



Ensuring **your health**



2021 Health Plans for **Washington** Individuals and Families

At your service

The PacificSource difference is our exceptional customer service.

Combining technology that serves members with a human approach, we're focused on making health insurance easier for you and your family. So you can stay healthy and happy, while controlling healthcare costs.



We've been putting members first with outstanding service since **1933**.

Health insurance is complicated. **We simplify it for you.**

Service and tools to save you time and effort.



Broad in-network availability in our service area

Our products for 2021 offer a wide array of in-network providers in Washington.



Access anytime, from anywhere

Use our mobile app to access your health insurance information, including a convenient mobile ID card.



No referrals

Need to see a specialist? None of our plans require you to see your primary care physician to get a referral first. (Some specialists may have their own referral requirements.)

30 seconds
or less

That's the average wait time before someone answers when calling PacificSource customer service, according to internal call reports. No phone trees. Just real, knowledgeable people, ready to help.

Cost savings and convenience



On-demand access to doctors by video

Get the medical care you need, when and where you need it. Check your plan benefits for cost-sharing information.



Find doctors **fast**

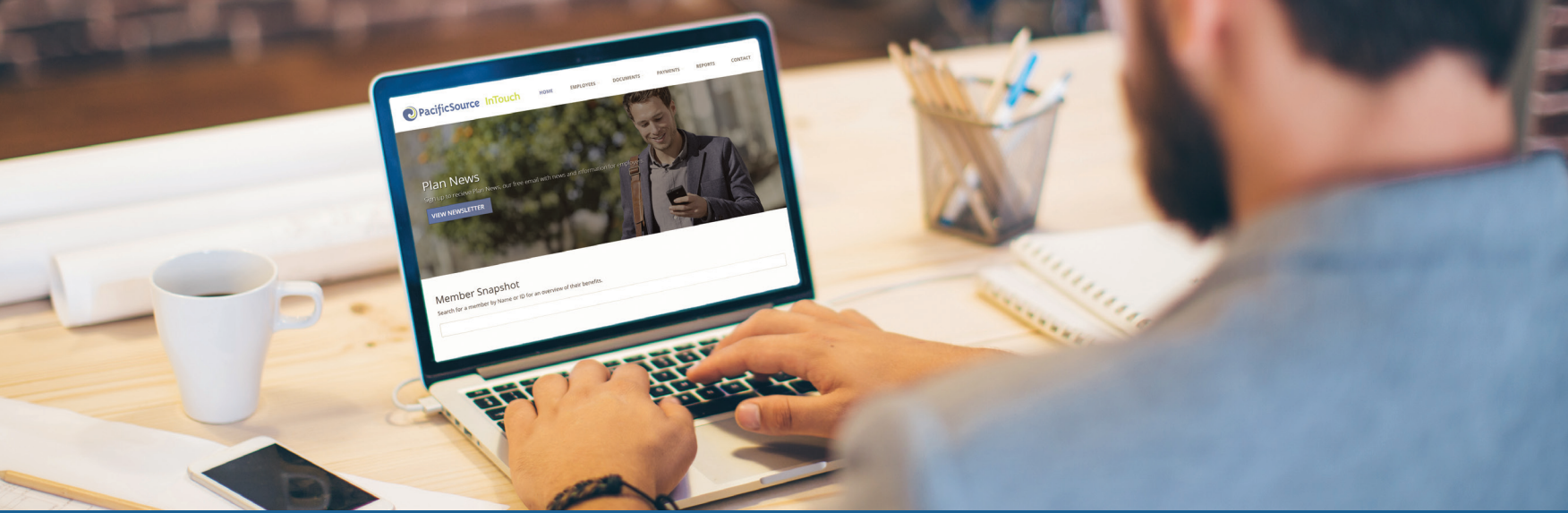
Our online search directory helps you find just the right doctor, any time you're ready.



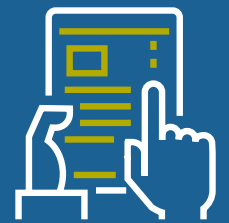
\$0 copays on preventive care and select preventive prescription drugs

There is no charge for well-baby or well-child care, preventive physicals, preventive mammograms, immunizations, preventive colonoscopies, and more, when receiving care from in-network providers. Plus, select preventive prescriptions are also available at no charge.





Manage your health insurance benefits through our online portal from any **computer or mobile device.**



Secure, convenient, member-only access to your insurance information and health resources via our InTouch portal and our myPacificSource app.

Coverage information

View coverage for common services, and even some uncommon ones.

EOBs

See the explanation of benefits statements for your claims.

Check your status

See how much of your deductible has been met.

ID cards

Request ID cards and print temporary ones.

CaféWell

Get access to a health engagement portal (for members 18 and older).

Estimate costs

Find out how much procedures may cost with our treatment cost navigator.

Navigator

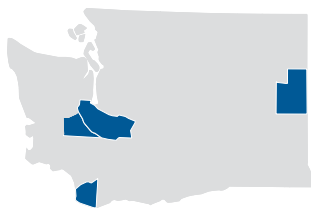


Navigator is our clinically integrated product, where we work with members and their doctors to navigate care within a network of providers focused on the member's journey toward optimal health.

Navigator products are designed to support member engagement and promote shared decision making with providers.

Navigator gives access to a broad array of in-network providers, including local providers statewide, nationally through contracts with First Health®, and in Alaska through contracts with First Choice Health.™

Our provider partners give members personalized care through high-quality health management, and help members better understand the costs associated with their health.



Navigator is available in the following counties:

Clark, Pierce, Spokane, and Thurston.

The doctors **and** hospitals you want.

We've partnered with well-respected health centers and hospitals in the **Olympia, Spokane, Tacoma, and Vancouver** areas so you will get top-notch quality of care and service.



In-network availability is based on member's plan and network.



2021 Washington | Individual and Family Medical Plans

	NON-HSA QUALIFIED PLANS										HSA QUALIFIED PLANS		WASHINGTON STANDARD PLANS					
Product	Gold 2000		Silver 3500 [†]		Silver 5000		Bronze 7000		Catastrophic [^]		Bronze HSA 6900		Cascade Gold ^{**}		Cascade Silver ^{**}		Cascade Bronze ^{**}	
	Navigator		Navigator		Navigator		Navigator		Navigator		Navigator		Navigator		Navigator		Navigator	
	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	\$2,000 / \$4,000	\$10,000 / \$20,000	\$3,500 / \$7,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$10,000 / \$20,000	\$8,550 / \$17,100	\$10,000 / \$20,000	\$6,900 / \$13,800	\$10,000 / \$20,000	\$500 / \$1,000	\$10,000 / \$20,000	\$2,000 / \$4,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$5,500 / \$11,000	\$25,000 / \$50,000	\$8,100 / \$16,200	\$25,000 / \$50,000	\$5,750 / \$11,500	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$6,900 / \$13,800	\$25,000 / \$50,000	\$5,250 / \$10,500	\$25,000 / \$50,000	\$7,800 / \$15,600	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Preventive Drug Coverage	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Only for drugs on the Standard Preventive No-Cost Drug List (Affordable Care Act). In Network: Covered in Full. Out-of-network: 90% after deductible.					
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telemedicine (including behavioral health for adults)	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	Telemedicine and office combined visits 1-3 no deductible, covered in full. Visits 4+ covered in full after deductible.	50%	Covered in Full	50%	\$15*	50%	\$25*	50%	\$50*	50%
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$20* Specialist: \$40*	50%	Primary/Urgent Care: \$40* Specialist: 30%	50%	Primary/Urgent Care: \$15* Specialist: \$30*	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Telemedicine and office combined visits 1-3 no deductible, covered in full. Visits 4+ covered in full after deductible. Urgent Care/Specialist: Covered in Full	50%	Covered in Full	50%	Primary Care: \$15* Urgent Care: \$35* Specialist: \$40*	50%	Primary Care: \$25* Urgent Care: \$60* Specialist: \$60*	50%	Primary Care: \$50* Urgent Care: \$100* Specialist: \$100	50%
Inpatient Hospital	20%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	\$525* [†]	50%	\$800 [†]	50%	40%	50%
Lab / X-ray	20%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	Lab: \$20* X-ray: \$30*	50%	Lab: \$35* X-ray: \$60*	50%	40%	50%
Physical, Occupational, and Speech Therapy Visits per benefit period: PT & OT: 30 / ST: 30	20%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	\$25*	50%	\$35*	50%	40%	50%
Outpatient Surgery	20%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	\$350	50%	\$600	50%	40%	50%
Emergency Services	20%	20%	30%	30%	30%	30%	40%	40%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	\$450	\$450	\$800	\$800	40%	40%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$20*	50%	\$40*	50%	\$15*	50%	\$35*	50%	Covered in Full	50%	Covered in Full	50%	\$15*	50%	\$25*	50%	\$50*	50%
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 20%*	90%	Tier 1: \$15* Tier 2: \$80* Tier 3 & 4: 30%*	90%	30%	90%	40%	90%	Covered in Full	90%	Covered in Full	90%	Tier 1: \$10* Tier 2: \$60* Tier 3 & 4: \$100*	90%	Tier 1: \$20* Tier 2: \$70* Tier 3 & 4: \$250	90%	Tier 1: \$32* Tier 2, 3 & 4: 40%	90%
Pediatric Eye Exam One exam per benefit period	Covered in Full*	Covered in Full up to \$40*	Covered in Full*	Covered in Full up to \$40*	Covered in Full*	Covered in Full up to \$40*	Covered in Full*	Covered in Full up to \$40*	Covered in Full	50%	Covered in Full*	Covered in full up to \$40*	Covered in Full*	Covered in full up to \$40*	Covered in Full*	Covered in full up to \$40*	Covered in Full*	Covered in full up to \$40*
Pediatric Vision Hardware One item per benefit period	Covered in full* up to \$150 then subject to in-network deductible and 20%		Covered in full* up to \$150 then subject to in-network deductible and 30%		Covered in full* up to \$150 then subject to in-network deductible and 30%		Covered in full* up to \$150 then subject to in-network deductible and 40%		Covered in Full	50%	Covered in full* up to \$150 then subject to in-network deductible		Covered in Full*	Covered in full up to \$40*	Covered in Full*	Covered in full up to \$40*	Covered in Full*	Covered in full up to \$40*

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. *Not subject to deductible. ^Available only through Washington Healthplanfinder to people under 30, or people of any age with a hardship exemption or affordability exemption. **Available only through Washington Healthplanfinder. [†]Available only on a direct basis. [‡]Per day copay, limit of 5 copays per stay. This is a brief summary. Contact a Coverage Advisor at **(855) 330-2792** or by email at **coverageadvisors@pacificsource.com**. Go to **PacificSource.com** for details or to see a plan's Summary of Benefits. Accessibility help: For assistance reading this chart or the rest of the document, please call us at (888) 977-9299. TTY: 711 or (800) 735-3260.



Kids in **focus**



Pediatric vision benefits for members through age 18

Most of our medical plans include vision coverage, including routine eye exams for members through age 18 at no cost, when seeing an in-network doctor. Most plans also include vision hardware coverage up to \$150 for members through age 18, and amounts over that are covered based on your plan's specific benefits.

We cover more than **44,000** individual members
and their families across the Greater Northwest.

PacificSource covers people just like you who get their
health insurance direct, and not from an employer.

Source: monthly enrollment report, March 2020





Helping you choose a health plan



Health plans can be complicated. We can help simplify your choice.

All our health plans include coverage for preventive care, \$0 annual physicals from in-network providers, and most vaccinations.

Non-HSA

Non-HSA plans allow you to access some benefits for a copay prior to meeting your deductible (such as primary care, urgent care, or pharmacy).

HSA-qualified plans help you save money for healthcare expenses, such as deductibles and coinsurance. This type of plan requires that all major benefits be subject to the deductible.

HSA

HSA plans enable the use of HSA bank accounts. Contributions to HSA accounts are 100% tax deductible (up to the legal maximum) like an IRA. And withdrawals from your HSA to pay for qualified medical expenses are **tax-free**. Pro tip: Look for plan names with "HSA" in them.

At a glance your PacificSource coverage includes:

Convenience

- ✓ **Easy online access** from desktop, tablet, or mobile app
- ✓ **Access to nearby care** doctors, hospitals and urgent care centers
- ✓ **Video doctor visits** including behavioral health, through local providers, and nationally through Teladoc®
- ✓ **Digital member ID cards** via our website and mobile app
- ✓ **No referrals required by our plans** for you to see a specialist
- ✓ **Mail-order and retail pharmacy** for up to a 90-day supply
- ✓ **Online provider directory** to easily find who's in-network
- ✓ **Worry-free travel** with global emergency services from Assist America®

Cost savings

- ✓ **\$0 copays** on select preventive care and preventive prescription drugs from in-network providers and pharmacies
- ✓ **Affordable fitness center access** from our partner, Active&Fit Direct™
- ✓ **Weight Watchers®** weight-management program discounts
- ✓ **24-Hour NurseLine at no cost**
- ✓ **Health education class reimbursement** up to \$150 for health and wellness classes, such as first aid/CPR, pregnancy, parenting, heart health, and nutrition
- ✓ **No-cost care management programs** for chronic conditions
- ✓ **Prenatal program** with information and consultations for expectant mothers
- ✓ **Help quitting smoking** or other tobacco use with the Quit For Life® tobacco cessation program

Additional benefits not considered as insurance.

What's next?

Here's how to enroll in our products:



See if our products are offered in your county



Choose a health plan



Contact your agent or our team for a quote

We're here to help.

We know that each step may require guidance,
so please contact us with any questions.

Phone: (855) 330-2792

Email: coverageadvisors@pacificsource.com

PacificSource.com
