



NAVIGATOR



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



2023 Washington | Navigator Small Group Medical Plans

		HSA-QUALIFIED PLANS																																			
		Platinum 500 PD [^]		Gold 1000 PD [^]		Gold 1500 PD [^]		Gold 2000 PD [^]		Gold 2500 PD [^]		Gold 3500 PD [^]		Silver 3000 PD		Silver 4500 PD [^]		Silver 5500 PD [^]		Silver 6500 PD [^]		Bronze 8150 PD		Gold HSA 1500 PD		Gold HSA 3000 PD		Silver HSA 3000 PD		Silver HSA 4800 PD		Silver HSA 5500 PD		Bronze HSA 6000 PD		Bronze HSA 7050 PD	
		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	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family		\$500 / \$1,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,500 / \$9,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$10,000 / \$20,000	\$8,150 / \$16,300	\$10,000 / \$20,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$4,800 / \$9,600	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$7,050 / \$14,100	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family		\$3,000 / \$6,000	\$7,500 / \$15,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$9,100 / \$18,200	\$15,000 / \$30,000	\$9,100 / \$18,200	\$11,250 / \$22,500	\$9,100 / \$18,200	\$11,250 / \$22,500	\$9,100 / \$18,200	\$15,000 / \$30,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$3,500 / \$7,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,750 / \$13,500	\$10,000 / \$20,000	\$4,800 / \$9,600	\$11,250 / \$22,500	\$5,500 / \$11,000	\$11,250 / \$22,500	\$6,900 / \$13,800	\$11,250 / \$22,500	\$7,050 / \$14,100	\$15,000 / \$30,000

Preventive Services	Covered in full	50% after deductible																																		
Preventive Drug Coverage	Covered in full	90% after deductible																																		

Office Visits Primary (including behavioral health), Urgent Care, and Specialist	Primary/Urgent: \$10 no deductible Specialist: \$20 no deductible	50% after deductible	Primary/Urgent: \$25 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$25 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$25 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$25 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$25 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/Urgent: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/Urgent: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/Urgent: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/Urgent: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% 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	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible
Inpatient Hospital	10% after deductible	50% after deductible	25% after deductible	50% after deductible	20% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible						
Lab / X-ray	10% no deductible	50% after deductible	25% no deductible	50% after deductible	20% no deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible							
Physical, Occupational, and Speech Therapy	\$10 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible	
Outpatient Surgery	10% after deductible	50% after deductible	25% after deductible	50% after deductible	20% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% after deductible							
Emergency Services	\$250 plus 10% after deductible	\$250 plus 10% after deductible	\$250 plus 25% after deductible	\$250 plus 25% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	40% after deductible	40% after deductible	\$250 plus 35% after deductible	\$250 plus 35% 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	20% after deductible	20% 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	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Chiropractic / Acupuncture Visits per benefit period Chiro: 12 / Acu: 12	\$10 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	40% after deductible	50% after deductible	\$50 no deductible	50% after deductible	\$50 no deductible	50% after deductible	\$50 no deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50% 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 & 4: 20% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 40% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 35% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	0% after deductible	90% after deductible	20% after deductible	90% after deductible	0% after deductible	90% after deductible	20% after deductible	90% after deductible	0% after deductible	90% after deductible	50% after deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible

[^]Adult vision included on this plan.
Pediatric dental coverage is included with all of these plans. Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. This is a brief summary. Contact us at WashingtonSales@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**



More for less from our Navigator products

Navigator is a coordinated care product designed to advance the ideal member experience. Each member's care is managed within a network of local, highly rated healthcare providers focused on quality outcomes.

With Navigator, you get a health plan that:

- Promotes better member healthcare engagement
- Provides empowering self-management tools
- Employs cost controlling measures
- Emphasizes shared decision-making with providers

Navigator is available for purchase by businesses located in the following counties: Clark, Pierce, Spokane, and Thurston.

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

Phone: 888-334-1188

TTY: 711. We accept all relay calls.

Email: WashingtonSales@PacificSource.com

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