



PacificSource

2026 Individual / Family Plans - Montana



Why PacificSource



We know our members, we know the system, and
we serve as the connecting bridge



**Meaningfully
Local**



**Member
Bridge**



**Medical Cost
Management**



**Efficient
Administration**



**Turnaround,
Sustain,
and Grow**

Introducing Core EPO

- Exclusive Provider Organization



CORE – 2026 Qualified Health Plan Offering

- Delivering Value Through Smarter Healthcare Solutions



Price Sensitivity

Lower premiums



Expansive Provider Network

Continued access to Providers accredited with Centers for Excellence



Market Trends

Balance between network limits and cost efficiency



Fraud Prevention

Reduction in fraudulent claims

Core EPO Continued

- **Affordable and Community-Oriented**
 - Core EPO plans reflect our ongoing dedication to deliver access to affordable care that is rooted in the values of the communities we serve
- **Availability**
 - Our Core EPO plans are available on and off the Exchange
- **Network Alignment**
 - Our Core EPO plans use the Core provider network which leverages the same exceptional local providers as our Navigator network in Idaho, Montana, Oregon, Clark and Cowlitz counties in Washington
- **In-Network Care Focus**
 - Core EPO plans emphasize in-network care, simplifying coverage and reducing costs while maintaining quality access

Core EPO Continued

- **Simplified Access**

- Core EPO plans do not require specialist referrals
- Customer Service support in finding a doctor

- **Coverage while traveling**

- Beyond Idaho, Montana, Oregon, Clark and Cowlitz counties in Washington, members have access to in-network urgent care and emergency care

- **Telehealth**

- Covered for in-network providers.
- Includes telehealth for physical and behavioral health visits (18+)

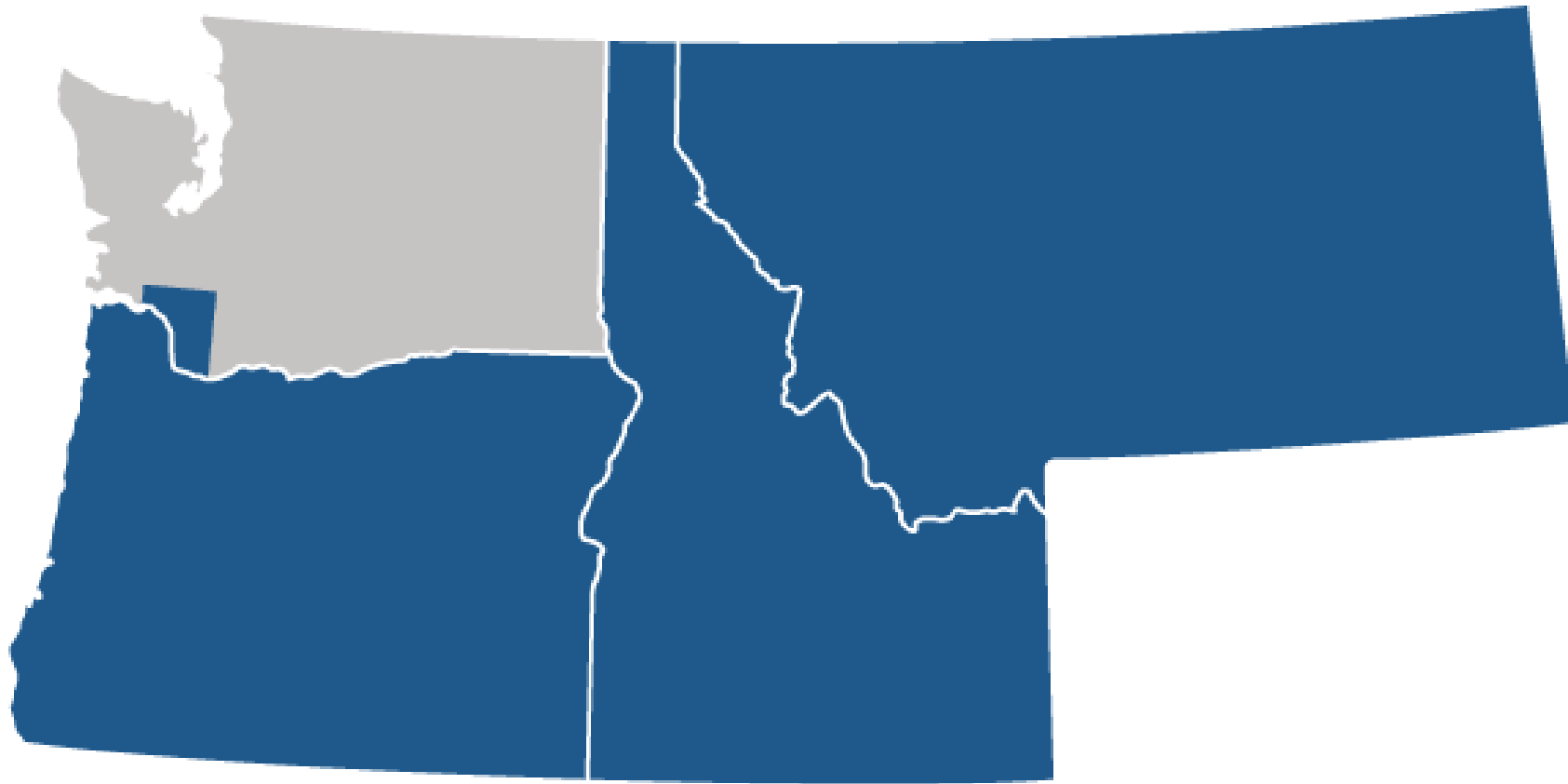
- **Nationwide RX Coverage**

- Members can refill prescriptions at any participating CVS pharmacy nationwide

Core EPO Continued

- **We are here to help!**
 - Our case management and customer service departments can assist with transitions for on-going care that might be occurring out-of-network
 - If a member does need care outside of the Core network service area call us... We are here to help!
 - Same exceptional customer service that you've come to expect

Core Network



The Core network has partners that include:

Montana



Idaho



Oregon



Individual Direct and Exchange Plans

Plan Name	Deductible	OOP	PCP OV / Spec	Coinsurance	Rx structure
Bronze HSA 8050 8300	\$8,050 \$8,300	\$8,050 \$8,300	0%*	0%*	0%*
Bronze HSA 9200 10600	\$9,200 \$10,600	\$9,200 \$10,600	0%*	0%*	0%*
Silver 3500 (NEW)	\$3,500	\$10,600	\$30 / \$60	30%*	\$15 / \$30* / \$60* / \$250*
Silver 5000	\$5,000	\$8,200 \$8,600	\$25 \$30 / \$50 \$60	30%* 40%*	30%* 40%*
Gold 1500	\$1,500	\$7,000 \$7,500	40%* 30%*	40%* 30%*	\$15 \$10 / \$50 \$20 / \$75 \$60 / \$250

* After deductible

Individual Direct Only Plans

Plan Name	Deductible	OOP	PCP OV / Spec	Coinsurance	Rx structure
Silver 4000	\$4,000	\$9,200	\$20 / \$40	30%*	30%*
Silver 3000	\$3,000	\$9,200	\$30/ \$60	40%	\$15/ \$60/ \$100/ \$250

* After deductible

Individual Direct and Exchange Standard Plans

Plan Name	Deductible	OOP	PCP OV / Spec	Coinsurance	Rx Structure
Standard Expanded Bronze HSA†^	\$7,500	\$9,200 \$10,000	\$50 / \$100	50%*	\$25 / \$50* / \$100* / \$500*
Standard Silver†^	\$5,000 \$6,000	\$8,000 \$8,900	\$40 / \$80	40%*	\$20 / \$40 / \$80* / \$350*
Standard Gold†^	\$1,500 \$2,000	\$7,800 \$8,200	\$30 / \$60	25%*	\$15 / \$30 / \$60 / \$250

* After deductible

^ No Accident Benefit

† ACA Preventive drug list, not PacificSource Preventive No-Cost Extra Drug List

Silver Plans with CSR

Plan Name	Ded	OOP	PCP OV / Spec	Coins	Rx structure
Silver 3500 (NEW)	\$3,500	\$10,600	\$30 / \$60	30%*	\$15 / \$30* / \$60* / \$250*
Silver 3500 (73)	\$3,500	\$8,450	\$25 / \$50	30%*	\$15 / \$30* / \$60* / \$250*
Silver 3500 (87)	\$700	\$2,850	\$20 / \$50	30%*	\$15 / \$30* / \$60* / \$250*
Silver 3500 (94)	\$300	\$850	\$20 / \$40	30%*	\$15 / \$30* / \$60* / \$250*
Silver 5000	\$5,000	\$8,600	\$30 / \$60	40%*	40%*
Silver 5000 (73)	\$3,000	\$7,650	\$30 / \$60	40%*	40%*
Silver 5000 (87)	\$700	\$2,500	\$30 / \$60	40%*	40%*
Silver 5000 (94)	\$625	\$800	\$20 / \$55	20%*	20%*
Standard Silver†^	\$6,000	\$8,900	\$20 / \$40	40%*	\$20/ \$40 / \$80* / \$350*
Standard Silver (73) †^	\$3,000	\$7,400	\$20 / \$40	40%*	\$20/ \$40 / \$80* / \$350*
Standard Silver (87) †^	\$700	\$3,300	\$20 / \$40	30%*	\$10 / \$20 / \$60* / \$250*
Standard Silver (94) †^	\$0	\$2,200	\$0 / \$10	25%*	\$0 / \$15 / \$50* / \$150*

* After deductible

^ No Accident Benefit

† ACA Preventive drug list, not PacificSource Preventive No-Cost Extra Drug List

Renewal plan mapping

2025 Plan	2026 Plan
Navigator Bronze HSA 8050	Core Bronze HSA 8300
Navigator Bronze 9200	Core Bronze HSA 10600
Navigator Standard Bronze	Core Standard Bronze HSA
Navigator Silver HSA 3500	Core Silver 3500
Navigator Silver 5000	Core Silver 5000
Navigator Standard Silver	Core Standard Silver
Navigator Gold 1500	Core Gold 1500
Navigator Standard Gold	Core Standard Gold

Prescription Drugs

Formulary (updated monthly)

- 12/22/25
 - Accu-Chek becomes preferred test strip (replaces OneTouch)
 - Promacta, Difacid, & Fycoma replaced with generics
- Brands likely to be replaced with generics or biosimilars in 2026:
 - Tradjenta, Januvia, Savella, Xeljanz, Xolair

No-cost drugs

- **Heart/Blood Pressure:** amlodipine, chlorthalidone, lisinopril, losartan, metoprolol, valsartan
- **Bone Health:** alendronate, ibandronate
- **Diabetes:** metformin, glipizide
- **Cholesterol:** atorvastatin, lovastatin, simvastatin
- **Mental Health:** citalopram, fluoxetine, sertraline, venlafaxine

*All commercial individual members pay \$0 for drugs on the 'ACA Standard Preventive No-cost Drug List' and most individual members pay \$0 for the drugs on the 'PacificSource Expanded Preventive No-cost Drug List'

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	\$450 Individual \$900 Family

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

Value-added Benefits



Value-added programs

- InTouch
- myPacificSource App
- Member Support Specialist
- Condition support
- Teladoc[®]
- Active&Fit Direct[™] program
- Assist America[®]
- Weight Watchers[®]
- Health education classes
- PacificSource prenatal program
- Accordant[®] rare disease program

Resources



Self-Serve documents on PacificSource.com

- Documents and forms available on the PS website, including:
 - Summaries
 - SBCs
 - Sample Policy Handbooks

Who to Contact and When



We're here to help

Customer Service

800-688-5008

CS@PacificSource.com

Contact for:

- Health plan benefits
- Questions about InTouch for Members
- Medical claim questions
- Help locating a participating provider
- Questions about coordination of benefits

Hours:

7:00am to 5 PM Pacific

8:00am to 6 PM Mountain

Health Services

888-691-8209

Preauthorization: 208-333-1563

HealthServices@PacificSource.com

Contact for:

- Provider requests for prior authorization of services
- Provider requests for referral authorization
- Case management services
- Transition of care
- Condition management

We're here to help

Billing and Tax Credit Questions

800-591-6579

Individual@PacificSource.com

Contact for:

- Name and address changes for members
- Billing questions
- Adding and terminating members from coverage
- Requests for ID cards
- Any tax credit questions

Member bills are generated on the 13th of each month

Questions

