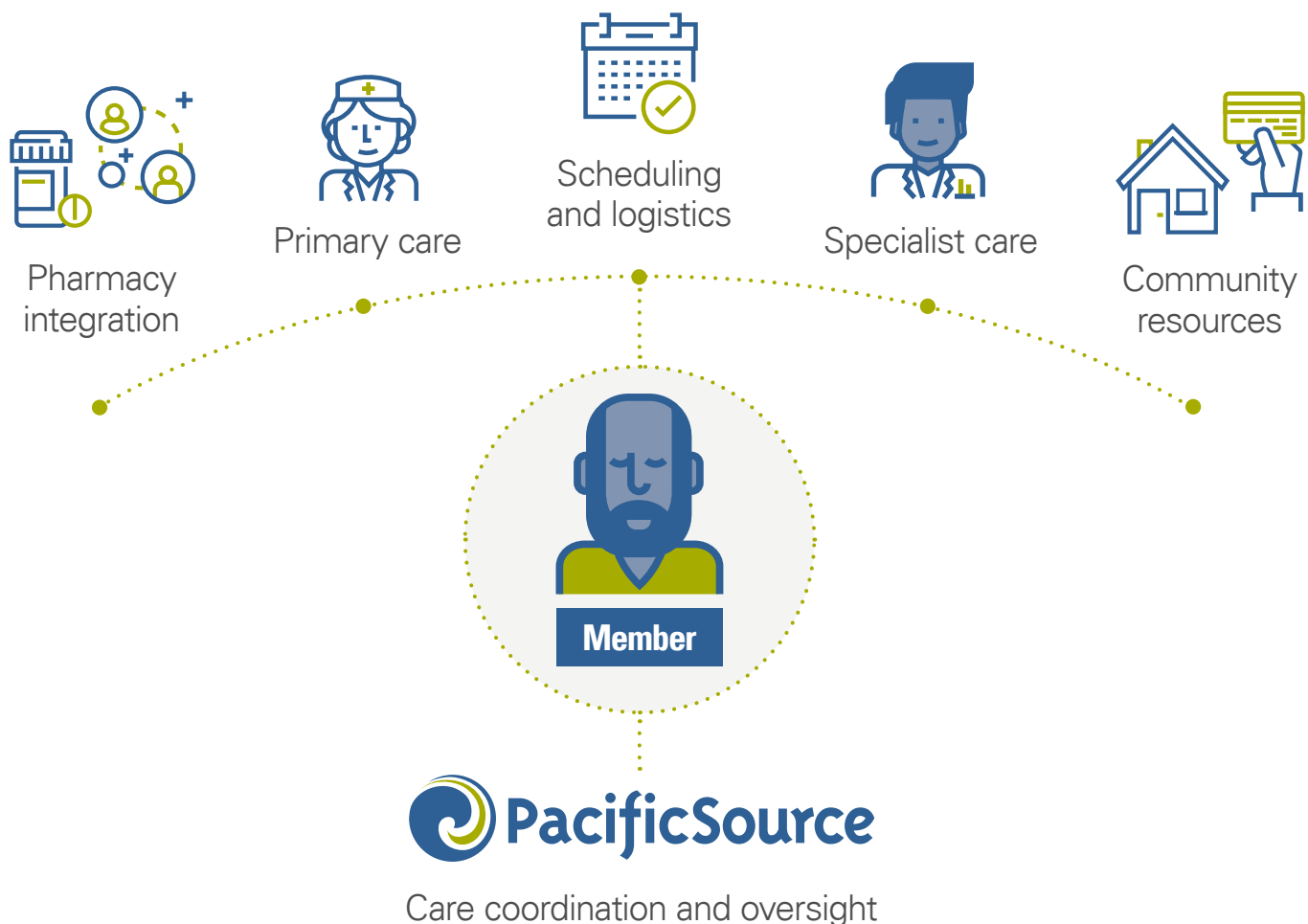
Navigator

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



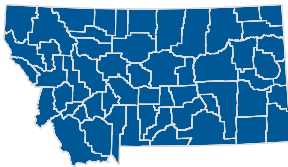
Controlled costs



Clinical integration



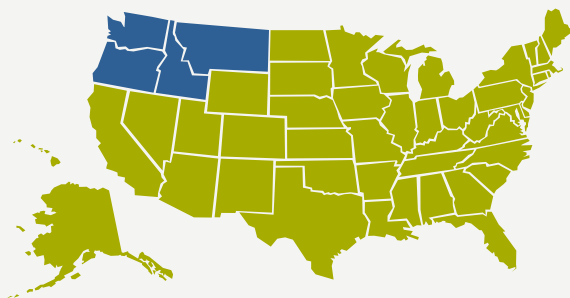
Unified communications



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 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	
	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%
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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*	55%	Covered in Full*	55%	Covered in Full*	55%	Covered in Full*	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 Tier 1 with a \$10 copay, Tiers 2 and 3 at 50% copay, and Tier 4 at \$150 or 50%, whichever is less.																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 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, 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 | 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	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 group plans at [PacificSource.com](https://www.pacificsource.com).
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.

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 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

Cosmetic Orthodontia*

- \$1,000 or \$1,500 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period with some voluntary plans; exclusion period reduced or eliminated with prior orthodontia coverage

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.

Choose **one plan, or more**



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

- Employees may choose from two to five 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.



About Health Savings Accounts (HSA)

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.

Need help with healthcare admin? PacificSource Administrators, Inc. (PSA) can provide:

FSA | Flexible Spending Accounts

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

HRA | Health Reimbursement Arrangements

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.

COBRA | Administration

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

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



Optional vision coverage plans for children and adults



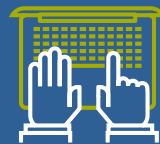
No-cost care management for chronic conditions



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



Prenatal program for expectant mothers



Easy online access for you and your employees



Optional \$500 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 additional coverage



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

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