

# Your Guide to PacificSource

Individual and Family Health Plans  
for Montana Residents







# 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 46,300** providers across our networks 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**.

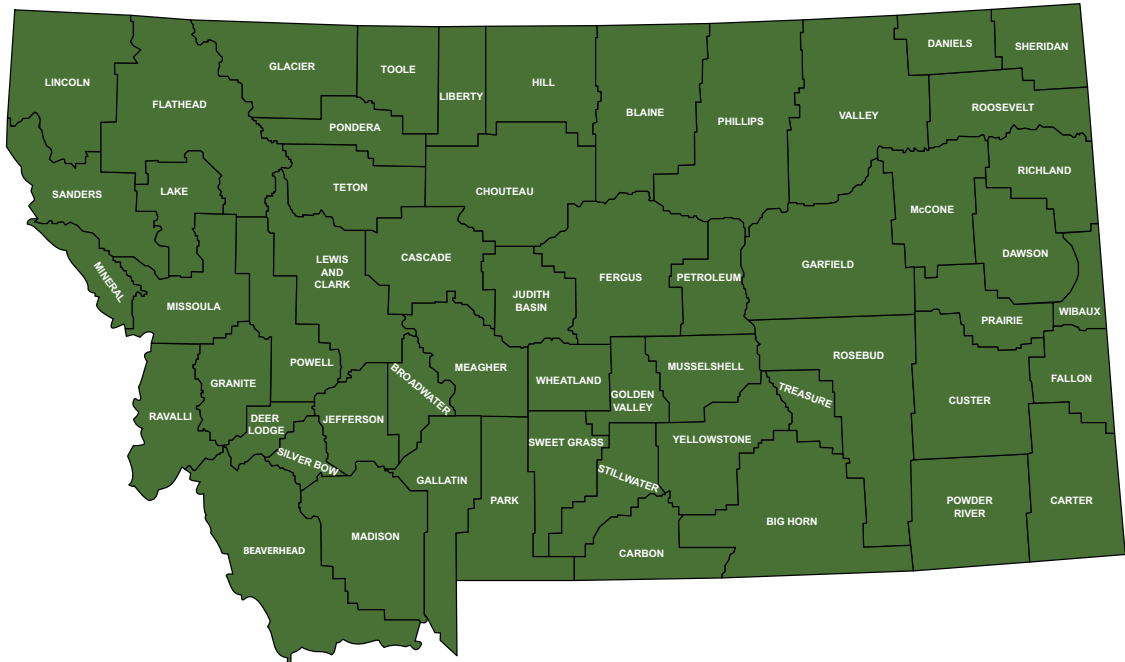
**You'll find PacificSource plans are available wherever you shop.**

- Direct from us
- Through your health insurance agent
- Through Montana's health insurance marketplace on Healthcare.gov



# Explore Our Plans and Network

## SmartHealth Statewide Network



## Network Highlights

SmartHealth is a new kind of network that includes providers who are engaged in providing you with high quality care. By choosing a doctor to partner with you as your primary care physician (PCP), you'll be assured access to care when you need it, and you'll have someone by your side to help you meet your health and wellness goals.

- Choice of top quality primary care doctors
- Highest level of benefits for choosing participating SmartHealth providers
- Available statewide direct or through Montana's exchange marketplace at Healthcare.gov

## SmartHealth Network Plans

	PacificSource Direct	Montana Exchange Marketplace (Healthcare.gov)
Balance Bronze 6350	✓	✓
Balance Silver 2500	✓	✓
Balance Silver 1500	✓	✓
Balance Gold 1000		✓
Value Bronze 6250	✓	✓
Value Bronze 3000	✓	✓
Value Silver 3600	✓	✓
Value Silver 3000	✓	✓
Catastrophic*		✓

## All Medical Plans Feature:

- Coverage of all Essential Health Benefits, including mental health, chemical dependency, pediatric vision (pediatric dental is available as a separate plan), and chiropractic care
- Benefits are on a calendar year basis
- Prescription drug coverage
- Naturopathy offices visits are covered (same benefit as any other office visit)
- All covered services apply toward the annual out-of-pocket limit, which cannot exceed \$6,350

## Balance Plans Feature:

- No-cost preventive care
- Co-pays on office visits (most providers) and many prescription drugs
- Deductible for most other services

## Value Plans Feature:

- No-cost preventive care
- All other services subject to the deductible
- Some plans eligible for pairing with a health savings account (HSA)

## \*Catastrophic Plan (through Healthcare.gov only)

- Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Healthcare.gov
- No-cost preventive care
- First three primary care office visits covered in full
- Deductible for most other services

### Tips for Choosing a Plan

Here are a few things to consider when choosing a plan to fit your needs:

#### Your Budget

In addition to your monthly premium payment, be sure to plan for out-of-pocket expenses you may have. These can include deductibles and co-pays.

#### The Services You Use

Think about the services you used in the past year. If you have an ongoing health issue or regularly take a prescription, you may want a plan with a lower deductible and co-pays.

#### The Doctors and Clinics You Visit

Check to see if the doctor you see now is a participating provider. Visit [PacificSource.com/find-a-provider](https://pacificsource.com/find-a-provider).

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**Pick a plan.**  
You'll find an overview of plan types on page 5, and details on the plan summary pages within this guide beginning on page 8. Summaries of benefits and coverage are also available online at [PacificSource.com](https://pacificsource.com).
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**Don't forget dental.**  
Our dental plans complement your medical coverage. If your coverage will include anyone through age 18, you'll need pediatric dental coverage (a federal requirement). We offer pediatric-only dental plans. See the dental section of this guide.
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**Review your premium rates.**  
Rates are based on your age, where you live, tobacco use, and the number of family members covered under your plan. You can look up medical and dental rate information online at [PacificSource.com/get-quote-montana](https://pacificsource.com/get-quote-montana).

### We're here to help.

#### What is a PCP?

A primary care provider, or PCP, is a doctor who is authorized to coordinate all of your care needs, including helping you maintain your health and reach your wellness goals. With SmartHealth plans, you'll need to choose a PCP when you enroll.

#### Do I have to have vision and dental coverage?

Federal law requires vision and dental coverage for anyone through age 18. All PacificSource medical plans include pediatric vision coverage. Pediatric dental is available as a separate plan. (See page 14 for plan information.)

#### What are Gold, Silver, and Bronze?

Plan names include the words "gold," "silver," or "bronze" to indicate the coverage "metal" level based on federal Affordable Care Act guidelines. These categories generally reflect your premium costs and the portion of your healthcare cost that you pay.

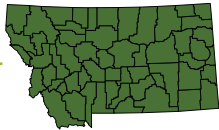
#### What is Montana's exchange marketplace?

Montana's exchange marketplace is available through the federal marketplace site, [Healthcare.gov](https://healthcare.gov). 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 [Healthcare.gov](https://healthcare.gov). If you need assistance before you enroll, you're welcome to contact a PacificSource Coverage Advisor for help choosing a PacificSource plan.



**Talk with a Coverage Advisor**  
at 855.330.2792 or  
by email at [reform@pacificsource.com](mailto:reform@pacificsource.com).

# SmartHealth Balance Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Balance			
		Direct and Healthcare.gov			Healthcare.gov Only
		Bronze 6350	Silver 2500	Silver 1500	Gold 1000
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700	Deductible Individual / Family \$2,500 / \$5,000	Deductible Individual / Family \$1,500 / \$3,000	Deductible Individual / Family \$1,000 / \$2,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,000 / \$12,000	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	30%	30%	20%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	\$50 co-pay§	\$30 co-pay§	\$50 co-pay	\$25 co-pay
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Generic drugs: \$10 co-pay Preferred brand name drugs: Deductible, then co-insurance	Generic drugs: \$10 co-pay Preferred brand name drugs: \$50 co-pay	Generic drugs: \$10 co-pay Preferred brand name drugs: \$50 co-pay	Generic drugs: \$10 co-pay Preferred brand name drugs: \$35 co-pay
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	\$50 co-pay§	\$30 co-pay§	\$50 co-pay	\$25 co-pay
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		\$50 co-pay§	\$30 co-pay§	\$50 co-pay	\$25 co-pay
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Infertility Services		Deductible, then co-insurance	Deductible, then 50% co-insurance	Deductible, then 50% co-insurance	Deductible, then 50% co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible	Deductible
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: Covered in full Hardware: Covered in full	Exam: Covered in full Hardware: 30% co-insurance	Exam: Covered in full Hardware: 30% co-insurance	Exam: Covered in full Hardware: 20% co-insurance

§ First 3 visits combined paid at 100% after the co-pay. Additional visits subject to deductible and co-insurance.

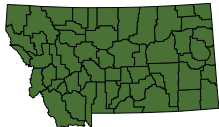
## Additional Savings through Healthcare.gov for Eligible Consumers

Healthcare.gov is Montana’s health insurance marketplace. 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 Healthcare.gov.

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Healthcare.gov.

View our plans available through Montana’s exchange marketplace at Healthcare.gov.

# SmartHealth Value Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Value			
		Direct and Healthcare.gov			
		Bronze 6250	Bronze 3000	Silver 3000	Silver 3600
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,600 / \$7,200
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$3,000 / \$6,000	Out-of-Pocket Limit Individual / Family \$3,600 / \$7,200
Co-insurance	The amount you pay after your deductible is met.	0%	50%	0%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Infertility Services		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: Covered in full Hardware: Deductible, then co-insurance	Exam: Covered in full Hardware: Deductible, then co-insurance	Exam: Covered in full Hardware: Deductible, then co-insurance	Exam: Covered in full Hardware: Deductible, then co-insurance

## Additional Savings through Healthcare.gov for Eligible Consumers

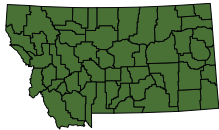
Healthcare.gov is Montana’s health insurance marketplace. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you’ll need to enroll through Healthcare.gov.

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Healthcare.gov.

View our plans available through Montana’s exchange marketplace at Healthcare.gov.



# SmartHealth Catastrophic Plan



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Catastrophic*
		Healthcare.gov Only
		Catastrophic
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	Primary care: First 3 visits covered in full; additional visits subject to deductible, then co-insurance Specialists: Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Deductible, then co-insurance
Emergency Room Visits		Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance
Infertility Services		Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year.	Exam, hardware: Covered in full

## Additional Savings through Healthcare.gov for Eligible Consumers

Healthcare.gov is Montana’s health insurance marketplace. 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 Healthcare.gov.

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Healthcare.gov.

View our plans available through Montana’s exchange marketplace at Healthcare.gov.

## \*Catastrophic Plan

The SmartHealth Catastrophic Plan is only available for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Healthcare.gov.

\* Only for those under age 30 or who meet federal income eligibility requirements and have a certificate of exemption through Healthcare.gov

Plan Highlights

Our Kids Dental Choice plan gives you the freedom to choose any dentist while providing the necessary pediatric coverage for enrolled family members through age 18.

Our plan features the benefits your kids need and the savings you want through low out-of-pocket expense:

- Choose any dentist
- No annual maximum
- Coverage for Class I, II, and II services
- Coverage for medically necessary orthodontia

The Pediatric Coverage Requirement

Federal law requires vision and dental coverage for individuals through age 18. All PacificSource medical plans include pediatric vision coverage. However, pediatric dental is available as separate coverage. Our Kids Dental Choice plan meets this requirement.

Our Kids Dental Choice plan can be paired with your individual medical plan to ensure you have the complete coverage for those in your household who are under age 19.

Kids Dental Choice gives you the freedom to see any dentist you choose. The table below reflects the amounts **you pay**. It provides a general summary of the coverage and limitations. 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.

Annual Maximum Benefit			No maximum
Annual Deductible		The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Class I: No deductible Class II and III: \$50 deductible
Out-of-Pocket Limit		The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	\$700 per child / \$1,400 family
Co-insurance		The amount you pay after your deductible is met.	20-50%
Class I: Diagnostic and Preventive Care	Routine Examinations	2 per calendar year	20% (no waiting period)
	Dental Cleanings (Prophylaxis or Periodontal Maintenance)	2 per calendar year	
	Full Mouth X-rays and/or Panorex	1 complete mouth series every 5 years	
	Bitewing X-rays	4 films in a 6-month period	
	Topical Fluoride	2 applications per calendar year through age 18	
	Sealants	1 application every 3 years to permanent molars and bicuspid through age 18	
	Space Maintainers		
Class II: Basic Services	Fillings	1 per surface per tooth every calendar year; reduced to amalgam restoration	40% (no waiting period)
	Simple Extractions	Covered	
	Periodontal Scaling and Root Planing and/or Curettage	1 procedure every 24 months per quadrant	
	Full Mouth Debridement	1 procedure every 36 months	
Class II: Complicated Services	Root Canal Therapy	1 per tooth every 3 years	50% (no waiting period)
	Oral Surgery	Covered; requires preauthorization	
	Periodontal Surgery	Covered; requires preauthorization	
Class III: Major Treatments	Crowns	1 per tooth every 5 years	50% (no waiting period)
	Prosthetic Devices (Bridges)	Replaced after 5 years through age 18	
	Cast Partial Denture, Full, Immediate, or Overdenture	Limited to cost of full or cast partial denture	
	Fixed or Removable Cast Partial	During first 36 months of coverage, limited to replacement of tooth extracted or lost	
	Dental Implant	Limited to once per lifetime per tooth space. Final crown and implant abutment over a single implant. Final implant-supported bridge abutment and implant abutment, or pontic. Alternate benefit per arch of conventional full/partial denture for final implant-supported full/partial denture prosthetic device.	
Policy Provision	Missing Teeth Exclusion	A 36-month waiting period applies to treatment for teeth extracted prior to the policy effective date. Prior coverage is creditable.	Yes





# With PacificSource, You Also Get...

## 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. To learn more, visit the For Members section of our website, PacificSource.com.

### 24-Hour NurseLine

Have a question about your health? Not sure whether you need to see your doctor? Our nurse line gives you 24/7 access to professionals who can answer your health and wellness questions.

### 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®**.

### Gym Membership Discounts

Receive discounts from over 10,000 gyms and fitness centers, including big chains and local favorites.

### Condition Support

Our Condition Support Program offers you education and support if you have asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, or heart failure, or if you have a child with juvenile diabetes.

### Care Quality Program

Should you need more intensive medical services, we have a Utilization Management Program in place to make sure you receive appropriate, effective, and efficient medical care. Nurses are also available to assist you in ensuring you receive the right care at the right time.

### 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.

### 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.

### 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).

### 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.

## Online Tools Available at PacificSource.com

### InTouch for Members

Through your secure website, InTouch, you can view your claims, status of preauthorizations, accumulated expenses toward your plan's deductible, and more, at your convenience.

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.

### Participating Provider Directory

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



## Pharmacy Coverage

All PacificSource plans feature pharmacy coverage, and wherever possible, generic drugs are used in place of name brands to help you save money.

You'll find drug list information and more about our preauthorization, step therapy, and exception processes online at PacificSource.com.

### 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.



# Other Things to Know

## Am I eligible?

You may apply for a PacificSource individual policy if you are an Montana resident and you are not covered by Medicare or 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?

Your policy can become effective on either the 1st or the 15th of the month following submission of your application.

## Who can I talk to if I have questions?

Your insurance agent can probably answer most of your questions. If you are not working with an agent, a coverage advisor can assist you.

Our Coverage Advisors are always happy to help. Just email us or give us a call:

Email: [reform@pacificsource.com](mailto:reform@pacificsource.com)

Call toll-free: (855) 330-2792

If you have questions about Montana’s exchange marketplace, visit [Healthcare.gov](https://Healthcare.gov).

## What is not covered?

Below is a brief list of services and treatments most commonly asked about that are not covered under our 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.

### Medical Plans:

- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Court-ordered screenings or treatment programs
- Custodial care
- Equipment used for nonmedical purposes
- Experimental or investigational procedures
- Family planning (except sterilization and contraceptive drugs and devices)
- 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
- Obesity or weight control
- Orthognathic surgery
- 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
- Work-related illness or injury treatment (services typically covered by workers’ compensation insurance)

### Dental Plans:

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

# How to Enroll with PacificSource

## Enroll online:

### 1 Fill out an online enrollment application

Enroll online by visiting [PacificSource.com/montana-insurance-plans](https://PacificSource.com/montana-insurance-plans), then click on “Compare Plans and Enroll.” Follow the on-screen instructions to complete and submit your application. That’s it!

## Complete a paper application:

### 1 Fill out a printed enrollment application

Ask your agent for a printed application, or contact us.

### 2 Sign and date the application

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

### 3 Submit your application

If enrolling using a paper application, send a copy of your application to PacificSource.

Our fax number is (541) 225-3646.

Our email address is [individual@pacificsource.com](mailto:individual@pacificsource.com).

Our mailing address is:

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





**Contact us. We'll be happy to answer your questions.**

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 [reform@pacificsource.com](mailto:reform@pacificsource.com). A PacificSource Coverage Advisor will be happy to assist you.

PacificSource is an independent, not-for-profit community health plan that values partnership, service excellence, community, and personal relationships. Founded in 1933 in Eugene, Oregon, we deliver healthcare solutions to businesses and individuals throughout the Northwest. PacificSource covers more than 300,000 people with our group, individual, and Medicare health insurance plans.

For more information, visit [PacificSource.com](http://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](http://PacificSource.com/privacy.aspx)

