



2022 Medical Plans for **Oregon Small Groups** | 1–50



2022 Oregon | Voyager Small Group Medical Plans

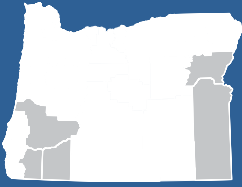
	NON-HSA QUALIFIED PLANS																				HSA QUALIFIED PLANS										OREGON STANDARD PLANS							
Product	Platinum 500^		Gold 1000^		Gold 2000^		Gold 2500^		Gold 3500^		Silver 3000		Silver 4500^		Silver 5500^		Silver 6500^		Bronze 8150		Gold HSA 3000		Silver HSA 3000		Silver HSA 4500		Silver HSA 5500		Bronze HSA 7000		Standard Gold		Standard Silver		Standard Bronze			
	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	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK		
Deductible Individual / Family	\$500 / \$1,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,500 / \$9,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$10,000 / \$20,000	\$8,150 / \$16,300	\$10,000 / \$20,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$4,500 / \$9,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,000 / \$14,000	\$10,000 / \$20,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$3,650 / \$7,300	\$7,500 / \$15,000	\$8,700 / \$17,400	\$10,000 / \$20,000		
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$8,500 / \$17,000	\$11,250 / \$22,500	\$8,000 / \$16,000	\$11,250 / \$22,500	\$7,500 / \$15,000	\$15,000 / \$30,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,750 / \$13,500	\$10,000 / \$20,000	\$4,500 / \$9,000	\$11,250 / \$22,500	\$5,500 / \$11,000	\$11,250 / \$22,500	\$7,000 / \$14,000	\$15,000 / \$30,000	\$3,300 / \$14,600	\$7,500 / \$15,000	\$8,550 / \$17,100	\$11,250 / \$22,500	\$8,700 / \$17,400	\$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:	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%	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%	Covered in Full	90%	Covered in Full	90%	Covered in Full	90%	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.		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.		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:		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%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	\$20*	50%	\$40*	50%	\$50*	50%		
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$10* Specialist: \$20*	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$35* Specialist: 40%	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$30* Specialist: \$60*	50%	Primary/Urgent Care: \$35* Specialist: Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	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: \$50* Urgent Care: \$100* Specialist: \$100*	50%		
Inpatient Hospital	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%	40%	50%	35%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%		
Lab / X-ray	20%*	50%	30%*	50%	30%*	50%	30%*	50%	30%*	50%	40%	50%	35%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	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	\$10*	50%	\$30*	50%	\$25*	50%	\$25*	50%	\$25*	50%	40%	50%	35%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	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%	\$50 if provided in an office setting*	50%		
Outpatient Surgery	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%	40%	50%	35%	50%	30%	50%	30%	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	30%	50%	Covered in Full	50%		
Emergency Services Copay waived if admitted	\$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%	40%	40%	\$250 plus 35%	\$250 plus 35%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	\$250 plus 30%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20%	20%	30%	30%	Covered in Full	Covered in Full		
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$10*	50%	\$30*	50%	\$25*	50%	\$25*	50%	\$25*	50%	40%	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$35*	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	\$20*	50%	\$40*	50%	\$50*	50%		
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5* Tier 2: \$15* Tier 3 & 4: 20%*	90%	Tier 1: \$15* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$10* Tier 2: \$45* Tier 3 & 4: 30%*	90%	Tier 1: \$15* Tier 2: \$60* Tier 3 & 4: 40%*	90%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 35%*	90%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	90%	Tier 1: \$15* Tier 2: \$70* Tier 3 & 4: 30%*	90%	Covered in Full	90%	Covered in Full	90%	20%	90%	Covered in Full	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: \$20* Tier 2-4: Covered in Full	90%		

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. ^Adult vision included on this plan. *Not subject to deductible.

This is a brief summary. Contact us at 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**.

Availability Map **by County**



Statewide access with our **Voyager** products

Voyager features our statewide network of healthcare professionals and facilities—the doctors and hospitals employees want. Out-of-network benefits are also available, for freedom and choice.

Voyager is available for purchase by businesses located in the following counties: Baker, Douglas, Jackson, Josephine, and Malheur.

**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.**

Phone: 888-492-2875

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