



Beyond what's required

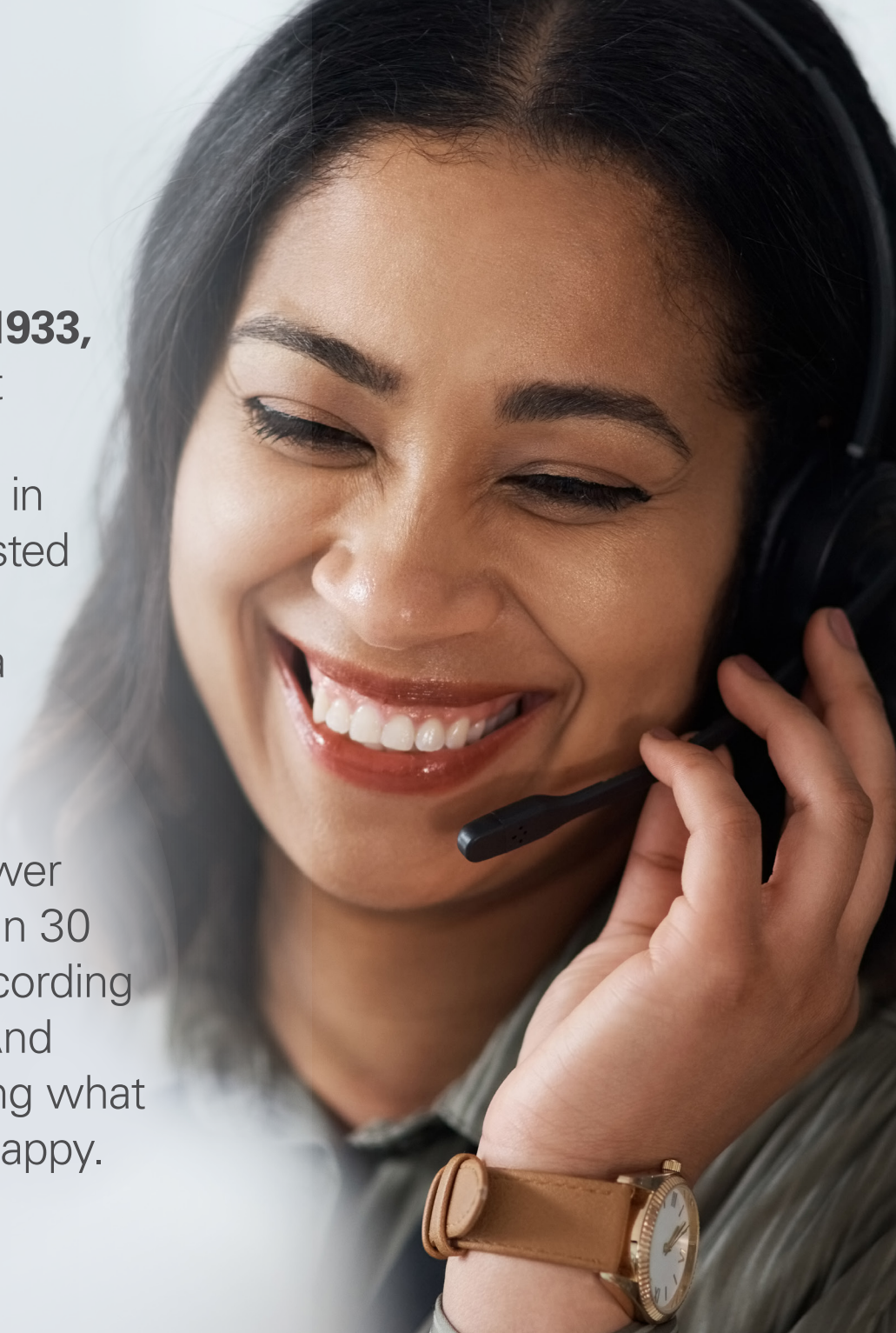
2023 Health Plans for **Montana Small Groups** | 1–50



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



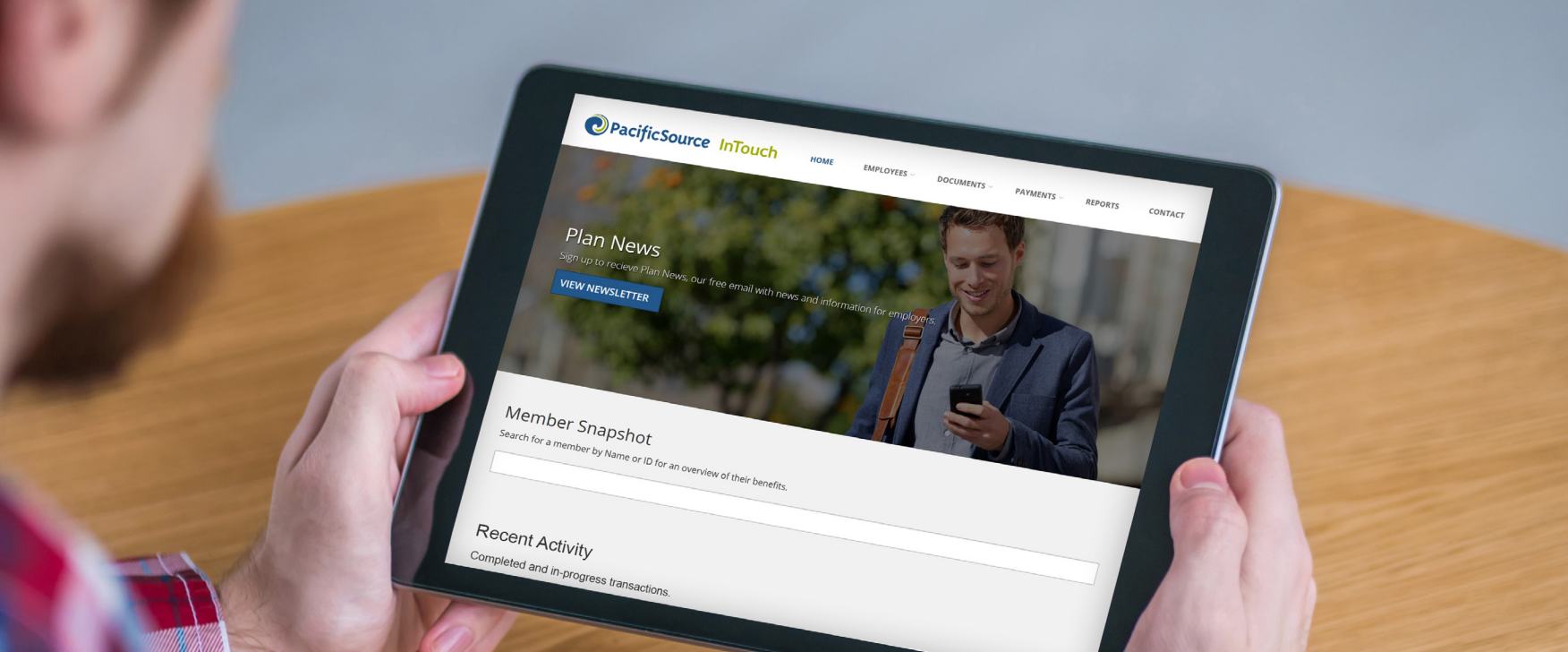
Nonprofit



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, among many others: **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

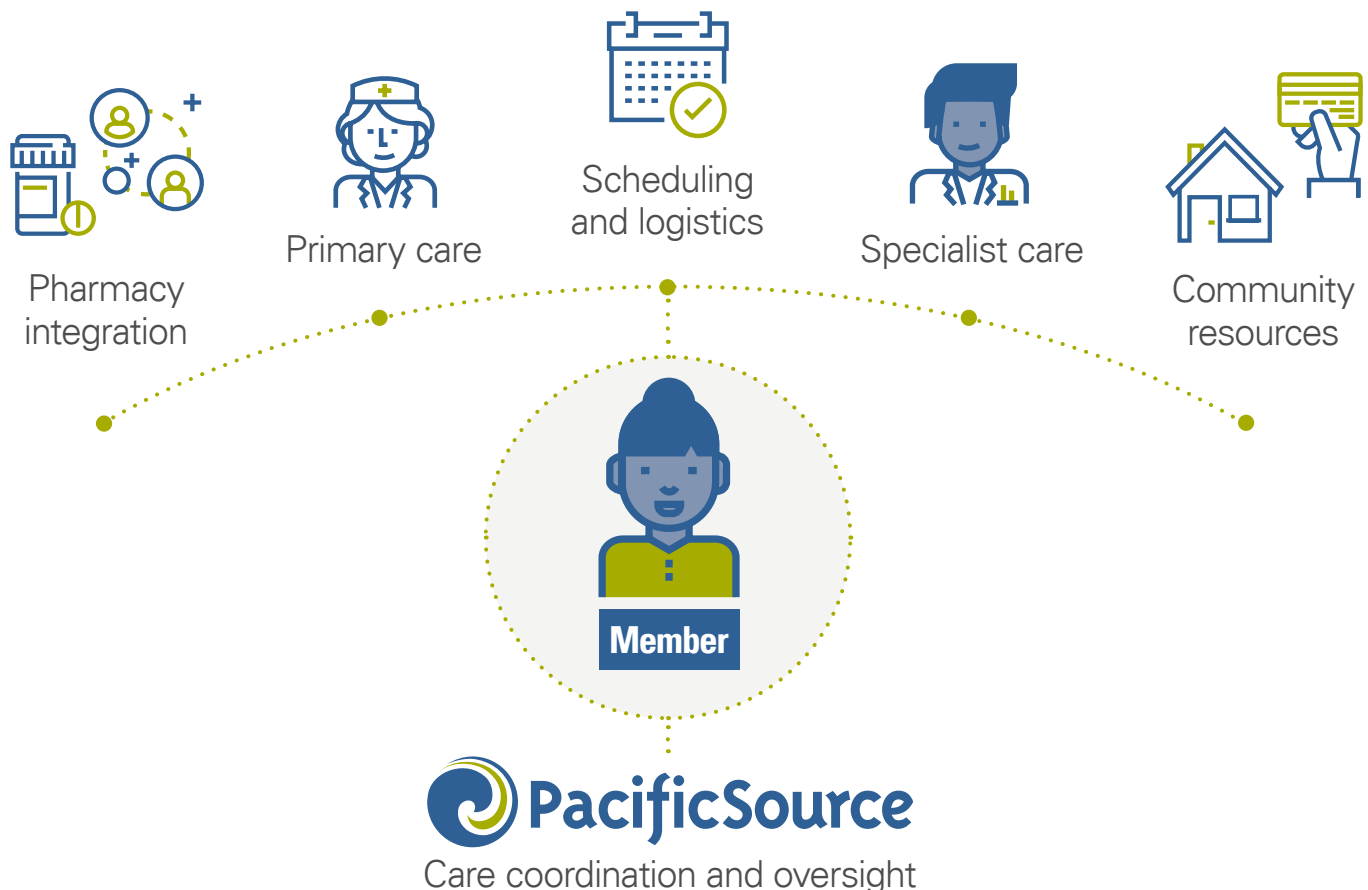
Cost-effective care coordination that puts members at the center

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

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

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.

How Navigator **benefits employers**



Multiple plan
designs



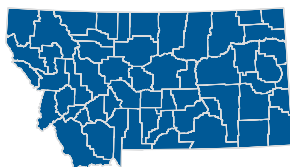
Controlled
costs



Clinical
integration



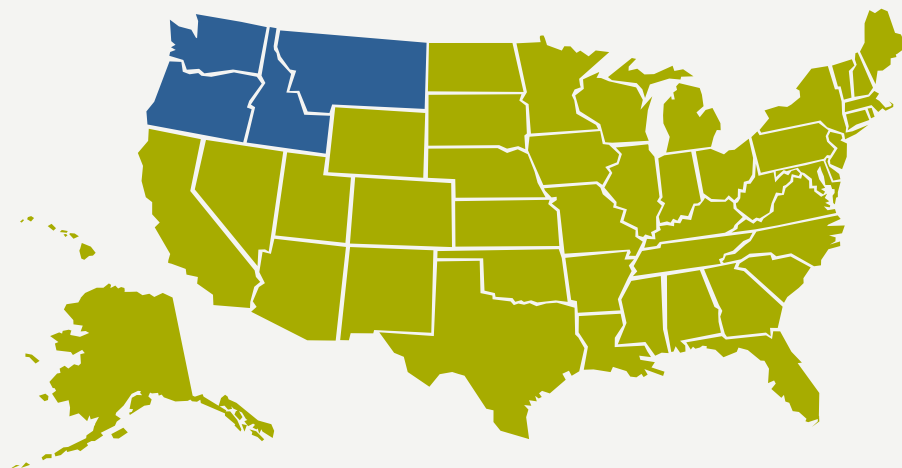
Unified
communications



**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)

	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.

Outside the Northwest?



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

2023 Montana | Navigator Small Group Medical Plans

																							HSA-QUALIFIED PLANS											
Platinum 500^		Gold 1000^		Gold 2000^		Gold 3000^		Silver 3000		Silver 4500^		Silver 5500^		Silver 6500^		Bronze 8150		Bronze 8700^		Bronze 9100		Gold HSA 3000		Silver HSA 3000		Silver HSA 4800		Silver HSA 5500		Bronze HSA 7050				
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	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK			
Deductible Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$8,150 / \$16,300	\$16,300 / \$32,600	\$8,700 / \$17,400	\$17,400 / \$34,800	\$9,100 / \$18,200	\$18,200 / \$36,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,800 / \$9,600	\$9,600 / \$19,200	\$5,500 / \$11,000	\$11,000 / \$22,000	\$7,050 / \$14,100	\$14,100 / \$28,200		
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$9,100 / \$18,200	\$18,200 / \$36,400	\$9,100 / \$18,200	\$18,200 / \$36,400	\$9,100 / \$18,200	\$18,200 / \$36,400	\$9,100 / \$18,200	\$18,200 / \$36,400	\$8,150 / \$16,300	\$16,300 / \$32,600	\$8,700 / \$17,400	\$17,400 / \$34,800	\$9,100 / \$18,200	\$18,200 / \$36,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,050 / \$14,100	\$14,100 / \$28,200	\$4,800 / \$9,600	\$9,600 / \$19,200	\$5,500 / \$11,000	\$11,000 / \$22,000	\$7,050 / \$14,100	\$14,100 / \$28,200		

Preventive Services	Covered in full	25% after deductible¹	Covered in full	25% after deductible¹	Covered in full	25% after deductible¹	Covered in full	25% after deductible¹	Covered in full	25% after deductible¹	Covered in full	25% after deductible¹	Covered in full	25% after deductible¹	Covered in full	25% after deductible¹	Covered in full	0% after deductible¹	Covered in full	0% after deductible¹	Covered in full	0% after deductible¹	Covered in full	0% after deductible¹	Covered in full	25% after deductible¹	Covered in full	0% after deductible¹	Covered in full	0% after deductible¹	Covered in full	0% after deductible¹
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	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	50% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	0% 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.		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.	

Office visits Primary (including behavioral health), Urgent Care, and Specialist	Primary/Urgent: \$10 no deductible Specialist: \$20 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 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	Primary/Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$40 no deductible Specialist: 0% after deductible	0% after deductible	Primary/Urgent: \$50 no deductible Specialist: 0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% 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	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Inpatient hospital	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible		
Lab / X-ray	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible		
Physical, Occupational, and Speech Therapy	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	\$35 no deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible		
Outpatient Surgery	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible		
Emergency Services	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 40% after deductible	\$250 plus 40% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible		
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$10 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	0% after deductible	\$50 no deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible		
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5 no deductible Tier 2: \$15 no deductible Tier 3: \$50 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 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	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 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	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible	0% after deductible	0% after deductible	Tier 1: \$25 no deductible Tier 2: \$100 no deductible Tier 3: \$200 no deductible Tier 4: \$500 no deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible

^This plan available with or without adult vision.
¹ Well-baby/well-child care and preventive mammograms are covered in full both in and out of network.
This is a brief summary. Contact us at MontanaSales@PacificSource.com or 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. We accept all relay calls.

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, Kids Dental Choice, and Dental 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 benefits that typically come with a group plan.

Voluntary Dental is available with our non-Plus plans to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

2023 Montana | Small Group Dental Plans

	Dental Choice Core	Dental Choice 0-20-50 750	Dental Choice 0-20-50 1000 or 0-20-50 1500	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Kids Dental Choice 0-20-50 or 20-40-50 (coverage for members age 18 and under)
	No network needed	No network needed	No network needed	No network needed	No network needed	No network needed
Group Size Required for Standalone Policy	1+	1+	1+	1+	1+	1+
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$500 on Class II services	\$750	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	N/A
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and younger	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750	\$375 / \$750
	NO DEDUCTIBLE, MEMBER PAYS:	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	Covered in full	Covered in full	Covered in full	Covered in full or 20%
	AFTER DEDUCTIBLE, MEMBER PAYS:	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%	20%	20%	20%	20% or 40%
Class III Services	50% (age 19+ not covered)	50%	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class II: 6 months	Class II: 6 months; Class III 12 months	Class III: 12 months	None	None	None
Cosmetic Orthodontia*	N/A	Optional; \$1,000 lifetime max	Optional; \$1,000 lifetime max	Optional; \$1,000 lifetime max	Optional; \$1,000 lifetime max	N/A

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 Summary of Benefits 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. We accept all relay calls.

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
- Dental cleanings (prophylaxis or periodontal maintenance)
- 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, including composite
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia

- Available to groups with 26-50 enrolled employees.
- Available with any dental plan purchased direct through PacificSource (except Core and Kids plans)
- \$1,000 lifetime max, 12-month wait period; wait period reduced or eliminated with prior orthodontia coverage

Focus on
vision

Our vision plans focus on wellness and prevention.

Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Pediatric vision hardware is covered in full up to \$150.** After that, it’s subject to an in-network deductible and then a cost-share fee up to 50%, depending on the plan.

Vision for adults

Many of our medical plans include coverage for adult eye exams and vision hardware. When visiting an in-network provider, **eye exams are covered in full.** Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Adult vision hardware is covered in full up to \$150.**

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this brochure.

Choose **one plan, or more**



All our plans are designed to help members feel well and stay healthy, including benefits for preventive care, \$0 annual physicals, and most vaccinations.

Right Fit

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

- Employees may choose from two to four different products.
- There's no minimum enrollment, but the number of plans you offer can't exceed the number of enrolling employees.
- Employees can change products during open enrollment.
- Minimum employer contribution: 50% employee/0% dependents of your lowest-cost plan.

Underwriting guidelines apply.

HSA

Health Savings Accounts (HSA) are a win-win

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.

HRA

Health Reimbursement Arrangements (HRA) to combat costs

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, Inc., they can take care of claims filing and reimbursement through Easy Pay.

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



Pediatric vision benefits with all plans, and adult vision on a select few



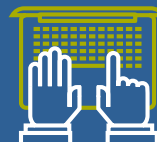
No-cost care management for chronic conditions



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



Prenatal program for expectant parents



Easy online access for you and your employees



\$500 accident 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

Shop online at
PacificSource.com/shop-plans/employers/small-group



Decide on dental



Enroll

Contact your broker
or call us at
888-958-5788, TTY: 711
We accept all relay calls

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

TTY: 711. We accept all relay calls.

Email: MontanaSales@PacificSource.com

PacificSource.com
