



2023 Medical Plans for **Montana Small Groups** | 1–50



2023 Montana | Navigator Small Group Medical Plans

																								HSA-QUALIFIED PLANS											
		Platinum 500 [^]		Gold 1000 [^]		Gold 2000 [^]		Gold 3000 [^]		Silver 3000		Silver 4500 [^]		Silver 5500 [^]		Silver 6500 [^]		Bronze 8150		Bronze 8700 [^]		Bronze 9100		Gold HSA 3000		Silver HSA 3000		Silver HSA 4800		Silver HSA 5500		Bronze HSA 7050			
		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	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK		
Deductible Individual / Family		\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$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	\$8,700 / \$17,400	\$17,400 / \$34,800	\$9,100 / \$18,200	\$18,200 / \$36,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,800 / \$9,600	\$9,600 / \$19,200	\$5,500 / \$11,000	\$11,000 / \$22,000	\$7,050 / \$14,100	\$14,100 / \$28,200		
Out-of-Pocket Maximum Individual / Family		\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$5,500 / \$11,000	\$11,000 / \$22,000	\$9,100 / \$18,200	\$18,200 / \$36,400	\$9,100 / \$18,200	\$18,200 / \$36,400	\$9,100 / \$18,200	\$18,200 / \$36,400	\$9,100 / \$18,200	\$18,200 / \$36,400	\$8,150 / \$16,300	\$16,300 / \$32,600	\$8,700 / \$17,400	\$17,400 / \$34,800	\$9,100 / \$18,200	\$18,200 / \$36,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,050 / \$14,100	\$14,100 / \$28,200	\$4,800 / \$9,600	\$9,600 / \$19,200	\$5,500 / \$11,000	\$11,000 / \$22,000	\$7,050 / \$14,100	\$14,100 / \$28,200		

Preventive Services	Covered in full	25% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	25% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹	Covered in full	0% after deductible ¹
Preventive Drug Coverage	Covered in full	50% after deductible	Covered in full	0% after deductible	Covered in full	50% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible																				
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.		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.			

Office visits Primary (including behavioral health), Urgent Care, and Specialist	Primary/Urgent: \$10 no deductible Specialist: \$20 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: 40% after deductible	50% after deductible	Primary/Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$40 no deductible Specialist: 0% after deductible	0% after deductible	Primary/Urgent: \$50 no deductible Specialist: 0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible								
Telehealth	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	Covered in full	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible								
Inpatient hospital	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible														
Lab / X-ray	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible														
Physical, Occupational, and Speech Therapy	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	\$35 no deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Outpatient Surgery	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Emergency Services	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 40% after deductible	\$250 plus 40% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Chiropractic / Acupuncture Visits per benefit period: Chiro: 10 / Acu: 12	\$10 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$35 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	0% after deductible	\$50 no deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5 no deductible Tier 2: \$15 no deductible Tier 3: \$50 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	50% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3: \$100 no deductible Tier 4: \$250 no deductible	0% after deductible	0% after deductible	Tier 1: \$25 no deductible Tier 2: \$100 no deductible Tier 3: \$200 no deductible Tier 4: \$500 no deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	50% after deductible	0% after deductible								

[^]This plan available with or without adult vision.
¹Well-baby/well-child care and preventive mammograms 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 for details or to see a plan's Summary of Benefits.
 Accessibility help: for assistance reading this table or the rest of the document, please call us at **888-977-9299**, TTY: 711. We accept all relay calls.

Availability map **by county**



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