



PacificSource 2024 Product Training



Stability across time



Founded

\$3.7 billion

Annual revenue

FY 2022

A-
(Excellent)

AM Best rating

2022 report



Membership 609,751

Enrollment report, June 2023

Lines of business

- Individuals and families
- Small and large employers
- Medicaid
- Medicare
- FSA, HRA, and COBRA



Individual Plan Changes



Individual direct and exchange plans

Plan Name	Deductible	OOP	PCP OV / Spec	Coinsurance	Rx structure
Bronze HSA 7050 7500	\$7,050 \$7,500	\$7,050 \$7,500	After deductible 0%	After deductible, 0%	After deductible 0%
Bronze 7000	\$7,000	\$8,550 \$9,400	\$35 / after deductible 40% \$70	After deductible, 40%	After deductible 40%
Bronze 9100 9400	\$9,100 \$9,400	\$9,100 \$9,400	After deductible 0%	After deductible, 0%	After deductible 0%
Silver 5000	\$5,000	\$7,600	\$35 / \$70	After deductible, 30%	After deductible 30%
Silver HSA 3500	\$3,500	\$6,700	After deductible 25%	After deductible, 25%	After deductible 25%
Gold 1500	\$1,500	\$7,000	After deductible, 10%	After deductible, 10%	\$15 / \$60 / \$100 / \$250

Individual direct plans

Plan Name	Deductible	OOP	PCP OV / Spec	Coinsurance	Rx structure
Silver 4000	\$4,000	\$9,100 \$9,400	\$35 / \$70	30%	After deductible 30%
Silver 3000	\$3,000	\$9,100 \$9,400	\$35 / after deductible 40% \$70	40%	\$15 / \$60 / \$100 / \$250

Individual direct and exchange standard plans

Plan Name	Deductible	OOP	PCP OV / Spec	Coinsurance	Rx Structure*
Standard Expanded Bronze^	\$7,500	\$9,000 \$9,400	\$50 / \$100	50%	\$25 / \$50 after deductible / \$100 after deductible / \$500 after deductible
Standard Silver^	\$5,800 \$5,900	\$8,900 \$9,100	\$40 / \$80	40%	\$20 / \$40 / \$80 after deductible / \$350 after deductible
Standard Gold^	\$2,000 \$1,500	\$8,700	\$30 / \$60	25%	\$15 / \$30 / \$60 / \$250

*ACA preventive drug list, not the PacificSource Preventive No-cost Extra Drug List

^No Accident Benefit

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	\$375 \$400 Individual \$750 \$800 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

Medical updates

- Limitation for nonstandardized plan options
 - Limits the number of plan options available through the Individual Exchanges to four nonstandardized plan options per network type and metal level, in any service area
 - Will move to two nonstandardized plan options per network type and metal level for PY2025
- Mental health parity
 - To meet parity requirements, plans with a copay MH/PCP visit, must also have the Specialist visit (or % of other benefits) subject to a copay



Dental updates

- Occlusal guards (night guards) covered under Class III
- Periodontal comprehensive exams covered under Class I comprehensive exam benefit



Regulatory updates

- **HB 665 Revised laws regarding mammograms**
 - A health plan may not impose any cost-sharing for diagnostic breast examination or supplemental breast examination when the plan provides screening benefits, supplemental breast examinations and diagnostic breast examinations.
- **SB 516 Fertility Preservation Act**
 - Requires insurance coverage of medically necessary costs for standard fertility preservation services when a member is diagnosed with cancer and the standard of care involves medical treatment that may cause iatrogenic infertility.
- **HB 263 Rx Eye Drop coverage**
 - Requires insurance to cover refills of prescription eyedrops as described in Section 1 of the bill, which includes refill of the eyedrops when 70% of the dosage should have been used and the prescriber has indicated that refills are needed.

Regulatory updates

- **HB 302 Coverage for 12-month supply of birth control**
 - Requires insurance to cover reimbursement for a 12-month supply of any covered drug, device or product for contraception that is prescribed and approved by FDA. Refills for a 12-month prescription must be available 60 days before the prescriptions expires. Prior authorization is still allowed for brand-name contraception.
- **HB 612 Diabetes Education Revision**
 - Changes the required coverage of self-management for diabetes from an annual \$250 benefit to 20 visits of training and 12 visits of follow-up annually.
- **SB 340 Insulin Copay Cap**
 - Places a cap on the cost-sharing requirement for insulin to \$35 for a 30-day supply, regardless of the amount or type. Insulin must be covered by the insurer's formulary. Cost-sharing must be counted towards deductible.

Diabetes Prevention Program – new for 2024

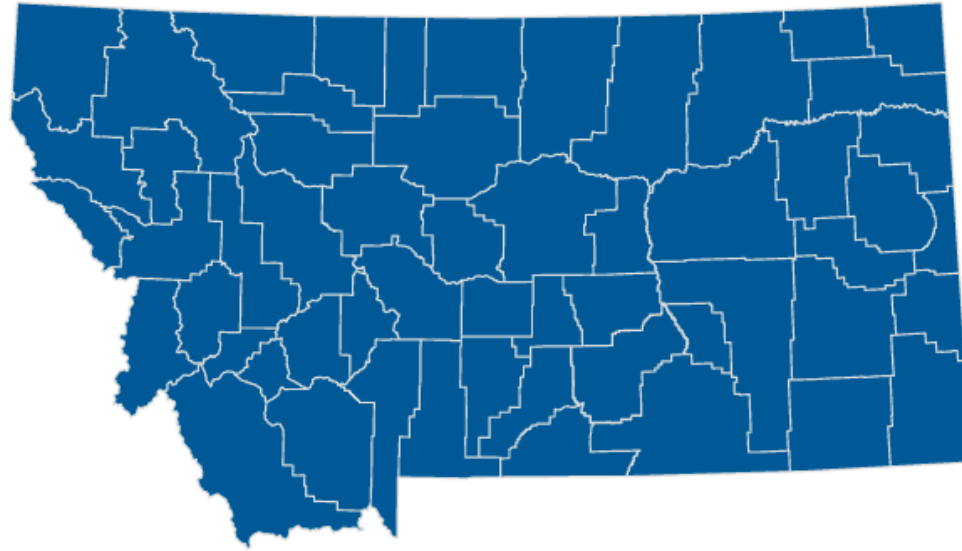
- Designed for members whose blood glucose (sugar) has been higher than normal, but not high enough to be diagnosed with diabetes.
- Evidence-based program, recognized by the Center for Disease Control (CDC).
- This year-long lifestyle program focuses on increasing physical activity and weight loss, which have been proven to prevent or delay the onset of type 2 diabetes.

Value-added programs

- Teladoc[®]
- Active&Fit Direct[™] program
- Assist America[®]
- 24-Hour NurseLine
- Quit For Life[®] tobacco cessation
- Online health engagement platform (new for 2024)
- Weight Watchers[®]
- HealthKicks! (wellness for kids)
- Health education classes
- PacificSource prenatal program
- Matrix Medical

Networks

Montana – Individual



**Navigator – Medical
Indemnity - Dental**

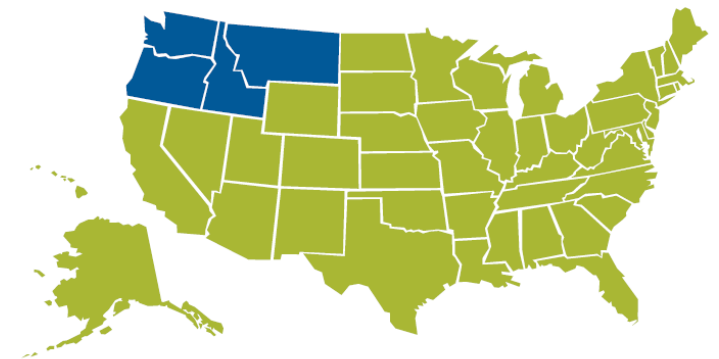
The Navigator network – Montana

We partner with highly rated local providers, including:



New collaboration with Aetna Signature Administrators® offers in-network access nationwide

- Commercial members have access to Aetna's broad national PPO network as of June 1, 2023.
- Replaced the First Health® Network and First Choice Health in Alaska.
- More than **1.5 million** participating physicians and ancillary providers, including more than **6,000** hospitals.
- We'll continue to offer in-network provider access in our four-state region through our direct provider contracts in Idaho, Montana, Oregon, and Washington.



■ Our four-state provider network

■ **Aetna PPO**
(Aetna Signature Administrators)

Partnership with CVS Caremark

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.
- We contract with more than 98% of retail pharmacies nationwide
 - Includes more than 68,000 participating retail pharmacies
- Mail order pharmacy services are offered through CVS Caremark[®] and Ridgeway Rx

Pharmacy integration

Pharmacy integrated with medical benefits delivering low net cost, great quality, and outstanding member satisfaction

- Sharing clinical data allows for the early detection of health concerns
- Improving medication adherence
- Driving toward the most cost-effective therapy
- Single source of customer service for medical and pharmacy
- Applying best practices to optimize clinical outcomes

Resources



Enhancing the online experience

Quote to Card: An interactive online feature to help *Individual and Family* prospects become members:

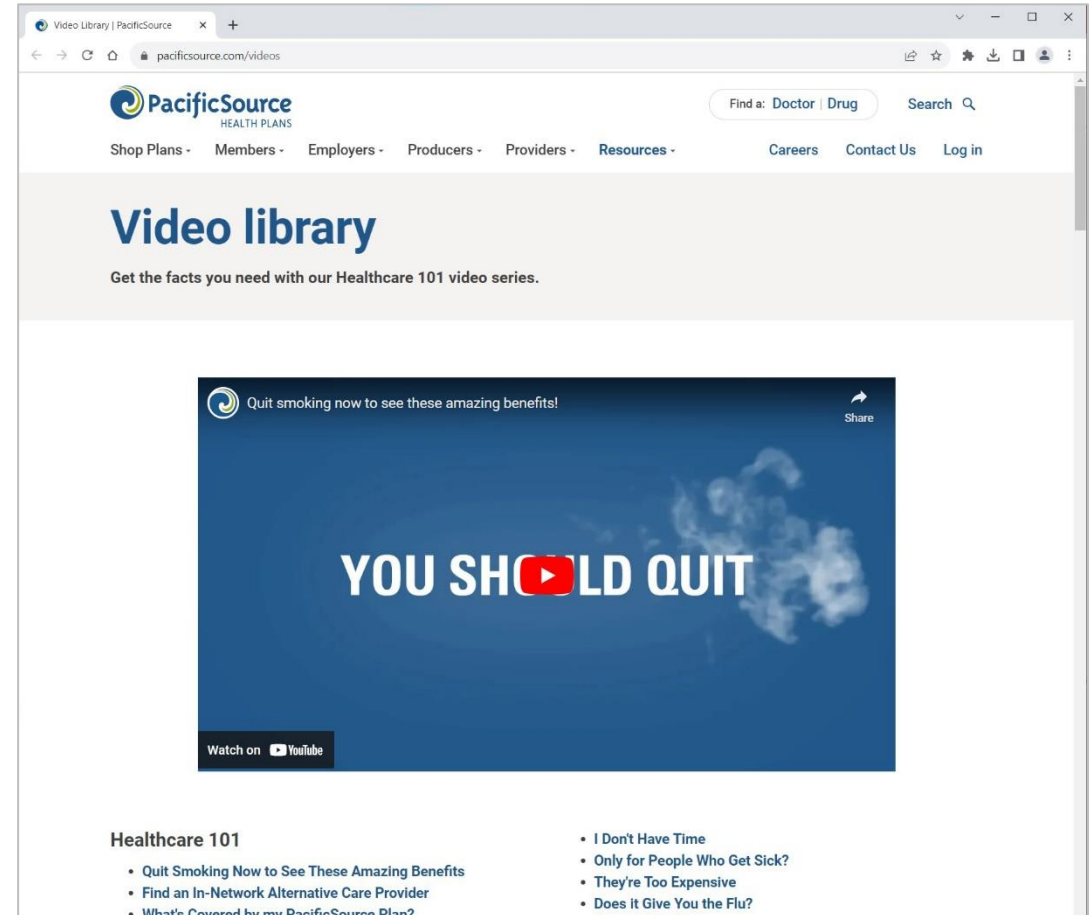
- Compare, review, and price plans
- Get a quote
- Enroll and pay their first month's premium
- Print a temporary Member ID card
- Receive plan materials

Video Library Resources



Empowering members with on-demand info

- More than 65 short, easy-to-understand videos
- Healthcare 101 series
- Preventive screenings
- How to make the most of doctor visits
- Mental health
- And more



Who to Contact and When



We're here to help.

Hours: 8:00 a.m. and 6:00 p.m.

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

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

Questions?

