



Ensuring **your health**

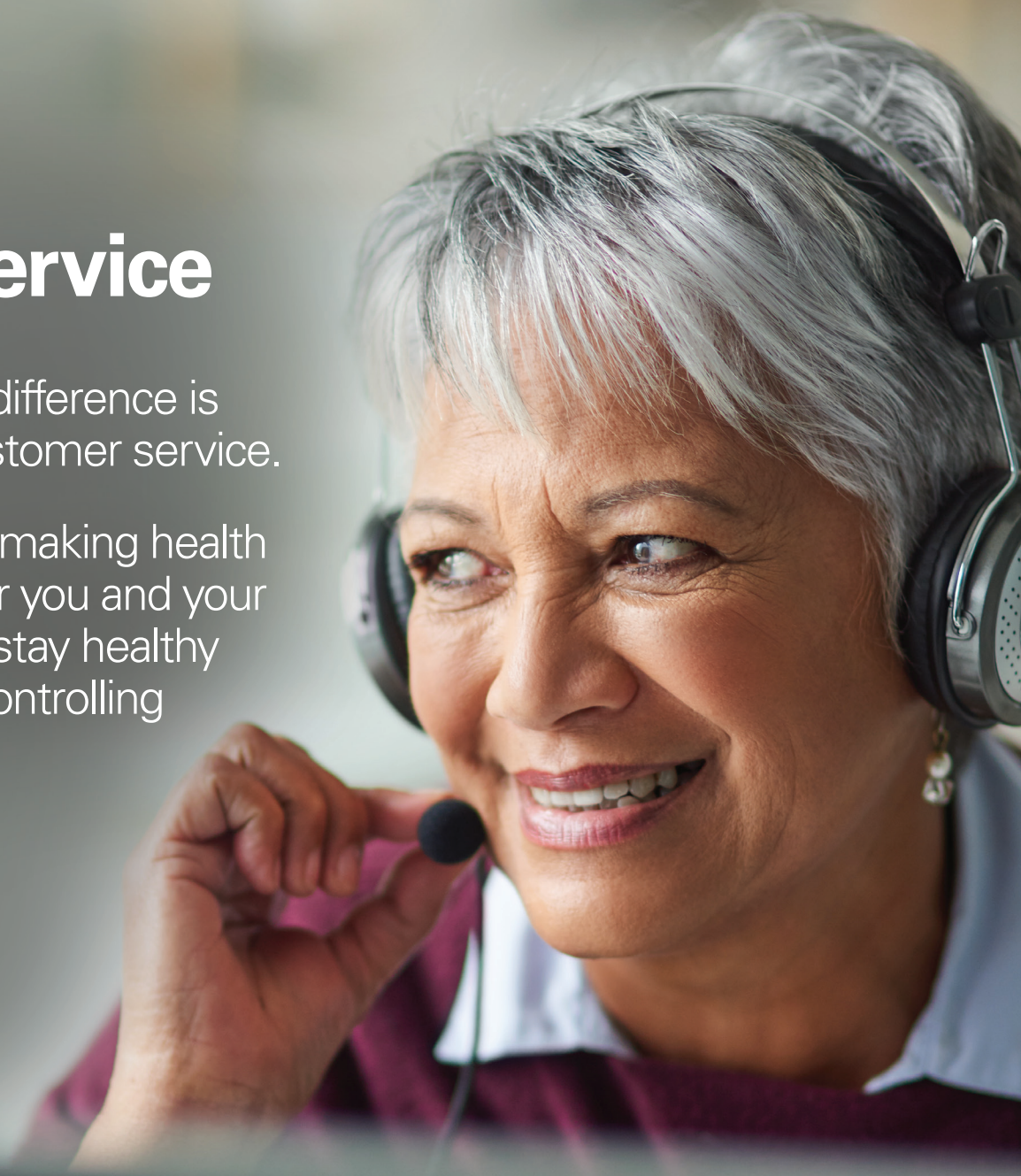


2020 Health Plans for **Oregon** Individuals and Families

At your service

The PacificSource difference is our exceptional customer service.

We're focused on making health insurance easier for you and your family. So you can stay healthy and happy, while controlling healthcare costs.



We've been putting members first with outstanding service since **1933**.

Health insurance is complicated. **We simplify it for you.**

Service and tools to save you time and effort.



Four-state in-network area

Our new products for 2020 offer multi-state access to in-network providers in Idaho, Montana, Oregon, and Washington.



Access anytime, from anywhere

Use our mobile app to access your health insurance information, including a convenient mobile ID card.



No referrals

Need to see a specialist? None of our plans require you to see your primary care physician to get a referral first. (Some specialists may have their own referral requirements.)

30 seconds
or less

That's the average wait time before someone answers when calling PacificSource customer service, according to internal call reports. No phone trees. Just real, knowledgeable people, ready to help.

Get the health insurance features you want (but may not even know existed).



On-demand access to doctors by phone and video

Get the medical care you need, when and where you need it. Check your plan benefits for cost-sharing information.



Find doctors **fast**

Our online search directory helps you find just the right doctor, anytime you're ready.



\$0 copays on preventive care and select preventive prescription drugs

There is no charge on well baby/well child care, preventive physicals, preventive mammograms, immunizations, preventive colonoscopies, and more, when receiving care from in-network providers. Plus, select preventive prescriptions are also available at no charge.





Customer service that saves you time and effort.



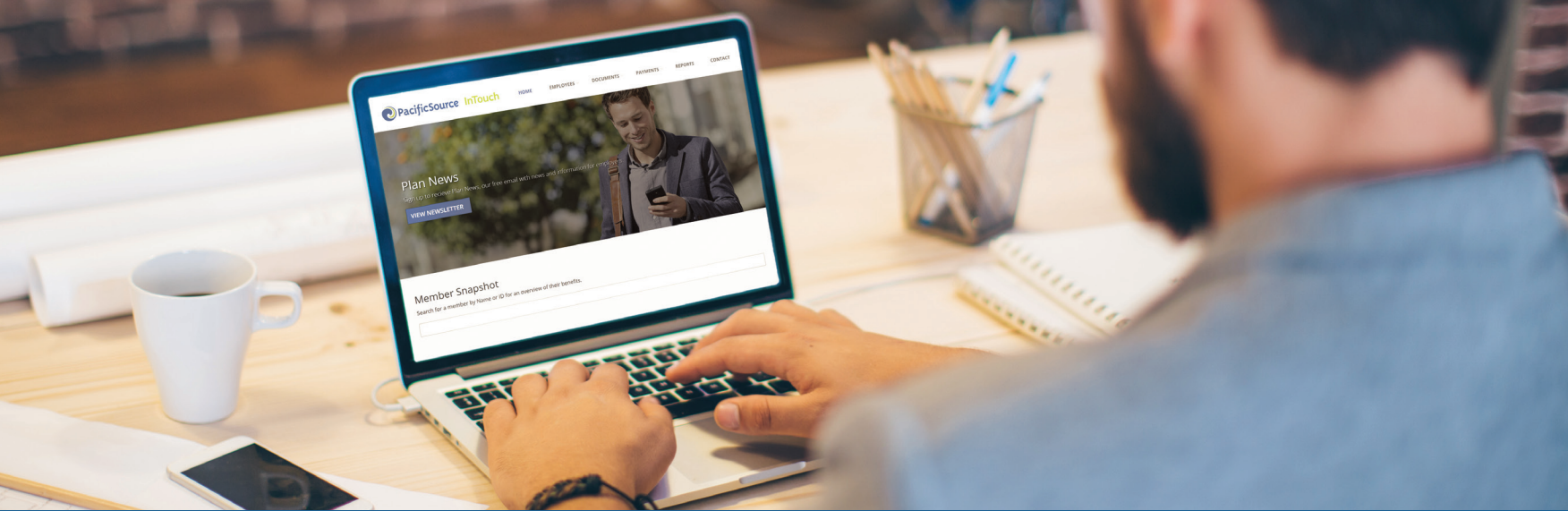
Quick access to customer service

We pick up calls in **30 seconds** or less, according to internal call reports.



Live, local support

We answer all member calls with real people, not automated phone trees.



Manage your health insurance benefits through our online tool from any **computer or mobile device.**



Secure, convenient, member-only access to your insurance information and health resources via our InTouch portal and our myPacificSource app.

Coverage information

View coverage for common services, and even some uncommon ones.

EOBs

See the explanation of benefits statements for your claims.

Check your status

See how much of your deductible has been met.

ID cards

Request ID cards and print temporary ones.

CaféWell

Get access to a health engagement portal (for members 18 and older).

Estimate costs

Find out how much procedures may cost with our treatment cost navigator.

Our New **2020** products.



The product you can enroll in is determined by which county you live in.

Our health plan products are a unique combination of networks and plan designs to fit the needs of you and your family. For 2020 we're offering the new **Navigator** product and an updated version of our SmartChoice product. The county where you live determines which one of these you can enroll in.

These products are part of our continued effort to simplify how you make informed decisions about your health and to keep you engaged with your healthcare providers. The products further refine our mission to provide you with quality of care, accountability, access, affordability, and member choice.

Your product's provider network determines which doctors, hospitals, and other health-care providers are covered by in-network benefits for you. All of our Navigator and SmartChoice products also offer out-of-network benefits, for more freedom and choice.



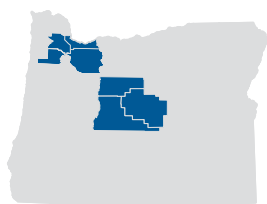
Navigator

Navigator is our primary coordinated care product, where a member's personal provider is navigating care within a coordinated network of health professionals who are focused on the individual throughout their health journey.

Navigator products are designed to support member engagement and promote shared decision making with providers.

Navigator gives access to a broad array of in-network providers, including local providers, providers within our four-state area, and those available for urgent and emergent conditions while traveling nationally, through contracts with First Health®, and in Alaska through contracts with First Choice Health™.

Our provider partners give members personalized care through high-quality health management and help members better understand the costs associated with their health.

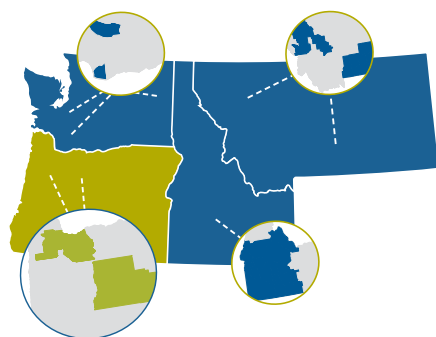


Navigator is available in the following counties:

Clackamas, Crook, Deschutes, Jefferson, Multnomah, Washington, and Yamhill.



Navigator products feature in-network coordinated care provider partners in each of our four states.



Oregon:
Bend Area
Portland Metro

Montana:
Billings
Kalispell
Missoula

Idaho:
Boise
Pocatello
Twin Falls

Washington:
Spokane
Tacoma
Vancouver

The doctors **and hospitals** you want.

We've partnered with well-respected health centers and hospitals in each state so you will get top-notch quality of care and service.

Oregon:



Idaho:



Montana:



Washington:

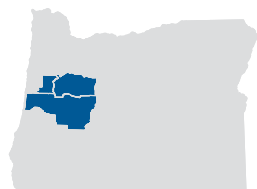


In-network availability based upon member's plan and network

SmartChoice



Coordinated care for the Central Willamette Valley



SmartChoice is available in the following counties:

Benton, Lane, and Linn.

The doctors **and hospitals you want.**

We've partnered with well-respected health centers and hospitals so you will get top-notch quality of care and service.



In-network availability based upon member's plan and network



We cover more than **40,000** individual members and their families in Idaho, Montana, Oregon, and Washington*.

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

*based on monthly enrollment report from March 2019



2020 Oregon | Individual and Family Medical Plans

	NON-HSA QUALIFIED PLANS										HSA QUALIFIED PLANS		OREGON STANDARD PLANS					
Product	Gold 1500		Silver 3000		Silver 4000		Bronze 7000		Catastrophic^		Bronze HSA 6750		Standard Gold		Standard Silver		Standard Bronze	
	Navigator or SmartChoice		Navigator or SmartChoice		Navigator or SmartChoice		Navigator or SmartChoice		Navigator or SmartChoice		Navigator or SmartChoice		Navigator or SmartChoice		Navigator or SmartChoice		Navigator or SmartChoice	
	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	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$10,000 / \$20,000	\$8,150 / \$16,300	\$10,000 / \$20,000	\$6,750 / \$13,500	\$10,000 / \$20,000	\$1,000 / \$2,000	\$10,000 / \$20,000	\$3,550 / \$7,100	\$10,000 / \$20,000	\$7,900 / \$15,800	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$7,900 / \$15,800	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$6,750 / \$13,500	\$25,000 / \$50,000	\$7,300 / \$14,600	\$25,000 / \$50,000	\$8,150 / \$16,300	\$25,000 / \$50,000	\$7,900 / \$15,800	\$25,000 / \$50,000
	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:	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%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Preventive Drug Coverage	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	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.		Not Covered		Not Covered		Not Covered	
	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:	
Telemedicine (including behavioral health for adults)	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	Telemedicine and office combined visits 1-3 no deductible, covered in full. Visits 4+ covered in full after deductible.	50%	Covered in Full	50%	\$20*	50%	\$40*	50%	\$45*	50%
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$20* Specialist: \$40*	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Primary/Urgent Care: \$20* Specialist: \$40*	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Telemedicine and office combined visits 1-3 no deductible, covered in full. Visits 4+ covered in full after deductible. Urgent Care/ Specialist: Covered in Full	50%	Covered in Full	50%	Primary: \$20* Urgent Care: \$60* Specialist: \$40*	50%	Primary: \$40* Urgent Care: \$70* Specialist: \$80*	50%	Primary: \$45* Urgent Care: Covered in Full Specialist: \$90*	50%
Inpatient Hospital	20%	50%	40%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Lab / X-ray	20%	50%	40%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy Combined 30 visits per year	20%	50%	40%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	\$20 if provided in an office setting*	50%	\$40 if provided in an office setting*	50%	\$45 if provided in an office setting*	50%
Outpatient Surgery	20%	50%	40%	50%	30%	50%	40%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%
Emergency Services	20%	20%	40%	40%	30%	30%	40%	40%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	30%	30%	Covered in Full	Covered in Full
Chiropractic / Acupuncture \$1,000 combined per year	\$20*	50%	\$35*	50%	\$20*	50%	\$35*	50%	Not Covered	Not Covered	Covered in Full	50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 20%*	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 40%*	90%	30%	90%	40%	90%	Covered in Full	90%	Covered in Full	90%	Tier 1: \$10* Tier 2: \$30* Tier 3: 50%* Tier 4: 50%* \$500 max/script	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 50%*	90%	Tier 1: \$15* Tier 2 - 4: Covered in Full	90%
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	50%	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 30%		Covered in full* up to \$150 then subject to in-network deductible and 40%		Covered in Full	50%	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	

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. * Not subject to deductible. ^ Available only for people under 30, or people of any age with a hardship exemption or affordability exemption. This is a brief summary. Contact a Coverage Advisor at (855) 330-2792 or by email at coverageadvisors@pacificsource.com. Go to [PacificSource.com](https://www.pacificsource.com) for details or to see a plan's Summary of Benefits.



Kids in **focus**



Pediatric vision benefits (for members through age 18).

Most of our medical plans include vision coverage, including routine eye exams for members through age 18 at no cost, when seeing an in-network doctor. Most plans also include vision hardware coverage up to \$150 for members through age 18, and amounts over that are covered based on your plan's specific benefits.

Decide on **dental**



Good dental health can lead to better overall health. You can add one of our dental plans to your health plan, or select dental-only. Available for purchase year-round, not just during open enrollment.

See if a dentist is in our network.

You can find in-network dentists at **PacificSource.com**.

2020 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 under	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	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 us at **(855) 330-2792** or by email at **coverageadvisors@pacificsource.com**.
For more details, search individual and family plans at **PacificSource.com**.



Helping you choose **a health plan**

**Health plans can be complicated.
We can help simplify your choice.**



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

Non-HSA

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

HSA

HSA-qualified plans help you save money for healthcare expenses, such as deductibles and co-insurance. This type of plan requires that all major benefits be subject to the deductible.

HSA plans enable the use of HSA bank accounts. Contributions to HSA accounts are 100% tax deductible (up to the legal maximum) like an IRA. And withdrawals from your HSA to pay for qualified medical expenses are **tax-free**. Pro Tip: Look for plan names with “HSA” in them.

Great stuff you and your family get with our plans.

Convenience

- ✓ **Easy online access**
from desktop, tablet, or mobile app
- ✓ **Access to nearby care**
doctors, hospitals and urgent care centers
- ✓ **Phone and video doctor visits**
through our partner, Teladoc® and other telehealth providers
- ✓ **Digital member ID cards**
via our website and mobile app
- ✓ **No referrals required by our plans**
for you to see a specialist
- ✓ **Mail-order and retail pharmacy**
for up to a 90-day supply
- ✓ **Online provider directory**
to easily find who's in-network
- ✓ **Worry-free travel**
with global emergency services from Assist America®

Cost savings

- ✓ **\$0 copays**
on select preventive care and preventive prescription drugs from in-network providers and pharmacies
- ✓ **Affordable fitness center access**
from our partner, Active&Fit Direct™
- ✓ **Jenny Craig® and Weight Watchers®**
Weight-management program discounts
- ✓ **24-Hour NurseLine at no cost**
- ✓ **Health Education class reimbursement**
up to \$150 for health and wellness classes, such as first aid/CPR, pregnancy, parenting, heart health, and nutrition
- ✓ **No-cost care management programs**
for chronic conditions
- ✓ **Prenatal program**
with info and consultations for expectant mothers
- ✓ **Help quitting smoking**
or other tobacco use with the Quit For Life® tobacco cessation program

Additional benefits not considered as insurance.

What's next?

Here's how to enroll in our products:



Find the product offered, based on where you live



Choose a health plan



Decide on dental



Contact your agent 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.

Phone: (855) 330-2792

Email: coverageadvisors@pacificsource.com

[PacificSource.com](https://www.pacificsource.com)
