More for less from our Navigator products

Navigator is our coordinated care product, where a member’s personal provider is navigating care within a coordinated network of health professionals. Navigator promotes better member engagement and shared decision making with providers.

Navigator is available for purchase by people living in the following counties: Carbon, Flathead, Lake, Lewis and Clark, Missoula, Musselshell, Park, Stillwater, Sweet Grass, and Yellowstone.

Freedom to choose with our Voyager products

Voyager products use our preferred provider network, and are suited for a person who prefers a more self-directed experience.

Voyager is available for purchase by people living in the following counties: Beaverhead, Big Horn, Blaine, Broadwater, Carter, Cascade, Chouteau, Custer, Daniels, Davison, Deer Lodge, Fallon, Fergus, Gallatin, Garfield, Glacier, Golden Valley, Granite, Hill, Jefferson, Judith Basin, Liberty, Lincoln, Madison, McCone, Meagher, Mineral, Petroleum, Philips, Pondera, Powder River, Powell, Prairie, Ravalli, Richland, Roosevelt, Rosebud, Sanders, Sheridan, Silver Bow, Teton, Toole, Treasure, Valley, Wheatland, and Wibaux.

For more information contact a Coverage Advisor at (855) 330-2792 or by email at coverageadvisors@pacificsource.com.

2020 Medical Plans for Montana Individuals and Families
### 2020 Montana | Individual and Family Medical Plans

#### NON-HSA QUALIFIED PLANS

<table>
<thead>
<tr>
<th>Product</th>
<th>Gold 1500</th>
<th>Silver 3000</th>
<th>Silver 4000</th>
<th>Silver 5000</th>
<th>Bronze 7000</th>
<th>Silver HSA 3500</th>
<th>Bronze HSA 6750</th>
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### Preventive Services
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.

### Preventive Drug Coverage
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.

### 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.

### Telemedicine (including behavioral health for adults)
- 10% in-network, 35% out-of-network.
- 10% in-network, 35% out-of-network.
- 10% in-network, 35% out-of-network.
- 10% in-network, 35% out-of-network.

### Office Visits
- Primary Urgent Care: 40% Specialist: 65%
- Primary Urgent Care: 40% Specialist: 65%
- Primary Urgent Care: 40% Specialist: 65%
- Primary Urgent Care: 40% Specialist: 65%

### Inpatient Hospital
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.

### Lab / X-ray
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.

### Physical, Occupational, and Speech Therapy
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.

### Outpatient Surgery
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.

### Emergency Services
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.
- Covered in Full 25% in-network, 50% out-of-network.

### Chiropractic / Acupuncture
- Visto per benefit period: Chiro: 10 / Acu: 12
- Visto per benefit period: Chiro: 10 / Acu: 12
- Visto per benefit period: Chiro: 10 / Acu: 12
- Visto per benefit period: Chiro: 10 / Acu: 12

### Prescription (Rx)
- Tier 1 $15* Tier 2 $25* Tier 3 $35* Tier 4 $50*
- Tier 1 $15* Tier 2 $25* Tier 3 $35* Tier 4 $50*
- Tier 1 $15* Tier 2 $25* Tier 3 $35* Tier 4 $50*
- Tier 1 $15* Tier 2 $25* Tier 3 $35* Tier 4 $50*

### Pediatric Vision Hardware
- Covered in Full 25% up to $150 then subject to in-network deductible and 10%
- Covered in Full 25% up to $150 then subject to in-network deductible and 10%
- Covered in Full 25% up to $150 then subject to in-network deductible and 10%
- Covered in Full 25% up to $150 then subject to in-network deductible and 10%

*Not subject to deductible. † Well baby/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.