



Members **first**

2022 Health Plans for **Oregon Individuals and Families**



The kind of help **you'd expect from a friend.**

At PacificSource, member service is more than professional—it's personal.

What's more, it's local. The people who help you are right here in the Northwest. We answer your calls in less than 30 seconds on average, according to internal call reports. And we're committed to going beyond what's required to make sure you're satisfied.



PacificSource is a **not-for-profit community health plan**. We do not answer to shareholders but to members, providers, producers, and employers—the people who depend on our products and services.

Your healthcare coverage, **optimized.**



A unique, not-for-profit partnership

PacificSource is different: An experienced, local health plan working hand in hand with highly rated local providers to deliver exceptional member experience.



Integrated care that revolves around members

This patient-centered approach is enabled by close collaboration with our provider partners, supported by best-in-class data analytics.



High-value care and lower costs

We strive to compensate providers based on quality of outcomes and overall value—not volume.



Ongoing investment in community health

As a not-for-profit insurer, PacificSource continually invests in our own neighborhoods, through financial aid and access to healthcare for diverse populations and those most in need.

Benefits that go beyond what's required



Expanded telehealth coverage

Members can see a doctor without leaving home—including behavioral health visits for adults. You'll get the care you need, when and where you need it.



No referrals needed with any plan

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



Pay-nothing preventive care and preventive drugs

We're pleased to offer \$0 copays on:

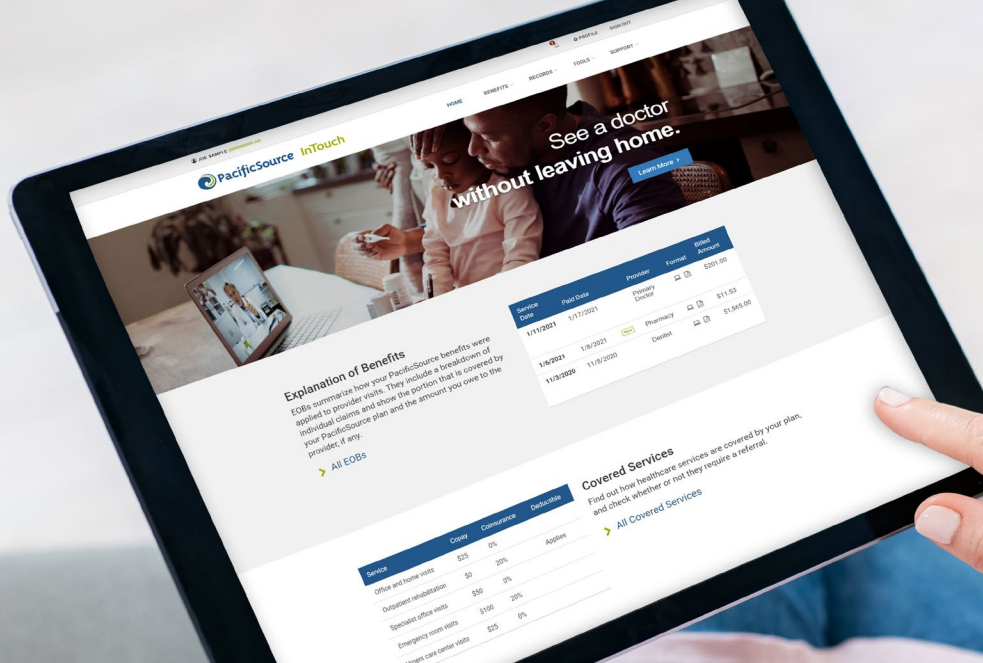
- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires on most plans



Human service

No automated phone trees or offshore call centers





InTouch puts you in charge



Manage your benefits from your computer, phone, or tablet—24/7. You'll have secure access to all your insurance info, plus valuable health-related extras, with our InTouch site and iOS/Android app.

With InTouch you can:

- Display your member ID
- Schedule doctor visits—physical and behavioral health—through Teladoc®
- Review what's covered by your plan
- Read Explanation of Benefits statements
- Check your deductible status
- Search for a doctor
- Select your primary care provider
- Call our free 24-Hour NurseLine
- Work toward health goals at CaféWell
- Reach our Customer Service team



The Navigator **difference**

A coordinated network of highly rated medical professionals

Your provider network determines which doctors and hospitals are covered at the highest benefit level.

In Oregon, the Navigator network includes, among many others, **Legacy Health, Legacy Health Partners, OHSU Health, St. Charles Health System, Samaritan Health Services, PeaceHealth, McKenzie-Willamette Medical Center, Asante,** and **Central Oregon Independent Practice Association.** Plus thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers.

Navigator also offers out-of-network benefits, for greater freedom and choice.

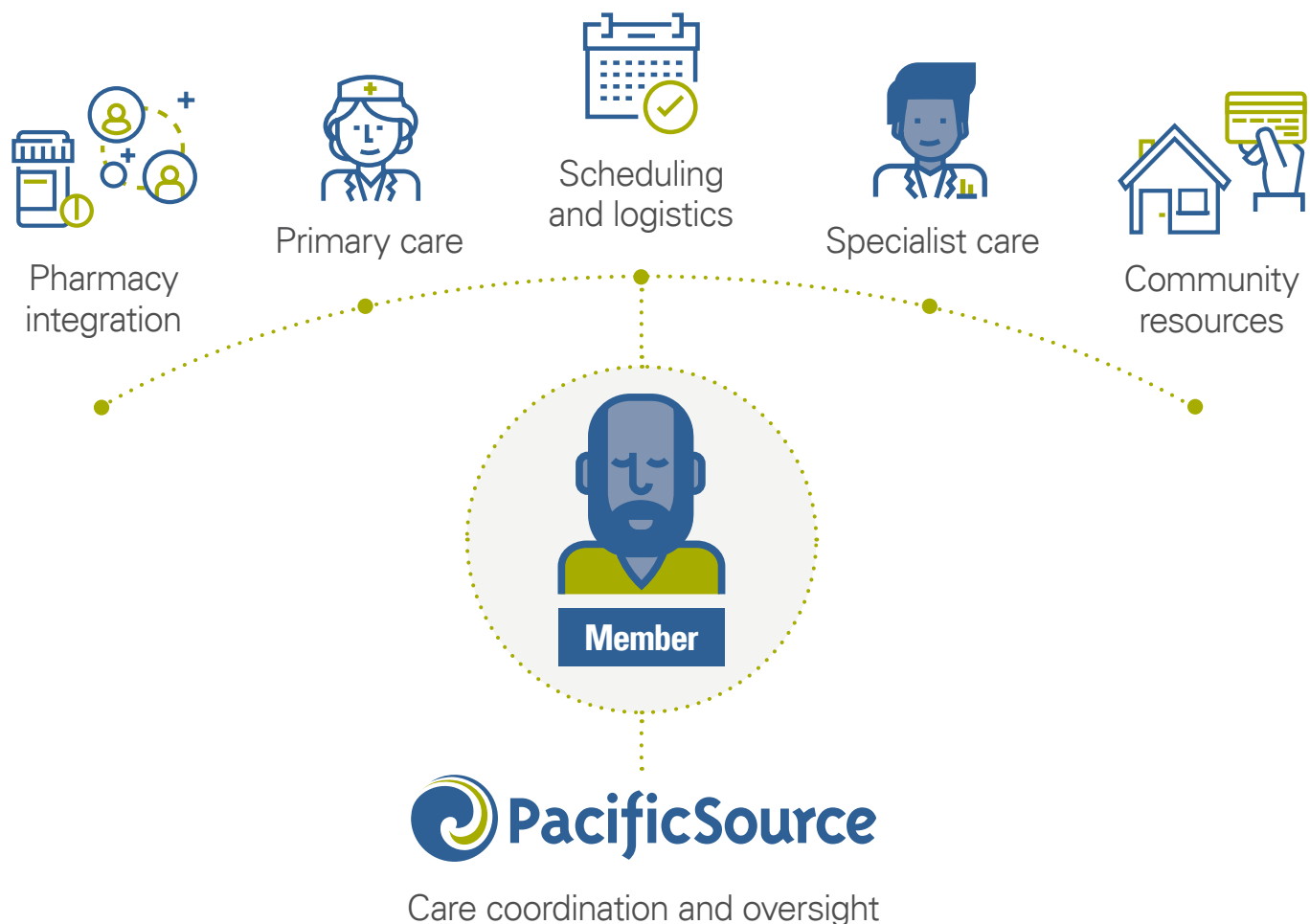
Navigator

Cost-effective care coordination that puts members at the center

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

With Navigator, you have access to a broad array of in-network providers. This includes local doctors, providers in our four-state area, nationally through our partnership with First Health,[®] and in Alaska through First Choice Health.[™]

Members experience seamless, accountable care from a dedicated team of providers.





The doctors and hospitals you want.

We've partnered with well-respected health centers and hospitals in the region to provide members and their families with quality care.

Oregon

Statewide



Idaho

Boise
Nampa/Caldwell
Pocatello
Twin Falls



Montana

Statewide

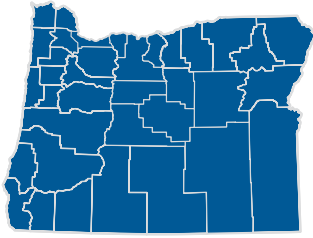


Washington

Spokane
Tacoma
Vancouver



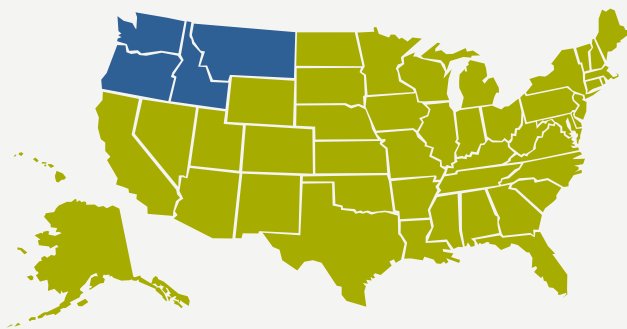
In-network availability is based on member's plan and network.



Navigator is available for purchase by people living in all Oregon counties.

In-network, **nationwide**

Navigator lets members see providers across the country, thanks to partnerships with First Health[®] and First Choice Health[™].



- Our four-state provider network
- **First Health[®]** and **First Choice Health[™]** (Alaska)



Out-of-network benefits

Want to see a doctor who's not in your network? With Navigator, their services are covered, up to an allowed amount.

We cover more than **42,000** individual members
and their families across the Greater Northwest.

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

Source: monthly enrollment report, May 2021



2022 Oregon | Navigator Individual and Family Medical Plans

	NON-HSA QUALIFIED PLANS																HSA QUALIFIED PLANS		OREGON STANDARD PLANS					
Product	Gold 1500 [†]		Silver 2900 ^{††}		Silver 3000		Silver 3600 ^{††}		Silver 3900 ^{††}		Silver 4000		Bronze 7000		Catastrophic [^]		Bronze HSA 7000		Standard Gold		Standard Silver		Standard Bronze	
	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	\$1,500 / \$3,000	\$10,000 / \$20,000	\$2,900 / \$5,800	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$3,600 / \$7,200	\$10,000 / \$20,000	\$3,900 / \$7,800	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$10,000 / \$20,000	\$8,700 / \$17,400	\$10,000 / \$20,000	\$7,000 / \$14,000	\$10,000 / \$20,000	\$1,500 / \$3,000	\$10,000 / \$20,000	\$3,650 / \$7,300	\$10,000 / \$20,000	\$8,700 / \$17,400	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$6,500 / \$13,000	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$7,900 / \$15,800	\$25,000 / \$50,000	\$7,900 / \$15,800	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$8,700 / \$17,400	\$25,000 / \$50,000	\$7,000 / \$14,000	\$25,000 / \$50,000	\$7,300 / \$14,600	\$25,000 / \$50,000	\$8,550 / \$17,100	\$25,000 / \$50,000	\$8,700 / \$17,400	\$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:	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%
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%	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.		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:	
Telehealth (including behavioral health for adults)	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%	Telemedicine and office combined visits 1-3 no deductible, covered in full. Visits 4+ covered in full after deductible.	50%	Covered in Full	50%	\$20*	50%	\$40*	50%	\$50*	50%
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$20* Specialist: \$40*	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Primary Care: \$40* Urgent Care: \$70* Specialist: \$80*	50%	Primary/Urgent Care: \$20* Specialist: \$40*	50%	Primary/Urgent Care: \$20* Specialist: \$40*	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: \$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%	40%	50%	40%	50%	30%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Lab / X-ray	20%	50%	40%	50%	40%	50%	30%	50%	30%	50%	30%	50%	40%	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	20%	50%	40%	50%	40%	50%	\$40 if provided in an office setting*	50%	30%	50%	30%	50%	40%	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%	40%	50%	40%	50%	30%	50%	30%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Emergency Services	20%	20%	40%	40%	40%	40%	30%	30%	30%	30%	30%	30%	40%	40%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	30%	30%	Covered in Full	Covered in Full
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$20*	50%	\$35*	50%	\$35*	50%	\$40*	50%	\$20*	50%	\$20*	50%	\$35*	50%	Covered in Full	50%	Covered in Full	50%	\$20*	50%	\$40*	50%	\$50*	50%
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$20* Tier 2: \$60* Tier 3 & 4: 20%*	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 40%*	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 40%*	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & Tier 4: 50%*	90%	30%	90%	30%	90%	40%	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%
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*	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 40%		Covered in full* up to \$150 then subject to in-network deductible and 40%		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 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* 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	

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 for people under 30, or people of any age with a hardship exemption or affordability exemption. †Adult vision included on this plan. †† Available only on a direct basis.

This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com. 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 table or the rest of the document, please call us at **888-977-9299; TTY 711** or **800-735-3260**.



Vision care for kids

Pediatric vision benefits (for members through age 18)

Most of our medical plans include pediatric vision coverage through age 18. This includes routine eye exams at no cost when seeing an in-network doctor. Most plans also include vision hardware coverage up to \$150 for members through age 18.

Decide on dental



Good dental health can lead to better overall health. You can add one of our dental plans to your health plan, or select dental-only. Available for purchase year-round, not just during open enrollment.

2022 Oregon

Individual and Family Dental Plan Comparison

USE THIS CHART TO COMPARE OUR DENTAL PLANS	Dental Advantage 0-20-50 1000		Dental Advantage 0-20-50 1500		Kids Dental Advantage 0-20-50 (coverage for members age 18 and under)	
	Advantage Network		Advantage Network		Advantage Network	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual / Family	N/A	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000		\$1,500		N/A	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$375 / \$750	N/A	\$375 / \$750	N/A	\$375 / \$750	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:
Class I Services	Covered in Full	20%	Covered in Full	20%	Covered in Full	20%
	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%
Class III Services	50%	50%	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class II: 6 months; Class III: 12 months		Class II: 6 months; Class III: 12 months		None	

This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com. For more details, search individual and family plans at [PacificSource.com](https://www.pacificsource.com). Accessibility help: For assistance reading this table or the rest of the document, please call us at **888-977-9299; TTY 711** or **800-735-3260**.



Help with **Health Savings Accounts (HSA)**



When you're ready to decide, you'll see two types of plans available: HSA-qualified and Non-HSA qualified.

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

Non-HSA

With **Non-HSA** plans, you can use certain medical benefits before you've met your deductible. You'll be responsible for a copay for the service, which include things such as primary care, urgent care, or pharmacy.

HSA

HSA-qualified plans help you save for healthcare expenses like deductibles and coinsurance. The plans require that all major benefits be subject to your deductible.

With HSA plans, you'll set up a dedicated bank account, contributions to which are 100% tax deductible (up to a maximum), like an IRA. Another benefit: Withdrawals from your HSA account to pay for qualified medical expenses are tax-free.

Ten more ways **PacificSource** gives you more



Access to highly rated hospitals and urgent care centers



No-cost care management for chronic conditions



Affordable gym memberships through Active&Fit Direct™



Prenatal resources for expectant mothers



Global emergency services from Assist America®



Up to \$150 reimbursement for health & wellness classes



Help quitting tobacco



Weight Watchers® program discounts



Home-delivered pharmacy orders



No-cost 24-Hour NurseLine for health questions

Additional benefits are not considered insurance.

Next steps:



Select a health plan
(see the big chart)



Decide on dental
(see the smaller chart)



Get a price quote: Contact your agent,
call us at **855-330-2792**, or use our online
quote tool at PacificSource.com

We're here to help.

It's natural to have questions about a topic as important as your family's health. We understand, and we're happy to speak with you by phone or email.

Phone: 800-814-6827

Email: CoverageAdvisors@PacificSource.com

PacificSource.com
