Beyond what’s required

2023 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 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: **members, providers, and communities**

**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 fairly, 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%**
That’s our average employer satisfaction rating, based on surveys conducted March 2021 – February 2022. The remaining 2%? We’re working on it.
Benefits that go beyond what’s required

**Expanded telehealth coverage**
Members can see a doctor without leaving home. Your employees get the care they need, where and when they 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

**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 **234,000** 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, March 2022
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 information 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 or print them on demand.

**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 is a coordinated care product designed to advance the ideal member experience. Each member’s care is managed within a network of local, highly rated healthcare providers focused on quality outcomes.

With Navigator, you get a health plan that:

- Promotes better member healthcare engagement
- Provides empowering self-management tools
- Employs cost controlling measures
- Emphasizes shared decision-making with providers

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

Pharmacy integration  Primary care  Scheduling and logistics  Specialist care  Community resources

Care coordination and oversight
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**
- Billings Clinic
- Providence St. Patrick Hospital
- Logan Health
- Community Medical Center
- St. Peter’s Health
- SCL Health

**Idaho**
- Blackfoot
- Boise
- Idaho Falls
- Nampa/Caldwell
- Pocatello
- Twin Falls

**Oregon Statewide**
- Legacy Health
- Central Oregon Independent Practice Association
- OHSU Health
- Legacy Health Partners
- McKenzie-Willamette Medical Center
- Asante
- PeaceHealth
- Salem Health Hospitals & Clinics
- St. Charles Health System

**Washington**
- MultiCare
- MultiCare Connected Care
- Legacy Health
- Vancouver Clinic

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 any Montana county.
In-network, **nationwide**

Our four-state provider network

Provider networks through **First Health®** and **First Choice Health**™ (Alaska)

Outside the Northwest?

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

[Map of the United States highlighting in-network and nationwide coverage areas]

<table>
<thead>
<tr>
<th>MEDICAL BENEFITS, PRIOR AUTHORIZATION, &amp; ELIGIBILITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Members</strong></td>
</tr>
<tr>
<td>555-555-5555</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
</tr>
<tr>
<td>555-555-5555</td>
</tr>
<tr>
<td><strong>DENTAL</strong></td>
</tr>
<tr>
<td>555-555-5555</td>
</tr>
<tr>
<td><strong>24-HOUR NURSELINE</strong></td>
</tr>
<tr>
<td>855-834-6150</td>
</tr>
<tr>
<td><strong>PHARMACISTS</strong></td>
</tr>
<tr>
<td>844-834-6150</td>
</tr>
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</table>

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.
<table>
<thead>
<tr>
<th>Maximum Benefit Available</th>
<th>Out-of-Pocket Maximum</th>
<th>Deductible</th>
<th>After Deductible</th>
<th>Annual Limit/Maximum Benefit Available</th>
<th>Prescription (Rx)</th>
<th>Telehealth</th>
<th>Out-of-Pocket Maximum</th>
<th>Deductible</th>
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</thead>
<tbody>
<tr>
<td>Individual / Family</td>
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<td>$40,000</td>
<td>$20 then $690</td>
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<tr>
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<td>$12,000</td>
<td>$3,000</td>
<td>$2,500</td>
<td>$7,000 / $15,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>HSA 7500+Rx</td>
<td>$4,000 / $4,000</td>
<td>$0</td>
<td>$6,000</td>
<td>$12,000</td>
<td>$4,000</td>
<td>$6,000</td>
<td>$8,000 / $20,000</td>
<td>$15,000</td>
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<td>$16,000</td>
<td>$6,000</td>
<td>$10,000</td>
<td>$10,000 / $30,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>HSA 3000+Rx</td>
<td>$7,500 / $3,000</td>
<td>$0</td>
<td>$15,000</td>
<td>$20,000</td>
<td>$7,500</td>
<td>$15,000</td>
<td>$15,000 / $60,000</td>
<td>$30,000</td>
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</table>

*MEMBER PAYS:*

NO DEDUCTIBLE, MEMBER PAYS: $2,000 / $1,000 after deductible

AFTER DEDUCTIBLE, MEMBER PAYS: $10,000 / $10,000 after deductible

‡ IN NETWORK:

NO DEDUCTIBLE, MEMBER PAYS: $1,500 / $6,000 after deductible

AFTER DEDUCTIBLE, MEMBER PAYS: $15,000 / $30,000 after deductible

IN NETWORK:

NO DEDUCTIBLE, MEMBER PAYS: $3,000 / $6,000 after deductible

AFTER DEDUCTIBLE, MEMBER PAYS: $10,000 / $40,000 after deductible

OUT OF NETWORK:

NO DEDUCTIBLE, MEMBER PAYS: $4,000 / $8,000 after deductible

AFTER DEDUCTIBLE, MEMBER PAYS: $15,000 / $30,000 after deductible

<table>
<thead>
<tr>
<th>Prescription (Rx)</th>
<th>Out-of-Pocket Maximum</th>
<th>Deductible</th>
<th>After Deductible</th>
<th>Annual Limit/Maximum Benefit Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA 3000_50+Rx</td>
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<tr>
<td>HSA 3000+Rx</td>
<td>$7,500 / $3,000</td>
<td>$0</td>
<td>$15,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>HSA 4000+Rx</td>
<td>$9,000 / $3,000</td>
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<td>$20,000</td>
<td>$25,000</td>
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<tr>
<td>HSA 5000+Rx</td>
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<tr>
<td>HSA 6000+Rx</td>
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<td>HSA 7500+Rx</td>
<td>$15,000 / $3,000</td>
<td>$0</td>
<td>$35,000</td>
<td>$40,000</td>
</tr>
</tbody>
</table>

*Not subject to deductible.

Deductible is network-wide, and covers inpatient surgery, out patient surgery, physical therapy, occupational therapy, and chiropractic services.

2023 Montana | Navigator Large Group Medical Plans

<table>
<thead>
<tr>
<th>Service</th>
<th>Maximum Benefit Available</th>
<th>Out-of-Pocket Maximum</th>
<th>Deductible</th>
<th>After Deductible</th>
<th>Annual Limit/Maximum Benefit Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Physical, Occupational, and Chiropractic Services</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Emergency Services (Out-of-Pocket Spending Limit)</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Preventative Care (Out-of-Pocket Spending Limit)</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
</tr>
</tbody>
</table>

IN NETWORK:

NO DEDUCTIBLE, MEMBER PAYS: $3,000 / $6,000 after deductible

AFTER DEDUCTIBLE, MEMBER PAYS: $10,000 / $40,000 after deductible

OUT OF NETWORK:

NO DEDUCTIBLE, MEMBER PAYS: $4,000 / $8,000 after deductible

AFTER DEDUCTIBLE, MEMBER PAYS: $15,000 / $30,000 after deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>Maximum Benefit Available</th>
<th>Out-of-Pocket Maximum</th>
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<tr>
<td>Physical, Occupational, and Chiropractic Services</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>$100 plus 30%</td>
<td>$500 / $1,500</td>
<td>$0</td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
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<td>Emergency Services (Out-of-Pocket Spending Limit)</td>
<td>$100 plus 30%</td>
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Accessibility help: for assistance reading this table or the rest of the document, please call us at 800-707-7771. The TTY users should dial 800-707-7771 or 800-656-3454 (TTY).
### Dental Choice Plan

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network</th>
<th>Annual Deductible</th>
<th>Annual Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Choice</td>
<td>No Network</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Dental Choice Plus</td>
<td>No Network</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Dental Choice Plus</td>
<td>No Network</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

**Class I: Preventive Services**
- Exams and x-rays
- Three dental cleanings (emphysema or periodontal maintenance) per year
- Fluoride applications
- Sealants on bicuspids and permanent molars (kids through age 10 only)
- Brushing and flossing

**Class II: Basic Services**
- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings, including composite
- Complex surgery
- Endodontic (plug therapy and root canal therapy)
- Periodontal surgery

**Class III: Major Services**
- Full, immediate or overdentures
- Crowns and bridges

### Dental Choice Plus

- 0-20-50 25-1500 or 0-20-50 25-2000
- Optional: $1,000 or $1,500 lifetime max

**Class I: Preventive Services**
- Exams and x-rays
- Three dental cleanings (emphysema or periodontal maintenance) per year
- Fluoride applications
- Sealants on bicuspids and permanent molars (kids through age 10 only)
- Brushing and flossing

**Class II: Basic Services**
- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings, including composite
- Complex surgery
- Endodontic (plug therapy and root canal therapy)
- Periodontal surgery

**Class III: Major Services**
- Full, immediate or overdentures
- Crowns and bridges

### Dental Choice

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network</th>
<th>Annual Deductible</th>
<th>Annual Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Choice</td>
<td>No Network</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Dental Choice Plus</td>
<td>No Network</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Dental Choice Plus</td>
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**Class I: Preventive Services**
- Exams and x-rays
- Three dental cleanings (emphysema or periodontal maintenance) per year
- Fluoride applications
- Sealants on bicuspids and permanent molars (kids through age 10 only)
- Brushing and flossing

**Class II: Basic Services**
- Simple extractions
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- Fillings, including composite
- Complex surgery
- Endodontic (plug therapy and root canal therapy)
- Periodontal surgery

**Class III: Major Services**
- Full, immediate or overdentures
- Crowns and bridges

### Optional

- $1,000 or $1,500 lifetime max

**Cosmetic Orthodontia**
- Optional: $1,000 or $1,500 lifetime max

**Vision**

<table>
<thead>
<tr>
<th>Vision Plan Name</th>
<th>Network</th>
<th>Annual Deductible</th>
<th>Annual Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Choice Plus</td>
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<td>$1,500</td>
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<tr>
<td>Vision Choice</td>
<td>No Network</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

**What’s covered?**
- Here is a list of services and treatments most commonly asked about. Go to [PacificSource.com](http://PacificSource.com) to get all the details.

**Accessibility help:** For assistance reading this table or the rest of this document, please call us at 888-977-9299, TTY: 711. We accept all relay calls.

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### Vision Plan Names Explained

- **Choice**—Indemnity plans
- **Choice Plus**—No exclusion periods

### Voluntary Dental

- 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 premiums as if they were buying their own dental plan, but they get benefits that typically come with a group plan.

Voluntary Dental is available with our non-group plan.

- You can group our dental plans with your health plans, or select plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

### 2023 Montana Large Group Dental Plans

- Dental Choice
- Dental Choice Plus
- Dental Choice Plus
- Dental Choice
- Dental Choice

### Plan Name Explained

- **Choice**—Indemnity plans
- **Choice Plus**—No exclusion periods

Voluntary Dental is available with our non-group plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.
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
- **Optional vision coverage** plans for children and adults
- **Affordable fitness center access** from our partner, Active&Fit Direct™
- **Optional $500 benefit** for covered services due to an accident outside of work
- **24-Hour NurseLine** at no cost
- **Education reimbursement up to $150** for health and wellness classes
- **No-cost care management** for chronic conditions
- **Prenatal program** for expectant parents
- **Easy online access** for you and your employees
- **Home delivery of prescriptions**—up to a 90-day supply
- **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:** 866-722-7720  
**TTY:** 711. We accept all relay calls.

**Email:** [MontanaSales@PacificSource.com](mailto:MontanaSales@PacificSource.com)

[-PacificSource.com](http://PacificSource.com)