

2026 Oregon Large Group Medical Plans

| | 500+20_20 | | 750+20_20 | | 1000+25_20 | | 1500+25_20 1500+25_30 | |
|---|--|-----------------------------------|---|-----------------------------------|---|-----------------------------------|--|-----------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Deductible Individual / Family | \$500 / \$1,000 | \$1,000 / \$2,000 | \$750 / \$1,500 | \$1,500 / \$3,000 | \$1,000 / \$2,000 | \$2,000 / \$4,000 | \$1,500 / \$3,000 | \$3,000 / \$6,000 |
| Out-of-Pocket Maximum Individual / Family | \$3,000 / \$6,000 | \$6,000 / \$12,000 | \$3,500 / \$7,000 | \$6,000 / \$12,000 | \$4,000 / \$8,000 | \$8,000 / \$16,000 | \$4,000 / \$8,000 | \$8,000 / \$16,000 |
| | 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: | |
| Office Visits: Primary, Behavioral Health, & Telehealth | First 3 combined visits \$5, then \$20* | 50% | First 3 combined visits \$5, then \$20* | 50% | First 3 combined visits \$5, then \$25* | 50% | First 3 combined visits \$5, then \$25* | 50% |
| Urgent Care and Specialist | \$20* | 50% | \$20* | 50% | \$25* | 50% | \$25* | 50% |
| Inpatient Hospital | 20% | 50% | 20% | 50% | 20% | 50% | 20% or 30% | 50% |
| Lab / X-ray | No deductible up to \$500, then 20% | 50% | No deductible up to \$500, then 20% | 50% | No deductible up to \$500, then 20% | 50% | No deductible up to \$500, then 20% or 30% | 50% |
| Physical, Occupational, and Speech Therapy | \$20* | 50% | \$20* | 50% | \$25* | 50% | \$25* | 50% |
| Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost) | \$20* | 50% | \$20* | 50% | \$25* | 50% | \$25* | 50% |
| Outpatient Surgery | 20% | 50% | 20% | 50% | 20% | 50% | 20% or 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%* or 30%* | \$250 plus 20%* or 30%* |
| Prescription (Rx) Drug Coverage | For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com . | | | | | | | |

*Not subject to deductible.

Navigator network plans are available to businesses statewide.

Voyager network plans are available to businesses in Baker, Douglas, Jackson, Josephine, and Malheur Counties.

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 **888-377-1646**, OregonSales@PacificSource.com, or 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. We accept all relay calls.

2026 Oregon Large Group Medical Plans

| | 2000+25_20 2000+25_30 | | 2500+30_20 2500+30_30 | | 2500+35-70_50 | |
|---|--|-----------------------------------|--|-----------------------------------|---|-----------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Deductible Individual / Family | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$2,500 / \$5,000 | \$5,000 / \$10,000 | \$2,500 / \$5,000 | \$5,000 / \$10,000 |
| Out-of-Pocket Maximum Individual / Family | \$5,000 / \$10,000 | \$10,000 / \$20,000 | \$6,000 / \$12,000 | \$12,000 / \$24,000 | \$8,000 / \$16,000 | \$12,000 / \$24,000 |
| | 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: | |
| Office Visits: Primary, Behavioral Health, & Telehealth | First 3 combined visits \$5, then \$25* | 50% | First 3 combined visits \$5, then \$30* | 50% | First 3 combined visits \$5, then \$35* | 50% |
| Urgent Care and Specialist | \$25* | 50% | \$30* | 50% | \$70* | 50% |
| Inpatient Hospital | 20% or 30% | 50% | 20% or 30% | 50% | 50% | 50% |
| Lab / X-ray | No deductible up to \$500, then 20% or 30% | 50% | No deductible up to \$500, then 20% or 30% | 50% | No deductible up to \$500, then 50% | 50% |
| Physical, Occupational, and Speech Therapy | \$25* | 50% | \$30* | 50% | \$35* | 50% |
| Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost) | \$25* | 50% | \$30* | 50% | \$35* | 50% |
| Outpatient Surgery | 20% or 30% | 50% | 20% or 30% | 50% | 50% | 50% |
| Emergency Services | \$250 plus 20%* or 30%* | \$250 plus 20%* or 30%* | \$250 plus 20%* or 30%* | \$250 plus 20%* or 30%* | 50% | 50% |
| Prescription (Rx) Drug Coverage | For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com . | | | | | |

*Not subject to deductible.

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2026 Oregon Large Group Medical Plans

| | 3000+30_20 3000+30_30 | | 3500+35_30 | | 4000+35_20 4000+35_30 | | 4500+35_30 | |
|---|--|-----------------------------------|---|-----------------------------------|--|-----------------------------------|---|-----------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Deductible Individual / Family | \$3,000 / \$6,000 | \$6,000 / \$12,000 | \$3,500 / \$7,000 | \$7,000 / \$14,000 | \$4,000 / \$8,000 | \$8,000 / \$16,000 | \$4,500 / \$9,000 | \$9,000 / \$18,000 |
| Out-of-Pocket Maximum Individual / Family | \$6,500 / \$13,000 | \$13,000 / \$26,000 | \$7,500 / \$15,000 | \$15,000 / \$30,000 | \$7,000 / \$14,000 | \$14,000 / \$28,000 | \$7,500 / \$15,000 | \$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: |
| 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: | |
| Office Visits: Primary, Behavioral Health, & Telehealth | First 3 combined visits \$5, then \$30* | 50% | First 3 combined visits \$5, then \$35* | 50% | First 3 combined visits \$5, then \$35* | 50% | First 3 combined visits \$5, then \$35* | 50% |
| Urgent Care and Specialist | \$30* | 50% | \$35* | 50% | \$35* | 50% | \$35* | 50% |
| Inpatient Hospital | 20% or 30% | 50% | 30% | 50% | 20% or 30% | 50% | 30% | 50% |
| Lab / X-ray | No deductible up to \$500, then 20% or 30% | 50% | No deductible up to \$500, then 30% | 50% | No deductible up to \$500, then 20% or 30% | 50% | No deductible up to \$500, then 30% | 50% |
| Physical, Occupational, and Speech Therapy | \$30* | 50% | \$35* | 50% | \$35* | 50% | \$35* | 50% |
| Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost) | \$30* | 50% | \$35* | 50% | \$35* | 50% | \$35* | 50% |
| Outpatient Surgery | 20% or 30% | 50% | 30% | 50% | 20% or 30% | 50% | 30% | 50% |
| Emergency Services | \$250 plus 20%* or 30%* | \$250 plus 20%* or 30%* | 30% | 30% | 20% or 30% | 20% or 30% | 30% | 30% |
| Prescription (Rx) Drug Coverage | For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com . | | | | | | | |

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2026 Oregon Large Group Medical Plans

| | 5000+35_30 | | 5000+35-70_50 | |
|---|--|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Deductible Individual / Family | \$5,000 / \$10,000 | \$10,000 / \$20,000 | \$5,000 / \$10,000 | \$10,000 / \$20,000 |
| Out-of-Pocket Maximum Individual / Family | \$7,500 / \$15,000 | \$15,000 / \$30,000 | \$8,500 / \$17,000 | \$15,000 / \$30,000 |
| | 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: | |
| Office Visits: Primary, Behavioral Health, & Telehealth | First 3 combined visits \$5, then \$35* | 50% | First 3 combined visits \$5, then \$35* | 50% |
| Urgent Care and Specialist | \$35* | 50% | \$70* | 50% |
| Inpatient Hospital | 30% | 50% | 50% | 50% |
| Lab / X-ray | No deductible up to \$500, then 30% | 50% | No deductible up to \$500, then 50% | 50% |
| Physical, Occupational, and Speech Therapy | \$35* | 50% | \$35* | 50% |
| Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost) | \$35* | 50% | \$35* | 50% |
| Outpatient Surgery | 30% | 50% | 50% | 50% |
| Emergency Services | 30% | 30% | 50% | 50% |
| Prescription (Rx) Drug Coverage | For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com . | | | |

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| | HSA 1700_20+Rx Non-embedded | | HSA 3400_50+Rx | | HSA 3400+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 |
| Deductible Individual / Family | \$1,700 / \$3,400 | \$7,500 / \$15,000 | \$3,400 / \$6,800 | \$7,500 / \$15,000 | \$3,400 / \$6,800 | \$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 | \$4,500 / \$9,000 | \$15,000 / \$30,000 | \$6,350 / \$12,700 | \$15,000 / \$30,000 | \$3,400 / \$6,800 | \$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: |
| 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: | |
| Office Visits: Primary, Behavioral Health, & Telehealth | First three visits \$0, then 20% | 50% | First three visits \$0, then 50% | 50% | Covered in full | 50% | Covered in full | 50% | Covered in full | 50% |
| Urgent Care and Specialist | 20% | 50% | 50% | 50% | Covered in full | 50% | Covered in full | 50% | Covered in full | 50% |
| Inpatient Hospital | 20% | 50% | 50% | 50% | Covered in full | 50% | Covered in full | 50% | Covered in full | 50% |
| Lab / X-ray | 20% | 50% | 50% | 50% | Covered in full | 50% | Covered in full | 50% | Covered in full | 50% |
| Physical, Occupational, and Speech Therapy | 20% | 50% | 50% | 50% | Covered in full | 50% | Covered in full | 50% | Covered in full | 50% |
| Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost) | 20% | 50% | 50% | 50% | Covered in full | 50% | Covered in full | 50% | Covered in full | 50% |
| Outpatient Surgery | 20% | 50% | 50% | 50% | Covered in full | 50% | Covered in full | 50% | Covered in full | 50% |
| Emergency Services | 20% | 20% | 50% | 50% | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full |
| Prescription (Rx) Drug Coverage | 20% | 90% | 50% | 90% | Covered in full | 90% | Covered in full | 90% | Covered in full | 90% |

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