

This outline of coverage provides a very brief description of important policy features. Please note this outline is not intended to be part of the insurance contract. Only the actual policy provisions are final and binding. The policy details your rights and obligations, as well as those of PacificSource.

PLEASE READ YOUR MEMBER HANDBOOK CAREFULLY.

Provider Network: SmartHealth

| Annual Deductible           | Per Person, Per Calendar Year | Per Family, Per Calendar Year |
|-----------------------------|-------------------------------|-------------------------------|
| Participating Providers     | \$2,500                       | \$5,000                       |
| Non-participating Providers | \$7,500                       | \$15,000                      |
| Out-of-Pocket Limit         | Per Person, Per Calendar Year | Per Family, Per Calendar Year |
| Participating Providers     | \$6,000                       | \$12,000                      |
| Non-participating Providers | \$15,000                      | \$30,000                      |

**Please note:** Your actual costs for services provided by a non-participating provider may exceed this policy's out-of-pocket limit for non-participating services. In addition, non-participating providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company, and this amount is not counted toward the non-participating out-of-pocket limit.

### Trend Data

PacificSource bases large group premiums on data accumulated from the entire Montana large group population. Certain factors such as demographics are incorporated into the rating process. PacificSource bases trend projections on a combination of PacificSource Montana large group data and the PacificSource Oregon book of business. The large group premium increases for the last five years were 2016 15.0%, 2015 4.6%, 2014 10.1%, 2013 9.7%, and 2012 8.3%.

**The member is responsible for the above deductible and the following amounts:**

| Service  | Participating Providers: | Non-participating Providers:     |
|--|--------------------------|----------------------------------|
| <b>Preventive Care</b>                                 |                          |                                  |
| Well baby/Well child care                              | No charge*               | 55% co-insurance*                |
| Routine physicals                                      | No charge*               | 55% co-insurance*                |
| Well woman visits                                      | No charge*               | No charge*                       |
| Routine mammograms                                     | No charge*               | No charge*                       |
| Immunizations  | No charge*               | No charge*                       |
| Routine colonoscopy                                    | No charge*               | Deductible then 55% co-insurance |
| Prostate cancer screening                              | No charge*               | 55% co-insurance*                |
| <b>Professional Services</b>                           |                          |                                  |
| Primary care practitioner (PCP) Office and home visits | \$20 co-pay/visit*       | Deductible then 55% co-insurance |
| Naturopath office visits                               | \$20 co-pay/visit*       | Deductible then 55% co-insurance |
| Specialist office and home visits                      | \$20 co-pay/visit*       | Deductible then 55% co-insurance |

| <b>Service</b>                                    | <b>Participating Providers:</b>                           | <b>Non-participating Providers:</b>                       |
|---|---|---|
| Office procedures and supplies                    | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Surgery   | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Outpatient rehabilitation services                | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| <b>Hospital Services</b>                          |   |   |
| Inpatient room and board                          | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Inpatient rehabilitation services                 | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Skilled nursing facility care                     | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| <b>Outpatient Services</b>                        |   |   |
| Outpatient surgery/services                       | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Advanced diagnostic imaging                       | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Diagnostic and therapeutic radiology/lab          | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| <b>Urgent and Emergency Services</b>              |   |   |
| Urgent care center visits                         | \$20 co-pay/visit*  | Deductible then 55% co-insurance                          |
| Emergency room visits – medical emergency         | Deductible then \$100 co-pay/visit plus 30% co-insurance^ | Deductible then \$100 co-pay/visit plus 30% co-insurance^ |
| Emergency room visits – non-emergency             | Deductible then \$100 co-pay/visit plus 30% co-insurance^ | Deductible then \$100 co-pay/visit plus 55% co-insurance^ |
| Ambulance, ground                                 | Deductible then 30% co-insurance                          | Deductible then 30% co-insurance                          |
| Ambulance, air                                    | Deductible then 30% co-insurance                          | Deductible then 30% co-insurance+                         |
| <b>Maternity Services</b>                         |   |   |
| Physician/Provider services (global charge)       | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Hospital/Facility services                        | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| <b>Mental Health/Chemical Dependency Services</b> |   |   |
| Office visits                                     | \$20 co-pay/visit*  | Deductible then 55% co-insurance                          |
| Inpatient care                                    | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| Residential programs                              | Deductible then 30% co-insurance                          | Deductible then 55% co-insurance                          |
| <b>Other Covered Services</b>                     |   |   |
| Allergy injections                                | \$5 co-pay/visit*   | Deductible then 55% co-insurance                          |
| Durable medical equipment                         | Deductible then 30%                                       | Deductible then 55%                                       |

| Service                                    | Participating Providers:         | Non-participating Providers:     |
|--|----------------------------------|----------------------------------|
|  | co-insurance                     | co-insurance                     |
| Home health care                           | Deductible then 30% co-insurance | Deductible then 55% co-insurance |
| Chiropractic manipulations and acupuncture | \$20 co-pay/visit*               | Deductible then 55% co-insurance |
| Transplants                                | Deductible then No charge        | Deductible then 25% co-insurance |

**This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.**

^ Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital.

\* Not subject to annual deductible.

+ Please note that non-participating air ambulance coverage is covered at 200 percent of the Medicare allowable. Contact Customer Service with questions.

## Additional Information

### What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met. Deductible expense is applied to the out-of-pocket limit.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your deductible. Only participating provider expense applies to the participating provider deductible and only non-participating provider expense applies to the non-participating provider deductible.

### What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered medical expenses during the plan year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your Member Handbook, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your out-of-pocket limit. Only participating provider expense applies to the participating provider out-of-pocket limit. Only non-participating provider expense applies to the non-participating provider out-of-pocket limit.

### Primary care practitioner

You must select and use a primary care practitioner (PCP) from the plan's provider directory. The PCP will coordinate healthcare resources to best meet your needs. Referrals are not required.

### Payments to providers

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Participating providers accept the fee allowance as payment in full. Non-participating providers are allowed to balance bill any remaining balance that your plan did not cover. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated.

### Allowable fee for non-participating providers

Outside the PacificSource service area and in areas where our members do not have reasonable access to a participating provider through one of our third party provider networks, the allowable fee, depending upon the services and supply, will be based on the use of the UCR or the participating provider contracted rate, whichever is greater. For more detailed information, please refer to the Non-participating Providers section of your policy.

### Preauthorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'.

Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. You'll find the most current preauthorization list on our website, PacificSource.com.

### **The Patient's right to know the costs of medical procedures.**

The insured, or the insured's agent, may request an estimate of the member's portion of provider charges for any service or course of treatment that exceeds \$500. PacificSource shall make a good faith effort to provide accurate information based on cost estimates and procedure codes obtained by the insured from the insured's health care provider. The estimate may be provided in writing or electronically. It is not a binding contract between PacificSource and the member, and is not a guarantee that the estimated amount will be the charged amount, or that it will include charges for unforeseen conditions. Contact Customer Service at (877) 590-1596 to request an estimate.

### **Emergency medical conditions**

For emergency medical conditions, non-participating providers are paid at the participating provider level.

Emergency medical condition means a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person, or an unborn child in the case of a pregnant woman, in serious jeopardy, result in serious impairment to bodily functions; or result in serious dysfunction of any bodily organ or part. With respect to a pregnant woman who is having contractions, for which there is inadequate time to affect a safe transfer to another hospital before delivery or for which a transfer may pose a threat to the health or safety of the woman or the unborn child.