



Ensuring the health of your employees

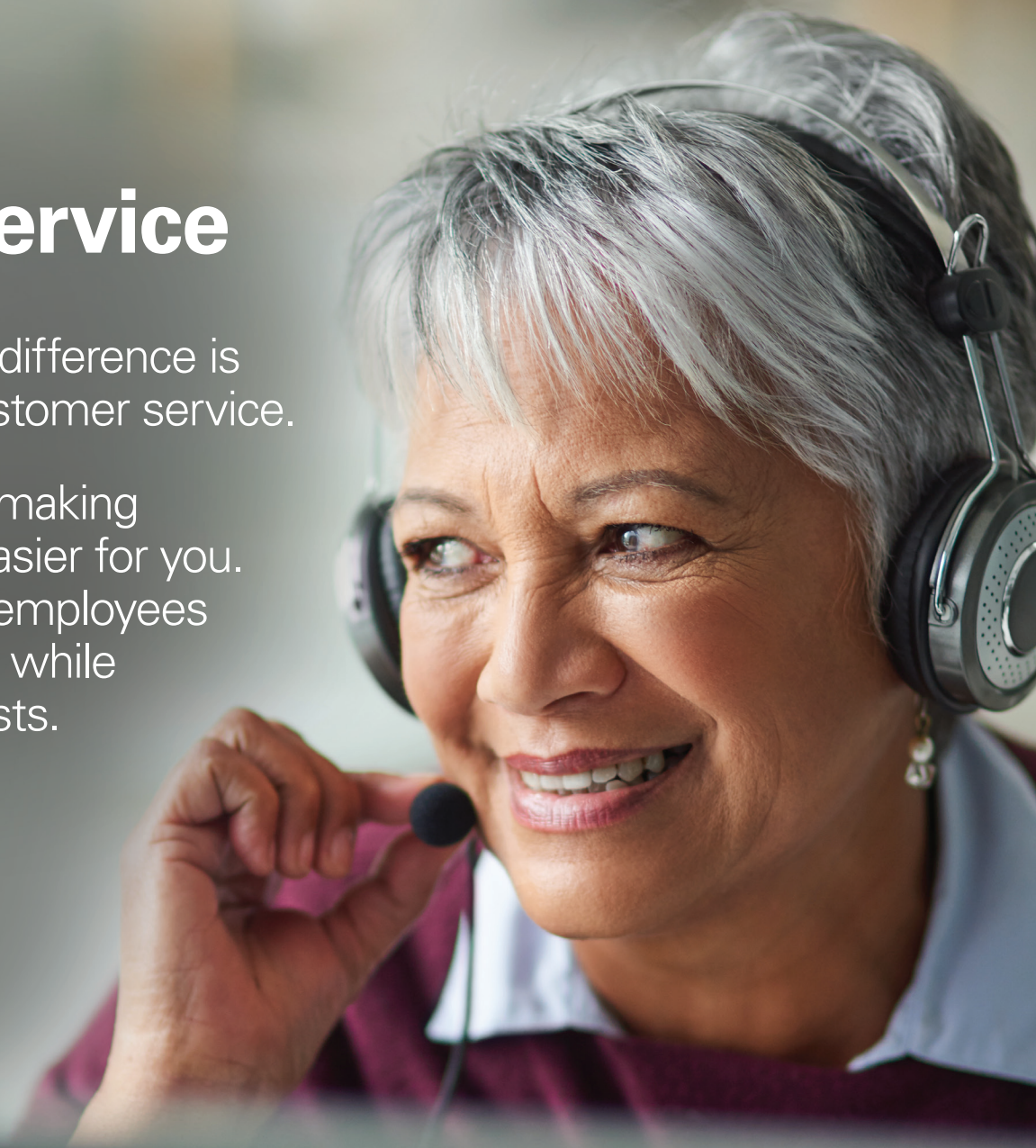


2020 Health plans for **Washington** large groups | 51+

At your service

The PacificSource difference is our exceptional customer service.

We're focused on making health insurance easier for you. And keeping your employees healthy and happy, while controlling your costs.



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

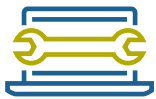
Health insurance **made simple**

Plus more flexibility and greater access to care.



Dedicated service representatives

A dedicated single point of contact who understands the needs of you and your employees.



Online access to manage benefits

Manage your company's health insurance benefits with an easy-to-use, secure website, InTouch for Employers.



The right products

Give your employees a choice by offering up to five health plan options. Some underwriting guidelines apply.

98.3%

Almost 100%—that's the PacificSource employer customer satisfaction rating (based on our survey of employer customers conducted January through April of 2019). Take it as a gentle hint. We're doing our part to make your life easier.

Healthy, happy employees

Give your employees the health insurance benefits they want.



Doctors on call | Video-based doctor visits from Teladoc®, including behavioral health (for adults), around-the-clock for the price of an office visit, or less.



No referrals needed with any plan | Our plans don't require employees to visit their primary care providers before seeing a specialist. (Some specialists may have their own referral requirements.)



\$0 copays on preventive care and select preventive prescription drugs | 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 from in-network pharmacies.

Customer service that saves you time and effort



Personal member service for employees | We answer our phones with real people, not automated phone trees. And we do it in 30 seconds or less, on average, according to internal call reports. We're super-responsive on email, too.



Personal client service for you | A dedicated representative who's focused on you, your plan details, and helping you control costs.



So you can focus on your business | Get questions answered and issues resolved, fast.

We cover more than **187,000*** employees
and their families across the Greater Northwest.

PacificSource business clients include companies working in a variety of industries.
That's experience that helps us address your unique demands.



Manufacturing



Construction



Education



Legal



Wholesale Supply



Medical



Retail



Restaurants



Banking



Agriculture



Nonprofit



Transportation

* Monthly enrollment report for May 2019 (includes fully insured small and large employer groups and self-funded members and their dependents).





Manage your employees' benefits through our **online tools**

Secure, convenient, employer-only access to your health plan via our portal, InTouch.



Easily pay your bill

View statements, pay online, and review payment history.

Run reports

Know who and how many employees are covered.

Info on-demand

Get benefit summaries, your contract, handbooks, and more.

Manage enrollment status

Easily add new and update existing employee information, and delete terminations.

ID cards

Request ID cards and print temporary ones.

Keep in touch

Easy-to-find contact info for your PacificSource representatives.

Be the boss of **choice**



Our health plan products are a unique combination of networks and plan designs to fit the needs of your organization. **Whatever you choose, we're laser focused on controlling costs and helping you get great care.**



Employers deserve simple, and **employees do too.**



By elevating quality of care, accountability, access, affordability, and choice, **Voyager** and **Navigator** improve predictability for employers and help employees make more informed decisions about their health.

Your provider network and the right plan for coverage

Voyager and **Navigator** give you a combination of provider networks and plan designs to fit the needs of you and your employees. The provider network includes the doctors, hospitals, and other health professionals who provide the care. Each product's plan design determines what's covered and the member's share of the cost.

Coordinated care for **greater patient focus**

Navigator gives you aligned, integrated care. Through data sharing, providers are better informed to direct care to members and guide them across the full spectrum of health conditions—helping each member attain their healthiest self.

Benefit from the sum of collaborative care

Experience the efficiencies and expertise of a dedicated, accountable team of providers.



**Multiple
plan designs**



**Controlled
costs**



**Clinical
integration**

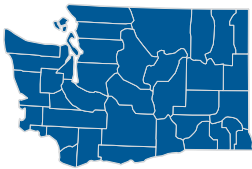


**Information
sharing**

Choose **Voyager** if greater self-directed care is what employees want



Our **Voyager** product is a preferred provider organization that allows for the broadest choice of doctors and facilities.

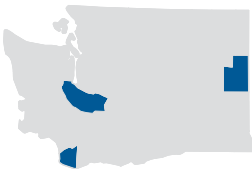


Voyager is available for purchase by businesses located anywhere in Washington, giving members access to care across the entire state. And that's not all: It also allows for in-network benefits nationally through First Health® (and First Choice Health™ in Alaska).

Get **Navigator** for a more integrated approach to care



What does integrated care really mean? Because of the efficiencies and expertise of a dedicated team of providers, employees get the most out of more guidance for what's personal to them.



Navigator serves the following Washington counties: Clark, Pierce, and Spokane.

Leading providers **start here**

Give your staff the doctors and hospitals they want.



We partner with these leading healthcare centers and hospitals to provide coordinated care for Navigator WA and Voyager WA in Washington. Access to high-quality provider partners is also available in Idaho, Montana, and Oregon through Navigator and Voyager. For Voyager products, these providers are only the beginning—employees can choose from these providers and more.

Navigator WA and Voyager WA:



Montana Navigator and Voyager:



Oregon Navigator and Voyager:



Idaho Navigator and Voyager:



This is a partial list of in-network providers. In-network availability is based on the choice of plan and network.

Coverage across the USA



In-network urgent and emergent care is available nationally through our partners, **First Health**® (and **First Choice Health**™ in Alaska). With Voyager, there's more: Employees have access to in-network planned care across all 50 states. (Plan benefits and services may vary between Voyager and Navigator.)

Which product **is right for you?**

	<i>Voyager</i>	<i>Navigator</i>
Cost	\$\$	\$
Broadest access to in-network providers and facilities	★	
Coordinated-care experience at select provider partner groups and facilities		★
Primary care doctors, specialists, and hospitals work together as a team		★
Plan allows members to access specialists without a referral	★	★
In-network providers when traveling nationwide (services may vary by product)	★	★
Out-of-network provider benefits	★	★

2020 Washington | Large Group Non-HSA Qualified Medical Plans

	250+20_10		500+25_20		500+20_20		750+20_20		1000+20_20		1500+20_20		2000+20_20		2500+20_20		3000+20_20		3000+30_30		3500+30_30		4000+30_30		5000+30_30	
Product	Navigator & Voyager																									
	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	\$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	\$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	\$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	\$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	\$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	\$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:	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:	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%	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:		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%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%	\$10*	50%
Office Visits Primary	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Office Visits Specialist	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Lab / X-ray	Covered in full up to \$500, then after deductible 10%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%
Physical, Occupational, and Speech Therapy 25 visits per benefit period	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Outpatient Surgery	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Chiropractic/Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Emergency Services Copay waived if admitted	\$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%*	\$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%*	\$250 plus 30%*	\$250 plus 30%*	\$250 plus 30%*	\$250 plus 30%*	\$250 plus 30%*	\$250 plus 30%*

* Not subject to deductible.
This is a brief summary. For more details, contact us at washingtonsales@pacificsource.com or see Summary of Benefits at [PacificSource.com](https://www.pacificsource.com).

Prescription drug coverage



Rest easy with affordable copays in mind.

	Copay \$7/\$25/\$50	Copay \$10/\$35/\$60
Drug Tier 1	\$7	\$10
Drug Tier 2	\$25	\$35
Drug Tier 3	\$50	\$60
Drug Tier 4	\$250	\$100 or 20% (whichever is lower)

	Copay \$15/\$40/\$70	Copay \$10/50%
Drug Tier 1	\$15	\$10
Drug Tier 2	\$40	50%
Drug Tier 3	\$70	50%
Drug Tier 4	\$120 or 20% (whichever is lower)	\$150 or 50% (whichever is lower)

For details about prescription coverage, go to [PacificSource.com](https://www.pacificsource.com)

Coverage is based on the state of Washington Drug List.

2020 Washington | Large Group HSA Qualified Medical Plans

	HSA 1500_20+Rx Non-Embedded	HSA 3000_50+Rx		HSA 3000_20+Rx		HSA 3000+Rx		HSA 4000+Rx		HSA 5000+Rx		
Product	Navigator & Voyager											
	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	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$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	\$4,000 / \$8,000	\$15,000 / \$30,000	\$6,350 / \$12,700	\$15,000 / \$30,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$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:	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%
	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)	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Office Visits Primary	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Office Visits Specialist	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Inpatient Hospital	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Lab / X-ray	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy 25 visits per benefit period	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Outpatient Surgery	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Emergency Services Copay waived if admitted	20%	20%	50%	50%	20%	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Chiropractic/Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	20%	50%	50%	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Prescription (Rx) Drug Coverage	20%	90%	50%	90%	20%	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%



Focus on **vision**



Select your medical plan, then your vision plan.

Options for adults

Coverage for adult eye exams and vision hardware is available as an option. When visiting an in-network provider, eye exams are covered with a \$10 copay. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. Adult vision hardware is covered in full up to \$500 depending on the plan you choose.

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this brochure.

Options for kids

In-network eye exams are covered with a \$10 copay. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. For pediatric vision hardware, coverage in full includes one pair of frames and/or lenses per year from in-network providers.

2020 Washington | Large Group Vision Plans

Enrolled members age 19 and older

	Vision 10/150		Vision 10/300		Vision 10/500	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full, 0% up to \$150		Covered in full, 0% up to \$300		Covered in full, 0% up to \$500	

Enrolled members age 18 and younger

	Vision 10/150		Vision 10/300		Vision 10/500	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%	No deductible, \$10	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses

Helping you choose **a health plan**

**Health plans can be complicated.
Let us help simplify your choice.**



All our health plans are designed to help your employees feel well and stay healthy, including coverage for preventive care, \$0 annual physicals, and most vaccinations.



RightFit

Choose up to five products

Our RightFit options let your employees decide the premium and coverage that best suits their needs. Employees get to choose from two to five different products across a broad spectrum of plans and network providers.

- Minimum enrollment of two employees for each product offered
- Employees are able to make changes during your annual open enrollment
- Minimum employer contribution requirement is 50% employee/0% dependents of the lowest cost plan

COBRA

Administration

Compliance is critical, so why not give COBRA administration and notifications to a team you can trust? We'll simplify with accuracy and efficiency.

FSA

Flexible Spending Accounts

Stretch healthcare dollars while helping employees save by reducing their taxable income. We'll help you understand grace periods, carryovers, and other ways your organization can benefit.

HSA

Health Savings Accounts

HSA-qualified plans help employees save money for healthcare expenses such as deductibles and coinsurance. They also help you save premium dollars—and your contributions to HSA accounts are exempt from payroll taxes.

HRA

Health Reimbursement Arrangements

Self-tailor how you reimburse your employees' medical expenses. You control how much to contribute and which types of expenses are eligible. And if employees don't need it, you don't spend it.

Note: COBRA administration, FSA, and HRA services are provided by PacificSource Administrators, Inc.

Great stuff you and your employees get with our plans

Cost savings

- ✓ **No-cost wellness programs** to include biometric screenings, onsite flu shots, activity challenges, and more
- ✓ **\$0 copays** on select preventive prescription drugs from in-network pharmacies
- ✓ **Vision benefits** are optional on all plans
- ✓ **Affordable fitness center access** from our partner, Active&Fit Direct™
- ✓ **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 condition support** for employees with chronic conditions
- ✓ **Prenatal program** with info and consultations for expectant mothers

Convenience

- ✓ **Client service and membership representatives** to make things run smoothly
- ✓ **Easy online access** for you and your employees
- ✓ **Video doctor visits** through our partner, Teladoc®, and other telemedicine providers
- ✓ **Digital member ID cards** via our mobile app
- ✓ **No referrals required by our plans** for your employees 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®

Additional benefits not considered as insurance.

What's next?

Here's how to enroll in our products:



Choose a provider network or networks



Choose a health plan or plans



Decide on additional coverage options



Contact your broker or our team for a quote

**We're happy to help, Monday through Friday
from 8:00 a.m. to 5:00 p.m.**

(866) 556-1224

washingtonsales@pacificsource.com

PacificSource.com
