



Beyond what's required

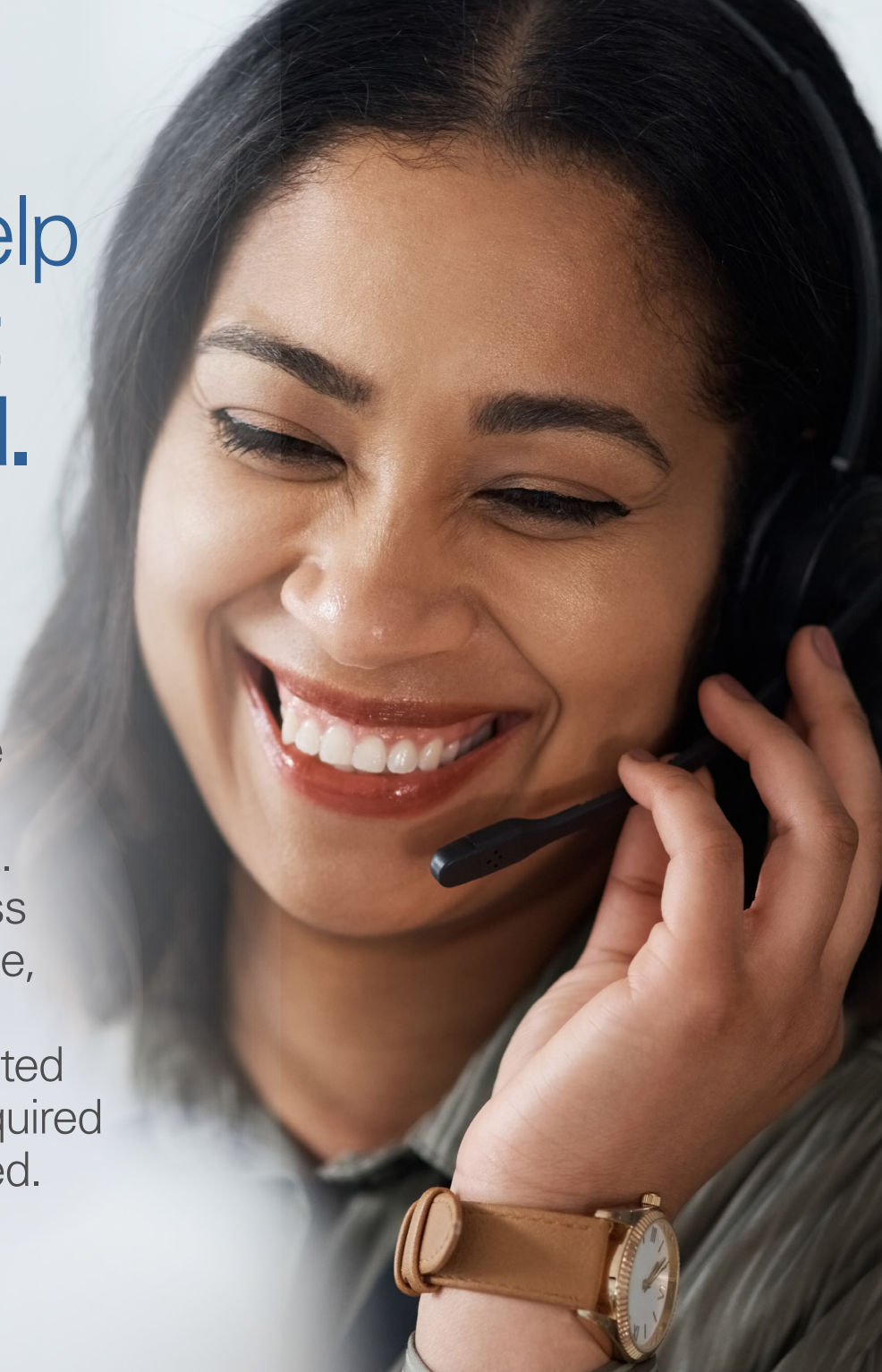
2023 Health Plans for **Montana Individuals and Families**



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 don't answer to shareholders, but to members, providers, producers, and employers—the people who depend on our products and services.

Health plans that focus on the right things: **you, your doctor,** and **your community**



A unique, not-for-profit partnership

PacificSource is different. We're a local health insurer that works closely with highly rated 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. You'll get the care you need, when and where you need it.



No referrals required 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.)



No-cost preventive care and preventive drugs

We're pleased to offer \$0 copays on:

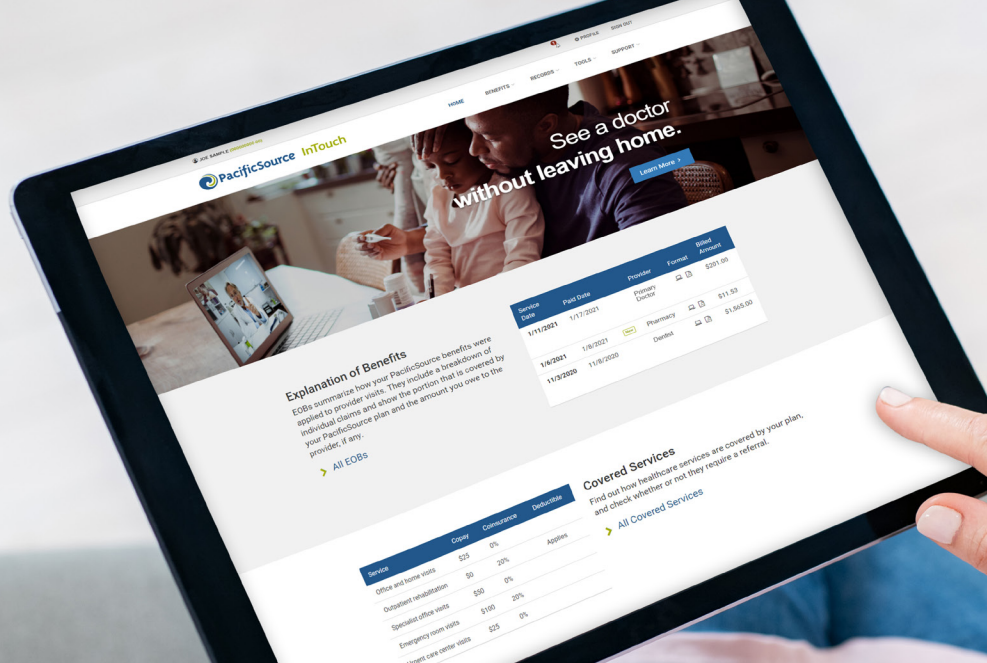
- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires. (Note: Standard plans only use the Standard ACA drug list.)



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

With InTouch you can:

- Display your member ID
- Schedule doctor visits—physical 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 with our health and wellness portal
- 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

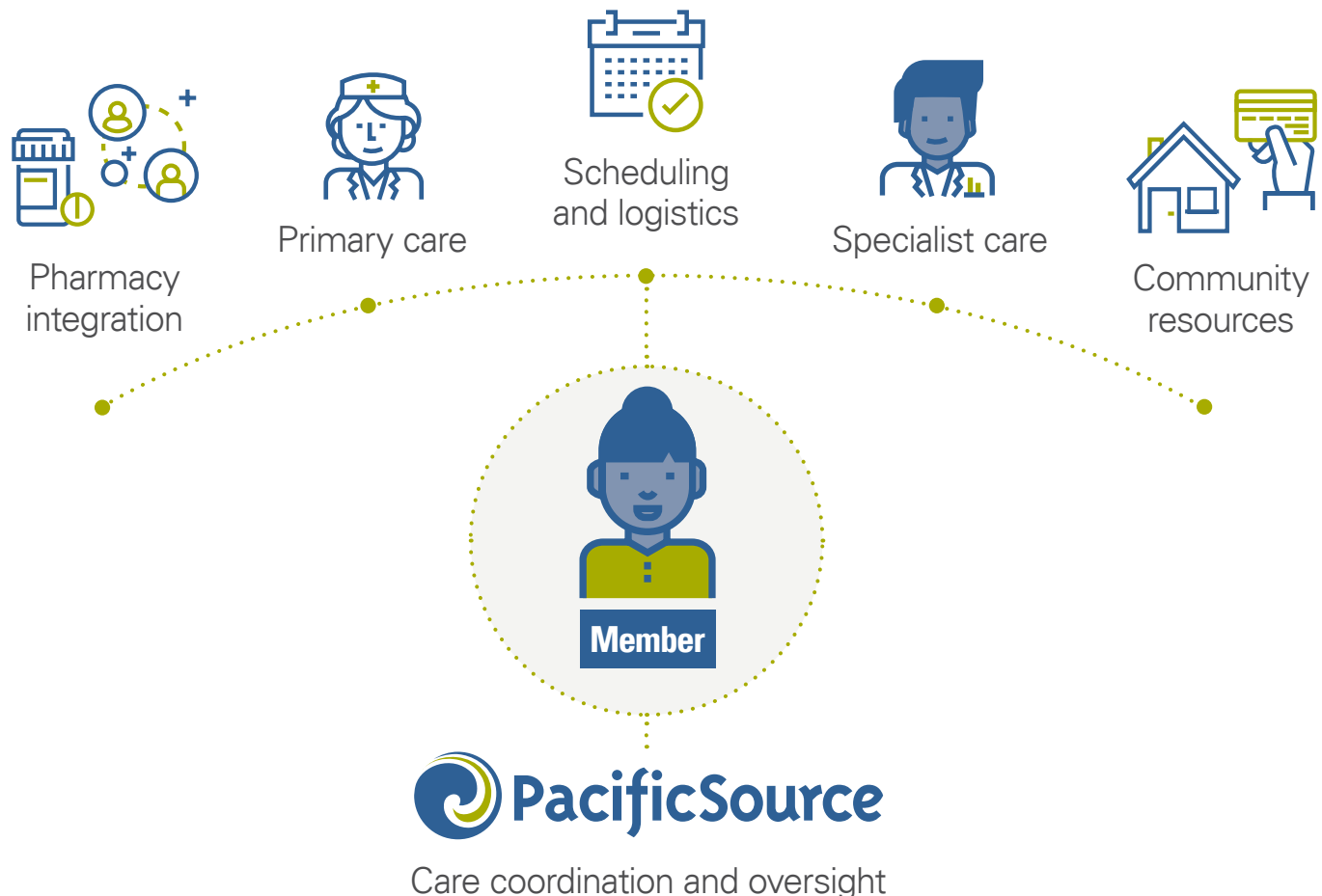
Cost-effective care coordination that puts members at the center

Navigator is our clinically integrated product. We work with members and a network of local, highly rated healthcare providers focused on quality outcomes.

With Navigator, you get a plan that:

- Supports you on your journey toward optimal health
- Values and promotes your healthcare engagement
- Provides empowering self-management tools
- Emphasizes shared decision making with providers

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





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

Blackfoot
Boise
Idaho Falls
Nampa/Caldwell
Pocatello
Twin Falls



Oregon

Statewide

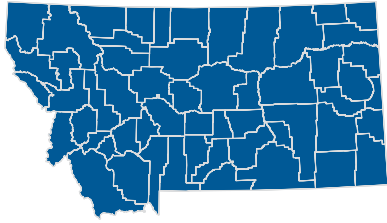


Washington

Spokane
Tacoma
Vancouver



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



Navigator is available for purchase by people living in any Montana county.

In-network, nationwide

	DEDUCTIBLE		OUT OF POCKET MAX	
	In-Net.	Out-of-Net.	In-Net.	Out-of-Net.
Medical, Rx, and Vision	\$XXX	\$X,XXX	\$X,XXX	\$XX,XXX

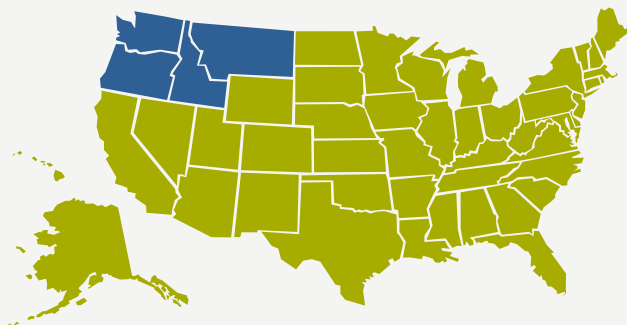
MEDICAL BENEFITS, PRIOR AUTHORIZATION, & ELIGIBILITY:
Members 555-555-5555 | CS@PacificSource.com
Providers 555-555-5555 | CS@PacificSource.com
DENTAL: 555-555-5555 | Dental@PacificSource.com
24-HOUR NURSELINE: 855-834-6150
PHARMACISTS: 844-834-6150 | Fax 541-225-3665

Verify benefits at InTouch.PacificSource.com
PacificSource Health Plans | PO Box 7068, Springfield, OR 97475-0068
This card is not an authorization for services or a guarantee of payment.

OHSU Health
 LEGACY HEALTH
 Advantage Dental
 First Choice Health
 First Health

Outside the Northwest?

With **Navigator**, your in-network coverage goes with you thanks to partnerships with **First Health®** and **First Choice Health.™**



- Our four-state provider network
- Provider networks through **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 **49,000** individual members
and their families across the Greater Northwest.

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

Source: monthly enrollment report, March 2022



2023 Montana | Navigator Individual and Family Medical Plans

													HSA-QUALIFIED PLANS				MONTANA STANDARD PLANS							
	Gold 1500		Silver 3000†		Silver 4000†		Silver 5000		Bronze 7000		Bronze 9100		Silver HSA 3500		Bronze HSA 7050		Standard Gold		Standard Silver		Standard Expanded Bronze			
	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	\$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	\$9,100 / \$18,200	\$18,200 / \$36,400	\$3,500 / \$7,000	\$7,000 / \$14,000	\$7,050 / \$14,100	\$14,100 / \$28,200	\$2,000 / \$4,000	\$4,000 / \$8,000	\$5,800 / \$11,600	\$11,600 / \$23,200	\$7,500 / \$15,000	\$15,000 / \$30,000		
Out-of-Pocket Maximum Individual / Family	\$7,000 / \$14,000	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$7,600 / \$15,200	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$6,700 / \$13,400	\$25,000 / \$50,000	\$7,050 / \$14,100	\$25,000 / \$50,000	\$8,700 / \$17,400	\$25,000 / \$50,000	\$8,900 / \$17,800	\$25,000 / \$50,000	\$9,000 / \$18,000	\$25,000 / \$50,000		
Preventive Services	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% after deductible^	Covered in full	25% no deductible^	Covered in full	25% no deductible^	Covered in full	25% no deductible^		
Preventive Drug Coverage	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Only for drugs on the Standard Preventive No-Cost Drug List (Affordable Care Act) In Network: Covered in full, Out of Network: 50% after deductible							
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		Not Covered		Not Covered		Not Covered			
Office Visits Primary (including behavioral health), Urgent Care, and Specialist	10% after deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: 40% after deductible	50% after deductible	Primary/Urgent: \$20 no deductible Specialist: \$40 no deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: 40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	Primary: \$30 no deductible Urgent: \$45 no deductible Specialist: \$60 no deductible	50% after deductible	Primary: \$40 no deductible Urgent: \$60 no deductible Specialist: \$80 no deductible	50% after deductible	Primary: \$50 no deductible Urgent: \$75 no deductible Specialist: \$100 no deductible	50% after deductible		
Telehealth	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible		
Inpatient Hospital	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible		
Lab / X-ray	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible		
Physical, Occupational, and Speech Therapy	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible		
Outpatient Surgery	10% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible		
Emergency Services	10% after deductible	10% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	25% after deductible	25% after deductible	0% after deductible	0% after deductible	25% after deductible	25% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible		
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	10% after deductible	50% after deductible	\$35 no deductible	50% after deductible	\$20 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible		
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15 no deductible Tier 2: \$50 no deductible Tier 3: \$75 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$30 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$20 no deductible Tier 2: \$40 no deductible Tier 3: \$80 after deductible Tier 4: \$350 after deductible	50% after deductible	Tier 1: \$25 no deductible Tier 2: \$50 after deductible Tier 3: \$100 after deductible Tier 4: \$500 after deductible	50% after deductible		
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	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		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 and 40%		Covered in full up to \$150 then subject to in-network deductible and 50%			

^Well-baby/well-child care and preventive mammograms are covered in full both in and out of network.
†Available only on direct basis
This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at 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 table or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.



Vision care for kids

Pediatric vision benefits for members through age 18

All of our medical plans include pediatric vision coverage. This includes routine eye exams at no cost when seeing an in-network doctor. See plan comparison on previous page for details.

Decide on dental



Good dental health can lead to better overall health. You can:

- Add one of our dental plans to your health plan
- Select dental-only
- Purchase these plans year-round, not just during open enrollment

2023 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 younger	\$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

This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com. For more details, search individual and family 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 **855-330-2792**, TTY: 711. We accept all relay calls.



Finding the **right plan**



One factor as you decide on a plan will be whether you want one that can be paired with a health savings account (HSA). Here are things to consider.

All plans

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

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.

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).

Ten more ways **PacificSource** gives you more



Access to highly rated hospitals and urgent care centers



\$500 accident benefit with most plans



Affordable gym memberships through Active&Fit Direct™



No-cost care management for chronic conditions



Global emergency services from Assist America®



Prenatal resources for expectant parents



Help quitting tobacco



Up to \$150 reimbursement for health & wellness classes



Home-delivered pharmacy orders



Weight Watchers® program discounts

Additional benefits are not considered insurance.

Next steps:



Select a health plan
(see the big chart)



Decide on dental
(see the smaller chart)

Shop and enroll:



Contact your
broker



Online at [Shop.
PacificSource.com/
individual](https://Shop.PacificSource.com/individual)



Or call us at
855-983-8844
TTY: 711
We accept all relay calls

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: 855-983-8844

TTY: 711. We accept all relay calls.

Email: CoverageAdvisors@PacificSource.com

PacificSource.com
