



Your Guide to PacificSource

Individual and Family Health Plans





The Health Insurance You Need From the Company **You'll Love to Work With**

Having health insurance brings **peace of mind**. A solid health insurance plan makes it easy to get the preventive care that helps you stay well, protecting you from the high costs of unexpected medical expenses.

At PacificSource, we make health insurance easy, putting you at the center of everything we do.

- Our plans offer a range of premiums and deductibles so you can find the coverage that **fits you best**.
- We have **more than 41,000** providers in our network to give you the maximum choice of doctors and other healthcare professionals.
- We're known for taking good care of people. Members can call our toll-free number to speak with a Customer Service Representative. **Real people** always answer the phone.
- We give you the tools to manage your coverage so you can get the information you need, **when and where you need it**.

Explore Our Great Plans

Preferred

This plan offers our most comprehensive coverage, including vision care.

- No deductibles for illness, vision, accident, or prescription drug coverage.
- \$30 copayments for urgent care, office visits, and naturopathic office visits.
- Ten chiropractic visits a year.
- Annual deductibles from \$1,000 to \$5,000.

Value

This plan features low out-of-pocket costs with robust coverage.

- Most covered services are paid at 60 percent after you meet your deductible.
- Ten chiropractic visits a year.
- Annual deductibles from \$5,000 to \$10,000.

HSA 50%

Save money on your healthcare expenses and your taxes at the same time with this HSA-qualified plan.

- Most covered services are paid at 50 percent after you meet your deductible.
- In-network prescription drug coverage is 50 percent after you meet your deductible.
- Ten chiropractic visits a year.
- One deductible option.

HSA 100%

No out-of-pocket expenses after you meet your deductible.

- Two deductibles choices, \$3,000 and \$6,050.
- Most covered services are paid at 100 percent after you meet your deductible.
- In-network prescription drug coverage is 100 percent after you meet your deductible.
- Ten chiropractic visits a year.

Uniform

A standard plan offered by all carriers, designed by the State of Montana.

- One deductible option.
- Most covered services are paid at 50 percent after you meet your deductible.
- In-network prescription drug coverage is 50 percent after you meet your deductible.

With PacificSource, You Also Get...

Online Tools available at PacificSource.com

InTouch for Members

Through our secure website, InTouch for Members, you can view your claims, the status of benefit verifications, the accumulated expenses towards your plan's deductible, and pay your premium.

You can also access our online health and wellness center through InTouch, which includes personalized wellness information and a variety of helpful, easy-to-use tools, including a health risk assessment.

Provider Directory

Take advantage of your plan's higher participating provider benefits. Find up-to-date participating provider information based on your location or the provider's name using this online personalized directory.

What's an HSA?

A Health Savings Account (HSA) is an account that you own containing money to pay for medical expenses for you and your family members. It may help to think of your HSA as a "healthcare IRA."

An HSA gives you more control over your healthcare costs. You decide how to spend your healthcare dollars. You decide which doctors to see, what procedures are best for you, and how your money is spent. Best of all, you can save your money for future healthcare needs.

Health Savings Accounts can be combined with a qualified High Deductible Health Plan (HDHP), such as our HSA 50% or 100% plans, to offer a more affordable approach to healthcare.

Premiums are not applied towards an HSA and PacificSource does not contribute any money towards an HSA should you choose to pair one with your plan.

Wellness and Health Management

These extra services are not insurance, but are offered in addition to your medical plan to help you take charge of your health.

Travel Emergency Assistance Program

If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by Assist America® Global Emergency Services at no cost.

Save on Popular Weight Management Programs

As a part of your PacificSource medical coverage:

- Participate in a **Weight Watchers®** program and receive an annual reimbursement of \$100 (\$40 if an online Weight Watchers participant) for your Weight Watchers membership. Complete a minimum of ten weeks during a consecutive four-month period to be eligible.
- Receive **Jenny Craig®** program discounts: Free 30-Day Trial Program, 25 percent off a Premium Program.

Tobacco Cessation

Our program includes one-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good. You'll also receive a Quit Kit with nicotine replacement therapy supplies (nicotine gum or patches) to help keep you on track.

Health and Wellness Education

You can receive a reimbursement of up to \$50 per eligible health and wellness class or series offered by hospitals (up to \$150 per member per calendar year).

Prenatal Program

Our Prenatal Care Program helps expectant mothers reduce their risk of premature birth. Participants receive educational materials and toll-free telephone access to a nurse consultant.

Caremark® Prescription Discount Program

Our Prescription Discount Program saves you money on qualifying prescription drugs not covered by your plan. It is available to you and any family members enrolled in your health plan's coverage.

Discounted Gym Membership

As a PacificSource member you have access to discounted gym memberships of up to \$120 per year through GlobalFit®.

Choose the plan that fits your needs

This is an overview of **participating provider** copay, coinsurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider copay, coinsurance, and deductible amounts are not shown and are higher in most instances.

Calendar Year Maximum		\$2 million		Preferred		Value		HSA Qualified - 50%		HSA Qualified - 100%		Uniform	
Annual Deductible	The amount you pay each year before the plan pays for covered services.	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit		
		Individual / Family \$1,000 / \$2,000 \$2,500 / \$5,000 \$5,000 / \$10,000	Individual / Family \$6,000 / \$12,000 \$7,500 / \$15,000 \$10,000 / \$20,000	Individual / Family \$5,000 / \$10,000 \$7,500 / \$15,000 \$10,000 / \$20,000	Individual / Family \$10,000 / \$20,000 \$12,500 / \$25,000 \$15,000 / \$30,000	Individual / Family \$3,000 / \$6,000	Individual / Family \$6,050 / \$12,100	Individual / Family \$3,000 / \$6,000 \$6,050 / \$12,100	Individual / Family \$3,000 / \$6,000 \$6,050 / \$12,100	Individual / Family \$1,000 / \$2,000	Individual / Family \$5,000 / \$7,500		
Out-of-Pocket Limit	The most you'll pay out of pocket for covered services. Copayments and deductibles reduce this limit.												
Coinsurance	The amount you pay after your deductible is met.	30%		40%		50%		0%		50%			
Accident Benefit		The first \$1,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible.		The first \$500 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible.									
Preventive Care	Includes physicals, women's health exams, and well-baby exams.	No charge											
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, urgent care, and obstetrician. Naturopathy visits are covered on the Preferred, Value, and HSA plans.	\$30 copay		Deductible, then coinsurance				No charge after deductible		Deductible, then coinsurance			
Office Procedures and Supplies		Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Prescription Drugs		Incentive drugs: \$4 copay Generic and brand name drugs: 50%		50% after deductible		Deductible, then coinsurance		No charge after deductible		Deductible, then coinsurance			
Chiropractic Services	10 visits per year.	\$30 copay		Deductible, then coinsurance				No charge after deductible		Not covered			
Emergency Room Visits	Copay waived if directly admitted to an inpatient facility.	\$100 copay, then subject to deductible, then coinsurance		Deductible, then coinsurance				No charge after deductible		Deductible, then coinsurance			
Ambulance Service		Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Medical Equipment	Includes prosthetics. \$2,500 limit on durable medical equipment per year.	Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Inpatient Mental Health Services		Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Transplant Services		Deductible, then coinsurance						No charge after deductible		Deductible, then coinsurance			
Vision	Once every two calendar years.	Exam: \$30 copay Hardware: This plan pays for up to \$200, remaining amount is your responsibility.		Not covered									

Things to Know

Am I eligible?

You may apply for a PacificSource individual policy if you are a Montana resident and you are not covered by Medicare or on a group plan. You may also apply to include your legal spouse, domestic partner, and dependent children under the age of 26.

When will my plan be effective?

If you are accepted for coverage, your policy will be effective on the date you requested on the application, which is either the 1st or the 15th of the month.

Premiums

A premium schedule for our plans is available on our website, PacificSource.com, or by contacting our Individual Sales Department at (888) 684-5585. Rates are based on the age of each family member on your policy. When a birthday pushes you or your spouse into a higher age bracket, your premium will be adjusted on the policy anniversary date. If you add or subtract family members from your coverage, the premium will be adjusted.

PacificSource reviews its premium rates periodically. If a rate adjustment is needed, we will notify you 30 days in advance.

What is not covered?

Below is a brief list of services, treatments, surgery, drugs, or supplies that are not covered under our plans. For a more detailed list of exclusions and limitations please refer to the policy.

- Biofeedback
- Chelation therapy
- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Custodial care
- Dental services
- Equipment used for nonmedical purposes
- Experimental or investigational procedures
- Family planning (except sterilization and contraceptive drugs and devices)
- Foot care (routine)
- Genetic (DNA) testing
- Growth hormone injections or treatments
- Infertility
- Jaw surgery
- Obesity or weight control
- Orthognathic surgery
- Osteopathic manipulation
- Physical examinations for participation in athletics, admission to school, or required by an employer
- Services or supplies for an admission to a hospital, skilled nursing facility, or specialized facility that began before coverage under the policy started

How to Apply

1 Fill out an application

Apply online by visiting PacificSource.com/montana-insurance-plans, then click on "Compare Plans and Apply." If you are unable to apply online, ask your agent for a printed application.

Tip: Double check your application to make sure it is complete with the name, date of birth, height, weight, and medical history for all applicants.

2 Sign and date the application

If a spouse, domestic partner, or dependent age 18 or older is also applying for coverage, they must sign and date the application, too.

3 Submit your application

Send a copy of your application to PacificSource.

Our fax number is (541) 225-3646.

Our email address is montanaindividual@pacificsource.com.

Our mailing address is:

PacificSource Health Plans
Attn: Individual Department
PO Box 7068
Springfield, OR 97475-0068



Helpful Definitions

Alternative care

Nontraditional care delivered by providers such as midwives, acupuncturists, naturopaths, massage therapists, and chiropractors.

Benefits

Your plan's covered services, copayments, or deductibles, as well as limitations and exclusions.

Certificate of Creditable Coverage (COC)

Under HIPAA, health insurance issuers must give you this certificate if you lose coverage under your employer-provided group health plan and under certain individual policies. The certificate documents your creditable coverage.

Coinsurance

The percentage of medical expenses for which you are responsible. For example, on an Individual and Family Value plan, your coinsurance for office visits with participating providers is 40 percent.

Copayment

The fixed dollar amount for which you are responsible. For example, on an Individual and Family Preferred plan, your copayment for office visits is \$30.

Creditable coverage

If you've been covered under a prior plan within 63 days of a your application, your prior plan is considered creditable. This credit is applied to the new policy's exclusion periods for specified and pre-existing conditions, as well as transplantation.

Deductible

The fixed dollar amount you pay out-of-pocket toward covered expenses prior to PacificSource paying for services. For example, on an Individual and Family Preferred plan with a \$1,000 deductible, you are responsible for the first \$1,000 of covered expenses each calendar year before benefits that are "subject to the deductible" will be paid.

Dependent

Family member who is eligible for coverage on your plan.

Exclusions

Conditions, treatments, situations, or classes of individuals not covered under your plan.

Inpatient care

When you are admitted as a registered bed patient to a hospital, nursing home, or medical or psychiatric institution, and you receive physician-directed care for at least 24 hours.

Medical emergency

An injury or sudden illness so severe that you would expect that failure to receive immediate medical attention would seriously risk damaging your health or the health of your unborn baby.

Medically necessary services

Services that are appropriate for, and are provided for, your medical condition. Services must be provided within standards of good medical practice, and not be primarily for your or your provider's convenience, in order to be covered.

Nonparticipating (nonpar) provider

A provider who is not part of the participating provider network. Services for these providers are paid at a lower level than services from a participating provider. In some cases, these services are not paid at all.

Out-of-pocket (OOP) expenses

Out-of-pocket expenses are what you pay for health-related services above and beyond your premium.

Outpatient care

When you visit a clinic, emergency room, or health facility and receive healthcare without being admitted as an overnight patient.

Participating (par) provider

A provider who is part of the PacificSource participating provider network. In most cases, services for these providers are paid at a higher level than services from a nonparticipating provider.

Pre-existing condition

A medical condition that existed before you were issued your current policy. Pre-existing conditions may have coverage limitations for members age 19 and older.

Premium

Rate that you pay monthly for your healthcare insurance.

Preventive care

Healthcare emphasizing early detection and intervention, such as routine physical and gynecological exams, well child care and immunizations.

Provider

A person licensed, certified, or otherwise authorized to administer medical or mental health services, including physicians, dentists, nurses, and pharmacists. This term also applies to healthcare facilities or entities.

Provider network

A group of healthcare professionals that contract with PacificSource directly or indirectly to set lower rates for covered services. You'll save money and eliminate paperwork by seeing these participating providers.



If you have questions about our individual and family health plans, please contact your insurance agent or a PacificSource Individual Service Representative at (888) 684-5585 or by email at montanaindividual@pacificsource.com.

PacificSource Health Plans is a not-for-profit company based in Springfield, Oregon, with local offices throughout Oregon, Montana, and Idaho. Founded in 1933, we provide our customers with affordable coverage and the best possible service. PacificSource covers more than 290,000 people with our group and individual health insurance plans. For more information, visit PacificSource.com.

