



Ensuring the health of your employees



2021 Health Plans for **Oregon** Small Groups | 1–50

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 keeping your employees healthy and happy, while controlling your costs.



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

Health insurance **made simple.**

Plus more flexibility and greater in-network access.



Four-state in-network area

Our products for 2021 offer multi-state access to in-network providers in Idaho, Montana, Oregon, and Washington.



Dedicated service representatives

A single point of contact who understands your needs and those of your employees.



Online access to manage benefits

Manage your company's health insurance benefits with an easy-to-use, secure website, InTouch for Employers.



The right plans

Give your employees a choice by offering up to four health plan options. Subject to underwriting guidelines.

98.6%

It's almost 100%. And, it's PacificSource's employer customer satisfaction rating (based on our survey of employer customers conducted January through March of 2020). And it means you and your employees will very likely be happy with us.

Healthy, happy employees.

Give your employees the health insurance benefits they want.



Doctors on call

Members can consult with doctors by phone or video, including behavioral health visits for adults. Services are from local providers and through our partner, Teladoc.®



No referrals needed with any plan

Our plans don't require employees to visit their primary care provider before seeing a specialist. (Some specialists may have their own referral requirements.)



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

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 from in-network pharmacies.

Customer service that saves you time and effort.



Personal member service for employees

We answer our phones with real people, not automated computer phone trees. And we do it in 30 seconds or less, on average, according to internal call reports. We're super-responsive on email, too.



Personal client service for you

A dedicated representative who's focused on you, your plan details, and helping you control costs.



So you can focus on your business

Get questions answered and issues resolved, fast.



Manage your employees' benefits through our **online tools**.



Secure, convenient, employer-only access to your health plan via our portal, InTouch.

Easily pay your bill

View statements, pay online, and review payment history.

Run reports

Know who and how many employees are covered.

Info on-demand

Get benefit summaries, your contract, handbooks, and more.

Manage enrollment status

Easily add new employee information or make updates, and delete terminations.

ID cards

Request ID cards and print temporary ones.

Keep in touch

Easy-to-find contact info for your PacificSource representatives.

Choosing a **product**.



Our health plan products are a unique combination of networks and plan designs to fit the needs of you and your employees.

For 2021, Oregon businesses can choose among four product portfolios: **Navigator, Pathfinder, SmartChoice, and Voyager.**

These products are part of our continued effort to simplify how members make informed decisions about their health, and promote more engagement with their healthcare providers. The products further refine our mission to provide you with access to quality care, affordability, and member choice.

The Providers You Want

Choosing the best product for your business includes choosing provider networks. Your provider network determines which doctors, hospitals, and other healthcare providers are covered by in-network benefits for your employees. All of our products also offer out-of-network benefits, for more freedom and choice.



Which product **is right for you?**

Product	Voyager	Navigator	SmartChoice	Pathfinder
Cost	\$\$\$	\$	\$	\$\$
Broadest access to in-network providers and facilities	★			
Coordinated-care experience at select provider partner groups and facilities		★	★	★
Primary care doctors, specialists, and hospitals work together as a team		★	★	★
Access to in-network providers in our four-state service area	★	★	★	★
Plan allows members to access specialists without a referral	★	★	★	★
In-network providers when traveling nationwide	★	★	★	★
Out-of-network provider benefits	★	★	★	★
Portland tri-county only				★

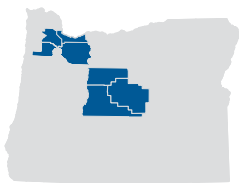
Navigator

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

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

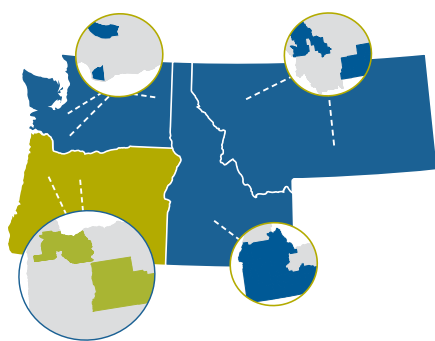
Navigator gives access to a broad array of in-network providers, including local providers, providers within our four-state area, nationally through contracts with First Health®, and in Alaska through contracts with First Choice Health.™

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



Available in Clackamas, Crook, Deschutes, Jefferson, Multnomah, Washington, and Yamhill counties.

Navigator products feature in-network coordinated care provider partners in each of our four states.



Oregon:
Bend
Portland Metro

Montana:
Billings
Bozeman
Butte
Helena
Kalispell
Missoula

Idaho:
Boise
Nampa/Caldwell
Pocatello
Twin Falls

Washington:
Olympia
Spokane
Tacoma
Vancouver



How Navigator **benefits employers**

Employees experience seamless accountable care, the result of the efficiencies and expertise of a dedicated team of providers.



Multiple plan designs



Controlled costs



Clinical integration



Unified communications

Give your staff **the doctors and hospitals they want.**

We've partnered with well-respected health centers and hospitals in each state so your employees will get top-notch quality of care and service.

Oregon:



Idaho:



Montana:



Washington:

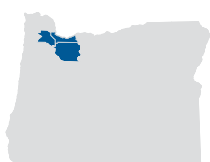


In-network availability is based on member's plan and network.

Pathfinder



A unique offering, just for Portland-area based businesses



If your business is headquartered in **Clackamas, Multnomah, or Washington County**, then you can choose to offer your employees Pathfinder plans.

Give your staff **more doctors and hospitals to choose from.**

We've partnered with well-respected health centers and hospitals so your employees will get top-notch quality of care and service from local providers.



SmartChoice



Coordinated care for Southern Oregon and the Willamette Valley



SmartChoice is available for purchase by businesses headquartered in Benton, Coos, Curry, Douglas, Jackson, Josephine, Lane, Linn, Marion, and Polk counties.

Give your staff **the doctors and hospitals they want.**

We've partnered with well-respected health centers and hospitals so your employees will get top-notch quality of care and service in their local communities.

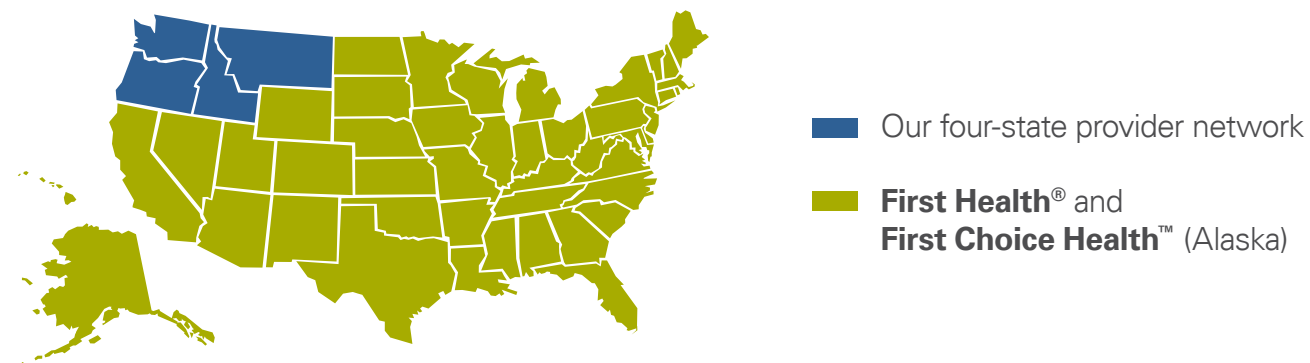




Voyager products use our preferred provider network, and are suited for a company culture that prefers a more self-directed experience.

Voyager products give your staff **greater choice for in-network providers.**

Eligibility for Voyager products is also more flexible, since your company can be located anywhere in the state of Oregon to purchase plans.



Navigator, Voyager, SmartChoice, and Pathfinder include a broad array of in-network providers from PacificSource in Idaho, Montana, Oregon, and Washington, as well as nationally through contracts with First Health®, and in Alaska through contracts with FirstChoice Health.™

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

2021 Oregon | Small Group Medical Plans

	NON-HSA QUALIFIED PLANS																				HSA QUALIFIED PLANS								OREGON STANDARD PLANS							
Product	Platinum 500^		Gold 1000^		Gold 2000^		Gold 2500^		Gold 3500^		Silver 3000		Silver 4500^		Silver 5500^		Silver 6500^		Bronze 8150		Gold HSA 3000		Silver HSA 3000		Silver HSA 4500		Silver HSA 5500		Bronze HSA 6900		Standard Gold		Standard Silver		Standard Bronze	
	Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Navigator, Pathfinder, Voyager, or SmartChoice		Voyager		Voyager		Voyager			
	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	\$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	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$4,500 / \$9,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$6,900 / \$13,800	\$10,000 / \$20,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$3,650 / \$7,300	\$7,500 / \$15,000	\$8,550 / \$17,100	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$8,000 / \$16,000	\$11,250 / \$22,500	\$7,500 / \$15,000	\$11,250 / \$22,500	\$7,500 / \$15,000	\$15,000 / \$30,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,750 / \$13,500	\$10,000 / \$20,000	\$4,500 / \$9,000	\$11,250 / \$22,500	\$5,500 / \$11,000	\$11,250 / \$22,500	\$6,900 / \$13,800	\$15,000 / \$30,000	\$7,300 / \$14,600	\$7,500 / \$15,000	\$8,550 / \$17,100	\$11,250 / \$22,500	\$8,550 / \$17,100	\$15,000 / \$30,000
	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.	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%	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%	Covered in Full	90%	Covered in Full	90%	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.							
Accident Benefit	Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Covered in full up to \$500*, within 90 days of accident.		Not Covered		Not Covered		Not Covered			
	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.		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%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	\$20*	50%	\$40*	50%	\$50*	50%
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$10* Specialist: \$20*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: 40%	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$35* Specialist: Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Primary: \$20* Urgent Care: \$60* Specialist: \$40*	50%	Primary: \$40* Urgent Care: \$70* Specialist: \$80*	50%	Primary: \$50* Urgent Care: \$100* Specialist: \$100*	50%
Inpatient Hospital	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Lab / X-ray	20%*	50%	30%*	50%	30%*	50%	30%*	50%	30%*	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy Combined 30 visits per year	\$10*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$25*	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	\$20 if provided in an office setting*	50%	\$40 if provided in an office setting*	50%	\$50 if provided in an office setting*	50%
Outpatient Surgery	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%	40%	50%	30%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Emergency Services Copay waived if admitted	\$250 plus 20%	\$250 plus 20%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	40%	40%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	30%	30%	Covered in Full	Covered in Full
Chiropractic / Acupuncture \$1,000 combined per year	\$10*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$25*	50%	40%	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$35*	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5* Tier 2: \$15* Tier 3 & 4: 20%*	90%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 40%*	90%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	90%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	90%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	90%	Covered in Full	90%	Covered in Full	90%	20%	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Tier 1: \$10* Tier 2: \$30* Tier 3: 50%* Tier 4: 50%* \$500 max/script	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 50%*	90%	Tier 1: \$20* Tier 2-4: Covered in Full	90%

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. ^Adult vision included on this plan. *Not subject to deductible. This is a brief summary. Contact us at oregonales@pacificsource.com or go to [PacificSource.com](https://www.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.

Decide on dental



Good dental health can lead to better overall health. You can group our dental plans with your health plans, or select dental-only.

Dental options to fit your company's needs

Dental Choice plans give your employees the option to see any dentist they want.

Dental Advantage plans give your employees access to a robust network of more than 1,800 dental providers in Idaho, Oregon, and Washington.

Find in-network dentists at our website, [PacificSource.com](https://www.pacificsource.com).

With our **Voluntary Dental** option, your employees pay the full premium as if they were buying their own dental plan, but they get plan benefits that typically come with a dental plan that you might offer as an employer.

There are additional guidelines and requirements for voluntary dental plans.

2021 Oregon | Small Group Dental Plans

	Dental Choice 0-20-50 50-1000	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Dental Advantage Core		Dental Advantage 20-20-50 1000 or 20-20-50 1500		Dental Advantage 0-20-50 1000 or 0-20-50 1500		Dental Advantage Plus 0-20-50 1000 or 0-20-50 1500		Kids Dental Advantage 0-20-50 or 20-40-50 (coverage for members age 18 and under)	
	No Network Needed	No Network Needed	No Network Needed	Advantage Network		Advantage Network		Advantage Network		Advantage Network		Advantage Network	
Group Size Required for Standalone Policy	1+	1+	1+	1+		1+		1+		1+		1+	
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	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
Annual Deductible Individual/Family	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000	\$1,000 or \$1,500	\$1,000 or \$1,500	\$500 on Class II services		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		N/A	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	N/A
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	20%	Covered in Full	20%	Covered in Full	20%	Covered in Full or 20%	20%
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER 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:
Class II Services	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20% or 40%	20% or 50%
Class III Services	50%	50%	50%	50% (age 19+ not covered)	50% (age 19+ not covered)	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class III: 12 months	None	None	Class II: 6 months		Class III: 12 months		Class III: 12 months		None		None	
Cosmetic Orthodontia*	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	Optional; \$1,000 Lifetime Max	N/A		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		Optional; \$1,000 Lifetime Max		N/A	

Plan names explained: **Advantage**—PPO-style plans | **Choice**—Indemnity plans | **Plus**—No exclusion periods

*Additional eligibility requirements may apply.

This is a brief summary. For more details, contact us at oregonsales@pacificsource.com or search small group plans at [PacificSource.com](https://www.pacificsource.com). 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.

What's covered?

Here is a brief list of services and treatments most commonly asked about. Go to [PacificSource.com](https://www.pacificsource.com) to get all the details.

Class I: Preventive Services

- Exams and x-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspids and permanent molars (kids through age 18 only)
- Brush biopsies

Class II: Basic Services

- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all plans; kids through age 18)

Cosmetic Orthodontia*

- Available based on group size with any dental plan purchased direct through PacificSource (except Core and Kids plans)
- 26–50 enrolled employees: \$1,000 lifetime max, 12-month wait period; wait period reduced or eliminated with prior orthodontia coverage

Focus on vision



Our vision plans focus on wellness and prevention.

Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%.

Pediatric vision hardware is covered in full up to \$150. After that, it's subject to an in-network deductible and then a member cost share of up to 50%, depending upon the plan.

Vision for adults

Many of our medical plans include coverage for adult eye exams and vision hardware. When visiting an in-network provider, **eye exams are covered in full.** Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Adult vision hardware is covered in full up to \$150.**

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this brochure.

Helping you choose a health plan



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

All our health plans are designed to help your employees feel well and stay healthy, including coverage for preventive care, \$0 annual physicals, and most vaccinations.

Choose one plan, or more.

Our Right Fit options let your employees decide the premium and coverage that best suits their needs.

They can choose from two to four different plans. There is no minimum enrollment number, but the number of plans offered may not exceed the total number of enrolling employees.

The plans offered can use different provider networks, and employees may change their plan choice during your annual open enrollment period.

The minimum employer contribution requirement is 50% employee / 0% dependents of the lowest-cost plan.

Subject to underwriting guidelines.

Right Fit

Health Savings Accounts (HSA) are a win-win

HSA-qualified plans help employees save money for healthcare expenses, such as deductibles and coinsurance. They also help YOU save premium dollars, and your contributions to HSA accounts are exempt from payroll taxes. All of our HSA plans feature embedded deductibles and out-of-pocket limits. Pro tip: look for plan names with "HSA" in them.

HSA

Health Reimbursement Arrangements (HRA) to combat costs

With an HRA, you reimburse some of your employees' medical expenses. You control how much to contribute and which types of expenses are eligible. And if they don't need it, you don't spend it.

HRA

At a glance your PacificSource coverage includes:

Cost savings

- ✓ **No-cost wellness programs** to encourage employee fitness, nutrition, and mental health
- ✓ **\$0 copays** on select preventive prescription drugs from in-network pharmacies
- ✓ **Pediatric vision benefits** with all plans, and adult vision on a select few
- ✓ **Affordable fitness center access** from our partner, Active&Fit Direct™
- ✓ **\$500 accident benefit** for covered services due to an accident outside of work
- ✓ **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 condition support** for employees with chronic conditions
- ✓ **Prenatal program** with information and consultations for expectant mothers

Convenience

- ✓ **Client service and membership representatives** to make things run smoothly
- ✓ **Easy online access** for you and your employees
- ✓ **Phone and video doctor visits** including behavioral visits, through local providers, and nationally through Teladoc®
- ✓ **Digital member ID cards** via our mobile app
- ✓ **No referrals required by our plans** for your employees 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®

Additional benefits not considered as insurance.

We cover more than **191,000** employees and their families in the Greater Northwest.

PacificSource business clients include companies working in a variety of industries. That's experience we can leverage to help you with your specific needs.



Manufacturing



Construction



Education



Legal



Wholesale Supply



Medical



Retail



Restaurants



Banking



Agriculture



Nonprofit



Transportation

Source: monthly enrollment report, March 2020



We're here to help.

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

Monday through Friday from 8:00 a.m. to 5:00 p.m.

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Bend: (541) 330-8896 | (888) 877-7996 | bendsales@pacificsource.com

Springfield: (541) 686-1242 | (800) 624-6052 | springfieldsales@pacificsource.com

Medford: (541) 858-0381 | (800) 899-5866 | medfordsales@pacificsource.com

PacificSource.com
