PacificSource HEALTH PLANS

NAVIGATOR

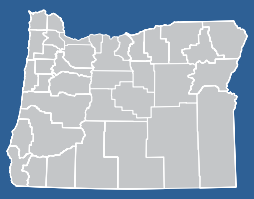
2023 Medical Plans for Oregon Individuals and Families

2023 Oregon | Navigator Individual and Family Medical Plans

	Gold 1500†		Silver 3400††		Silver 3500		Silver 3900††		Silver 4000		Silver 4900††		Bronze 7000		Bronze 9100		Catastrophic^		HSA-QUALIFIED PLANS: Bronze HSA 7050		OREGON STANDARD PLANS: 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		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.

Availability map **by county**



More for less from our Navigator products

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

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

For more information or to enroll, contact a Coverage Advisor at **855-568-9800,** TTY: 711 (we accept all relay calls), or by email at CoverageAdvisors@PacificSource.com.