

2021 Montana Marketplace Plans

October 29, 2020



Agenda

Welcome

Announcements

Guest speakers:

- Blue Cross Blue Shield of Montana
- Mountain Health COOP
- PacificSource

Questions



MPCA & Cover Montana

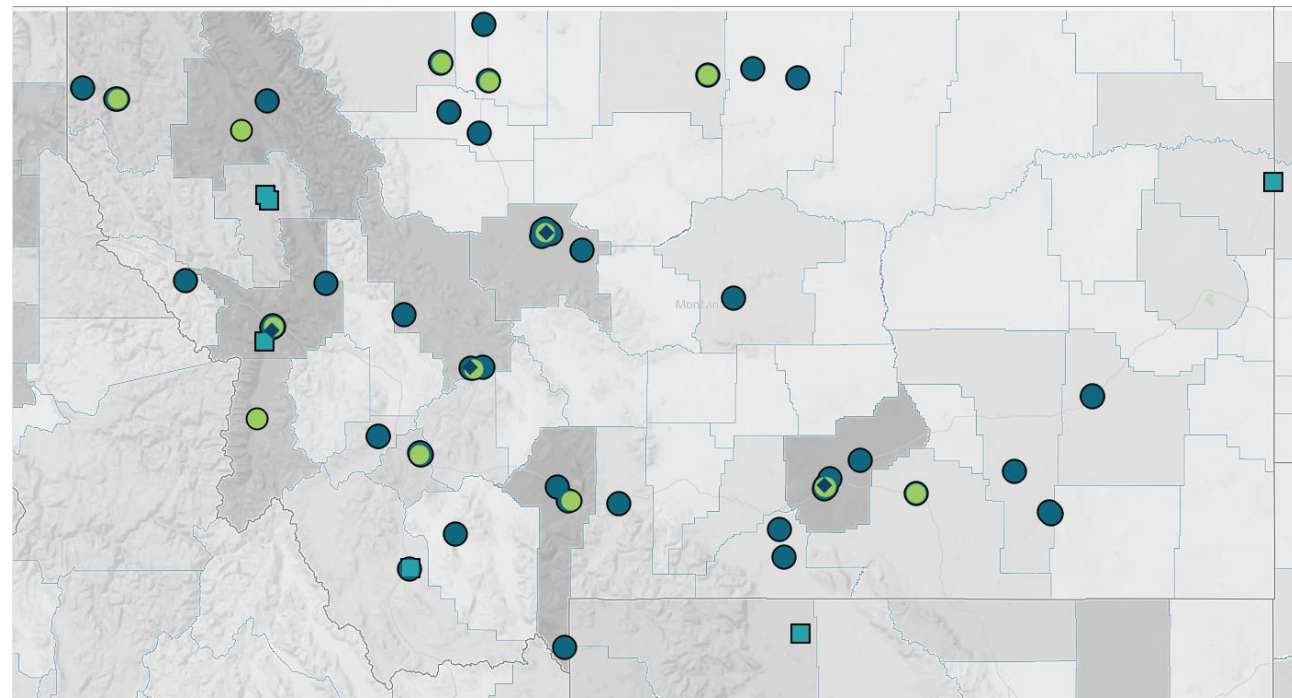
The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.

The **Vision** of MPCA is health equity for all Montanans.

MPCA values integrity, collaborations, and innovation.

The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 117,500 patients across Montana.

Cover Montana was developed in 2014, after the first open enrollment period. MPCA facilitates Cover Montana and hosts the www.covermt.org website.



Announcements

Do you need Cover Montana materials?

- 1 pager (front and back)
- OE 8 Posters

Let us know and we'll mail them to you!

HEALTH INSURANCE FOR MONTANA NATIVE FAMILIES



HEALTH INSURANCE IS NOW MORE IMPORTANT THAN EVER.

Most Montanans qualify for financial help. See what you qualify for:

Family Size	Montana Medicaid	Healthy Montana Kids	Marketplace Special Provisions for Native Americans	
	<small>If your income is below this amount and you are between 19 - 64, you may qualify for Montana Medicaid.</small>	<small>If your income is below this amount, your kids under 19 may qualify for Healthy Montana Kids.</small>	<small>If you are an enrolled member of a federally recognized tribe and your income is below this amount, you may qualify for a free or low-cost plan with no out-of-pocket costs.</small>	<small>If you are an enrolled member of a federally recognized tribe and your income is below this amount, you may qualify for financial help and reduced cost-sharing.</small>
1	\$1,467/mo	\$2,828/mo	\$38,280/year	\$51,040/year
2	\$1,983/mo	\$3,822/mo	\$51,720/year	\$68,960/year
3	\$2,498/mo	\$4,815/mo	\$65,160/year	\$86,880/year
4	\$3,013/mo	\$5,808/mo	\$78,600/year	\$104,800/year
5	\$3,528/mo	\$6,801/mo	\$92,040/year	\$122,720/year
6	\$4,043/mo	\$7,794/mo	\$105,480/year	\$140,640/year

*All income amounts listed are pre-tax. Income levels apply through Spring 2021.

Healthcare.gov Enrollment Deadlines:

For Coverage Effective On: January 1, 2021 Complete Enrollment By: December 15, 2020

Enrolled members of federally recognized tribes, can enroll anytime.

Have questions? Free local help is available.



All Nations Health Center
(406) 304-5834
LEARN MORE AT COVERMT.ORG



ENROLL BY DECEMBER 15, 2020



**HEALTH INSURANCE IS MORE
IMPORTANT THAN EVER.**



**MOST MONTANANS
QUALIFY FOR
FINANCIAL HELP.**



**FREE LOCAL HELP
(844) 682-6837 | [COVERMT.ORG](https://covermt.org)**



Increasing Statewide Capacity

The goals: Improve access to information, provide local referrals, and use the Montana Navigation program to back up the local efforts.

- New Cover Montana Help Line:
1(844) 682-6837, 1(844) MT-COVER
- Live Chat function on the Cover Montana website

First Choice Services is providing the Help Line and chat support.

What can the help line and chat do?

- Answer questions
- Provide referrals to local assisters
- Refer to the Montana Navigator program to those who want to enroll immediately or for those who don't have a local assister.



How is the help line going to work?

Scenario A:

Mattie Montanan calls the help line. They live in Billings and need help during Open Enrollment.

Mattie wants to meet with someone face-to-face, so the help line will refer Mattie to an assister in Billings who is currently providing face-to-face assistance.

There are multiple Billings organizations providing enrollment assistance, the help line will figure out if there is an organization that Mattie already works with and trusts, but will also work to ensure that it is a hot-line transfer, if possible.

Scenario B:

Mattie Montanan's cousin calls the Help Line. They live in Harlowton. There are no enrollment assisters in Harlowton. They don't want to meet anyone face-to-face and want to do a phone enrollment.

The help line may transfer them to a local assister, if the cousin prefers to work with someone "locally."

The help line may also refer to Montana Navigator to enroll the cousin immediately





BlueCross BlueShield of Montana

2021 Marketplace Plans

October 29, 2020

BCBSMT 2021 On- and Off-Exchange Product Offering

Net-work	Plan Name†	ON or OFF Exchange	New or Renewing	Deduct-ible	OPX**	Coins	PCP Office Visit	Pref Generic (Tier 1‡)	Non-Pref Generic (Tier 2‡)	Pref Brand (Tier 3‡)
Blue Preferred PPO	Blue Preferred Bronze PPO 301	Both	Renewing	\$8,550	\$8,550	0%	0%	0%	0%	0%
	Blue Preferred Bronze PPO 302*	OFF Only	Renewing	\$5,200	\$6,900	30%	30%	20%	25%	30%
	Blue Preferred Bronze PPO 201	Both	Renewing	\$3,200	\$8,550	50%	\$25	0%	10%	20%
	Blue Preferred Bronze PPO 202*	Both	Renewing	\$4,000	\$6,900	30%	30%	20%	25%	30%
	Blue Preferred Bronze PPO 502*	OFF Only	NEW	\$5,000	\$6,900	50%	50%	20%	25%	30%
	Blue Preferred Silver PPO 306	OFF Only	Renewing	\$4,500	\$8,550	50%	\$25	\$5	\$15	\$50
	Blue Preferred Silver PPO 308	Both	Renewing	\$8,550	\$8,550	0%	0%	\$10	\$15	\$50
	Blue Preferred Silver PPO 203	Both	Renewing	\$800	\$8,550	50%	40%	20%	25%	30%
	Blue Preferred Gold PPO 204	Both	Renewing	\$750	\$8,550	30%	\$10	\$5	\$10	\$50
Blue Focus POS	Blue Focus Bronze POS 205	Both	Renewing	\$4,700	\$8,550	50%	\$40	0%	10%	20%
	Blue Focus Bronze POS 302	OFF Only	Renewing	\$5,200	\$6,900	30%	30%	20%	25%	30%
	Blue Focus Silver POS 306	OFF Only	Renewing	\$4,500	\$8,550	50%	\$25	\$5	\$15	\$50
	Blue Focus Silver POS 206	Both	Renewing	\$4,200	\$8,550	50%	\$25	\$5	\$15	\$50
	Blue Focus Gold POS 207	Both	Renewing	\$300	\$8,550	40%	20%	10%	20%	30%

* HSA plan ** Out of Pocket Maximum (includes deductible) ‡ All RX coinsurance percentages are subject to the deductible

This information is preliminary in nature and is being shared for educational and training purposes only. It may not be used for any other purposes, including marketing.

PY 2021 Portfolio Changes Summary

MEDICAL & DENTAL QHPs

We increased our \$0 offerings on some plans:

- \$0 copays on PCP office visits
- \$0 deductibles on 94% CSR Silver plans
- Blue Preferred Bronze PPO 502: New off-exchange HSA plan with \$0 copays on expanded preventive drug list

SUPPLEMENTAL PRODUCTS

- No major changes

PRESCRIPTION & PHARMACY

- Sam's Club is no longer an in-network pharmacy
 - No longer a preferred or non-preferred pharmacy
 - Will be considered out-of-network

NETWORK

- No major changes

Rate Changes

Proposed rates are basically flat overall.

HealthCare.gov ESPAÑOL

ACA-Compliant Products State: Montana [Change](#) Search Results

Blue Cross and Blue Shield of Montana

Individual

EFFECTIVE DATE	CURRENT REVIEW STATUS	SUBMISSION PERIOD	FINAL DETERMINATION
01/01/2021	Submission Filed	Annual	Pending Review

Showing 2 product(s)

Blue Preferred PPO

✔ Includes Exchange Plan

REQUESTED RATE CHANGE	FINAL RATE CHANGE
0.17%	N/A

[View full product details](#)

Blue Focus POS

✔ Includes Exchange Plan

REQUESTED RATE CHANGE	FINAL RATE CHANGE
-1.02%	N/A

[View full product details](#)

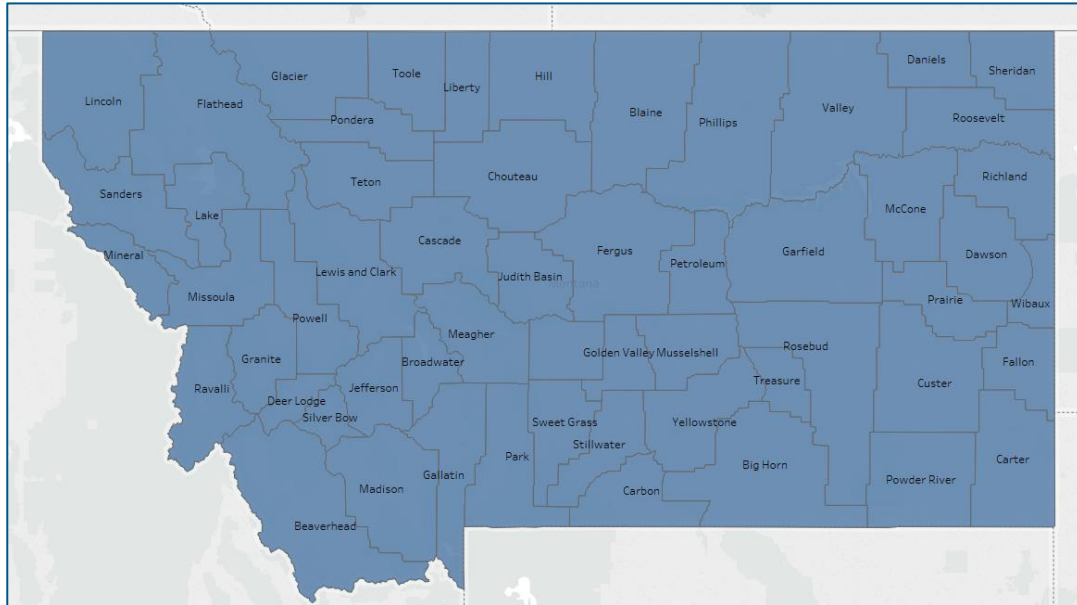
BCBSMT Retail Provider Networks

Blue Preferred PPO (PPO)

Existing statewide network

On and Off Exchange

Metallic Plans: Gold, Silver, Bronze, Catastrophic



Network includes approximately
60 hospitals and 8,400 professionals

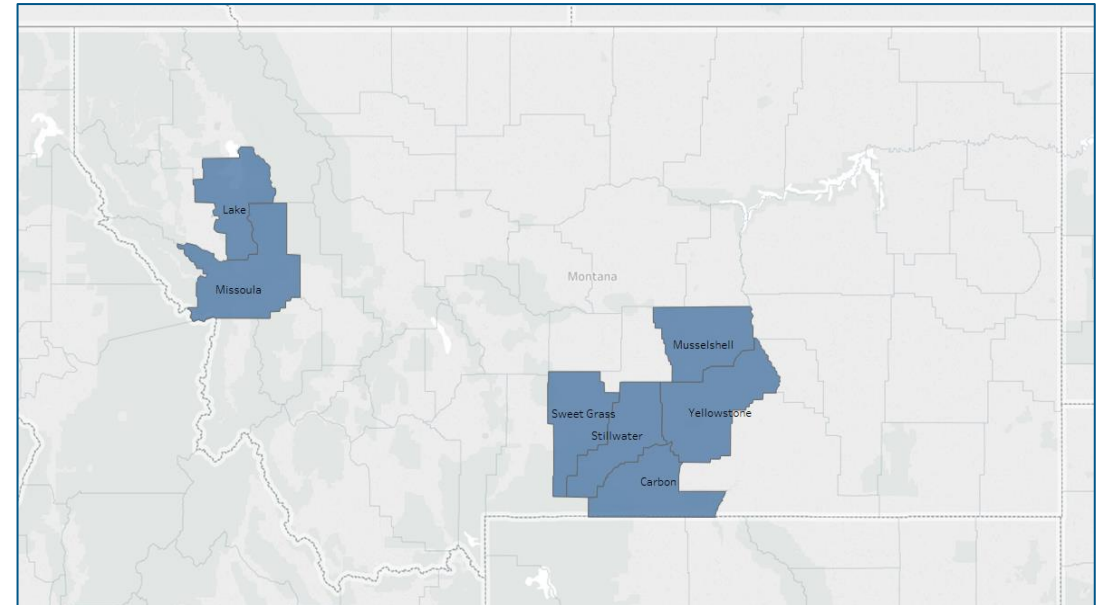
Existing Service Area

Blue Focus POS (BLC)

Existing network in Billings and Missoula

On and Off Exchange

Metallic Plans: Gold, Silver, Bronze



Network includes approximately
8 hospitals and 1,020 professionals



Telemedicine

Temporary Benefits

Permanent Benefits

Virtual Visits powered by MDLIVE

Telemedicine Benefits

Temporary Benefits for 2020 Plan Year Due to Public Health Emergency

- We have temporarily lifted cost-sharing and expanded coverage for clinically appropriate medical and behavioral health services delivered via telemedicine with local providers as well as Virtual Visits powered by MDLIVE through December 31, 2020.
- The billing codes covered could include professionals as well as facilities.
- For these services, members won't pay copays, coinsurance or deductibles.

Telemedicine Benefits

Permanent Benefits for 2021 Plan Year

- Covid-19 has brought about an unprecedented increase in telemedicine demand. Providers are reporting 50-175x the number of telemedicine visits prior to Covid-19.
- Member costs for telemedicine visits are the same as in-person visits.
- Telemedicine visits include visits with PCPs, specialists and behavioral health professionals.
- Members will be able to access their medically necessary, covered benefits through providers who deliver services through telemedicine.
- Members will have to contact providers to determine if they offer telemedicine visits.
- We will cover telemedicine codes consistent with the permanent code list from CMS and the American Medical Association (AMA).
- We will continue to follow applicable state and federal requirements.

Virtual Visits *powered by* MDLIVE

- Non-emergency medical consults 24/7/365 by video
- Behavioral health consults 24/7/365 by video
- Utilizes MDLIVE’s national network of physicians, typically not “local” physicians
- English and Spanish speaking physicians available. Other languages available via translation services
- Single sign-on to the MDLIVE portal from Blue Access for Members, Digital Member Hub and mobile app
- Integrated with Provider Finder
- Warm transfers from Health Advocates, 24/7 Nurseline and customer service to MDLIVE
- Virtual Visits powered by MDLIVE are included with Blue Preferred PPO plans, but not included with Blue Focus POS plans

Examples of Non-emergency Medical Needs	Examples of Behavioral Health Needs
Sinusitis	Depression and anxiety
Allergies	Marital problems
Cold and flu	Child behavior and learning issues
Ear ache	Financial hardship
Fever	Coping with loss and grief
Pink eye	Stresses of everyday life

Pharmacy 2021 Changes

Sam's Club Pharmacies Moving Out of Network

- Sam's Club will no longer be a Preferred or In-Network Pharmacy for 2021
- Members will need to switch to an in-network pharmacy
- Additionally, some independent pharmacies may no longer be Preferred or may no longer be in-network

Montana

Albertsons

**Independent
Pharmacies**

Walgreens

Walmart

Pharmacy 2021 Changes

HDHP and HSA Preventive Drug Program

- High Deductible Health Plan (HDHP) and Health Savings Account (HSA) Preventive Drug Program is a benefit designed to support preventive drug coverage, when a HDHP and HSA are in place for select plans
- The Blue Preferred Bronze PPO 502 plan is designed to reduce out-of-pocket costs for members using select preventive drugs
- Deductible, copay and coinsurance will be waived (\$0 member share) for select plans
- Categories include:
 - Anticoagulants/Antiplatelets
 - Depression (Selective Serotonin Reuptake Inhibitors [SSRIs])
 - Diabetic Medications
 - Diabetic Supplies
 - High Blood Pressure
 - High Cholesterol
 - Osteoporosis

Prescription Drug Lists

- The drug lists can be accessed from each of our public websites
- Plan year 2021 drug lists will be available no later than Nov. 1, 2020
- Select drug list for Metallic Individual Plans
- The drug list has instructions on how to use the list and search for a specific drug
- Also includes information about the following:
 - Dispensing Limits, Prior Authorization, Step Therapy
 - Member Pay the Difference
 - Specialty Drugs

The screenshot displays the website's navigation bar with options: Insurance Basics, Shop Plans & Products, Find a Doctor or Hospital, Member Services, and Sign Up or Log In. The main content area is titled 'MEMBER SERVICES' and 'PRESCRIPTION DRUG LISTS'. Under 'MEMBER SERVICES', there are links for 'New Member?' (What to Expect After Applying, Making Insurance Work for You, How to Make a Payment), 'Where You Go For Care Matters' (What is an Emergency?, Choosing Your Health Care Options), 'Prescription Drug Plan Information' (Pharmacy And Prescription Plan Information), 'Prescription Drug Lists' (Generic Drug Information, Search Drug Lists And Find a Pharmacy, What You Should Know About Dispensing Limits, Pharmacy Programs, Additional Resources), and 'Why Choose Us?'. The 'PRESCRIPTION DRUG LISTS' section explains that a drug list is a list of drugs available to BCBSTX members and that out-of-pocket costs are determined by the tier of the medication. It also advises logging into a Blue Access for Members account for more details. Below this, there are five links to specific drug lists: Prescription Drug Lists for Metallic Individual Plans, Prescription Drug Lists for Grandfathered Individual Plans, Prescription Drug Lists for Employer-offered Plans: Large Group (51 or more), Prescription Drug Lists for Employer-Offered Metallic Plans: Small Group (1-50), and Prescription Drug Lists for Employer-offered Non-Metallic Plans: Small Group (1-50).

Enrolling in a BCBSMT Plan

The screenshot shows the Blue Cross BlueShield of Montana website. At the top, there is a navigation bar with links for Welcome, Employers, Producers, and Providers. A search bar is located on the right side of the navigation bar. Below the navigation bar, the Blue Cross BlueShield of Montana logo is displayed on the left, and the 'Ask IVY' virtual assistant icon is on the right. A search bar is also present below the logo. The main content area features a large banner with the text 'Health Care Coverage You Can Depend On' and a sub-headline 'Now more than ever, quality health care coverage is important. Let us help you find the right plan.' To the right of the banner is a 'Member Login' form with fields for 'User Name' and 'Password', and a 'Log In' button. Below the banner are three blue buttons: 'Individual & Family Browse 2021 Plans', 'Medicare Find the Right 2021 Coverage for You Enroll by Dec. 7', and 'We're Here for You How to Enroll'. Below these buttons are two tabs: 'Individual & Family' (selected) and 'Medicare'. Under the 'Individual & Family' tab, there is a section titled '2020 Special Enrollment Period' with the text 'You may still be able to get 2020 health care coverage.' and an 'Explore Now' button. Under the 'Medicare' tab, there is a list of links: 'Review 2021 Plans', 'Find Out What's Next After Applying Pay My Bill', and '2021 Drug Updates'.

Home | Blue Cross and Blue... x

File Edit View Favorites Tools Help

Page Safety Tools

Welcome Employers Producers Providers

Company Information Feedback Language Assistance

BlueCross BlueShield of Montana

Ask IVYSM our virtual assistant

Search

Insurance Basics Shop Plans & Products Find a Doctor or Hospital Member Services Sign Up or Log In

Health Care Coverage You Can Depend On

Now more than ever, quality health care coverage is important. Let us help you find the right plan.

Member Login Pay My Bill

User Name

Forgot your user name?

Password

Forgot your password?

Log In

New User? Register Here

Individual & Family
Browse 2021 Plans

Medicare
Find the Right 2021 Coverage for You
Enroll by Dec. 7

We're Here for You
How to Enroll

Individual & Family Medicare

2020 Special Enrollment Period

You may still be able to get 2020 health care coverage.

Explore Now

Review 2021 Plans
Find Out What's Next After Applying
Pay My Bill
2021 Drug Updates

Initial Premium Payment Deadlines

OFF EXCHANGE Initial Payment Deadline	ON EXCHANGE Initial Payment Deadline
<p>The initial premium payment due date is either</p> <p>30 calendar days from the first payment request <i>or</i> the effective date of the policy whichever is LATER</p> <ul style="list-style-type: none">• The 30-calendar-day period begins the day we send the payment deadline letter.• If the payment deadline isn't met, the application is withdrawn.• If the applicant pays by the deadline, the effective date remains Jan. 1, 2021.	<p>The initial premium payment due date is either</p> <p>30 calendar days from application receipt <i>or</i> the effective date of the policy whichever is LATER</p> <ul style="list-style-type: none">• The 30-calendar-day period begins the day we receive the application.• If the payment deadline isn't met, the application is withdrawn.• If the applicant pays by the deadline, the effective date remains Jan. 1, 2021.

Questions?

- Rhonda Nordahl
- Rhonda_Nordahl@bcbsmt.com
- Office: (406) 437-6317
- Cell: (406) 431-0489



WHEREVER YOU'RE GOING

WE'VE GOT YOU

Individual - Employer Plans - Medicare
Supplements

WE'RE MOUNTAIN HEALTH CO-OP.
CREATED FOR, GOVERNED BY,
AND PROUDLY SERVING PEOPLE
JUST LIKE YOU.

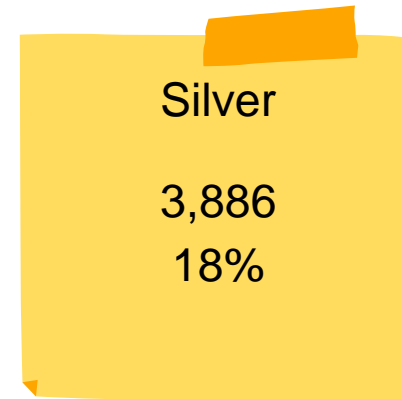
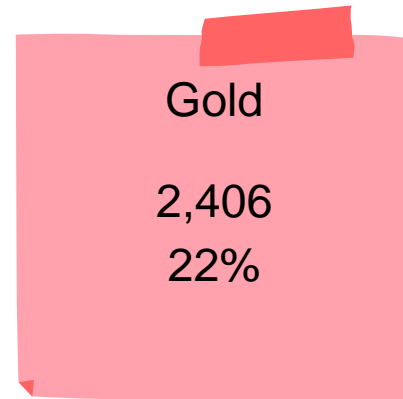
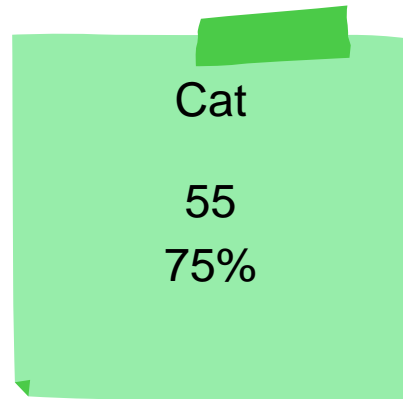
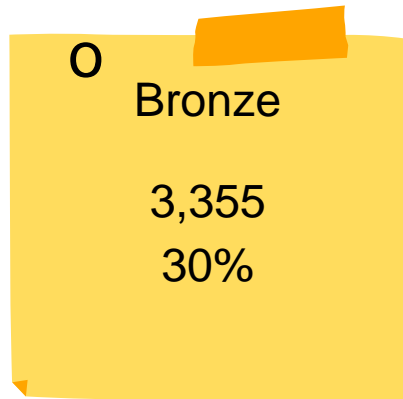
We believe in quality over quantity. There is strength in being locally owned. Our ideas on what it means to be an all-for-one and one-for-all CO-OP stretch further than any corporate tagline ever could.

Come as you are, whoever you are. We're Mountain Health CO-OP, we belong to you, and you belong here.



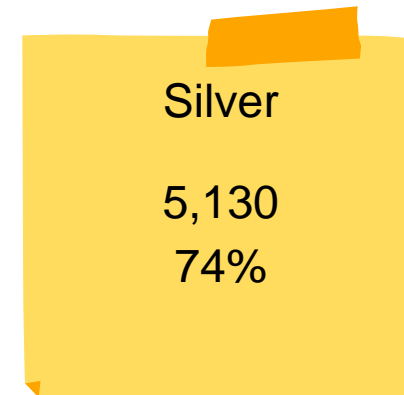
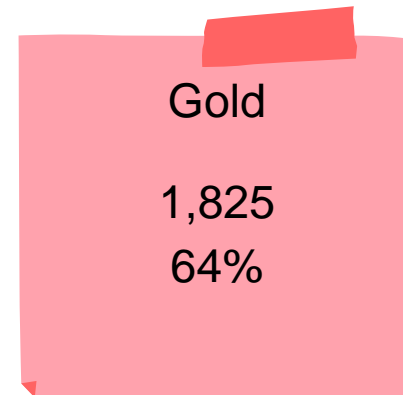
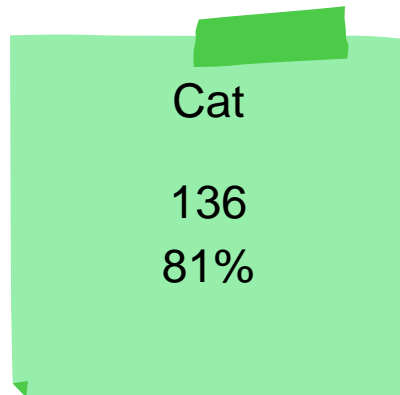
MEMBERSHIP

Idaho



No BOR

Montana



No BOR



Montana Individual Rates

Product	2020	2021	Rate Change
CO-OP Plus	\$407.5	\$400.0	-
CO-OP Plus Gold	\$388.9	\$366.6	1.8%
CO-OP Plus Silver	\$263.8	\$270.0	5274%
CO-OP Plus Bronze	\$410.7	\$411.3	0%
Connected Care Gold	\$349.1	\$382.0	%
Connected Care Silver	\$265.1	\$278.9	1532%
Connected Care Bronze	\$282.2	\$292.6	3%
Connected Care Bronze Plus	\$377.2	\$375.1	%
Connected Care Silver Option 2	\$239.2	\$251.1	0.6%
Connected Care Catastrophic	\$278.4	\$284.8	324%
Connected Care Expanded Bronze	2	4	%



2021 PRODUCTS AND BENEFITS



We believe in whole body health. Each member has a reimbursement credit for annual dental and vision exams. *Group plans vary



Members have access to board certified doctors wherever they go, 24/7 via their phone, tablet or computer.



The CO-OP covers travel expenses for members in need of certain out-of-state care.



The CO-OP's pharmacy program offers hundreds of drugs at zero cost for members.



We proudly cover 100% of preventive check-ups and screenings.

VALUE-BASED PREVENTIVE DRUG LIST FOR 2021

- Provides NO Cost Share Drugs Before Deductible
- For ALL Plans in all Three States (MT, ID, and WY)
- Added More Drugs at No Cost, Including Drugs for
 - Cardiovascular Disease
 - Diabetes (Including Many Insulins)
 - Asthma/COPD
 - Depression
 - Osteoporosis

V-BID X: EXPANDING COVERAGE OF ESSENTIAL CLINICAL CARE WITHOUT INCREASING PREMIUMS OR DEDUCTIBLES

Clinically driven plan designs, like *V-BID X*, reduce spending on **low-value care**



...creating headroom to reallocate spending to **high-value services** without increasing **premiums or deductibles**

Open 24/7.

- Cost-Effective - Copay for Urgent Care for Traditional Plans (Currently \$0, due to COVID-19)
- Urgent Care Can Treat Conditions Such as
 - Bladder Infections, Bronchitis, Fevers, Pink Eye, Rash, Sinus Problems, Stomachaches
- Behavior Health Care (15-50 Minute Visits)
 - Urgent Care - Less Than 3 Minutes
 - Behavioral Health - Less than 24 Hours
 - No Crisis Care
- Providers Can Order Scripts & Labs
- Repeat Provider Services
- To Access, Download the Doctor On Demand App





ADULT VISION EXAMS

- Members Pick their Providers
 - Tip: Call the Provider to Request the Cost of the Exam to Make Sure Their \$60 Reimbursement Goes Farther
- Members go to Their Appointments and Pay Directly, Making Sure to Get a Copy of Their Receipt
- The Member Then Submits Their Receipt Along with the Claim Form, Which is Available at www.mountainhealth.coop, and submit via
 - Mail, to University of Utah Health Plans, PO Box 45180, Salt Lake City, UT 84145-0180
 - Fax, to 801-281-6121, or
 - Email, to uuhp@hsc.utah.edu
- This benefit is paid as part of your medical benefit plan with the CO-OP. If you have other vision coverage, this benefit will not coordinate with that coverage.





New !

Need Your teeth cleaned?

We've got you covered.
Now offering dental exam reimbursements.
mountainhealth.coop

- \$100 Maximum
- Includes Cleaning, Exam, and Fluoride (No X-Rays)
- Implemented for all Plans



You belong
here!



PacificSource 2021 Product Training



Our Mission

To provide **better health, better care, and better cost** to the people and communities we serve.

Members: At the Center of Everything We Do



Employer Satisfaction

(Employer Satisfaction Survey)



Claims Turnaround

(Claims Monthly Turnaround Report)



Claims Accuracy

(Random Audit Results Report)



Call Answer Speed

(Call Volume Report)

Products



Navigator Products Attributes

- **Navigator** gives you a more integrated approach to care—helping members get the right care, at the right time, in the right place. It's care that's coordinated to simplify the member experience, improve access to care, and promote member engagement through shared decision-making within an accountable network of providers.
- **Product Attributes**
 - Member experience
 - Provider contracting attributes
 - Plan design
 - Provider network
 - Pricing and marketability



Navigator is Offered in Specific Counties

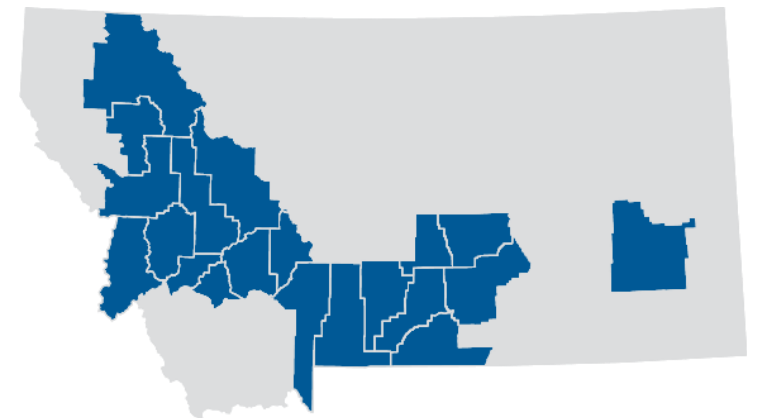
Navigator is only offered in specific counties where we have been successful in working with our major delivery systems and providers to achieve quality outcome goals.

Navigator Counties include:

- Flathead
- Lake
- Lewis and Clark
- Missoula
- Musselshell
- Park
- Sweet Grass
- Stillwater
- Wheatland
- Yellowstone

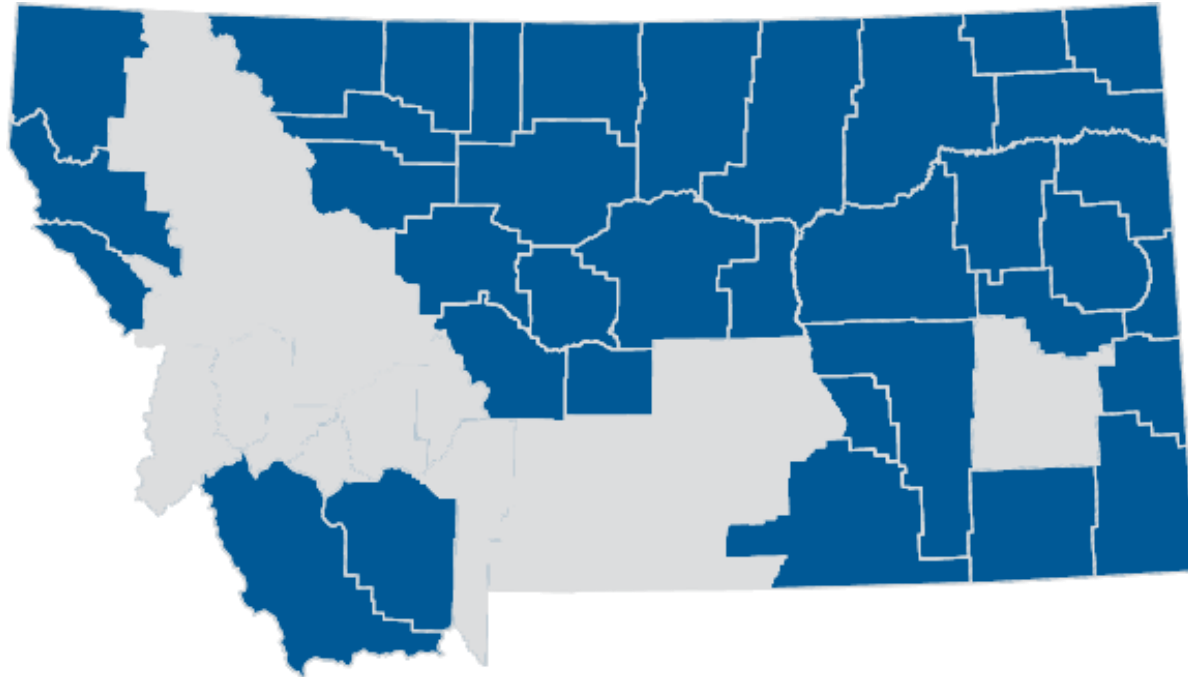
New for 2021

- Broadwater
- Custer
- Deer Lodge
- Gallatin
- Granite
- Jefferson
- Powell
- Silver Bow
- Ravalli



Voyager Products

- **Voyager** products are sold in counties where a **Navigator** products are not available



Nationwide Provider Network

We partner with more than 92,000 participating providers.

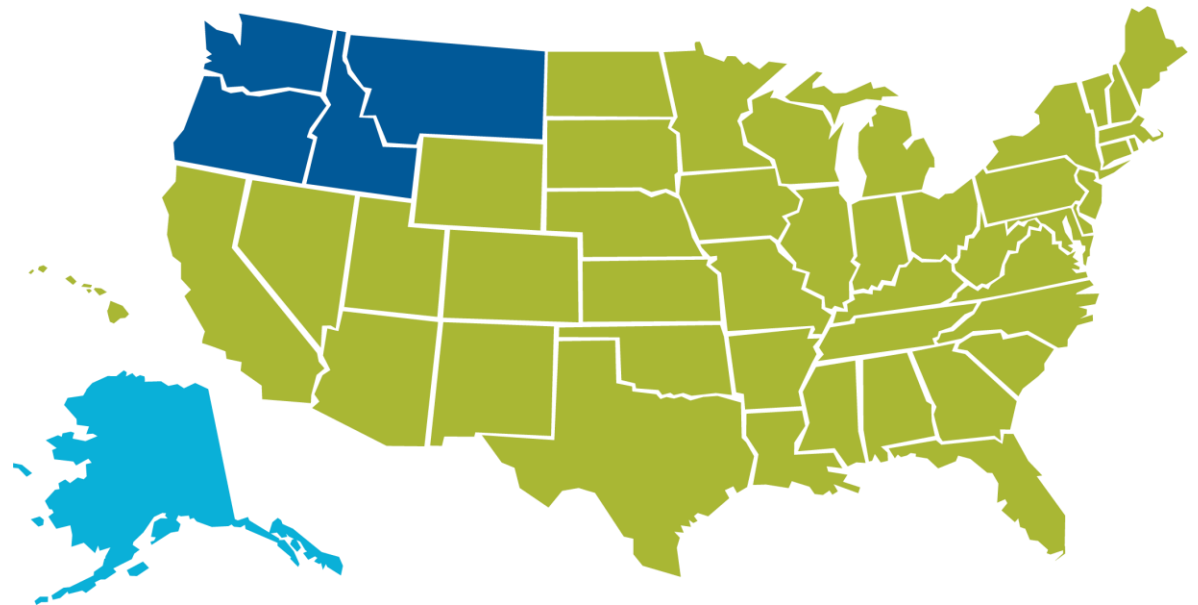
■ Voyager / Navigator Network

- Large region-wide PPO network.
- Covers all of Oregon, Idaho, Montana and Washington

■ First Health Network

■ FirstChoice Network

Travel networks available when members travel outside their Voyager / Navigator service area.



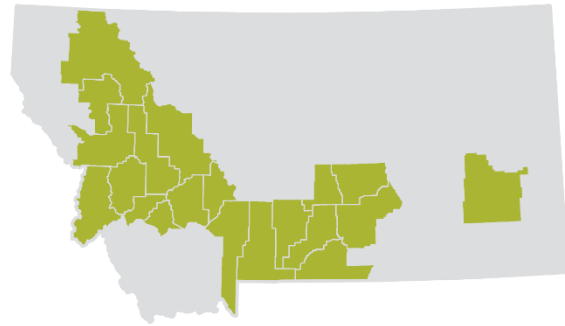
Individual Products

- On Exchange
- Off Exchange

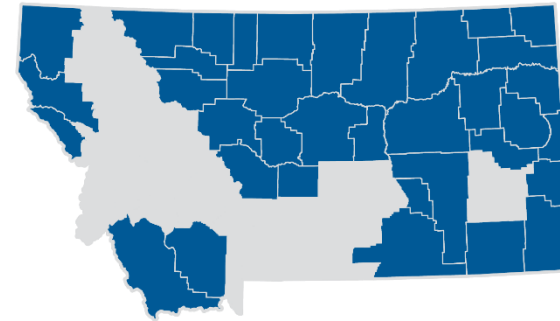


Individual Product Sales Areas

Navigator



Voyager



On & Off Exchange Plans

Plan name	Deductible	Out-of-pocket	Copay OV/Spec	Coinsurance	Rx structure
Bronze HSA 6900	\$6,750 \$6,900	\$6,750 \$6,900	After deductible 0%	After deductible, 0%	After deductible 0%
Silver HSA 3500	\$3,500	\$6,750	After deductible 25%	After deductible, 25%	After deductible 25%
Gold 1500	\$1,500	\$5,000	After deductible, 10%	After deductible, 10%	\$15 / \$60 / \$100 / \$250
Bronze 7000	\$7,000	\$8,150 \$8,550	\$35 / after deductible 40%	After deductible, 40%	After deductible 40%
Silver 5000	\$5,000	\$8,150	\$35 / \$70	After deductible, 30%	After deductible 30%

Off Exchange Only

Plan name	Deductible	Out-of-pocket	Copay OV/Spec	Coinsurance	Rx structure
Silver 4000	\$4,000	\$7,000	\$35 / \$70	30%	After deductible 30%
Silver 3000	\$3,000	\$8,150	\$35 / after deductible 40%	40%	\$15 / \$60 / \$100 / \$250

What is silver loading?

- Cost share reduction plans offer lower deductibles, copays, and out of pocket limits for those that qualify based on income.
- The government would pay the difference between the standard plan and the CSR plan, however that is no longer happening.
- To account for the difference carriers are rate loading the premium on silver plans sold on the exchange.
- HC.gov has some good resources on explaining CSR plans.

First Dollar Benefits

- \$500 accident benefit
- \$35 PCP/Mental Health copay on our Bronze 7000 and Silver 5000 plans (on and off exchange)
- \$35 PCP/Mental Health copay on Silver 4000 and Silver 3000 (off exchange only)
- Silver 3000 has first dollar Rx copays (off exchange only)
- \$150 annual Health Education Benefit
- Kids vision exams and hardware
- Preventive care services and Preventive Rx

Pediatric and Family Dental Plans

Plan Name	Class I coinsurance	Class II coinsurance	Class III coinsurance	Deductible	Annual Max
Dental Choice 0-20-50 1000	No deductible, 0%	After deductible, 20%	After deductible, 50%	\$50 Individual \$150 Family	Adult annual Max \$1,000
Dental Choice 0-20-50 1500	No deductible, 0%	After deductible, 20%	After deductible, 50%	\$50 Individual \$150 Family	Adult annual Max \$1,500
Kids Dental Choice 0-20-50	No deductible, 0%	After deductible, 20%	After deductible, 50%	\$50 Individual \$150 Family	\$350 Individual \$700 Family Max OOP

All plans offered on and off the marketplace.

Adult services: 6-month exclusion for Class II services and 12-month exclusion for Class III services

Dental Updates

- Change frequency limitation for amalgam and composite fillings from one time per calendar year per surface per tooth to one filling per surface per tooth every 24 months
- Increased UCR from the 85th to 90th percentile



Pharmacy



Partnership with CVS Caremark



Pharmacy Network

- The CVS Health National Network is specifically designed to provide maximum geographic coverage at marketplace-competitive rates and fees.
- As one of the largest PBMs in the nation, we can utilize their strength, size, and market presence to ensure that their National Network and competitive pricing ultimately benefits both our clients and their members.
- A nationwide network of more than 68,000 participating retail pharmacies



2021 Pharmacy Updates

- Individual products are moving from MAC A to MAC B
- Truvada for PrEP added to ACA
- True Accumulation Program
 - Amounts paid by manufacture coupon/discount programs will not accumulate towards members DED/OOP



Value-added Benefits



Value-added Programs

- Teladoc[®]
- Active&Fit Direct[™] program
- Assist America[®]
- 24-Hour NurseLine
- Quit For Life[®] tobacco cessation
- Café Well
- Weight Watchers[®] (WW[®])
- HealthKicks! (wellness for kids)
- Health Education Classes
- PacificSource Prenatal Program

Additional Accident Benefit

Included on all Individual and Small Group plans; available on Large Group plans.

- Support for an active lifestyle.
- First \$500 of an accidental injury within 90 days.
- Caused through external and accidental means.
- “Accident” means an unforeseen or unexpected event-causing injury that requires medical attention.
- Independent of disease or infirmity.
- Does not include musculoskeletal sprains or strains obtained in the performance of physical activity.

Teladoc® | Additional Access to Care



Access Anytime

Provide 24/7, on-demand access to board-certified providers by video, phone, or mobile app.



Services Offered

Behavioral health and general medical coverage available.



Treat Health Issues

Diagnose, treat, and prescribe medications (if necessary) for common health issues.

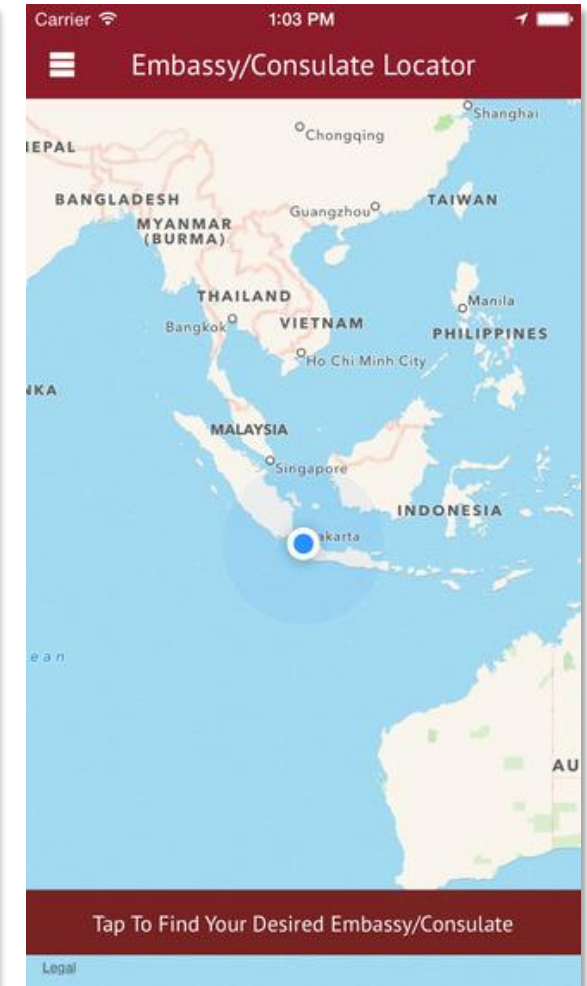
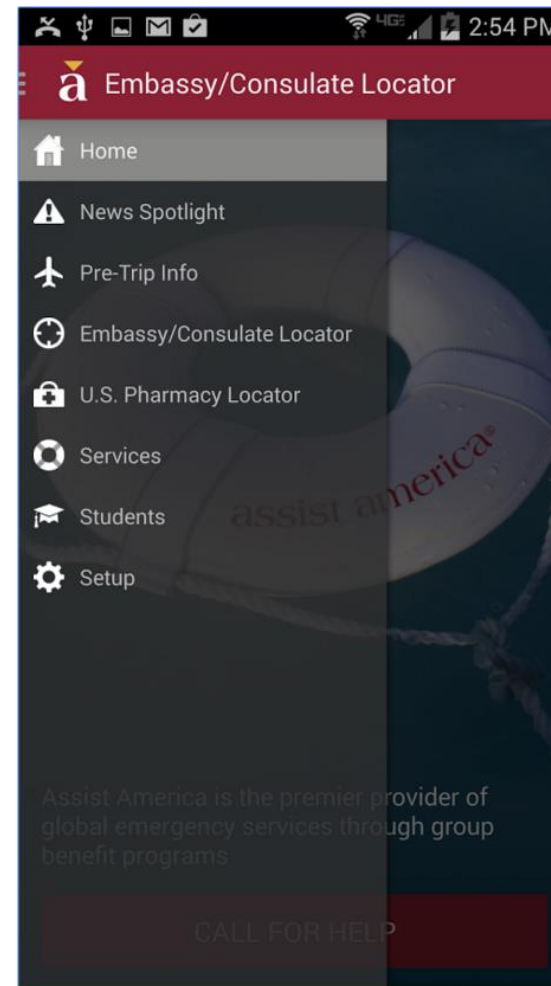
Teladoc® Fees

Type of Appointment	2020 Fees	2021 Fees
General Medicine	\$45	\$55
Licensed Therapist	\$80	\$90
Initial Psychiatrist Visit	\$160	\$220
Ongoing Psychiatrist Visit	\$90	\$100

For copay style plans, the Teladoc copay is \$10. For all other plans they pay the fees listed above. For telehealth cost-share information, see the benefits in our plan summaries.

Assist America Mobile App

Help at your fingertips!



CaféWell—Support for Better Health

- Secure health engagement portal for health and wellness resources, support, and guidance.
- Create a personalized plan based on your health goal.
- Access a variety of activities, wellness challenges, expert health coaching, and more.

Health Education Classes

Members and their dependents are eligible for a \$150 per plan year reimbursement for taking part in a course on any of these health education topics:

- First aid
- CPR
- Prenatal classes
- Parenting
- Heart health
- Nutrition – when connected with a chronic condition

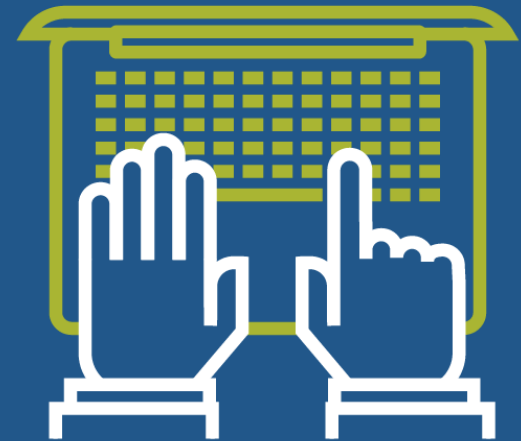


Online Tools

InTouch

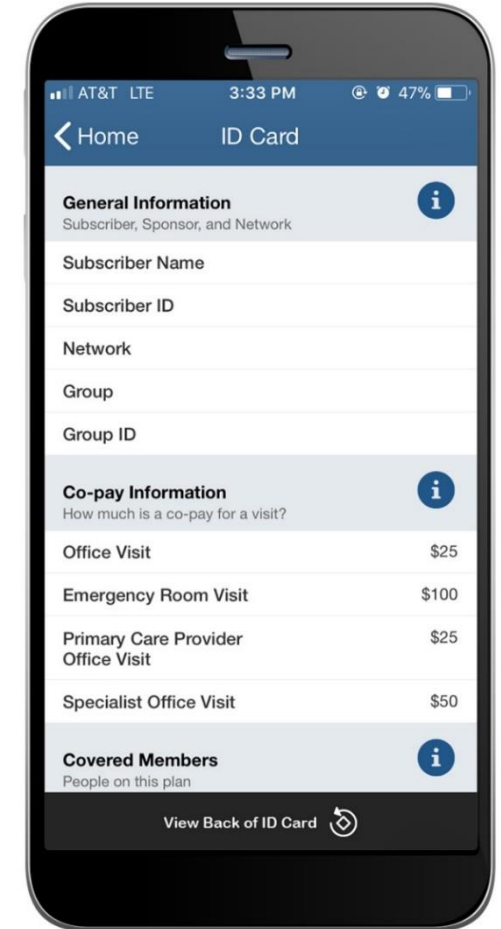
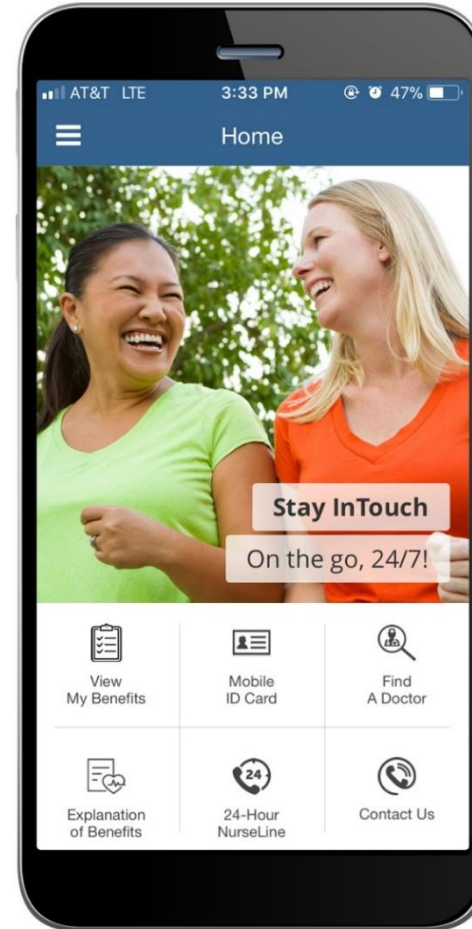
myPacificSource Mobile App

Online Enrollment Portal



24/7 Member Access with myPacificSource

- Member ID card
- Provider directory
- Benefits
- 24-Hour NurseLine



Secure online access, 24/7, with InTouch for Members

Members can use InTouch to:

- Review coverage and preauthorization information
- View explanation of benefits
- Request a temporary ID card
- Go paper-free
- Access CaféWell

The screenshot shows the PacificSource InTouch member portal. At the top, there is a navigation bar with the PacificSource InTouch logo and links for HOME, BENEFITS, RECORDS, TOOLS, and SUPPORT. Below the navigation bar is a hero section with a background image of a smiling woman looking at a laptop. The hero section contains the text "Welcome to InTouch" and three bullet points: "InTouch now works great on phones and tablets.", "A new menu and homepage helps you find information faster.", and "Notifications keep you up-to-date on important information." Below the hero section, there are two main content areas. The first is "Covered Services" with a sub-section "Find Out What's Covered" that explains how to check coverage and a link to "View all of your Covered Services". To the right of this is a table of covered services with columns for Service, Co-pay, and Co-insurance. The second content area is "Service Allowances" with a sub-section "See Where You're At" that explains how to check remaining allowances and a link to "View all of your Service Allowances". To the left of this is a table of service allowances with columns for Service, Allowance, and Remaining.

Service	Co-pay	Co-insurance
Office and home visits	\$30	0%
Outpatient rehabilitation	\$0	20%
Specialist office visits	\$30	0%
Emergency room visits	\$100	0%
Urgent care center visits	\$30	0%

Service	Allowance	Remaining
Annual Womens Exam (visits)	1	0
Wellness Program Maximum	\$150	\$150
Outpatient Rehabilitation (visits)	30	30

Open Enrollment



Individual Open Enrollment

- **MARKETPLACE:** For New and Renewal, follow all enrollment and payment parameters set by the Marketplace.
- **DIRECT:** Deadline to submit applications for January 1, 2020, effective date is December 15, 2019.
- Paper applications must be received (not just postmarked) by 5:00 p.m., December 15, 2019.
 - Fax number, P.O. Box, and email address are on the application.
- Electronic applications submitted through agent iStore must be received in the system by midnight, December 15, 2019.

Where to go for help during open enrollment?

- Call PacificSource assistors at (855) 330-2792
- Email questions to individual@pacificsource.com

What our members are saying



Customer Satisfaction

The survey says...

- “Of all the health insurance companies I have had over the years, PacificSource is clearly a cut above the rest. All my concerns and questions are answered easily and my providers have mentioned how easy PacificSource is to deal with.” (Member did not leave their name)
- “Thank you. It's how health insurance should be: clear what's covered and good quality of providers on your panel.” – Kara L.
- “Very happy with our plan! Keep up the good work! Definitely best experience we've ever had with a health plan!” (Member did not leave their name)
- “Love you! Best experience ever. Our broker described PacificSouce as the Maserati of plans and he was right.” – Erin M.
- “I have been very pleased with both the personal service when I call customer service and with the online program, InTouch.” – Karen G.

Source: Monthly customer satisfaction surveys

Questions



Thank you for joining us and please reach out with questions

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