

2024 Washington Voyager Large Group Medical Plans

	250+20_10		500+25_20		500+20_20		750+20_20		1000+20_20	
	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
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
	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%
	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	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%
Inpatient Hospital	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Lab / X-ray	Covered in full up to \$500, then 10%	50%	Covered in full up to \$500, then 20%	50%	Covered in full up to \$500, then 20%	50%	Covered in full up to \$500, then 20%	50%	Covered in full up to \$500, then 20%	50%
Physical, Occupational, and Speech Therapy	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%
Outpatient Surgery	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Emergency Services	\$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%
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com .									

*Not subject to deductible.

Plans are available to businesses statewide.

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 us at **888-215-5545**, WashingtonSales@PacificSource.com, or go to PacificSource.com for details or to see a plan's Summary of Benefits.

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2024 Washington Voyager Large Group Medical Plans

	1500+20_20		2000+20_20		2500+20_20		3000+20_20		3000+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
Deductible Individual / Family	\$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
Out-of-Pocket Maximum Individual / Family	\$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
	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%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%
Inpatient Hospital	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%
Lab / X-ray	Covered in full up to \$500, then 20%	50%	Covered in full up to \$500, then 20%	50%	Covered in full up to \$500, then 20%	50%	Covered in full up to \$500, then 20%	50%	Covered in full up to \$500, then 30%	50%
Physical, Occupational, and Speech Therapy	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%
Outpatient Surgery	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%
Emergency Services	\$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%
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com .									

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2024 Washington Voyager Large Group Medical Plans

	3500+30_30		4000+30_30		5000+30_30	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$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	\$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:
Preventive Services	Covered in full	50%	Covered in full	50%	Covered in full	50%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	30%	50%	30%	50%	30%	50%
Lab / X-ray	Covered in full up to \$500, then 30%	50%	Covered in full up to \$500, then 30%	50%	Covered in full up to \$500, then 30%	50%
Physical, Occupational, and Speech Therapy	30%	50%	30%	50%	30%	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$30*	50%	\$30*	50%	\$30*	50%
Outpatient Surgery	30%	50%	30%	50%	30%	50%
Emergency Services	\$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 .					

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2024 Washington Voyager Large Group Medical Plans

	HSA 1600_20+Rx Non-embedded		HSA 3200_50+Rx		HSA 3200_20+Rx		HSA 3200+Rx	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$1,600 / \$3,200	\$7,500 / \$15,000	\$3,200 / \$6,400	\$7,500 / \$15,000	\$3,200 / \$6,400	\$3,200 / \$6,400	\$3,200 / \$6,400	\$7,500 / \$15,000
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	\$3,200 / \$6,400	\$15,000 / \$30,000
	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:
Preventive Services	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:	
Telehealth	20%	50%	50%	50%	20%	50%	Covered in full	50%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	20%	50%	50%	50%	20%	50%	Covered in full	50%
Inpatient Hospital	20%	50%	50%	50%	20%	50%	Covered in full	50%
Lab / X-ray	20%	50%	50%	50%	20%	50%	Covered in full	50%
Physical, Occupational, and Speech Therapy	20%	50%	50%	50%	20%	50%	Covered in full	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	20%	50%	50%	50%	20%	50%	Covered in full	50%
Outpatient Surgery	20%	50%	50%	50%	20%	50%	Covered in full	50%
Emergency Services	20%	20%	50%	50%	20%	20%	Covered in full	Covered in full
Prescription (Rx) Drug Coverage	20%	90%	50%	90%	20%	90%	Covered in full	90%

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	HSA 4000+Rx		HSA 5000+Rx	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$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	\$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:
Preventive Services	Covered in full	50%	Covered in full	50%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth	Covered in full	50%	Covered in full	50%
Office Visits: Primary (including behavioral health), Urgent Care, and Specialist	Covered in full	50%	Covered in full	50%
Inpatient Hospital	Covered in full	50%	Covered in full	50%
Lab / X-ray	Covered in full	50%	Covered in full	50%
Physical, Occupational, and Speech Therapy	Covered in full	50%	Covered in full	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	Covered in full	50%	Covered in full	50%
Outpatient Surgery	Covered in full	50%	Covered in full	50%
Emergency Services	Covered in full	Covered in full	Covered in full	Covered in full
Prescription (Rx) Drug Coverage	Covered in full	90%	Covered in full	90%

*Not subject to deductible.

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