



# Ensuring the health of your employees



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2021 Health Plans for **Oregon** Large Groups | 51+

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# 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.



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

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# 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 five health plan options. Subject to underwriting guidelines.

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**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.

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# 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, update, or delete employee enrollment information.

## **ID cards**

Request member ID cards or print them.

## **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 quality of care, access, 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	★	★	★	★

# Navigator

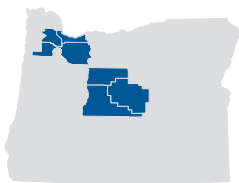
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**Navigator is our coordinated care product, where we work with members and their doctors to navigate care within a network of health professionals focused on the member's journey toward optimal health.**

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,<sup>®</sup> and in Alaska through contracts with First Choice Health.<sup>™</sup>

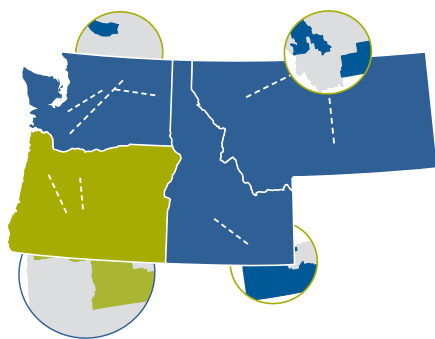
Our provider partners give members personalized care through high-quality health management, and help members better understand the costs associated with their health.



**It's available in** Clackamas, Crook, Deschutes, Jefferson, Multnomah, Washington, and Yamhill counties.

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**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:

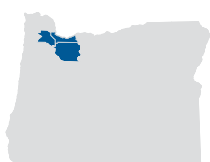


In-network availability based upon member's plan and network.

# Pathfinder



## A unique offering, just for businesses based in the Portland area



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.

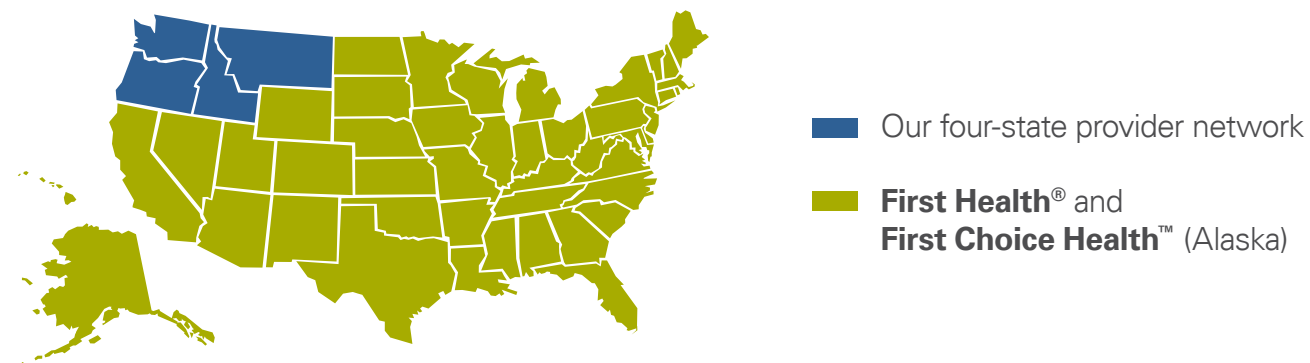




**Voyager products use our preferred provider network, and are suited for a company culture that prefers a more self-directed experience.**

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.



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**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 based upon member's plan and network.

# 2021 Oregon | Large Group Medical Plans

	NON-HSA QUALIFIED PLANS																						HSA QUALIFIED PLANS									
Product	500+20_20		750+20_20		1000+25_20		1500+25_20 1500+25_30		2000+25_20 2000+25_30		2500+30_20 2500+30_30		3000+30_20 3000+30_30		3500+35_30		4000+35_20 4000+35_30		4500+35_30		5000+35_30		HSA 1500_20+Rx Non-Embedded	HSA 3000_50+Rx		HSA 3000+Rx		HSA 4000+Rx		HSA 5000+Rx		
	Navigator, Voyager, Pathfinder, SmartChoice																						Navigator, Voyager, Pathfinder, SmartChoice									
	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	\$1,000 / \$2,000	\$750 / \$1,500	\$1,500 / \$3,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,500 / \$7,000	\$7,000 / \$14,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$1,500 / \$3,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,500 / \$7,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$12,000 / \$24,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,000 / \$14,000	\$14,000 / \$28,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$4,500 / \$6,850	\$15,000 / \$30,000	\$6,350 / \$12,700	\$15,000 / \$30,000	\$3,000 / \$6,000	\$15,000 / \$30,000	\$4,000 / \$8,000	\$20,000 / \$40,000	\$5,000 / \$10,000	\$20,000 / \$40,000
	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:
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%
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Telehealth (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%	\$10*	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Office Visits Primary and Specialist	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%	\$35*	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Inpatient Hospital	20%	50%	20%	50%	20%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	30%	50%	20% or 30%	50%	30%	50%	30%	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Lab / X-ray	No deductible up to \$500, then after deductible 20%	50%	No deductible up to \$500, then after deductible 20%	50%	No deductible up to \$500, then after deductible 20%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 30%	50%	No deductible up to \$500, then after deductible 30%	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%	\$35*	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
OPTIONAL Chiropractic/Acupuncture Maximum annual benefits range from \$500 to \$2,500	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%	\$35*	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Outpatient Surgery	20%	50%	20%	50%	20%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	30%	50%	20% or 30%	50%	30%	50%	30%	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Emergency Services Copay waived if admitted	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	30%	30%	20% or 30%	20% or 30%	30%	30%	30%	30%	20%	20%	50%	50%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at <b>PacificSource.com</b> .																						20%	90%	50%	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%

\*Not subject to deductible. This is a brief summary. Contact us at [oregonsales@pacificsource.com](mailto:oregonsales@pacificsource.com) or go to [PacificSource.com](https://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.

**Dental Advantage Essentials** plans cost less because employees and their primary care dentist work together for better outcomes.

Find in-network dentists at our website, **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 | Large Group Dental Plans

VOLUNTARY DENTAL ONLY															
	Dental Advantage Essentials or Essentials Plus		Dental Choice Plus 20-20-50 50-1000 or 20-20-50 50-1500	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 Plus 20-20-50 1000 or 20-20-50 1500	Dental Advantage Plus 0-20-50 25-1000 or 0-20-50 25-1500		Dental Advantage Plus 0-20-50 50-1000 or 0-20-50 50-1500		Dental Choice 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 25-1500	Dental Advantage 0-20-50 1000 or 0-20-50 1500			
	Advantage Essentials		No Network	No Network	No Network	Advantage Network		Advantage Network		Advantage Network		No Network		Advantage Network	
	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	
Annual Deductible Individual / Family	N/A	N/A	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$25 / \$75	N/A	\$50 / \$150	\$25 / \$75 or \$50 / \$150	N/A	\$50 / \$150	
Annual Maximum Benefit Per person	N/A		\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500	\$1,000 or \$1,500		
	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	Copay varies based on service, see benefit summary.	Not Covered	20%	Covered in Full	Covered in Full	20%		Covered in Full		Covered in Full		Covered in Full	Covered in Full		
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	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:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	
Class II Services	Copay varies based on service, see benefit summary.	Not Covered	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	
Class III Services	Copay varies based on service, see benefit summary.	Not Covered	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Exclusion Period Per person	None		None	None	None	None		None		None		Class III: 12 months	Class III: 12 months		
Cosmetic Orthodontia*	Included; \$3,000 copay		Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max		Optional: \$1,000 or \$1,500 Lifetime Max		Optional: \$1,000 or \$1,500 Lifetime Max		Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max		

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

\*Additional eligibility requirements may apply. This is a brief summary. For more details, contact us at [oregonsales@pacificsource.com](mailto:oregonsales@pacificsource.com) or search small group plans at **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** to get all the details.

### Class I: Preventive Services

- Exams and X-rays
- Three dental cleanings (prophylaxis or periodontal maintenance per plan year)
- Fluoride applications
- Sealant on bicuspid 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

### Cosmetic Orthodontia\*

- \$1,000 or \$1,500 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period applies to voluntary plans

Dental Advantage Essentials Plans (included)

- \$3,000 copay

## Focus on vision



Select your medical plan, then your vision plan.

Vision 10/150		
	IN NETWORK	OUT OF NETWORK
Adult (age 19+)		
Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	Covered in full up to \$150
Pediatric		
Eye Exam	Covered in full	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	

Vision 10/300		
	IN NETWORK	OUT OF NETWORK
Adult (age 19+)		
Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	Covered in full up to \$300
Pediatric		
Eye Exam	Covered in full	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	

A vision exam-only plan is also available. An in-network vision exam is covered in full. Out-of-network vision exam benefits are the same as a medical office visit.

# 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.

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## 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 five 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.

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## 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.

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## 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.

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## 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
- ✓ **Vision benefits** are optional with all plans
- ✓ **Affordable fitness center access** from our partner, Active&Fit Direct™
- ✓ **\$500 accident coverage option** 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 education 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





# What's next?

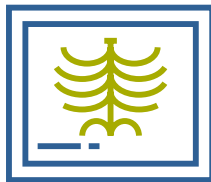
**Here's how to enroll in our products:**



Choose a provider network or networks



Choose a health plan or plans



Decide on dental, vision, and acupuncture/chiropractic care



Contact your broker or our team for a quote

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## **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.**

**Portland:** (503) 699-6561 | (866) 540-1191 | [portlandsales@pacificsource.com](mailto:portlandsales@pacificsource.com)

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

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

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

**[PacificSource.com](http://PacificSource.com)**

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