



# Members **first**

---

2022 Health Plans for **Oregon Large Groups** | 51+

---





---

PacificSource Health Plans is a  
**not-for-profit community health plan.**  
We do not answer to shareholders, but  
to members, providers, producers, and  
employers—the people who depend  
on our products and services.

---





## Here to **help**

**Since our founding in 1933**, we've learned a lot about keeping members and employers satisfied. Year in and year out, we've invested in the relationships and technologies that mean a better experience for all.

Our staff is right here in the Northwest. We answer member calls in less than 30 seconds on average, according to internal call reports. And we're committed to doing what it takes to keep clients happy.

---

**98.6%**

That's our employer satisfaction rating, based on surveys conducted Q1 of 2021. The remaining 1.4%? We're working on it.

---

# Benefits that go beyond what's required



## Expanded telehealth coverage

Members can see a doctor without leaving home—including behavioral health visits for adults. Your employees get the care they need, where and when they need it.



## No referrals needed with any plan

Our plans don't require members to visit a primary care doctor before seeing a specialist. (Some specialists may have their own referral requirements.)



## Pay-nothing preventive care and preventive drugs

We're pleased to offer \$0 copays on:

- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires



## Human service

No automated phone trees or offshore call centers



## Client service that **puts you first**

You'll have a dedicated representative who's focused on you, your plan details, and helping you control costs.

PacificSource Health Plans covers more than **226,000** members and their families in the Greater Northwest.

Our business clients include companies working in a variety of industries.  
That's experience we can leverage to help you.



Manufacturing



Construction



Education



Legal



Wholesale Supply



Medical



Retail



Restaurants



Banking



Agriculture



Nonprofit

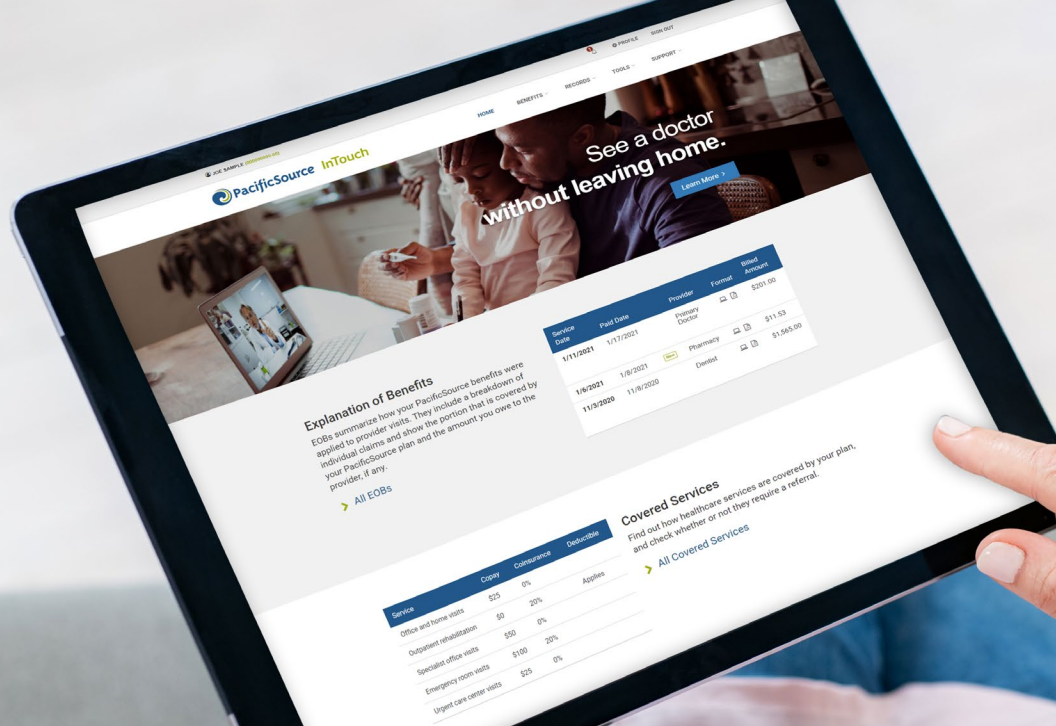


Transportation

Source: monthly enrollment report, May 2021







# InTouch puts you in charge



**Manage employee benefits from your computer, phone, or tablet, 24/7. You'll have employer-only access to all your insurance info through our secure online portal.**

## With InTouch for Employers you can:

### **Easily pay your bill**

View statements, pay online, and review payment history.

### **Run reports**

Know who and how many employees are covered.

### **Get info on demand**

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

### **Manage enrollment status**

Easily add, update, and delete employee information.

### **See member IDs**

View and print ID cards for employees.

### **Keep in touch**

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

Here are some of the many provider groups included in Voyager's Oregon network:

- **Asante Health System**
- **Central Oregon Independent Practice Association**
- **Legacy Health**
- **Legacy Health Partners**
- **McKenzie-Willamette Medical Center**
- **OHSU Health**
- **PeaceHealth**
- **Providence Medical Group** in these areas: Ashland, Central Point, Eagle Point, Grants Pass, and Medford
- **St. Alphonsus**
- **St. Charles Health System**

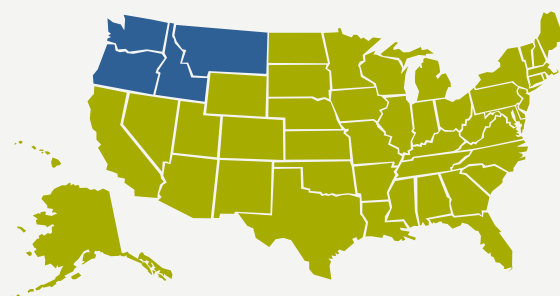
Voyager gives members access to thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers. And Voyager offers out-of-network benefits, for greater freedom and choice.



**Voyager is available for purchase by businesses headquartered in these counties:** Baker, Douglas, Jackson, Josephine, and Malheur

# In-network, nationwide

**Voyager** lets members see providers across the country, thanks to partnerships with First Health® and First Choice Health.™



- Our four-state provider network
- **First Health®** and **First Choice Health™** (Alaska)

# 2022 Oregon | Voyager Large Group Medical Plans

Product	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	
	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%
	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:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Telehealth (including behavioral health for adults)	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%	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%
Chiropractic/ Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$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 <a href="#">PacificSource.com</a> .																						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. Contact us at [OregonSales@PacificSource.com](mailto:OregonSales@PacificSource.com) or go to [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** or **800-735-3260**.



Decide on dental



Good dental health can lead to better overall health. You can group our dental plans with your health plans, or select dental-only.

Dental options to fit your company’s needs

Dental Choice plans give your employees the option to see any dentist they want.

Dental Advantage plans give your employees access to a robust network of more than 2,400 care access points in Idaho, Oregon, and Washington.

Dental Advantage Essentials plans cost less because employees and their primary care dentist work together for better outcomes.

Find in-network dentists at our website, PacificSource.com.

With our Voluntary Dental option, your employees pay the full premium as if they were buying their own dental plan, but they get plan benefits that typically come with a dental plan that you might offer as an employer.

There are additional guidelines and requirements for voluntary dental plans.

2022 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	
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	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	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	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. For more details, contact us at OregonSales@PacificSource.com or search group plans at PacificSource.com. Accessibility help: For assistance reading this table or the rest of the document, please call us at 888-977-9299, TTY 711 or 800-735-3260.

What’s covered?



Here is a brief list of services and treatments most commonly asked about. Go to PacificSource.com to get all the details.

Class I: Preventive Services

- Exams and x-rays
- Three dental cleanings (prophylaxis or periodontal maintenance per plan year)
- 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\*

- \$1,000 or \$1,500 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period with some voluntary dental plans; exclusion period reduced or eliminated with prior orthodontia coverage

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 up to \$150	
Pediatric		
Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full for one pair of frames or lenses per year	Covered in full for one pair of frames and/or lenses per year up to \$75, then 100%

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 up to \$300	
Pediatric		
Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
Vision Hardware	Covered in full for one pair of frames or lenses per year	Covered in full for one pair of frames and/or lenses per year up to \$75, then 100%

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.



# Choose **one plan, or more**

## **Our Right Fit options let your employees choose the premium and coverage that suit them best.**

- Employees may choose from two to five different products.
- There's no minimum enrollment, but the number of plans you offer can't exceed the number of enrolling employees.
- Your products can use different provider networks, and employees can change products during open enrollment.
- Minimum employer contribution: 50% employee/0% dependents of your lowest-cost plan.

Underwriting guidelines apply.



### About Health Savings Accounts (HSA)

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

## **Need help with healthcare admin? PacificSource Administrators, Inc. (PSA) can provide:**

### **FSA** | Flexible Spending Accounts

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

### **HRA** | Health Reimbursement Arrangements

With an HRA, you reimburse some of your employees' medical expenses. You control how much to contribute and which types of expenses are eligible. And if you choose PacificSource Administrators, they can take care of claims filing and reimbursement through Easy Pay.

### **COBRA** | Administration

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

# At a glance your PacificSource coverage includes:



No-cost wellness programs to encourage employee fitness, nutrition, and behavioral health



Education reimbursement up to \$150 for health and wellness classes



Optional vision coverage plans for children and adults



No-cost care management for chronic conditions



Affordable fitness center access from our partner, Active&Fit Direct™



Prenatal program for expectant mothers



Easy online access for you and your employees



Optional \$500 benefit for covered services due to an accident outside of work



Home delivery of prescriptions—up to a 90-day supply



24-Hour NurseLine at no cost



Worry-free travel with global emergency services from Assist America®

Additional benefits are not considered insurance.



## Next steps:



Choose a health plan or plans



Decide on additional coverage options



Contact your broker 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.

**Monday through Friday from 8:00 a.m. to 5:00 p.m.**

**Phone:** 888-492-2875

**Portland:** [PortlandSales@PacificSource.com](mailto:PortlandSales@PacificSource.com)

**Bend:** [BendSales@PacificSource.com](mailto:BendSales@PacificSource.com)

**Springfield:** [SpringfieldSales@PacificSource.com](mailto:SpringfieldSales@PacificSource.com)

**Medford:** [MedfordSales@PacificSource.com](mailto:MedfordSales@PacificSource.com)

[PacificSource.com](http://PacificSource.com)

---