NAVIGATOR

PacificSource HEALTH PLANS

Members **first**

2022 Health Plans for **Washington Large Groups** | 51+

Here to **help**

Since our founding in 1933, we've learned a lot about keeping members and employers satisfied. Year in and year out, we've invested in the relationships and technologies that mean a better experience for all.

Our staff is right here in the Northwest. We answer member calls in an average of 30 seconds or less, according to internal call reports. And we're committed to doing what it takes to keep clients happy.

PacificSource Health Plans 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.

98.6% That's our employer satisfaction rating, based on surveys conducted Q1 of 2021. The remaining 1.4%? We're working on it.

Benefits that go **beyond what's required**

Expanded telehealth coverage

Members can see a doctor without leaving home—including behavioral health visits for adults. Your employees get the care they need, where and when they 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

Human service

No automated phone trees or offshore call centers.

Client service that **puts you first**

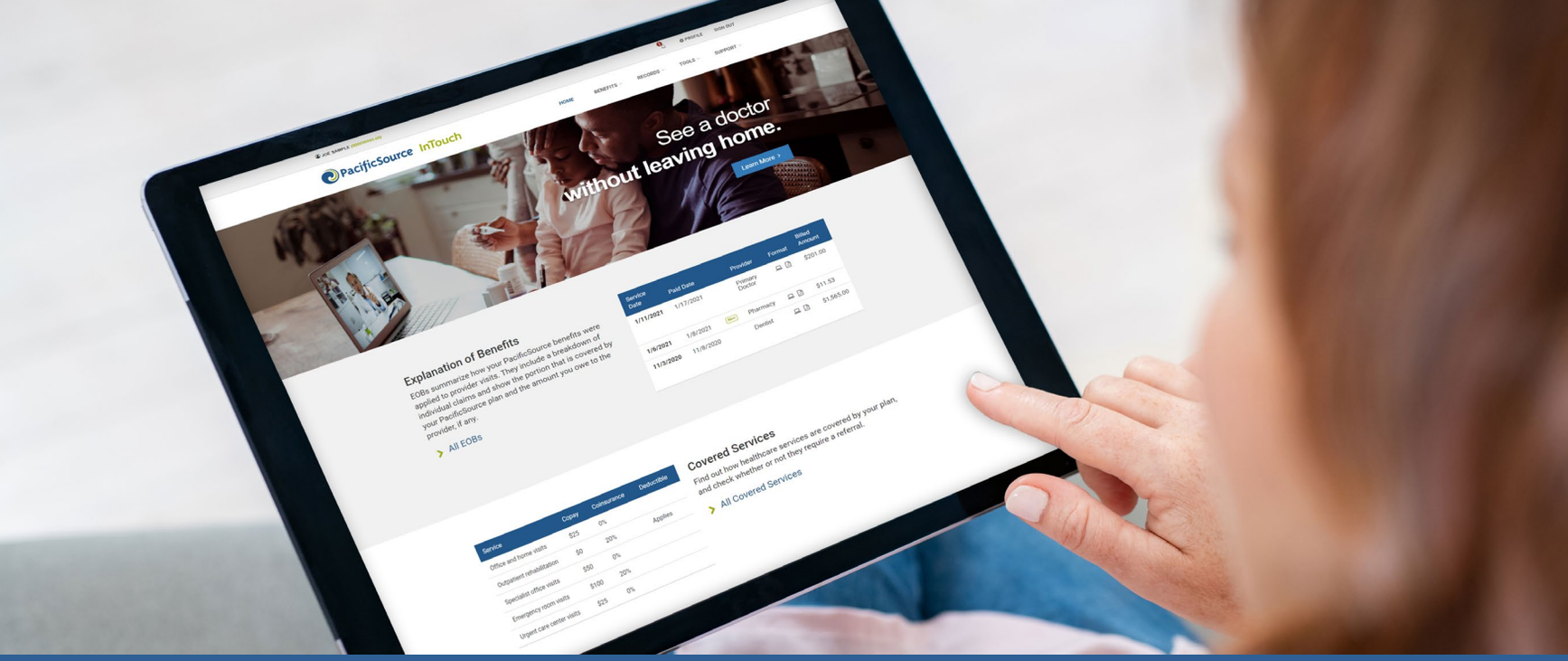
You'll have a dedicated representative who's focused on you, your plan details, and helping you control costs.

PacificSource Health Plans covers more than **226,000** members and their families in the Greater Northwest.

Our business clients include companies working in a variety of industries. That's experience we can leverage to help you.

Manufacturing	Construction	Education	Legal
Wholesale Supply	Medical	Retail	Restaurants
Banking	Agriculture	Nonprofit	Transportation

Source: monthly enrollment report, May 2021



InTouch **puts you in charge**

Manage employee benefits from your computer, phone, or tablet, 24/7. You'll have employer-only access to all your insurance info through our secure online portal.

With InTouch for Employers you can:

Easily pay your bill
View statements, pay online, and review payment history.

Run reports
Know who and how many employees are covered.

Get info on demand
See benefit summaries, your contract, handbooks, and more.

Manage enrollment status
Easily add, update, and delete employee information.

See member IDs
View and print ID cards for employees.

Keep in touch
Easy-to-find contact information for your PacificSource representatives.

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 Washington, the Navigator network includes **Legacy Health, MultiCare, MultiCare Connected Care, OHSU Health, Physicians of Southwest Washington**, and **Vancouver Clinic**, plus thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers.

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

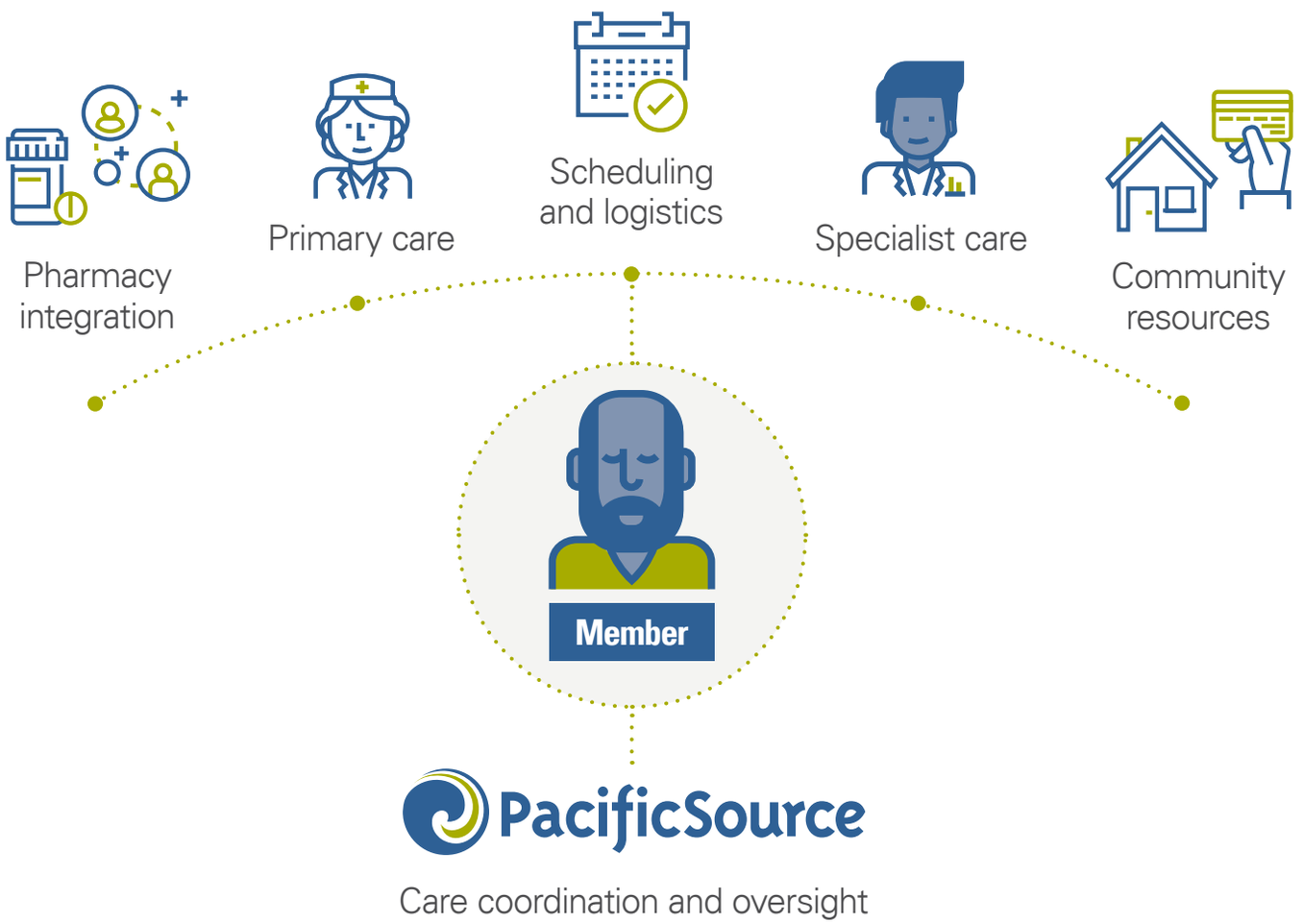
Navigator

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, members have access to a broad array of in-network providers. This includes local doctors statewide, nationally through our partnership with First Health,® and in Alaska through First Choice Health.™ Out-of-network benefits are included as well.

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



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

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

Washington

Olympia
Spokane
Tacoma
Vancouver

MultiCare
MultiCare Connected Care™
LEGACY HEALTH
VANCOUVER CLINIC
Physicians OF SOUTHWEST WASHINGTON
OHSU Health

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

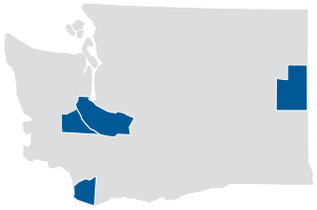
How Navigator **benefits employers**

Multiple plan designs

Controlled costs

Clinical integration

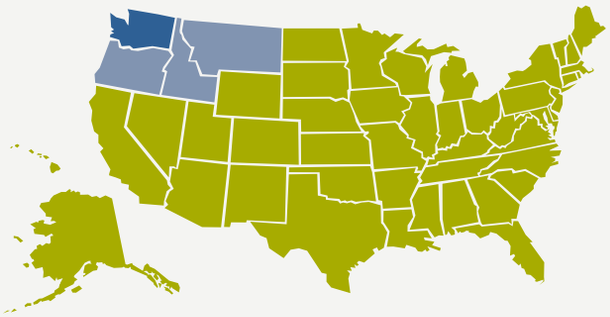
Unified communications



Navigator is available for businesses located in Clark, Pierce, Spokane, and Thurston counties.

In-network, **nationwide**

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



- Navigator Washington
- Navigator
- **First Health®** and **First Choice Health™** (Alaska)

2022 Washington | Navigator 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	
	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
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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%
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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%	Covered in Full*	50%	Covered in Full*	50%	Covered in Full*	50%	Covered in Full*	50%	Covered in Full*	50%	Covered in Full*	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: 30 combined	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 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%*
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com.																									

*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.

		Vision 10/150	
		IN NETWORK	OUT OF NETWORK
Adult (age 19+)	Eye Exam	No deductible, $10	Covered in full up to $40, then 100%
Adult (age 19+)	Vision Hardware	Covered in full, 0% up to $150	
Pediatric	Eye Exam	No deductible, $10	Covered in full up to $40, then 100%
Pediatric	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

		Vision 10/300	
		IN NETWORK	OUT OF NETWORK
Adult (age 19+)	Eye Exam	No deductible, $10	Covered in full up to $40, then 100%
Adult (age 19+)	Vision Hardware	Covered in full, 0% up to $300	
Pediatric	Eye Exam	No deductible, $10	Covered in full up to $40, then 100%
Pediatric	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

		Vision 10/500	
		IN NETWORK	OUT OF NETWORK
Adult (age 19+)	Eye Exam	No deductible, $10	Covered in full up to $40, then 100%
Adult (age 19+)	Vision Hardware	Covered in full, 0% up to $500	
Pediatric	Eye Exam	No deductible, $10	Covered in full up to $40, then 100%
Pediatric	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

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.

2022 Washington | Navigator 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	
	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 / $6,650	$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%

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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2022 Washington | Large Group Dental Plans

							VOLUNTARY DENTAL ONLY	
	Dental PPO Plus 20-20-50 1000 or 20-20-50 1500		**Dental PPO Plus** 0-20-50 25-1000 or 0-20-50 25-1500		**Dental PPO Plus** 0-20-50 50-1000 or 0-20-50 50-1500		**Dental PPO** 0-20-50 1000 or 0-20-50 1500	
	Dental PPO		Dental PPO		Dental PPO		Dental PPO	
	IN NETWORK	OUT OF 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	$25 / $75	N/A	$50 / $150	N/A	$50 / $150
Annual Maximum Benefit Per person	$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:	
Class I Services	20%		Covered in Full		Covered in Full		Covered in Full	
	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%
Class III Services	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person	None		None		None		Class III: 12 months	
Cosmetic Orthodontia*	Optional: $1,000, $1,500, or $2,000 Lifetime Max		Optional: $1,000, $1,500, or $2,000 Lifetime Max		Optional: $1,000, $1,500, or $2,000 Lifetime Max		Optional: $1,000, $1,500, or $2,000 Lifetime Max	

Plan names explained: Dental PPO—PPO-style plans | **Plus**—No exclusion periods

*Additional eligibility requirements may apply. This is a brief summary. For more details, contact us at WashingtonSales@PacificSource.com or search group plans at PacificSource.com.
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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.

Choose a Dental PPO plan

With a Dental PPO plan, members have access to a robust network of more than 4,700 care access points in Washington. It's important that members see Dental PPO participating providers. Doing so maximizes their benefits.

Find dentists who accept the Dental PPO plan at PacificSource.com.

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
- 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

Cosmetic Orthodontia*

- Available based on group size with any dental plan purchased direct through PacificSource
- 26–50 enrolled employees: $1,000, $1,500, or $2,000 lifetime max, 12-month exclusion period on some voluntary plans; exclusion period reduced or eliminated with prior orthodontia coverage

Choose **one plan, or more**

Our Right Fit options let your employees choose the premium and coverage that suit them best.

- Employees may choose from two to five different products.
- There's no minimum enrollment, but the number of plans you offer can't exceed the number of enrolling employees.
- Your products can use different provider networks, and employees can change products during open enrollment.
- Minimum employer contribution: 50% employee/0% dependents of your lowest-cost plan.

Underwriting guidelines apply.

About Health Savings Accounts (HSA)

HSA-qualified plans help employees save money for healthcare expenses, such as deductibles and coinsurance. They also help employers save premium dollars—and your contributions to HSA accounts are exempt from payroll taxes.

Need help with healthcare admin? PacificSource Administrators, Inc. (PSA) can provide:

FSA | Flexible Spending Accounts

Stretch healthcare dollars while helping employees save by reducing their taxable income. PSA will help you understand grace periods, carryovers, and other ways your organization can benefit.

HRA | Health Reimbursement Arrangements

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 you choose PacificSource Administrators, they can take care of claims filing and reimbursement through Easy Pay.

COBRA | Administration

Compliance is critical, so why not give COBRA administration and notifications to a team you can trust? PSA will simplify with accuracy and efficiency.

At a glance your PacificSource coverage includes:

No-cost wellness programs to encourage employee fitness, nutrition, and behavioral health

Optional vision coverage plans for children and adults

Affordable fitness center access from our partner, Active&Fit Direct™

24-Hour NurseLine at no cost

Education reimbursement up to $150 for health and wellness classes

No-cost care management for chronic conditions

Prenatal program for expectant mothers

Easy online access for you and your employees

Home delivery of prescriptions—up to a 90-day supply

Worry-free travel with global emergency services from Assist America®

Additional benefits are not considered insurance.

Next steps:

Choose a health plan or plans

Decide on additional coverage options

Contact your broker or our team for a quote

We're here to help.

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

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

Phone: 888-492-2875

Email: WashingtonSales@PacificSource.com

PacificSource.com