



Ensuring the health of your employees

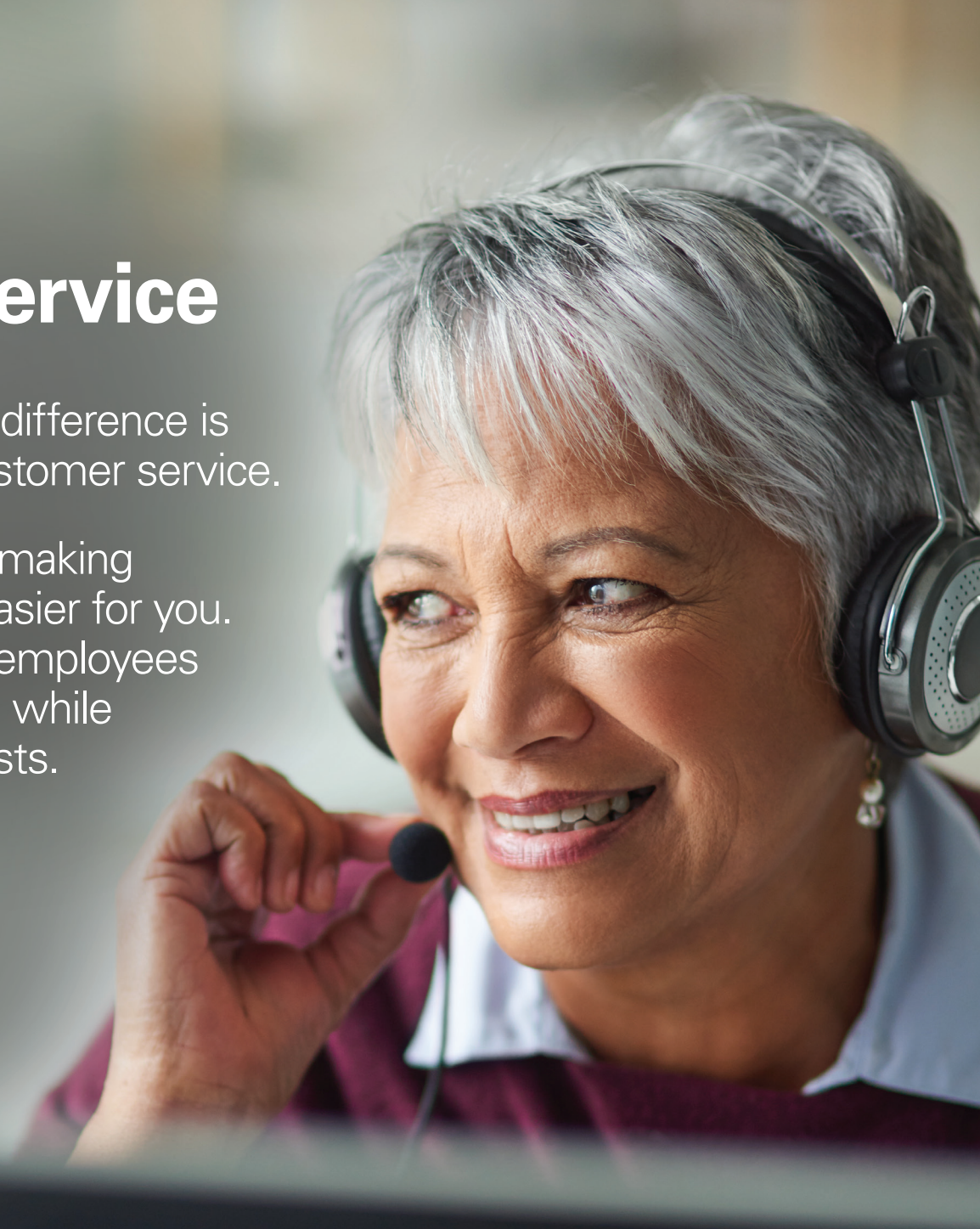


2020 health plans for **Oregon** large groups | 51+

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.



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 plans

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.


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

Healthy, happy employees

Give your employees the health insurance benefits they want.


- 


Doctors on call | Phone and/or 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 and self-insured small and large employer group 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.**

new

Employers deserve simple, and employees do too. For 2020, we're offering employers three new products: **Voyager, Navigator, and Pathfinder.** By elevating quality of care, accountability, access, affordability, and choice, we're also improving predictability and how employees make more informed decisions about their health.

Your **provider network** and the right plan for coverage

Voyager, Navigator, Pathfinder, and SmartChoice give you a combination of provider networks and plan designs to fit the needs of you and your employees. Provider networks determine the doctors, hospitals, and other health professionals who provide the care. Plan designs determine what's covered and the share of cost.

Coordinated care for **greater patient focus**

Navigator, Pathfinder, and SmartChoice give 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

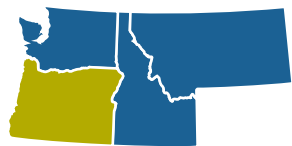


Information sharing

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.

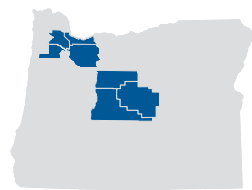


Voyager is available for purchase by businesses located anywhere in Oregon, giving members access to care across our four-state provider network. And that's not all: Voyager also allows for in-network benefits nationally through First Health® (and First Choice Health™ in Alaska).

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



Members-first access across the four-state enterprise: Unlike most competing coordinated care options, Navigator members have access to in-network care across Idaho, Montana, Oregon, and Washington.

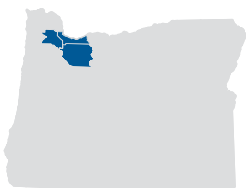


Available for the four-county Portland area and Central Oregon, Navigator is available for purchase by businesses located in the following counties: Clackamas, Multnomah, Washington, Yamhill, Crook, Deschutes, and Jefferson.

For a unique Portland-area partnership, there's **Pathfinder**

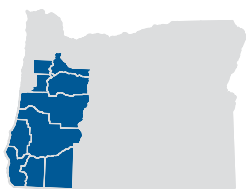


Pathfinder is powered by Legacy Health, OHSU, Adventist Health, and Tuality Healthcare.



Pathfinder is available for purchase by businesses located in the following counties: Clackamas, Multnomah, and Washington.

SmartChoice for Southern Oregon and mid-Willamette Valley



SmartChoice is available for purchase by businesses located in the following counties: Benton, Lane, Linn, Marion, Polk, Coos, Curry, Douglas, Jackson, and Josephine.

Give your staff the **doctors and hospitals they want**

We've partnered with the area's top health centers and hospitals so your employees will get the quality of care and convenience they deserve.



Navigator	SmartChoice	Pathfinder
		
		
		
For outside Oregon, there's MultiCare and MultiCare Connected Care, Billings Clinic, St. Luke's, and more.		
		

The providers and facilities listed above are also available with Voyager, plus many more.

Coverage across the USA



In-network urgent and emergent care is available nationally through our partners, **First Health**® and **First Choice Health**™ in Alaska. Also, members enrolled in SmartChoice plans will have access to in-network care in Washington through First Choice Health. (Plan benefits and services may vary between Voyager, Navigator, Pathfinder, and SmartChoice.)

Which product is **right for you?**

	Voyager	Navigator	SmartChoice	Pathfinder
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		★	★	★
Access to in-network providers in our four-state service area	★	★	★	
Plan allows members to access specialists without a referral	★	★	★	★
In-network providers when traveling nationwide	★	★	★	★
Out-of-network provider benefits	★	★	★	★
Portland tri-county only				★

2020 Oregon | Large Group Medical Plans

	NON-HSA QUALIFIED PLANS																						HSA QUALIFIED PLANS									
	500+20_20		750+20_20		1000+25_20		1500+25_20 1500+25_30		2000+25_20 2000+25_30		2500+30_20 2500+30_30		3000+30_20 3000+30_30		3500+35_30		4000+35_20 4000+35_30		4500+35_30		5000+35_30		HSA 1500_20+Rx Non-Embedded		HSA 3000_50+Rx		HSA 3000+Rx		HSA 4000+Rx		HSA 5000+Rx	
Product	Navigator, Voyager, Pathfinder, SmartChoice																						Navigator, Voyager, Pathfinder, 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	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	\$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	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$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	\$5,000 / \$10,000	\$10,000 / \$20,000	\$1,500 / \$3,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$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	\$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	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$12,000 / \$24,000	\$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	\$7,500 / \$15,000	\$15,000 / \$30,000	\$4,500 / \$6,850	\$15,000 / \$30,000	\$6,350 / \$12,700	\$15,000 / \$30,000	\$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:	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%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
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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%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Office Visits Primary and Specialist	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%	\$35*	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Inpatient Hospital	20%	50%	20%	50%	20%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	30%	50%	20% or 30%	50%	30%	50%	30%	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Lab / X-ray	No deductible up to \$500, then after deductible 20%	50%	No deductible up to \$500, then after deductible 20%	50%	No deductible up to \$500, then after deductible 20%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 30%	50%	No deductible up to \$500, then after deductible 20% or 30%	50%	No deductible up to \$500, then after deductible 30%	50%	No deductible up to \$500, then after deductible 30%	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Physical, Occupational, and Speech Therapy	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%	\$35*	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
OPTIONAL Chiropractic/Acupuncture Maximum annual benefits range from \$500 to \$2,500	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$30*	50%	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%	\$35*	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Outpatient Surgery	20%	50%	20%	50%	20%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	20% or 30%	50%	30%	50%	20% or 30%	50%	30%	50%	30%	50%	20%	50%	50%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
Emergency Services Copay waived if admitted	\$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%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	30%	30%	20% or 30%	20% or 30%	30%	30%	30%	30%	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	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com .																						20%	90%	50%	90%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%

* Not subject to deductible.
This is a brief summary. For more details, contact us at oregonsales@pacificsource.com or search Summary of Benefits at [PacificSource.com](#).

Decide on dental



Dental plans worth smiling about.

Good dental health can lead to better overall health. Our dental plans range from no annual deductibles to \$50 for individuals and \$150 for families. Our maximum annual benefits range from \$1,000 to no maximum limit. You can pair our dental plans with your health plans, or select dental-only. If a dental plan doesn't fit into your budget, but you still want to offer great coverage, our Voluntary Dental options may be just right for you. Voluntary dental is for groups with 10 or more enrolled employees. Please note these plans have special guidelines and requirements.

2020 Oregon | Large Group Dental Plans

VOLUNTARY DENTAL ONLY														
	Dental Advantage Essentials or Essentials Plus		Dental Choice Plus 20-20-50 50-1000 or 20-20-50 50-1500	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500	Dental Advantage Plus 20-20-50 1000 or 20-20-50 1500		Dental Advantage Plus 0-20-50 25-1000 or 0-20-50 25-1500		Dental Advantage Plus 0-20-50 50-1000 or 0-20-50 50-1500		Dental Choice 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 25-1500	Dental Advantage 0-20-50 1000 or 0-20-50 1500	
	Advantage Essentials		No Network	No Network	No Network	Advantage Network		Advantage Network		Advantage Network		No Network	Advantage Network	
	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	ANY PROVIDER	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual / Family	N/A	N/A	\$50 / \$150	\$25 / \$75	\$50 / \$150	N/A	\$50 / \$150	N/A	\$25 / \$75	N/A	\$50 / \$150	\$25 / \$75 or \$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person	N/A		\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500	\$1,000 or \$1,500	
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Class I Services	Copay varies based on service, see benefit summary.	Not Covered	20%	Covered in Full	Covered in Full	20%		Covered in Full		Covered in Full		Covered in Full	Covered in Full	
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER 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:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	Copay varies based on service, see benefit summary.	Not Covered	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Class III Services	Copay varies based on service, see benefit summary.	Not Covered	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Exclusion Period Per person	None		None	None	None	None		None		None		Class III: 12 months	Class III: 12 months	
Cosmetic Orthodontia*	Included; \$3,000 copay		Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max		Optional: \$1,000 or \$1,500 Lifetime Max		Optional: \$1,000 or \$1,500 Lifetime Max		Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	

Plan names explained: Advantage—PPO-style plans | Choice—Indemnity plans | Essentials—Dental HMO | Plus—No exclusion periods

* Additional eligibility requirements may apply.
This is a brief summary. Contact us at oregonsales@pacificsource.com or search Oregon Summary of Benefits at PacificSource.com.

What’s covered?

Here is a brief list of services and treatments most commonly asked about. For more details, see Oregon large group plans at PacificSource.com.

Class I: Preventive Services

- Exams and X-rays
- Three dental cleanings per year (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspid and permanent molars (kids through age 18 only)
- Brush biopsies

Class II: Basic Services

- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges

Cosmetic Orthodontia*

- Options for Dental Choice and Dental Advantage Plans
- \$1,000 or \$1,500 lifetime maximum options
 - 26+ enrolled employees
 - 12-month exclusion period applies to voluntary plans

- Dental Advantage Essentials Plans (included)
- \$3,000 copay

Focus on vision



Select your medical plan, then your vision plan.

		Vision 10/150	
		IN NETWORK	OUT OF NETWORK
Adult (age 19+)	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	Covered in full up to \$150
Pediatric	Eye Exam	Covered in full	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	N/A

		Vision 10/300	
		IN NETWORK	OUT OF NETWORK
Adult (age 19+)	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	Covered in full up to \$300
Pediatric	Eye Exam	Covered in full	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full for one pair of frames and/or lenses per year (\$75 maximum, if provider is out-of-network)	N/A

A vision exam-only plan is also available. An in-network vision exam is covered in full. Out-of-network vision exam benefits are the same as a medical office visit.

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 per 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** including 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™
- ✓ **\$500 accident coverage option** for services due to an accident outside of work
- ✓ **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
- ✓ **Phone and video doctor visits** through our partner, Teladoc®, and other telehealth 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 dental, vision, and acupuncture/chiropractic care



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.**

Portland: (503) 699-6561 | (866) 540-1191 | portlandsales@pacificsource.com

Bend: (541) 330-8896 | (888) 877-7996 | bendsales@pacificsource.com

Springfield: (541) 686-1242 | (800) 624-6052 | springfieldsales@pacificsource.com

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