

Focus on
Vision



Our vision plans focus on wellness and prevention.

Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to a maximum of \$40 with no deductible. After that, member pays 100%. **Pediatric vision hardware is covered in full up to \$150.** After that, it's subject to in-network deductible and then a cost-sharing fee up to 50%, depending upon the plan.

Vision for adults

Many of our medical plans include coverage for adult eye exams and vision hardware. When visiting an in-network provider, **eye exams are covered in full.** Out-of-network eye exams are covered up to a maximum of \$40 with no deductible. After that, member pays 100%. **Adult vision hardware is covered in full up to \$150.**

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this document.



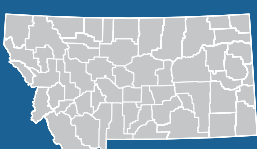
Availability Maps **by County**



More for less from our Navigator products

Navigator is our coordinated care product, where a member's care is navigated within a coordinated network of health professionals. Navigator promotes better member engagement and shared decision making with providers.

Navigator is available for purchase by businesses headquartered in the following counties: Carbon, Flathead, Lake, Lewis and Clark, Missoula, Musselshell, Park, Stillwater, Sweet Grass, and Yellowstone.



Freedom to choose with our Voyager products

Voyager is a preferred provider network, suited for a company culture that prefers a more self-directed experience.

Voyager is available for purchase by businesses headquartered in all Montana counties.

Contact your broker or our team for a quote. We're happy to help, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Phone: (406) 422-1008 | (855) 422-1008
Email: montanasales@pacificsource.com
Web: PacificSource.com



2020 Medical Plans for
Montana Small Groups | 1–50



2020 Montana | Small Group Medical Plans

	NON-HSA QUALIFIED PLANS														HSA QUALIFIED PLANS													
Product	Gold 1000^		Gold 2000^		Silver 3000		Silver 4500^		Silver 5500^		Silver 6500^		Bronze 8150		Gold HSA 3000		Silver HSA 3000		Silver HSA 4500		Silver HSA 5500		Bronze HSA 5000		Bronze HSA 6750			
	Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager		Navigator or Voyager			
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK		
Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$8,150 / \$16,300	\$16,300 / \$32,600	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,750 / \$13,500	\$13,500 / \$27,000		
Out-of-Pocket Maximum Individual / Family	\$5,500 / \$11,000	\$11,000 / \$22,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$8,150 / \$16,300	\$16,300 / \$32,600	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$8,150 / \$16,300	\$16,300 / \$32,600	\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,750 / \$13,500	\$13,500 / \$27,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$6,750 / \$13,500	\$13,500 / \$27,000	\$6,750 / \$13,500	\$13,500 / \$27,000		
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:		
Preventive Services	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	25%¹	Covered in Full	Covered in Full¹	Covered in Full	Covered in Full¹	Covered in Full	25%¹	Covered in Full	Covered in Full¹	Covered in Full	Covered in Full¹	Covered in Full	25%¹	Covered in Full	Covered in Full		
Preventive Drug Coverage	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full		
Accident Benefit	Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.			
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:			
Telemedicine (including behavioral health for adults)	\$10*	25%	\$10*	25%	\$10*	25%	\$10*	25%	\$10*	25%	\$10*	25%	\$10*	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$30* Specialist: \$60*	25%	Primary/Urgent Care: \$30* Specialist: \$60*	25%	Primary/Urgent Care: \$35* Specialist: 40%	Primary/Urgent Care: 25% Specialist: 65%	Primary/Urgent Care: \$30* Specialist: \$60*	25%	Primary/Urgent Care: \$30* Specialist: \$60*	25%	Primary/Urgent Care: \$30* Specialist: \$60*	25%	Primary/Urgent Care: \$40* Specialist: Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		
Inpatient Hospital	30%	55%	30%	55%	40%	65%	30%	55%	30%	55%	30%	55%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		
Lab / X-ray	30%	55%	30%	55%	40%	65%	30%	55%	30%	55%	30%	55%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		
Physical, Occupational, and Speech Therapy	30%	55%	30%	55%	40%	65%	30%	55%	30%	55%	30%	55%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		
Outpatient Surgery	30%	55%	30%	55%	40%	65%	30%	55%	30%	55%	30%	55%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		
Emergency Services Copay waived if admitted	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 40%	\$250 plus 40%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	50%	Covered in Full	Covered in Full		
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$30*	25%	\$30*	25%	\$35*	25%	\$30*	25%	\$30*	25%	\$30*	25%	\$40*	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$10* Tier 2: \$35* Tier 3: \$60* Tier 4: \$250*	50%	Tier 1: \$10* Tier 2: \$35* Tier 3: \$60* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Tier 1: \$15* Tier 2: \$60* Tier 3: \$100* Tier 4: \$250*	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	45%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	50%	75%	Covered in Full	Covered in Full		

^ This plan available with or without adult vision. * Not subject to deductible. ¹ Well baby/well child care are not subject to deductible. Preventive mammograms are not subject to deductible and are covered in full both in- and out-of-network. This is a brief summary. Contact us at montanasales@pacificsource.com or go to [PacificSource.com](https://www.pacificsource.com) for details or to see a plan's Summary of Benefits.