

# 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 and protects 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**.
- We offer a full line of **individual and family dental plans** to complement your medical coverage and help you satisfy mandated pediatric dental requirements.

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# Getting Started



Exceptional value and support



# Get More with PacificSource

## Wellness and Health Management

These extra services are not insurance, but are included in your medical plan to help you take charge of your health. To learn more, visit [PacificSource.com/members](https://PacificSource.com/members).

### 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.

### 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.

### 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.

### Condition Support Program

Our Condition Support 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 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.

## Tobacco Cessation

Members can access Quit For Life<sup>®</sup> tobacco cessation services. The 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.

## Weight Management Programs

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



## Pharmacy Coverage

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

### No-cost Preventive Medications

Like healthy eating and exercise, preventive drugs can help you avoid certain illnesses and conditions. Our Preventive Drug List contains more than 90 generic preventive drugs covered at no cost to you.

You'll find drug list information and more about our preauthorization and step therapy processes online at [PacificSource.com/drug-list](https://PacificSource.com/drug-list).



# Get More with PacificSource

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## Medical Care Away from Home

### Assist America®

If you have a medical emergency while 100 or more miles from home or traveling abroad, 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.

Assist America's Operations Center is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, including nurses and doctors, to advise and assist quickly and professionally in a medical emergency.

### 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.

# Online Tools

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## Online Tools Available at PacificSource.com

### InTouch for Members

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

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.

To log in or register for InTouch for Members, go to [PacificSource.com](https://pacificsource.com) and access the [InTouch login](#) panel on the right side of the page.

### myPacificSource Mobile App

Now you can 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 Android or Apple app stores. For more information, visit [PacificSource.com/mobile](https://pacificsource.com/mobile).

### Participating Provider Directory

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

At [PacificSource.com/find-a-provider](https://pacificsource.com/find-a-provider), you can use our Provider Directory to search for:

- your current doctor;
- doctors accepting new patients;
- specialists; and
- hospitals and facilities.

This dynamic tool will also help you designate your PCP if one is required for your plan.

### Preauthorization Lists

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

Our preauthorization lists are tools for you and your doctor to determine if the care you need will require preauthorization. As we continually review new technologies and standards of medical practice, these lists are subject to revision. Also keep in mind that your plan may not cover all the items listed. Check your benefit materials or contact our Customer Service Department if you have any questions about your plan benefits.

For a list of medical services that may require preauthorization, visit [PacificSource.com/provider/preauthorization.aspx](https://pacificsource.com/provider/preauthorization.aspx).

### Drug Lists

The PacificSource 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. Please note that drugs not listed are not covered. Drug lists are updated as new drugs enter the market.

At [PacificSource.com/drug-list](https://pacificsource.com/drug-list), you'll find:

- drug list information
- drug list abbreviations and terms
- preauthorization policies
- step therapy policies
- incentive drug list

Some plans only provide coverage for certain drugs on this list. A separate benefit may apply to some drugs, such as specialty drugs.

If you have questions about how your prescription drugs will be covered, please contact an Individual Sales Representative at (855) 330-2792 or by email at [MontanaIndividual@pacificsource.com](mailto:MontanaIndividual@pacificsource.com).



# Know the Lingo

## Co-insurance

Co-insurance is your share of the cost of a covered service (in addition to co-pays) typically 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 to pay 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.

## Metal Plans Tiers

The Affordable Care Act requires that all medical insurance plans fall into one of four tiers: gold, silver, bronze, and catastrophic. Gold plans have a higher premium and provide more coverage. Silver plans offer mid-range cost and coverage. And bronze plans provide less coverage and lower premiums.

## Network

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

## Nonparticipating providers, facilities

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, facilities

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

## Looking for additional healthcare terms?

Visit our online glossary at [PacificSource.com/glossary](https://www.pacificsource.com/glossary).

## 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 that include 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 who you authorize to coordinate all of your care 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.

## Service area

The service area is the geographic location where a plan or network is available.

# Common Questions

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## **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.

## **When will my plan be effective?**

Your policy will become effective on the 1st of the month after we receive your enrollment form.

## **Can I keep my doctor?**

You can keep your doctor, but you may pay more for services if your doctor isn't participating in the network associated with your plan. To get the most value from your benefits, you'll want to use participating doctors and hospitals. Check our online directory at [PacificSource.com/find-a-provider](https://pacificsource.com/find-a-provider) to make sure your doctor is listed in the network you're considering.

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

Federal law requires vision and dental coverage for children through age 18 be included with all qualified medical health plans. All PacificSource medical plans include pediatric vision coverage. Pediatric dental is available as a separate plan. View our full line of dental plans online at [PacificSource.com/Montana-individual-dental-2015](https://pacificsource.com/Montana-individual-dental-2015).

## **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 Individual Sales Representative for help choosing a PacificSource plan.

***"I love that I can always talk to a person when I call, and you process your claims very quickly! I've been very happy since switching from our [another insurer] coverage."***

*—J.S., PacificSource member*

## **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 Sales Representatives are always happy to help. Just email us or give us a call:

### **Email**

[MontanaIndividual@pacificsource.com](mailto:MontanaIndividual@pacificsource.com)

### **Call toll-free**

(855) 330-2792



# Step by Step

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1

## Choose a Network

Our PSN and SmartHealth networks offer various features that you'll want to consider before choosing a plan. See the network section of this brochure to review network features and choose which one is right for you.

2

## Choose a Plan

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

- **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 a lower deductible and co-pays.
- **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.
- **Financial assistance:** You may want to visit [Healthcare.gov](https://www.healthcare.gov) to see if you meet certain income requirements for access to financial assistance to help you with the cost of health insurance.

See "Choosing the Right Plan" on page 16 for help comparing and choosing plans, or contact a PacificSource Individual Sales Representative or health insurance agent to help you choose a plan.

3

## Enroll in a Plan

**Enroll online** directly with PacificSource. Visit [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.

OR

**Complete a paper enrollment form** directly with PacificSource.

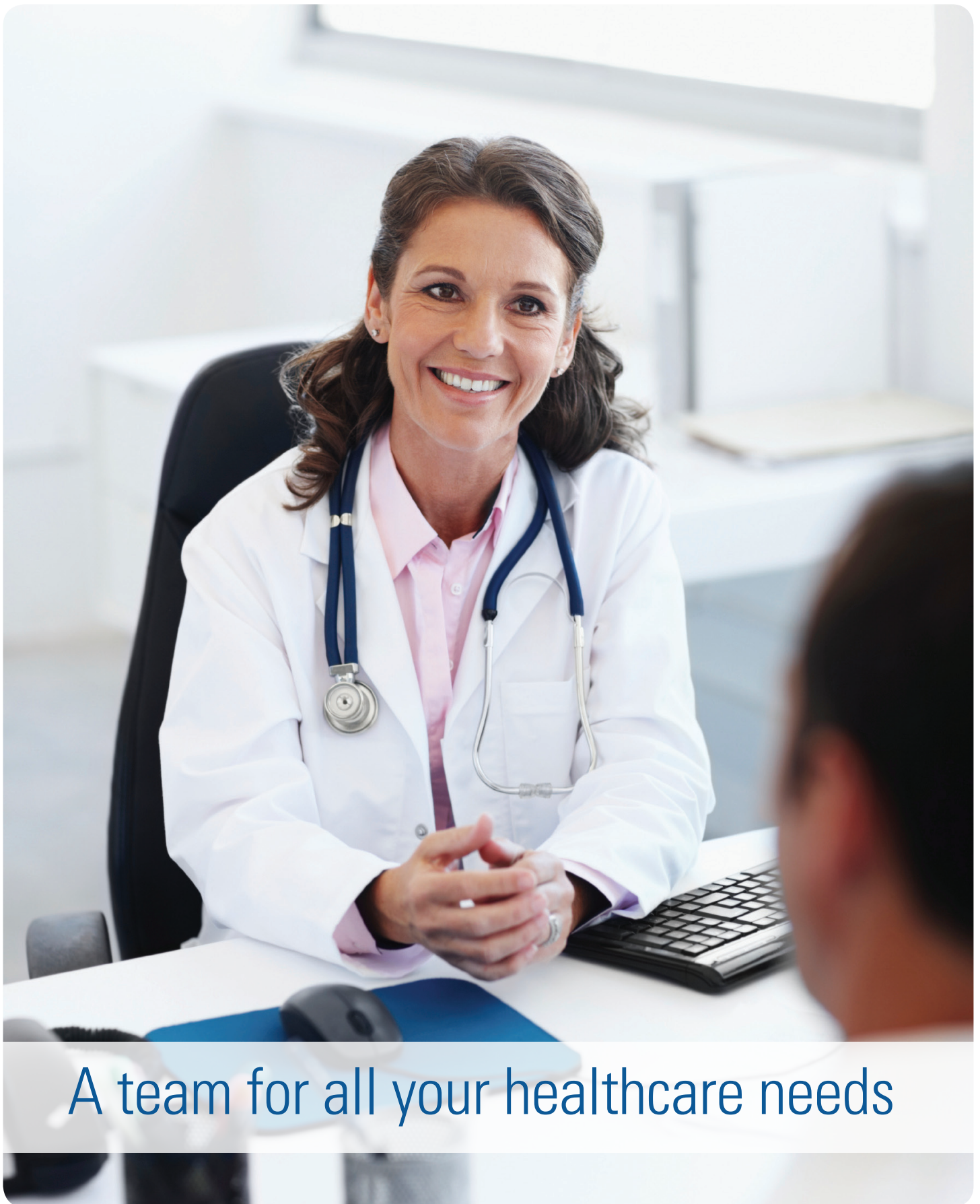
1. Fill out a printed enrollment form. Ask your agent for a printed form, or contact us.
2. Sign and date the enrollment form. If a spouse, domestic partner, or dependent over the age of 18 is also enrolling for coverage, they must sign and date the application, too.
3. Submit your enrollment form. Send a copy of your enrollment form to PacificSource.
  - Fax: (541) 225-3634
  - Email: [MontanaIndividual@pacificsource.com](mailto:MontanaIndividual@pacificsource.com)
  - Mail:  
PacificSource Health Plans  
Attn: Individual Department  
PO Box 7068  
Springfield, OR 97475-0068

### Eligible for financial assistance?

Did you learn in step two that you're eligible for a tax credit or premium subsidy? If you're eligible, you'll need to enroll through [Healthcare.gov](https://www.healthcare.gov). PacificSource offers a variety of plan options through this site.

# Choose Your Network

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A team for all your healthcare needs



# PSN and SmartHealth Networks

## PSN Highlights

PSN

PSN (PacificSource Network) gives you the freedom to see any doctor, any time. PSN is available statewide.

- PPO plan—see any doctor, any time
- Referrals not required

## SmartHealth Highlights

SHN

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.

- Cost savings through a select network
- Partner with a PCP
- Referrals not required

## All Medical Plans Feature:

- No-cost preventive care
- No-cost preventive medications
- Acupuncture and chiropractic manipulation
- Naturopathic office visits covered as any other office visit
- 24-Hour NurseLine
- Assist America global emergency services
- Additional Accident Benefit
- Access to travel networks

## Network Availability

Both the PSN and SmartHealth networks are available throughout Montana.



# Choose Your Plan

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Plans that fit your lifestyle



# Choosing the Right Plan

Not sure what you need? Here's a quick quiz to help you determine the right coverage for you:

Read the statements below and rate each statement on a scale of 1 to 3, 1 meaning "No, this isn't true for me," 2 meaning "This sort of applies, but it depends," and 3 meaning, "Yes, this describes me." Circle your answers, and then add up your total for which plans might fit you best.

	No	Maybe	Yes
1. I'm purchasing health insurance for myself <b>and</b> family members.	1	2	3
2. I go to the doctor regularly.	1	2	3
3. I like my doctor and, if necessary, I'm willing to pay more to keep my doctor.	1	2	3
4. I need easy access to specialist care.	1	2	3
5. I have one or more health issues that need managed.	1	2	3
6. I don't have a lot of money for healthcare, so I need a low out-of-pocket limit.	1	2	3

**Total:** \_\_\_\_\_

## Add up your total. Choose your plan.

### Bare essentials: 6-9 points

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

- Balance Bronze 6600
- Value Bronze 3000
- Value Bronze 6250
- Catastrophic

### Middle of the road: 10-14 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 that we think would work best for you:

- Balance Bronze 4000
- Value Silver 3000
- Value Silver 3600

### Don't hold back: 15-18 points

You have one or more health issues or you're looking for coverage for the whole family. Either way, you need great coverage with co-pays and a lower deductible to help offset the costs. Here are some plans that we think would work best for you:

- Balance Silver 1500
- Balance Gold
- Balance Silver 2500

## Still not sure?

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

# Choosing the Right Plan

## About Our Plans

Navigating plan options and understanding benefits can be challenging. This section gives you the big and little picture for our plan benefits and points out important things to consider when comparing your options.

### Balance vs. Value Plans

Generally speaking, Balance plans offer individuals co-pays on office visits and prescription drugs (see charts starting on page 18), while Value plans are set up for pairing with a health savings account (HSA; see page 24).

### Gold, Silver, and Bronze

The metallic levels (bronze, silver, gold and platinum) indicate the value of coverage in a plan. This allows you to easily compare plans with different deductibles, copayments and coinsurance requirements and determine which plan works best for you. For example, Bronze plans typically have lower premium but higher cost sharing, while silver plans typically have higher premium but lower cost sharing.

## Plan Name Numbers

Most of our plans have a number at the end of the plan name. This number represents the individual deductible\* amount for that plan.

### Balance Silver 2500

**Balance:** You'll have a co-pay for office visits and prescriptions.

**2500:** Your deductible as an individual is \$2,500.

**Silver:** Your premium will be a little higher, but your share of service costs will be lower than Bronze level plans.

\*Deductibles may be different if you receive a tax credit or premium subsidy through the exchange marketplace, Healthcare.gov.

## 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 out-of-network providers, your deductible and out-of-pocket limit will be higher than the amounts listed in the chart below and listed in the benefit charts on the following pages.**

For nonparticipating deductible and out-of-pocket rates, [view our plan summaries at PacificSource.com](https://www.pacificsource.com).

Plan	Deductible	Out-of-pocket Limit	Co-insurance	Co-pay	HSA-qualified	PSN	SHN
Balance Bronze 6600	\$6,600	\$6,600	0%	\$30	No		X
Balance Bronze 4000	\$4,000	\$6,600	50%	\$25	No	X	X
Value Bronze 6250	\$6,250	\$6,250	0%	N/A	Yes	X	X
Value Bronze 3000	\$3,000	\$6,450	50%	N/A	Yes		X
Balance Silver 2500	\$2,500	\$6,000	30%	\$30	No	X	X
Balance Silver 1500	\$1,500	\$6,600	30%	\$50	No		X
Value Silver 3600	\$3,600	\$3,600	0%	N/A	Yes		X
Value Silver 3000	\$3,000	\$3,000	0%	N/A	Yes		X
Balance Gold	\$1,000	\$5,250	20%	\$25	No		X
Catastrophic	\$6,600	\$6,600	0%	N/A	N/A		X



# Choosing the Right Plan

## Reading the Plan Benefit Charts

Our plan benefit charts on the following pages will give you a basic breakdown of key information.

Once you have a couple plans in mind, you'll want to compare the benefits for each plan to make sure you're getting exactly what you need.

The benefit charts on the following pages list your share of costs when you see a participating provider. Calendar year costs and service costs will be higher if you receive medical services from nonparticipating providers. You'll find our nonparticipating rates listed in our benefit summaries at [PacificSource.com](https://www.pacificsource.com).

Here's a quick guide on what you'll see on the following plan benefit charts to help you compare:

**Calendar year costs:** These are costs for services will be listed by what you will pay **before** your plan pays. Understanding what each of these costs means is important to helping you choose a plan. For definitions, see page 9.

**Services:** Each plan chart lists common services and the cost you'll pay. For a more complete list, view the benefit summaries at [PacificSource.com](https://www.pacificsource.com).

	Value Bronze 3000	Balance Bronze 4000
Network Options (See page 13)	SHN	PSN SHN
<b>Calendar Year Costs</b>	<b>Individual / Family</b>	<b>Individual / Family</b>
Deductible	\$3,000 / \$6,000	\$4,000 / \$8,000
Out-of-pocket limit	\$6,450 / \$12,900	\$6,650 / \$13,200
Co-insurance	50%	50%
<b>Services</b>		
Office visits	Deductible, then 50%	\$25 co-pay*
Specialist office visit	Deductible, then 50%	Deductible, then 50%

**Service costs:** Costs are shown in the amount you pay. Some services are covered in full, some services have a co-pay, some apply to the deductible, then co-insurance, and some are not covered.

\*Office visit and Rx co-pays are not subject to the deductible in most cases.

# Bronze Plans

This chart lists your share of costs when you see a participating provider; these amounts will be higher if you receive medical services from nonparticipating providers.

	Value Bronze 6250	Value Bronze 3000	Balance Bronze 6600	Balance Bronze 4000
Network Options (See page 13)	<b>PSN</b> <b>SHN</b>	<b>SHN</b>	<b>SHN</b>	<b>PSN</b> <b>SHN</b>
<b>Calendar Year Costs</b>	<b>Individual / Family</b>	<b>Individual / Family</b>	<b>Individual / Family</b>	<b>Individual / Family</b>
Deductible	\$6,250 / \$12,500	\$3,000 / \$6,000	\$6,600 / \$13,200	\$4,000 / \$8,000
Out-of-pocket limit	\$6,250 / \$12,500	\$6,450 / \$12,900	\$6,600 / \$13,200	\$6,600 / \$13,200
Co-insurance	0%	50%	0%	50%
<b>Services</b>				
Office visits	Deductible, then 0%	Deductible, then 50%	\$30 co-pay	\$25 co-pay
Specialist office visit	Deductible, then 0%	Deductible, then 50%	\$30 co-pay	Deductible, then 50%
Naturopath office visit	Deductible, then 0%	Deductible, then 50%	\$30 co-pay	\$25 co-pay
Chiropractic manipulation, acupuncture	Deductible, then 0%	Deductible, then 50%	\$30 co-pay	\$25 co-pay
Office procedures and supplies	Deductible, then 0%	Deductible, then 50%	Covered in full	Deductible, then 50%
Urgent care	Deductible, then 0%	Deductible, then 50%	\$30 co-pay	\$25 co-pay
Emergency room visits	Deductible, then 0%	Deductible, then 50%	Covered in full	Deductible, then 50%
Ambulance service	Deductible, then 0%	Deductible, then 50%	Covered in full	Deductible, then 50%
Hospital services, surgery, and outpatient services	Deductible, then 0%	Deductible, then 50%	Covered in full	Deductible, then 50%
<b>Prescription Drugs</b>				
Preventive	Covered in full	Covered in full	Covered in full	Covered in full
Generic	Deductible, then 0%	Deductible, then 50%	Deductible, then 0%	Deductible, then 50%
Brand name, preferred	Deductible, then 0%	Deductible, then 50%	Deductible, then 0%	Deductible, then 50%
Brand name, nonpreferred	Deductible, then 0%	Deductible, then 50%	Deductible, then 0%	Deductible, then 50%
Specialty	Deductible, then 0%	Deductible, then 50%	Deductible, then 0%	Deductible, then 50%
<b>Other Features</b>				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Pediatric vision	Covered in full	Covered in full	Covered in full	Covered in full
Maternity care	Deductible, then 0%	Deductible, then 50%	Deductible, then 0%	Deductible, then 50%
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% and is not subject to the deductible.			



# Silver Plans

This chart lists your share of costs when you see a participating provider; these amounts will be higher if you receive medical services from nonparticipating providers.

	Value Silver 3600	Value Silver 3000	Balance Silver 2500	Balance Silver 1500
Network Options (See page 13)	SHN	SHN	PSN SHN	SHN
<b>Calendar Year Costs</b>	<b>Individual / Family</b>	<b>Individual / Family</b>	<b>Individual / Family</b>	<b>Individual / Family</b>
Deductible	\$3,600 / \$7,200	\$3,000 / \$6,000	\$2,500 / \$5,000	\$1,500 / \$3,000
Out-of-pocket limit	\$3,600 / \$7,200	\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,600 / \$13,200
Co-insurance	0%	0%	30%	30%
<b>Services</b>				
Office visits	Deductible, then 0%	Deductible, then 0%	\$30 co-pay	\$50 co-pay
Specialist office visit	Deductible, then 0%	Deductible, then 0%	\$30 co-pay	\$50 co-pay
Naturopathy	Deductible, then 0%	Deductible, then 0%	\$30 co-pay	\$50 co-pay
Chiropractic manipulation, acupuncture	Deductible, then 0%	Deductible, then 0%	\$30 co-pay	\$50 co-pay
Office procedures and supplies	Deductible, then 0%	Deductible, then 0%	Deductible, then 30%	Deductible, then 30%
Urgent care	Deductible, then 0%	Deductible, then 0%	\$30 co-pay	\$50 co-pay
Emergency room visits	Deductible, then 0%	Deductible, then 0%	Deductible, then 30%	Deductible, then 30%
Ambulance service	Deductible, then 0%	Deductible, then 0%	Deductible, then 30%	Deductible, then 30%
Hospital services, surgery, and outpatient services	Deductible, then 0%	Deductible, then 0%	Deductible, then 30%	Deductible, then 30%
<b>Prescription Drugs</b>				
Preventive	Covered in full	Covered in full	Covered in full	Covered in full
Generic	Deductible, then 0%	Deductible, then 0%	\$10 co-pay	\$10 co-pay
Brand name, preferred	Deductible, then 0%	Deductible, then 0%	\$50 co-pay	\$50 co-pay
Brand name, nonpreferred	Deductible, then 0%	Deductible, then 0%	\$75 co-pay	\$75 co-pay
Specialty	Deductible, then 0%	Deductible, then 0%	\$250 co-pay	\$250 co-pay
<b>Other Features</b>				
Preventive care	Covered in full	Covered in full	Covered in full	Covered in full
Pediatric vision	Covered in full	Covered in full	Covered in full	Covered in full
Maternity care	Deductible, then 0%	Deductible, then 0%	Deductible, then 30%	Deductible, then 30%
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% and is not subject to the deductible.			

# Gold & Catastrophic Plans

This chart lists your share of costs when you see a participating provider; these amounts will be higher if you receive medical services from nonparticipating providers.

## Catastrophic Plan Requirements

The Catastrophic plan meets all requirements necessary to be considered a Qualified Health Plan according to federal law. 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).

	Balance Gold	Catastrophic
Network Options (See page 13)	SHN	SHN
Calendar Year Costs	Individual / Family	Individual / Family
Deductible	\$1,000 / \$2,000	\$6,600 / \$13,200
Out-of-pocket limit	\$5,250 / \$10,500	\$6,600 / \$13,200
Co-insurance	20%	0%
Services		
Office visits	\$25 co-pay	Covered in full*
Specialist office visit	\$25 co-pay	Deductible, then 0%
Naturopath office visit	\$25 co-pay	Deductible, then 0%
Chiropractic manipulation, acupuncture	\$25 co-pay	Deductible, then 0%
Office procedures and supplies	Deductible, then 20%	Deductible, then 0%
Urgent care	\$25 co-pay	Deductible, then 0%
Emergency room visits	Deductible, then 20%	Deductible, then 0%
Ambulance service	Deductible, then 20%	Deductible, then 0%
Hospital services and surgery	Deductible, then 20%	Deductible, then 0%
Outpatient services	Deductible, then 20%	Deductible, then 0%
Prescription Drugs		
Preventive	Covered in full	Covered in full
Generic	\$10 co-pay	Deductible, then 0%
Preferred brand name	\$35 co-pay	Deductible, then 0%
Nonpreferred brand name	\$60 co-pay	Deductible, then 0%
Specialty	\$250 co-pay	Deductible, then 0%
Other Features		
Preventive care	Covered in full	Covered in full
Pediatric vision	Covered in full	Covered in full
Maternity care	Deductible, then 20%	Deductible, then 0%
Accident benefit	Within 90 days of an accident, the first \$500 of covered services is paid at 100% and is not subject to the deductible.	

\* First three visits combined paid at 100% after the co-pay. Additional visits subject to deductible and co-insurance.

# Save for Your Health

## Health Savings Accounts (HSA)

An HSA is a true bank account into which you deposit money to be used 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 \$6,650 for families.

## 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-eligible Plans

### High-deductible health plan requirement

You'll need a qualifying "high-deductible health plan"—also known as an HDHP—to go with your HSA. HDHPs must have a deductible of \$1,300 or more for individuals, \$2,600 or more for families, but sometimes preventive care is exempt from that deductible. HDHPs must also have an out-of-pocket maximum of \$6,450 for individuals and \$12,900 for families.

Here are SmartHealth plans that qualify as an HDHP (HSA-eligible plan):

- Value Bronze 6250
- Value Bronze 3000
- Value Silver 3600
- Value Silver 3000

## 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 and your premium doesn't contribute to HSA funds.

To set up your HSA:

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

If you have questions about setting up an HSA account, contact a health insurance agent or one of our PacificSource Individual Sales Representatives at [MontanaIndividual@pacificsource.com](mailto:MontanaIndividual@pacificsource.com) or toll-free at (855) 330-2792.



# Vision and Dental Coverage

## Pediatric Vision Coverage is Included with Every Plan

We've partnered with VSP, a vision service provider, to provide pediatric vision benefits that meet the Affordable Care Act standards.

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.

### How do I find an eyecare provider?

To find a eyecare provider in the VSP network, visit [VSP.com](http://VSP.com) and click on "Find a Doctor." You'll be able to choose from a variety of search options to find an eyecare doctor near you.

### Who do I contact if I have questions?

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

**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)

**Online email form:** [VSP.com/contact-email.html](http://VSP.com/contact-email.html)



## Don't Forget Dental

Good dental care is an important part of your overall health. Our dental plans are a perfect partner to your medical coverage, giving you peace of mind that you and your family are covered head to toe.

### The Pediatric Coverage Requirement

Federal law requires vision and dental coverage for children through age 18 be included with all qualified health plans. All PacificSource plans include pediatric vision coverage. However, pediatric dental is available as separate coverage.

View our Individual and Family Dental Brochure online at [PacificSource.com](http://PacificSource.com) for dental plan options.

# What's Not Covered

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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.

- Cosmetic or reconstructive services and supplies (except as specifically provided 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
- Obesity or weight control
- Orthognathic surgery
- Physical or eye 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)

Please note: Full descriptions will be provided in your policy. Only the language of the actual policy is final and binding.

**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 [MontanaIndividual@pacificsource.com](mailto:MontanaIndividual@pacificsource.com).

An Individual Sales Representative 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. We are based in Eugene, Oregon, with offices throughout the Northwest. Since 1933, we've provided quality healthcare solutions to Northwest businesses and individuals. 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).



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