



Beyond what's required

2023 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 don't answer to shareholders, but to members, providers, producers, and employers—the people who depend on our products and services.

Health plans that focus on the right things: **you, your doctor,** and **your community**



A unique, not-for-profit partnership

PacificSource is different. We're a local health insurer that works closely with highly rated 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. You'll get the care you need, when and where you need it.



No referrals required 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.)



No-cost preventive care and preventive drugs

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

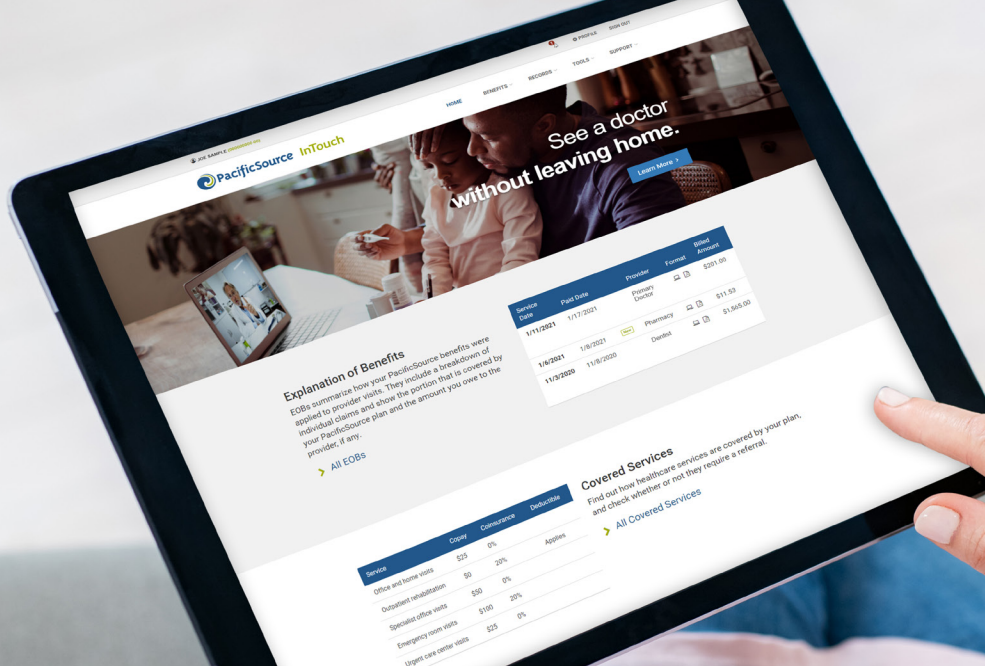
- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires (Note: Standard plans only use the Standard ACA drug list.)



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 information, 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 with our health and wellness portal
- 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

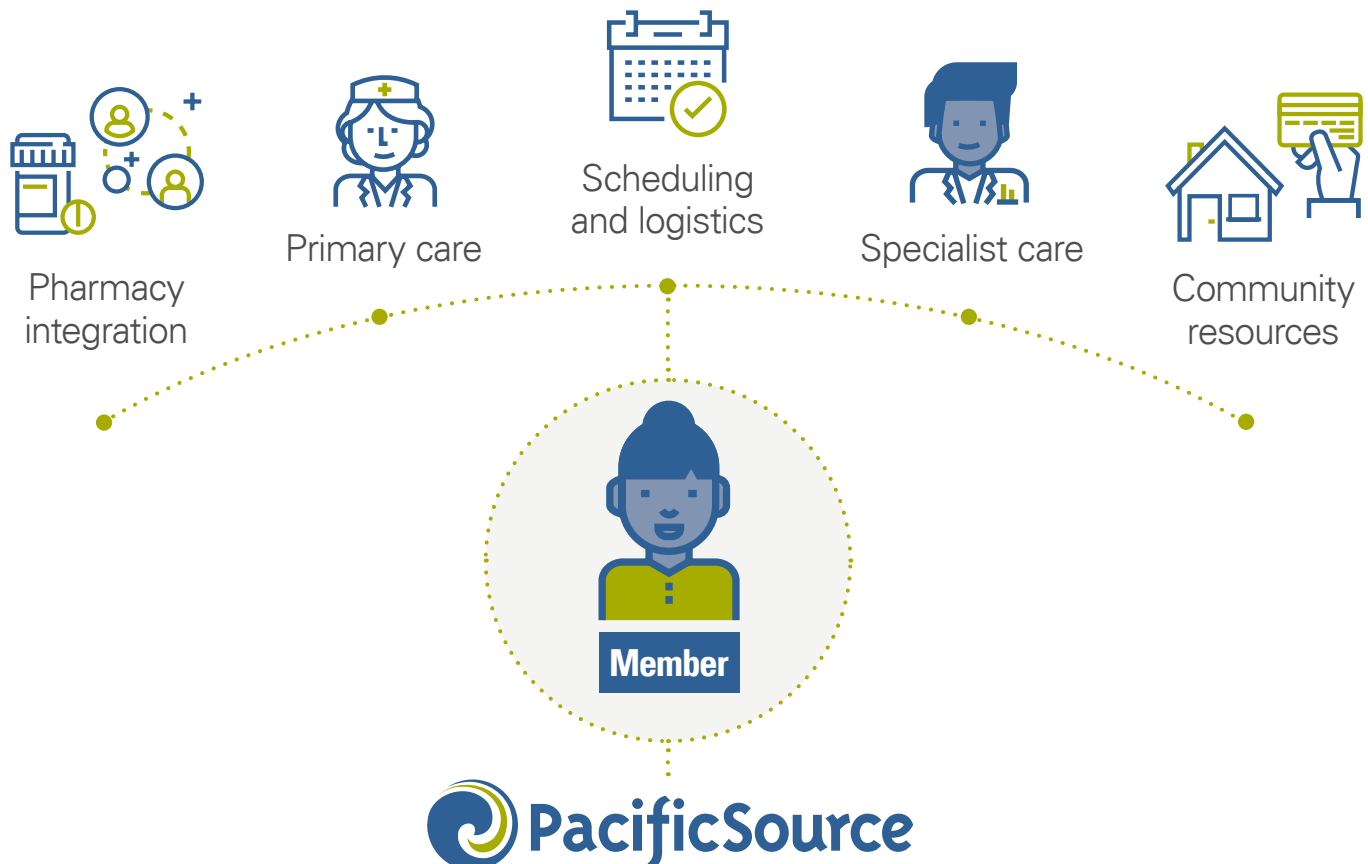
Cost-effective care coordination that puts members at the center

Navigator is our clinically integrated product. We work with members and a network of local, highly rated healthcare providers focused on quality outcomes.

With Navigator, you get a plan that:

- Supports you on your journey toward optimal health
- Values and promotes your healthcare engagement
- Provides empowering self-management tools
- Emphasizes shared decision-making with providers

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



Care coordination and oversight



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

Blackfoot
Boise
Nampa/Caldwell
Pocatello
Twin Falls



Montana

Statewide

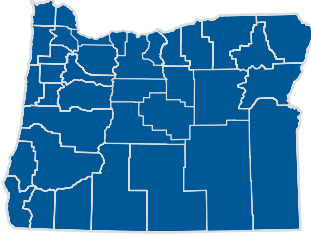


Washington

Spokane
Tacoma
Vancouver



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



Navigator is available for purchase by people living in any Oregon county.

In-network, nationwide

	DEDUCTIBLE		OUT OF POCKET MAX	
	In-Net.	Out-of-Net.	In-Net.	Out-of-Net.
Medical, Rx, and Vision	\$XXX	\$X,XXX	\$X,XXX	\$XX,XXX

MEDICAL BENEFITS, PRIOR AUTHORIZATION, & ELIGIBILITY:
 Members 555-555-5555 | CS@PacificSource.com
 Providers 555-555-5555 | CS@PacificSource.com

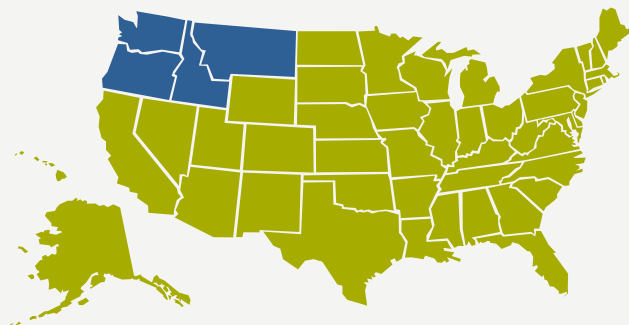
DENTAL: 555-555-5555 | Dental@PacificSource.com
24-HOUR NURSELINE: 855-834-6150

PHARMACISTS: 844-834-6150 | Fax 541-225-3665

Verify benefits at InTouch.PacificSource.com
 PacificSource Health Plans | PO Box 7068, Springfield, OR 97475-0068
 This card is not an authorization for services or a guarantee of payment.

Outside the Northwest?

With **Navigator**, your in-network coverage goes with you thanks to partnerships with **First Health**® and **First Choice Health**.™



- Our four-state provider network
- Provider networks through **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 **49,000** individual members and their families across the Greater Northwest.

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

Source: monthly enrollment report, February 2022



2023 Oregon | Navigator Individual and Family Medical Plans

	HSA-QUALIFIED PLANS																		OREGON STANDARD PLANS							
	Gold 1500†		Silver 3400††		Silver 3500		Silver 3900††		Silver 4000		Silver 4900††		Bronze 7000		Bronze 9100		Catastrophic [^]		Bronze HSA 7050		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	IN NETWORK	OUT OF NETWORK
Deductible Individual/Family	\$1,500 / \$3,000	\$10,000 / \$20,000	\$3,400 / \$6,800	\$10,000 / \$20,000	\$3,500 / \$7,000	\$10,000 / \$20,000	\$3,900 / \$7,800	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$4,900 / \$9,800	\$10,000 / \$20,000	\$7,000 / \$14,000	\$10,000 / \$20,000	\$9,100 / \$18,200	\$10,000 / \$20,000	\$9,100 / \$18,200	\$10,000 / \$20,000	\$7,050 / \$14,100	\$10,000 / \$20,000	\$1,800 / \$3,600	\$10,000 / \$20,000	\$4,800 / \$9,600	\$10,000 / \$20,000	\$8,800 / \$17,600	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual/Family	\$7,500 / \$15,000	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$7,050 / \$14,100	\$25,000 / \$50,000	\$7,300 / \$14,600	\$25,000 / \$50,000	\$9,100 / \$18,200	\$25,000 / \$50,000	\$8,800 / \$17,600	\$25,000 / \$50,000

Preventive Services	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible
Preventive Drug Coverage	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	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			

Office Visits Primary (including behavioral health), Urgent Care, and Specialist	Primary/Urgent: \$20 no deductible Specialist: \$40 no deductible	50% after deductible	Primary/Urgent: \$40 no deductible Specialist: 40% after deductible	50% after deductible	Primary/Urgent: \$40 no deductible Specialist: 40% after deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary: \$40 no deductible Urgent: \$70 no deductible Specialist: \$80 no deductible	50% after deductible	Primary/Urgent: \$40 no deductible Specialist: 40% after deductible	50% after deductible	0% after deductible	50% after deductible	Primary: Visits 1-3 no deductible, covered in full Visits 4+ 0% after deductible Urgent Care/ Specialist: 0% after deductible	50% after deductible	0% after deductible	50% after deductible	Primary: \$20 no deductible Urgent: \$60 no deductible Specialist: \$40 no deductible	50% after deductible	Primary: \$40 no deductible Urgent: \$70 no deductible Specialist: \$80 no deductible	50% after deductible	Primary: \$50 no deductible Urgent: \$100 no deductible Specialist: \$100 no deductible	50% after deductible
Telehealth	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	0% after deductible	50% after deductible	Visits 1-3 no deductible, covered in full Visits 4+ 0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Lab / X-ray	20% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	20% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	\$40 no deductible if provided in an office setting	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible if provided in an office setting	50% after deductible	\$40 no deductible if provided in an office setting	50% after deductible	\$50 no deductible if provided in an office setting	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Services	20% after deductible	20% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$20 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$40 no deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 20% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 50% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 50% no deductible	90% after deductible	30% after deductible	90% after deductible	30% after deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 50% no deductible	90% after deductible	40% after deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible	Tier 1: \$10 no deductible Tier 2: \$30 no deductible Tier 3: 50% no deductible Tier 4: 50% no deductible, \$500 max/script	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 50% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2, 3, & 4: 0% after deductible	90% after deductible
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	Covered in full up to \$40	Covered in full	50% after deductible	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 up to \$150 then subject to in-network deductible		Covered in full	50% after deductible	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	

[^]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.
 Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com. Go to 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. We accept all relay calls.



Vision care for kids

Pediatric vision benefits for members through age 18

All of our medical plans include pediatric vision coverage. This includes routine eye exams at no cost when seeing an in-network doctor. See plan comparison on previous page for details.

Decide on dental



Good dental health can lead to better overall health. You can:

- Add one of our dental plans to your health plan
- Select dental-only
- Purchase these plans year-round, not just during open enrollment

2023 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 younger	\$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. Accessibility help: for assistance reading this table or the rest of the document, please call us at **855-330-2792**, TTY: 711. We accept all relay calls.



Finding the **right plan**



One factor as you decide on a plan will be whether you want one that can be paired with a health savings account (HSA). Here are things to consider.

All plans

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

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.

Non-HSA

Non-HSA plans allow you to use some benefits for a copay prior to meeting your deductible (such as primary care, urgent care, or pharmacy).

Ten more ways **PacificSource** gives you more



Access to highly rated hospitals and urgent care centers



\$500 accident benefit with most plans



Affordable gym memberships through Active&Fit Direct™



No-cost care management for chronic conditions



Global emergency services from Assist America®



Prenatal resources for expectant parents



Help quitting tobacco



Up to \$150 reimbursement for health & wellness classes



Home-delivered pharmacy orders



Weight Watchers® program discounts

Additional benefits are not considered insurance.

Next steps:



Select a health plan
(see the big chart)



Decide on dental
(see the smaller chart)

Shop and enroll:



Contact your
broker



Online at Shop.PacificSource.com/individual



Or call us at
855-983-8844

TTY: 711
We accept all relay calls

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

TTY: 711. We accept all relay calls.

Email: CoverageAdvisors@PacificSource.com

PacificSource.com

Update to our 2023 plan brochures

**Good news! Starting June 1, 2023,
Aetna's national PPO network will replace
First Health[®] and First Choice Health in Alaska.**

PacificSource Health Plans is collaborating with Aetna Signature Administrators[®] to provide our members with greater access to in-network care across the nation.

This change has been added to the digital versions of these documents. Rather than reprint paper copy brochures, we chose the more sustainable option of this notice.

We look forward to serving you.

Questions?

Employers: 888-492-2875

Individuals: 855-330-2792

TTY: 711. We accept all relay calls.

PacificSource.com



Members First