

Plans for Montana Individuals and Families



A Healthy Life Starts Here



More than Just Insurance

With PacificSource, you get more than just health insurance. You get a company that's there for you when you need it—not just helping protect you from unexpected medical costs, but providing you with tools and resources to help you meet your health and wellness goals. From preventive care and wellness tools, to convenient online access to your information, to great customer service, you'll have everything you need to live a healthy life.

Here are a few highlights of what you'll have with PacificSource. Learn more in this guide, or visit us online at [PacificSource.com](https://www.pacificsource.com).

- **Choice:** Choose from a variety of plans and networks to fit your needs.
- **Great customer service:** We're known for taking good care of people. Customers consistently give us high marks when it comes to our service, and when you call Customer Service during our business hours, you'll get a real person, not a complicated phone tree.
- **Online options:** Find a doctor and access your information securely and conveniently whenever you need it using our secure website, InTouch, and our mobile app, myPacificSource.
- **Health and wellness tools:** From help with reoccurring health issues to wellness incentives, we have what you need to help you meet your wellness goals.
- **Extras:** You'll find our plans come with many valuable extras, such as emergency medical assistance when you travel, health programs, and more.
- **Dental:** Complement your medical coverage with one of our individual and family dental plans. Our dental plans also help you satisfy the federal requirement for pediatric dental coverage.

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Get More with PacificSource

Online Tools Available at PacificSource.com



myPacificSource Mobile App

Stay “InTouch” with your PacificSource coverage, no matter where you are, with our free app. Use myPacificSource to:

1. Access your ID card, anytime.
2. Access our 24-Hour NurseLine.
3. Find a provider, hospital, or urgent care center.
4. Check your deductible and out-of-pocket totals.

Download our free app from the Amazon, Android™, or Apple® app stores. For more information, visit [PacificSource.com/mobile](https://pacificsource.com/mobile).

InTouch

Through InTouch, our secure website for members, you can view your claims, status of preauthorizations, accumulated expenses toward your plan’s deductible, and more. To log in or register for InTouch, go to [PacificSource.com](https://pacificsource.com).

CaféWell

CaféWell is a secure online health engagement portal with personalized guidance and support to live a healthier life.

- Complete an activity.
- Talk to a health coach.
- Join a community.
- Explore health and wellness content.
- Complete the health assessment.

Visit [PacificSource.com/cafewell](https://pacificsource.com/cafewell) for more information.

Participating Provider Directory

You can use our Provider Directory to search for:

- your current provider,
- providers accepting new patients,
- specialists, and
- hospitals and facilities.

Our Provider Directory will also help you designate your primary care provider (PCP).

Visit [PacificSource.com/find-a-provider](https://pacificsource.com/find-a-provider) to access the directory.

Preauthorization Lists

Certain medical services, surgical procedures, and prescription drugs may require preauthorization, which is the process we use to determine in advance whether or not the service, procedure, or prescription will be reimbursed.

Your plan may not cover all the items listed. Check your benefit materials or contact our Customer Service Department if you have questions about your plan benefits.

Visit [PacificSource.com/provider/preauthorization](https://pacificsource.com/provider/preauthorization) for more information.

Drug Lists

Our drug lists are guides to help your doctor identify medications that can provide the best clinical results at the lowest cost. As a cost savings for you, generic drugs are substituted in place of name brand drugs wherever possible. Drug lists are updated as new drugs enter the market.

For more information, visit [PacificSource.com/drug-list](https://pacificsource.com/drug-list), and click Montana List (MT).

Extra Benefits and Wellness Programs

These extra services and programs are included in your medical plan to help you take charge of your health. To learn more, visit PacificSource.com/extras.



Prescription Benefits

Preventive Drugs and Pharmacy Coverage

Our plans offer our Preventive Drug List, which contains **more than 80 drugs for \$0**. All our plans feature pharmacy coverage, and wherever possible, generic drugs are substituted in place of name brands to help you save money. Visit PacificSource.com/drug-list, and click Montana List (MT) for more information.



Coverage for the Unexpected

Accident Benefit

If you have an unexpected injury from an accident, you'll have a little extra security knowing that within 90 days of the accident, the first \$500 of covered services are paid at 100 percent and are not subject to a deductible.



Travel Emergency Assistance

Assist America® Global Emergency Services

If you experience a medical emergency while 100 or more miles from home or traveling abroad for less than 90 days, you can access services provided by Assist America® Global Emergency Services at no cost. With one simple phone call to Assist America, you can access medical care anywhere in the world.

More Extras for Your Health

24-Hour NurseLine

Our nurse line gives you 24/7 access to professionals who can answer your health and wellness questions.

Case Management Services

Should you need more intensive medical services, we have case management services available to make sure you receive appropriate, effective, and efficient medical care.

Condition Support Program

This program offers you education and support if you have asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, diabetes, or heart failure, or if you have a child with juvenile diabetes.

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 plan year).

Prenatal Program

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

Tobacco Cessation

You can access **Quit For Life®** tobacco cessation services. The program includes one-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good.

Weight Management Programs

As a part of your PacificSource medical coverage, you can participate in a **Weight Watchers®** reimbursement program or receive discounts from **Jenny Craig®**.

Step by Step

1

Choose Your Network

Our networks include PacificSource Network (PSN) and SmartHealth Network (SHN). We'll give you more information about each network in the **Choose Your Network** section.

2

Choose Your Plan

To choose the right plan for you, there are a few things you'll want to know ahead of time:

- **Financial assistance:** You may want to visit HealthCare.gov to see if you meet certain income requirements for access to financial assistance to help you with the cost of health insurance.
- **Healthcare and service needs:** Think about the services you used in the past year. If you have an ongoing health issue, you may want a plan with co-pays and a lower deductible.
- **Budget:** Consider what you can afford on a monthly basis for your premium and what you can afford for medical care. Plan for out-of-pocket expenses, such as deductibles and co-pays.

Our plans offer a variety of coverage options to help you choose what's right for you. We'll give you more information about our plans in the **Choose Your Plan** section.

3

Enroll

To enroll online directly with PacificSource, visit PacificSource.com/compare-rates-and-enroll-2016. Follow the on-screen instructions to complete and submit your application.

OR

Complete a paper enrollment form directly with PacificSource.

1. Fill out a printed enrollment form. Ask your agent for a printed or online form, or contact us.
2. Sign and date the enrollment form. If a spouse, domestic partner, or dependent over the age of 18 is also enrolling for coverage, they must sign and date the application, too.
3. Submit your enrollment form.
 - Email: MontanaIndividual@pacificsource.com
 - Fax: (541) 225-3646
 - Mail:
PacificSource Health Plans
Attn: Individual Department
PO Box 7068
Springfield, OR 97475-0068

Eligible for financial assistance?

If you're eligible for financial assistance, you'll need to enroll through the Health Insurance Marketplace. Visit HealthCare.gov to find out if you're eligible.

Choose Your Network

PacificSource Network (PSN)

The PacificSource Network (PSN) is our Preferred Provider Organization (PPO) network. When you choose a PSN plan, you have the freedom to see any PSN doctor, any time—no primary care provider (PCP) required. If you receive services from doctors or facilities outside of PSN, your plan will pay the nonparticipating benefit rate. Because you have more freedom to choose any participating doctor, PSN plans will have slightly higher premiums.

SmartHealth Network (SHN)

SmartHealth is a coordinated care network (CCN). A CCN is a network where you'll choose a primary care provider (PCP) who will work with you to help you meet your health and wellness goals. Should you need to see a specialist, your PCP will work with you and your specialist to coordinate the care you receive.

Providers and facilities in SHN are connected through common care goals and work together to provide the best possible care at the lowest possible cost for you. Premiums for SHN plans are typically lower than those for our PSN plans.

If you receive services from doctors or facilities outside of SHN, your plan will pay the nonparticipating benefit rate.



Your Network Is Your Healthcare Team

Choosing your network is an important first step in choosing your coverage. Think of your network as your healthcare team. We offer two types of networks: our **Preferred Provider Organization (PPO)** and a **Coordinated Care Network (CCN)**. Our PSN and SHN plans are available statewide. Regardless of which type of network you choose, you'll have access to participating providers throughout our service areas of Idaho, Montana, Oregon, and Southwest Washington. Through our travel networks, you'll also have access to doctors and hospitals nationwide.

Searching Networks for Participating Providers

No matter which type of network you choose, you'll receive the most benefit from your plan when you choose a participating provider. To find out if your doctor or facility is in the network you choose, visit our Provider Directory at [PacificSource.com/find-a-provider](https://pacificsource.com/find-a-provider).

Travel Networks

If you experience an emergency or need urgent care when traveling outside your plan's network, you have access to providers nationwide. We partner with First Choice Health Network for Washington and Alaska and with the First Health Network® for all other states.

As a PacificSource member, you'll also have access to Assist America Global Emergency Services. With this service, you'll have access to emergency medical care with one simple phone call.

Choose Your Plan

Plans at a Glance

Deductible and out-of-pocket limit amounts shown below are the costs for individuals. Amounts for families are twice the individual amounts. If you receive services from nonparticipating providers, your deductible and out-of-pocket limit will be higher than the amounts listed in the chart below. For more information, view our plan summaries at [PacificSource.com/montana/individual-plan-details-2016](https://www.pacificsource.com/montana/individual-plan-details-2016).

Plan	Deductible	Out-of-pocket Limit	Co-pay (office visits)	Co-insurance (after deductible)	HSA-qualified	PSN	SHN
Balance Bronze 6850	\$6,850	\$6,850	\$20>	0%		x	x
Value Bronze 6450	\$6,450	\$6,450	N/A	0%	x	x	x
Value Bronze 3500	\$3,500	\$6,450	N/A	50%	x	x	x
Balance Silver 2500	\$2,500	\$6,850	\$20	30%		x	x
Value Silver 3600	\$3,600	\$3,600	N/A	0%	x	x	x
Balance Gold 1000	\$1,000	\$5,000	\$20	20%			x
Catastrophic**	\$6,850	\$6,850	N/A>	0%		x	

** Eligibility requirements apply for Catastrophic coverage.

> Limited office visits. Balance 6850: First ten office visits combined paid at 100% after applicable co-pay, then subject to deductible and co-insurance; Catastrophic: First three office visits covered in full, then subject to deductible and co-insurance.

About Our Plans

All of our plans come with preventive care, prescription drug coverage, and many valuable extras. To give you choice, you'll also find some differences. Understanding these differences will make it easier for you find just the right plan for you.

- **Balance vs. Value plans:** Generally speaking, Balance plans offer you co-pays on office visits and prescription drugs. Value plans are designed for pairing with a health savings account (HSA).
- **Gold, Silver, Bronze:** The metal "tiers" reflect the value of coverage in a plan. This allows you to easily compare plans with different deductibles, co-pays, and co-insurance. This tier system is common across all individual health plans.
- **Plan Name Amounts:** Most of our plans include a dollar amount at the end of the plan name. This indicates the deductible amount for that plan. Please note: Deductibles may be different if you receive a tax or premium credit through the Health Insurance Marketplace.

For help comparing plans, see the **Choosing the Right Plan for You**.

Featured in All Plans

- No-cost preventive care
- Prescription drug coverage and select no-cost preventive drugs
- All covered services on your medical plan—including co-pays, co-insurance, deductible, and prescriptions—apply toward the annual out-of-pocket limit
- Accident benefit
- Assist America Global Emergency Services
- 24-Hour NurseLine

Embedded Deductibles

All of our Affordable Care Act-compliant plans have embedded individual deductibles and out-of-pocket maximums with a family limit that is twice the individual amount. Here's how it works:

- If one person reaches their own individual deductible or out-of-pocket maximum, then the plan starts to pay according to policy benefits.
- If all members on a plan collectively reach the family deductible or out-of-pocket maximum, then the plan starts to pay according to policy benefits—even if none of them reached the individual amount on their own.

If you have questions about how deductibles and out-of-pocket maximums will apply to you and the plan you choose, you're welcome to contact our Individual Service Representatives at (855) 330-2792.

Health Savings Account (HSA)

An HSA is a bank account to use for future healthcare expenses. You can contribute your own money to an HSA and deduct the contributions when you file your income taxes. The money in an HSA earns interest, just like a regular bank account, if you choose an interest-bearing account.

HSAs have maximum annual contribution limits: \$3,350 for individual accounts, and \$6,750 for families for 2016.

Why should I consider an HSA?

- **HSAs offer a tax savings benefit.** The money you put into your HSA is tax-free, as is the interest you earn on your savings.
- **It's your money.** The money in your account rolls over, meaning that the money you save can go toward future medical expenses.
- **You choose how to spend it.** If you receive medical services that aren't covered by your plan, you can use your HSA dollars to cover those expenses.

HSA-qualified Plans

High-deductible Health Plan Requirement

You'll need a qualifying high-deductible health plan (HDHP) to go with your HSA. HDHPs must have a deductible of \$1,300 or more for individuals, \$2,600 or more for families. Our HSA-qualified plans include:

- Value Bronze 3500
- Value Bronze 6450
- Value Silver 3600

HSA Highlights

- Anyone can contribute to your HSA.
- You own the account and all the money in it, no matter who contributed.
- Money you deposit is tax deductible, earns tax-free interest, and can build from year to year.
- You can withdraw funds to pay for medical expenses any time without taxes or penalties.
- You can withdraw funds for nonmedical use, subject to taxes and an IRS penalty.
- HSAs are regulated by the federal government.

Setting Up Your HSA

Enrolling in an HSA-qualified plan doesn't automatically set up your HSA banking account, and your premium doesn't contribute to HSA funds.

To set up your HSA:

1. Enroll in a qualified PacificSource Value plan.
2. Contact your local banking institution or an independent HSA specialist company to set up your HSA.
3. Deposit money into your HSA banking account.
4. You're done!



Questions about HSA-qualified plans? Contact a health insurance agent or one of our Individual Service Representatives at MontanaIndividual@pacificsource.com or toll-free at (855) 330-2792.

Choosing the Right Plan for You

Not sure where to start? Use the questions below to guide you to plans that might work best for you.

Each statement describes a preference. Read each statement, and then choose the number that best fits how well the statement describes you. In the scale, 1 means “no, this isn’t true for me;” 2 means “this sort of describes me;” and 3 means “yes, this most closely describes me.” Add up your total points, and match them to the amount shown in the table that follows.

	No	Sort of	Yes
1. I’m purchasing health insurance for myself and family members.	1	2	3
2. I go to the doctor frequently, beyond annual check-ups.	1	2	3
3. I need easy access to specialist care.	1	2	3
4. I have one or more health issues that need to be managed.	1	2	3
5. I need a low annual out-of-pocket limit, and I’m not concerned about premium costs.	1	2	3

Total: _____

Add Up Your Total and Choose Your Plan

Bare essentials: 5-7 points

You know you need a plan, but you just want the basics. Maybe you don’t go to the doctor very often, but you need coverage for an unexpected mishap. Here are some plans we think would work best for you:

- Balance Bronze 6850
- Value Bronze 3500
- Value Bronze 6450
- Catastrophic**

Middle of the road: 8-11 points

Great coverage is important to you. You want the lowest out-of-pocket limit you can get, but you don’t want to compromise other great benefits to get it. Here are some plans we think would work best for you:

- Value Bronze 3500
- Balance Silver 2500
- Value Silver 3600

Don’t hold back: 12-15 points

You might have one or more health issues, and you expect to make good use of your health insurance benefits. You need great coverage with co-pays and a lower deductible to help offset the costs. Here are some plans we think would work best for you:

- Balance Silver 2500
- Balance Gold

**Eligibility requirements apply for Catastrophic coverage.

Still not sure?

If you need help choosing the right plan, you can work with an agent or call one of our Individual Service Representatives toll-free at (855) 330-2792 or email MontanaIndividual@pacificsource.com. Our Individual Service Representatives can answer your questions and help you pick a plan that fits your needs.

Bronze Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

	Balance Bronze 6850		Value Bronze 6450 (HSA-qualified)	
Network Options	PSN, SHN		PSN, SHN	
Calendar Year Costs	Participating	Nonparticipating	Participating	Nonparticipating
Deductible (individual)	\$6,850	\$13,700	\$6,450	\$12,900
Deductible (family)	\$13,700	\$27,400	\$12,900	\$25,800
Out-of-pocket limit (individual)	\$6,850	\$13,700	\$6,450	\$12,900
Out-of-pocket limit (family)	\$13,700	\$27,400	\$12,900	\$25,800
Services				
Office and mental health visits	\$20 co-pay>, then 0%	25%	0%	0%
Naturopathy office visit	\$20 co-pay>, then 0%	25%	0%	0%
Specialist office visit	0%	25%	0%	0%
Chiro. manipulation, acupuncture	\$20 co-pay>, then 0%	25%	0%	0%
Physical therapy	0%	0%	0%	0%
Office procedures and supplies	0%	0%	0%	0%
Lab and radiology	0%	0%	0%	0%
Urgent care	\$20 co-pay>, then 0%	25%	0%	0%
Emergency room visits	\$250 fee\$, plus 0%	\$250 fee\$, plus 0%	0%	0%
Ambulance service	0%	0%	0%	0%
Hospital services and surgery	0%	0%	0%	0%
Outpatient services	0%	0%	0%	0%
Prescription Drugs				
Preventive	Covered in full*	Covered in full*	Covered in full*	Covered in full*
Generic	0%	0%	0%	0%
Preferred brand name	0%	0%	0%	0%
Nonpreferred brand name	0%	0%	0%	0%
Specialty	0%	0%	0%	0%
Other Features				
Preventive care	Covered in full*	Covered in full*	Covered in full*	Varies by service
Pediatric vision	Covered in full*	25% *	Covered in full*	25% *
Accident Benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% *.			

* Not subject to annual deductible

> First ten office visits combined paid at 100% after applicable co-pay, then subject to deductible and co-insurance

\$ Fee waived if admitted to facility

Bronze Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

Value Bronze 3500 (HSA-qualified)		
Network Options	PSN, SHN	
Calendar Year Costs	Participating	Nonparticipating
Deductible (individual)	\$3,500	\$7,000
Deductible (family)	\$7,000	\$14,000
Out-of-pocket limit (individual)	\$6,450	\$12,900
Out-of-pocket limit (family)	\$12,900	\$25,800
Services		
Office and mental health visits	50%	75%
Naturopathy office visit	50%	75%
Specialist office visit	50%	75%
Chiro. manipulation, acupuncture	50%	75%
Physical therapy	50%	75%
Office procedures and supplies	50%	75%
Lab and radiology	50%	75%
Urgent care	50%	75%
Emergency room visits	50%	75%
Ambulance service	50%	50%
Hospital services and surgery	50%	75%
Outpatient services	50%	75%
Prescription Drugs		
Preventive	Covered in full*	90%
Generic	50%	90%
Preferred brand name	50%	90%
Nonpreferred brand name	50%	90%
Specialty	50%	90%
Other Features		
Preventive care	Covered in full*	Varies by service
Pediatric vision	Covered in full*	25% *
Accident Benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100%*.	

* Not subject to annual deductible

Silver Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

	Balance Silver 2500		Value Silver 3600 (HSA-qualified)	
Network Options	PSN, SHN		PSN, SHN	
Calendar Year Costs	Participating	Nonparticipating	Participating	Nonparticipating
Deductible (individual)	\$2,500	\$5,000	\$3,600	\$7,200
Deductible (family)	\$5,000	\$10,000	\$7,200	\$14,400
Out-of-pocket limit (individual)	\$6,850	\$13,700	\$3,600	\$7,200
Out-of-pocket limit (family)	\$13,700	\$27,400	\$7,200	\$14,400
Services				
Office and mental health visits	\$20 co-pay*	25%	0%	0%
Naturopathy office visit	\$20 co-pay*	25%	0%	0%
Specialist office visit	\$50 co-pay*	25%	0%	0%
Chiro. manipulation, acupuncture	\$20 co-pay*	25%	0%	0%
Physical therapy	30%	55%	0%	0%
Office procedures and supplies	30%	55%	0%	0%
Lab and radiology	30%	55%	0%	0%
Urgent care	\$20 co-pay*	25%	0%	0%
Emergency room visits	\$250 fee\$, plus 30%	\$250 fee\$, plus 55%	0%	0%
Ambulance service	30%	30%	0%	0%
Hospital services and surgery	30%	55%	0%	0%
Outpatient services	30%	55%	0%	0%
Prescription Drugs				
Preventive	Covered in full*	90%	Covered in full*	Covered in full*
Generic	\$10 co-pay*	90%	0%	0%
Preferred brand name	\$50 co-pay*	90%	0%	0%
Nonpreferred brand name	\$75 co-pay*	90%	0%	0%
Specialty	\$250 co-pay*	90%	0%	0%
Other Features				
Preventive care	Covered in full*	Varies by service	Covered in full*	Varies by service
Pediatric vision	Covered in full*	25% *	Covered in full*	25% *
Accident Benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% *.			

* Not subject to annual deductible

\$ Fee waived if admitted to facility

Gold Plans

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

Balance Gold 1000		
Network Options	SHN	
Calendar Year Costs	Participating	Nonparticipating
Deductible (individual)	\$1,000	\$2,000
Deductible (family)	\$2,000	\$4,000
Out-of-pocket limit (individual)	\$5,000	\$10,000
Out-of-pocket limit (family)	\$10,000	\$20,000
Services		
Office and mental health visits	\$20 co-pay*	25%
Naturopathy office visit	\$20 co-pay*	25%
Specialist office visit	\$50 co-pay*	25%
Chiro. manipulation, acupuncture	\$20 co-pay	25%
Physical therapy	20%	45%
Office procedures and supplies	20%	45%
Lab and radiology	20%	45%
Urgent care	\$20 co-pay*	25%
Emergency room visits	\$250 fee\$, plus 20%	\$250 co-pay, plus 45%
Ambulance service	20%	20%
Hospital services and surgery	20%	45%
Outpatient services	20%	45%
Prescription Drugs		
Preventive	Covered in full*	90%
Generic	\$10 co-pay*	90%
Preferred brand name	\$50 co-pay*	90%
Nonpreferred brand name	\$75 co-pay*	90%
Specialty	\$250 co-pay*	90%
Other Features		
Preventive care	Covered in full*	Varies by service
Pediatric vision	Covered in full*	25% *
Accident Benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% *.	

* Not subject to annual deductible

\$ Fee waived if admitted to facility

Catastrophic Plan

This chart lists your share of costs when you see a participating provider and your share of costs when you see a nonparticipating provider. **Co-insurance typically applies after you've met your deductible, unless otherwise noted.**

Catastrophic		
Network Options	PSN	
Calendar Year Costs	Participating	Nonparticipating
Deductible (individual)	\$6,850	\$13,700
Deductible (family)	\$13,700	\$27,400
Out-of-pocket limit (individual)	\$6,850	\$13,700
Out-of-pocket limit (family)	\$13,700	\$27,400
Services		
Office and mental health visits	Covered in full>, then 0%	0%
Naturopathy office visit	0%	0%
Specialist office visit	0%	0%
Chiro. manipulation, acupuncture	0%	0%
Physical therapy	0%	0%
Office procedures and supplies	0%	0%
Lab and radiology	0%	0%
Urgent care	0%	0%
Emergency room visits	0%	0%
Ambulance service	0%	0%
Hospital services and surgery	0%	0%
Outpatient services	0%	0%
Prescription Drugs		
Preventive	Covered in full*	Covered in full*
Generic	0%	0%
Preferred brand name	0%	0%
Nonpreferred brand name	0%	0%
Specialty	0%	0%
Other Features		
Preventive care	Covered in full*	Varies by service
Pediatric vision	Covered in full*	25% *
Accident Benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100%*.	

* Not subject to annual deductible

> First three office visits combined paid at 100%, then subject to deductible and co-insurance

Catastrophic Coverage

With Catastrophic coverage, your first three primary care office visits are covered in full. Additional office visits and services will be subject to your deductible and co-insurance.

Do I qualify for the Catastrophic plan?

To qualify, you must be younger than 30 years old, or get a "hardship exemption," because the Marketplace determined that you are unable to afford healthcare coverage.

To find out if you're eligible for this plan, visit [HealthCare.gov](https://www.healthcare.gov).

Pediatric Vision

Pediatric Vision Coverage Is Included with Every Plan

We partner with VSP for vision providers and services. VSP offers an Eye Health Management Program that turns routine eyecare into preventive healthcare. With VSP benefits, you're connected to a nationwide network of eyecare providers who share vision exam results with your PCP, giving you more complete, connected healthcare coverage.

For questions about VSP pediatric vision benefits, contact VSP Member Services Department:

Online email form: VSP.com/contact-email.html

Toll-free: (800) 877-7195

Monday – Friday: 6:00 a.m. to 9:00 p.m. (MST)

Saturday: 8:00 a.m. to 9:00 p.m. (MST)

Sunday: 8:00 a.m. to 8:00 p.m. (MST)



Pediatric Vision Benefits

This chart lists **your share of costs** when you see a participating or nonparticipating eyecare provider. Pediatric vision benefit summaries are included in all individual plan summaries. For pediatric vision benefit details, exclusions, and limitations, view the summaries at PacificSource.com/montana/individual-plan-details-2016.

Pediatric Vision (enrolled members through age 18)		
Service	Participating	Nonparticipating
Well vision exam	Covered in full*	25% *
Vision Hardware		
Single vision lenses	Covered in full*	25% *
Bifocal lenses	Covered in full*	25% *
Trifocal lenses	Covered in full*	25% *
Lenticular lenses	Covered in full*	25% *
Frames	Covered in full*	25% *
Contact Lenses (in lieu of glasses)		
Contact lenses: fitting and materials (minimum three-month supply)	Covered in full*	25% *

* Not subject to annual deductible

Dental Plans

Dental Completes Your Health Coverage



Good dental care is an important part of your overall health and well-being. Poor oral hygiene can lead to a variety of dental and medical problems, such as gum disease, infection, bone loss, heart disease, strokes, and more.

Pediatric Coverage Requirement

Federal law requires vision and dental coverage for children through age 18 be included with all qualified medical health plans. Our dental plans meet pediatric dental requirements.

Plan Highlights

Our dental plans give you the freedom to choose any dentist any time. Our plans feature the benefits you and your kids need and the savings you want through low out-of-pocket expense:

- No-cost preventive care
- No annual maximum and no waiting periods for kids through age 18

Dental Choice Plans

The plan benefit tables reflect the amounts you pay, unless otherwise noted. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. If you have any questions, you're welcome to contact us by email at MontanaIndividual@pacificsource.com or call us toll-free at (855) 330-2792.

	Dental Choice 0/20/50	Kids Dental Choice 0/20/50
Plan Type and Availability	Family; available through HealthCare.gov and direct with PacificSource	Kids; available through HealthCare.gov and direct with PacificSource
Annual Maximum Benefit: The maximum amount we'll pay per calendar year	Adults (19 and older): \$1,000 Kids (through age 18): None	None
Annual Deductible: The amount you pay each year before your plan pays	Individual / Family \$50 / \$150 Class II and III services	Per child / 3 or more children \$50 / \$150 Class II and III services
Pediatric Out-of-Pocket Limit (kids through age 18): The most you'll pay out-of-pocket for covered services	Child / 2 or more children \$350 / \$700	Child / 2 or more children \$350 / \$700
Member Cost Share: Co-insurance (the amount you pay after your deductible is met)	Class I / Class II / Class III 0% / 20% / 50%	Class I / Class II / Class III 0% / 20% / 50%
Waiting Periods	Adults (19 and older): Class II: 6 months; Class III: 12 months Kids (through age 18): None	None

Covered Services

Class I Services

Routine and problem-focused exams	Topical fluoride
Dental cleanings (Prophylaxis or periodontal maintenance)	Fluoride varnish (kids through age 18 only)
Full mouth x-rays, cone beams, and/or panorex	Space maintainers (kids through age 18 only)
Bitewing x-rays	Sealants (kids through age 18 only)
Brush biopsy	Athletic mouth guards (kids through age 18 only)

Class II Services

Fillings and (3+) surface fillings	Full mouth debridement
Simple extractions	Periodontal scaling and root planing and/or curettage

Class III Services

Root canal therapy	Oral surgery
Periodontal surgery (preauthorization required)	Crowns and bridges
Cast partial denture, full, immediate, or overdenture	Orthodontia (medically necessary for kids through age 18 only)

This page is a brief list of services and treatments most commonly asked about. A summary of benefits is available at [PacificSource.com/montana/individual-dental-2016](https://www.pacificsource.com/montana/individual-dental-2016).

Additional Information

Know the Lingo

Co-insurance

Co-insurance is your share of the cost of a covered service (in addition to co-pays), calculated as a percentage of the service cost. Co-insurance typically applies once you've met your deductible.

Co-pay

Your co-pay is the amount of money you pay up front right when you have a service, such as a doctor visit.

Deductible

Your deductible is the amount you're responsible for paying before the plan pays for covered services. Some services, such as preventive care, are covered by the plan without you needing to meet the deductible.

Network

A network includes the providers and facilities we have contracted with to provide healthcare services.

Nonparticipating providers

Nonparticipating providers or facilities are those we have not contracted with for a network. When you see a nonparticipating provider, you will pay more out of pocket. Visit [PacificSource.com/find-a-provider](https://www.pacificsource.com/find-a-provider) to find out if your doctor is a participating provider with the network you choose.

Out-of-pocket limit

Your plan's out-of-pocket limit is the most you'll pay for covered services in a calendar year.

Participating providers

Participating providers or facilities are those we've contracted with for a particular network. You will pay less out of pocket when you receive services from participating providers.

Plan availability

Plan availability identifies the geographic location where a plan is available and where you must live to be eligible to enroll in that plan.

Premium

Your premium is the amount you pay for your health insurance plan. Premiums can be paid monthly, quarterly, or annually.



Preventive care

Preventive care services are routine healthcare services such as screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. When you see a participating provider, these services are not subject to deductible and are covered in full.

Primary care provider (PCP)

A primary care provider, or PCP, is a doctor you authorize to coordinate all of your healthcare needs, including helping you maintain your health and reach your wellness goals.

Referral

A referral is a written order from your PCP for you to see a specialist or receive certain medical services.

"I recently signed up with PacificSource for my own insurance because working with PacificSource has been exceptional. I've never had such a good experience with anyone else! Thank you, again!"

—S.T., PacificSource provider and member

Common Questions

Am I eligible?

You may enroll in a PacificSource individual policy if you are a Montana resident and you are not covered by Medicare or a group plan. You may also enroll your legal spouse, domestic partner, and dependent children under the age of 26 on your policy. To enroll in a plan, you must live in a service area where your chosen plan is offered, and you must enroll during an open enrollment period.

When will my plan be effective?

Your policy can become effective on either the 1st or the 15th of the month after we receive your enrollment form and first month's premium.

How can I find out if my doctor is a participating provider?

To get the most value from your plan, you'll want to use participating doctors and hospitals. To find out if your doctor is a participating provider in the network you're considering, you can use our online Provider Directory at PacificSource.com/find-a-provider. You can also use the directory to designate your PCP.

What is the Health Insurance Marketplace?

In 2016, you may use the federal Health Insurance Marketplace to enroll in a health insurance plan. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you'll need to enroll through the Marketplace. Contact a PacificSource Individual Service Representative for help choosing a plan, then enroll through HealthCare.gov.

Who can I talk to if I have questions?

Your insurance agent can probably answer most of your questions. If you're not working with an agent, our **Individual Service Representatives** are always happy to help. Just email us or give us a call:

- **Email:** MontanaIndividual@pacificsource.com
- **Call toll-free:** (855) 330-2792



What's Not Covered

Below is a brief list of services and treatments most commonly asked about that are not covered under our medical and dental plans. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. You're welcome to contact us if you have questions. **Please note:** Full descriptions will be provided in your policy. Only the language of the actual policy is final and binding.

For more complete information, view our benefit summaries at [PacificSource.com/montana/individual-plan-details-2016](https://www.pacificsource.com/montana/individual-plan-details-2016).

Medical Plan Exclusions

- Cosmetic or reconstructive services and supplies (except as specifically provide for in the policy)
- Custodial care
- Equipment used for nonmedical purposes
- Experimental or investigational procedures
- Fitness club or gym memberships
- Genetic (DNA) testing
- Homeopathic treatment, medicines, or supplies
- Immunizations when recommended for or in anticipation of exposure through travel or work
- Marital/partner counseling
- Massage therapy
- Surgery for obesity or weight control
- Orthognathic surgery
- Physical or eye examinations for participation in athletics, admission to school, or required by an employer

Dental Plan Exclusions

- Athletic activities
- Bone replacement grafts
- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Experimental or investigational procedures
- Fractures of the mandible
- Orthodontic services (except as specifically provided for in the policy)
- Services covered by your medical plan
- Temporomandibular joint

Shop for Coverage Online

Visit PacificSource.com/montana/individual-plan-details-2016 to browse plan options, explore valuable extras, and more!

Contact Us

If you have questions about our individual and family health plans, you're always welcome to contact us at (855) 330-2792 or by email at MontanaIndividual@pacificsource.com. A PacificSource Individual Service Representative will be happy to assist you.

Founded in 1933, PacificSource is an independent, not-for-profit community health plan serving Montana, Idaho, and Oregon. With more than 700 employees in offices in Billings, Helena, and six other Northwest communities, we deliver quality healthcare solutions to more than 275,000 individuals and 3,900 employer clients. We value partnership, service excellence, community, and personal relationships. To learn more about us, visit PacificSource.com.

Your privacy is important to us. Learn more about how we protect your personal information by viewing our privacy policy at PacificSource.com/privacy.aspx.

