

Individual and Family Plan Features and Benefits

Our plans are well-balanced to meet the needs of individuals and families in Montana. Choose the plan with the features and benefits that are important to you.

All plans cover treatment for preventive care, illness and injury, maternity care, and prescription drugs.

Coverage levels differ from plan to plan, and some plans cover alternative practitioner services.

All plans have an annual maximum benefit of \$2 million per person.

For details, please see the Benefit Comparison on the right side of this page or visit our website at PacificSource.com.

Value-Added Services

Take advantage of these member programs, available to you at no additional cost:

Online Tools at PacificSource.com

InTouch for Members lets you track your benefits online. The PacificSource Provider Directory helps you find up-to-date information about local participating providers.

Health and Wellness Programs*

Improve your health and manage existing conditions with the help of our health and wellness programs. Our “extras” include tobacco cessation and reimbursement for hospital-based wellness classes.* You can also access information and manage your health online through Health Manager.

Global Emergency Services

Travel worry free with global emergency services from Assist America®. If you experience a medical emergency when traveling 100 or more miles from home or in a foreign country, Assist America offers a wide range of services to help you.

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

* Visit our website, PacificSource.com, for details or to obtain a complete list of Individual and Family benefits, exclusions, and limitations.

	Preferred	Value	HSA Qualified	Uniform
Individual Annual Deductible/Out-of-Pocket (OOP) Limit (Limit includes the deductible)	Deductible/OOP Limit \$1,000/\$6,000 \$2,500/\$7,500 \$5,000/\$10,000	Deductible/OOP Limit \$5,000/\$10,000 \$7,500/\$12,500 \$10,000/\$15,000	Deductible/OOP Limit \$3,000/\$6,050 \$6,050/\$6,050	Deductible/OOP Limit \$1,000/\$5,000
Accident Benefit (accident-related covered expenses)	The first \$1,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.	The first \$500 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible. The balance is covered as shown below.		Not covered
Preferred Provider Benefit (members responsibility shown below)				
Preventive Care				
Well Child Care	Covered in full ●■	Covered in full ●■	Covered in full ●■	Covered in full ●■
Routine Physicals and Preventive Care Exams	Covered in full ●■	Covered in full ●■	Covered in full ●■	Covered in full ●■
Routine Gynecological Exams	Covered in full ●	Covered in full ●	Covered in full ●	Covered in full ●
Immunizations	Covered in full ●	Covered in full ●	Covered in full ●	Covered in full ●
Professional Services				
Office and Home Visits	\$30 copay ●	40%	50%▲	50%
Chiropractic	\$30 copay ●	40%	50%▲	50%
Naturopathic Care	\$30 copay ●	40%	50%▲	Not covered
Urgent Care Visits	\$30 copay ●	40%	50%▲	50%
Maternity Care	30%	40%	50%▲	50%
Hospital Services	30%	40%	50%▲	50%
Outpatient Services	30%	40%	50%▲	50%
Emergency Room Visits	30% after \$100 copay (copay waived if admitted to hospital)	40%	50%▲	50% after \$150 copay (copay waived if admitted to hospital)
Other Covered Services				
Prescription Drugs	Incentive drugs: \$4 ● Generic and brand name drugs: 50% ●	50%	50%▲	50%
Outpatient Rehabilitative Services	30%	40%	50%▲	50%
Ambulance Service	30%	40%	50%▲	50%
Inpatient Mental Health	30%	40%	50%▲	50%
Vision (per two calendar years)	Exam: \$30 copay ● Hardware: covered in full up to \$200 max ●	Not covered		

● Not subject to the annual deductible. ■ Scheduled benefit. ▲ Covered at 100% under the HSA \$6,050 plan (after deductible).

All benefits shown here apply for participating providers. Services rendered by nonparticipating providers will be paid at a lower percentage by your plan. For a complete list of Individual and Family policy exclusions and limitations, see our website at PacificSource.com, or contact us to request a full brochure.

Choose the plan that's right for you:

Preferred

Comprehensive Coverage

You'll pay just a \$30 copay for office visits, urgent care, naturopathic, and chiropractic care. This plan also offers vision care.

Value

Low-cost Coverage

This major medical plan gives you peace of mind with basic coverage, provided at a low monthly rate.

HSA

HSA-Qualified High Deductible Health Plan

An HSA is like a "healthcare IRA." You control how you spend your healthcare dollars, and you can save on your taxes at the same time.

Uniform

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

Visit us online!

It's easier than ever to compare different plan deductibles, benefits, and rates. Visit our website at PacificSource.com and find the health plan that best fits your budget and needs.

PacificSource.com

Questions?

If you have questions about our individual and family health plans, please contact your insurance agent or a PacificSource Individual Service Representative at 888.684.5585 or by email at

montanaindividual@pacificsource.com.



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

Individual and Family Plans

Well-Balanced Health Plans for Individuals and Families in Montana

