



# Ensuring the health of your employees



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2021 Health Plans for **Washington** 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 flexibility and broad in-network access.**



## Broad in-network availability in our service area

Our products for 2021 offer a broad array of in-network providers in 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 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 we offer Washington businesses two product portfolios: **Navigator** 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.

## **Navigator and Voyager Networks**

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 Navigator and Voyager products also offer out-of-network benefits, for more freedom and choice.



# Navigator

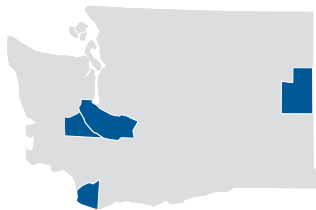
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**Navigator is our clinically integrated product, where we work with members and their doctors to navigate care within a network of health professionals focused on the member's journey toward optimal health.**

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, statewide, 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.



**Navigator is available in** Clark, Pierce, Spokane, and Thurston counties.

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## 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 the **Olympia, Spokane, Tacoma, and Vancouver** areas so your employees will get top-notch quality of care and service.



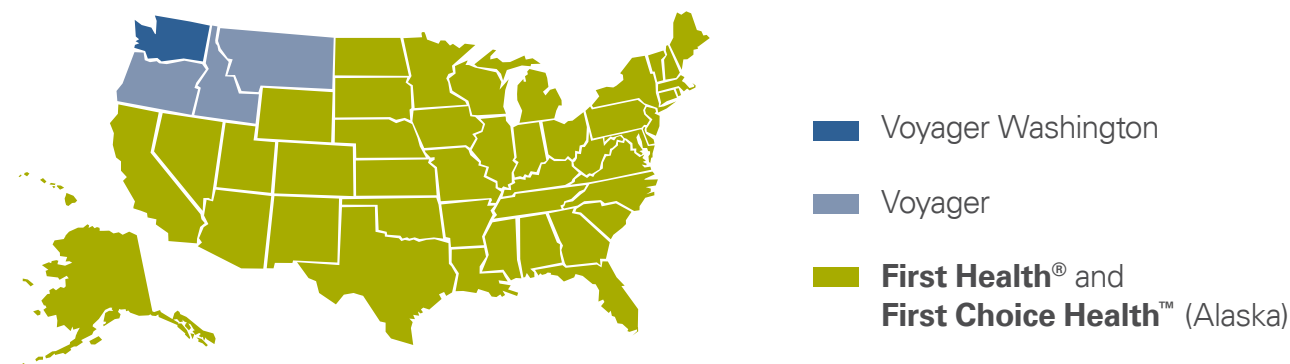
In-network availability based upon member's plan and network.



**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.**

For businesses with a geographically diverse workforce or multiple locations, Voyager gives you the broadest access, with a provider network that spans the state.



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**Navigator and Voyager include a broad array of in-network providers from PacificSource in 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.

# Which product **is right for you?**

Product	Voyager	Navigator
Cost	\$\$	\$
Broadest access to in-network providers and facilities	★	
Coordination between PacificSource and provider on behalf of members at select provider partner groups and facilities		★
Primary care doctors, specialists, and hospitals work together as a team		★
Statewide access to providers	★	★
Plan allows members to access specialists without a referral	★	★
In-network providers when traveling nationwide	★	★
Out-of-network provider benefits	★	★





2021 Washington | Large Group Medical Plans

Product	250+20_10	500+25_20	500+20_20	750+20_20	1000+20_20	1500+20_20	2000+20_20	2500+20_20	3000+20_20	3000+30_30	3500+30_30	4000+30_30	5000+30_30													
	Navigator & 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
Deductible Individual / Family	\$250 / \$500	\$5,000 / \$10,000	\$500 / \$1,000	\$5,000 / \$10,000	\$500 / \$1,000	\$5,000 / \$10,000	\$750 / \$1,500	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$7,500 / \$15,000	\$2,500 / \$5,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,500 / \$7,000	\$10,000 / \$20,000	\$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	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,500 / \$9,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$15,000 / \$30,000	\$6,000 / \$12,000	\$15,000 / \$30,000	\$6,000 / \$12,000	\$15,000 / \$30,000	\$6,000 / \$12,000	\$15,000 / \$30,000	\$6,000 / \$12,000	\$20,000 / \$40,000	\$6,000 / \$12,000	\$20,000 / \$40,000	\$6,850 / \$13,700	\$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:
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%
	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:	
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%	\$10*	50%	\$10*	50%
Office Visits Primary	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits Specialist	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Lab / X-ray	Covered in full up to \$500, then after deductible 10%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%
Physical, Occupational, and Speech Therapy Visits per benefit period: PT & OT: 30 / ST: 30	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Outpatient Surgery	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Chiropractic/Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Emergency Services Copay waived if admitted	\$250 plus 10%*	\$250 plus 10%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$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%*	

\*Not subject to deductible.  
This is a brief summary. Contact us at [washingtonsales@pacificsource.com](mailto:washingtonsales@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.

Prescription drug coverage



Rest easy with affordable copays in mind.

	Copay \$7/\$25/\$50	Copay \$10/\$35/\$60
Drug Tier 1	\$7	\$10
Drug Tier 2	\$25	\$35
Drug Tier 3	\$50	\$60
Drug Tier 4	\$250	\$100 or 20% (whichever is lower)

	Copay \$15/\$40/\$70	Copay \$10/50%
Drug Tier 1	\$15	\$10
Drug Tier 2	\$40	50%
Drug Tier 3	\$70	50%
Drug Tier 4	\$120 or 20% (whichever is lower)	\$150 or 50% (whichever is lower)

For details about prescription coverage, go to [PacificSource.com](https://www.pacificsource.com).  
Coverage is based on the state of Washington Drug List.

2021 Washington | Large Group HSA Qualified Medical Plans

Product	HSA 1500_20+Rx Non-Embedded		HSA 3000_50+Rx		HSA 3000_20+Rx		HSA 3000+Rx		HSA 4000+Rx		HSA 5000+Rx	
	Navigator & 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
Deductible Individual / Family	\$1,500 / \$3,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$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	\$4,000 / \$8,000	\$15,000 / \$30,000	\$6,350 / \$12,700	\$15,000 / \$30,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$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:
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%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth (including behavioral health for adults)	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Office Visits Primary	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Office Visits Specialist	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Inpatient Hospital	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Lab / X-ray	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy 25 visits per benefit period	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Outpatient Surgery	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Emergency Services Copay waived if admitted	20%	20%	50%	50%	20%	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Chiropractic/Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Prescription (Rx) Drug Coverage	20%	90%	50%	90%	20%	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 **washingtonsales@pacificsource.com** or go to **PacificSource.com** for details or to see a plan’s Summary of Benefits.  
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Focus on vision



Select your medical plan, then your vision plan.

Options for Adults

Coverage for adult eye exams and vision hardware is available as an option. When visiting an in-network provider, eye exams are covered with a \$10 copay. 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 \$500 depending on the plan you choose.

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.

Options for Kids

In-network eye exams are covered with a \$10 copay. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. For pediatric vision hardware, coverage in full includes one pair of frames and/or lenses per year from in-network providers.

2021 Washington | Large Group Vision Plans

		Vision 10/150		Vision 10/300		Vision 10/500	
		IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
		No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%
Adult (age 19+)	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full, 0% up to \$150		Covered in full, 0% up to \$300		Covered in full, 0% up to \$500	
Pediatric	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses

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™
- ✓ **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
- ✓ **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 provider network or networks



Choose a health plan or plans



Decide on additional coverage options



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.**

**Phone:** (866) 556-1224

**Email:** [washingtonsales@pacificsource.com](mailto:washingtonsales@pacificsource.com)

**PacificSource.com**

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