



Members **first**

2022 Health Plans for **Washington Small Groups** | 1–50





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



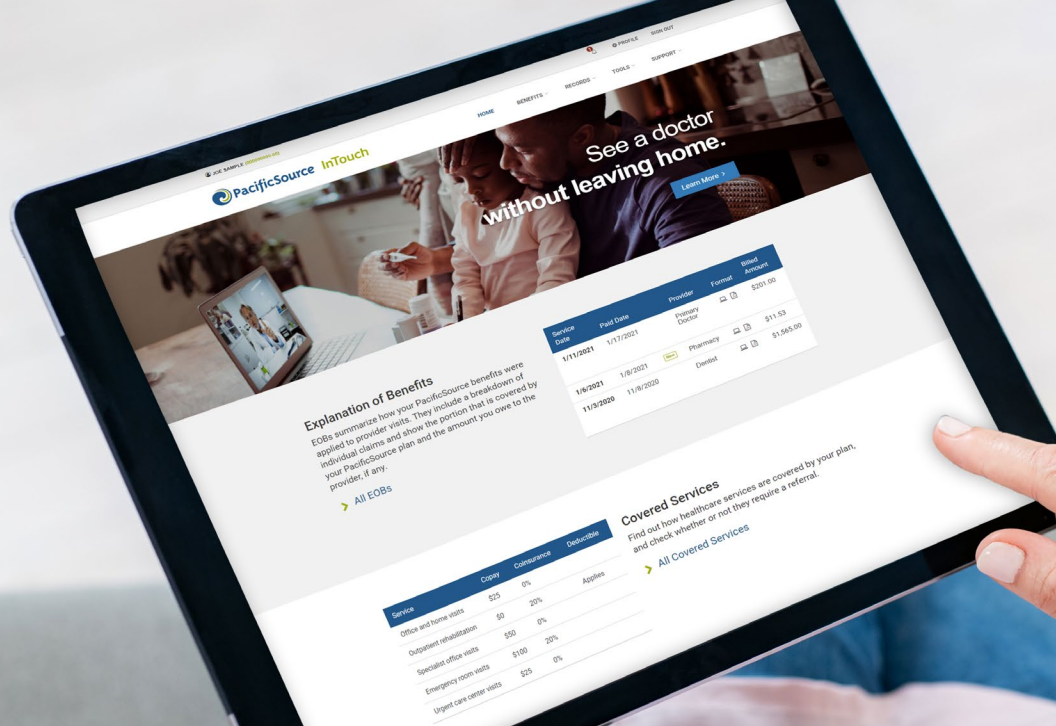
Nonprofit



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.

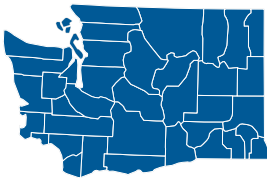


Voyager features our statewide network of healthcare professionals and facilities—the doctors and hospitals employees want.

In Washington, in addition to many others, the Voyager network includes:

- **Legacy Health**
- **MultiCare**
- **MultiCare Connected Care**
- **OHSU Health**
- **Physicians of Southwest Washington**
- **UW Medicine**
- **Vancouver Clinic**

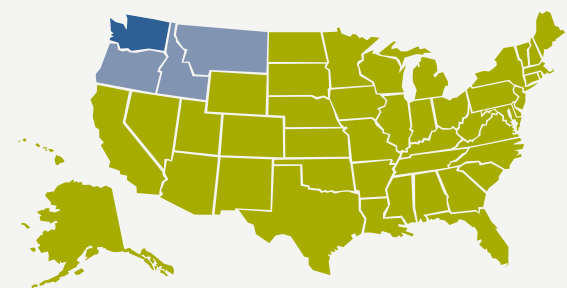
Voyager gives members access to thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers. And Voyager offers out-of-network benefits, for greater freedom and choice.



Voyager and the dental plans on pages 11-12 are available for purchase by businesses located in all Washington counties.

In-network, nationwide

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



- Voyager Washington
- Voyager
- **First Health® and First Choice Health™** (Alaska)

2022 Washington | Voyager Small Group Medical Plans

	NON-HSA QUALIFIED PLANS																						HSA QUALIFIED PLANS													
Product PD: Pediatric dental included	Platinum 500 PD^		Gold 1000 PD^		Gold 1500 PD^		Gold 2000 PD^		Gold 2500 PD^		Gold 3500 PD^		Silver 3000 PD		Silver 4500 PD^		Silver 5500 PD^		Silver 6500 PD^		Bronze 8150 PD		Gold HSA 3000 PD		Silver HSA 3000 PD		Silver HSA 4500 PD		Silver HSA 5500 PD		Bronze HSA 6000 PD		Bronze HSA 7000 PD			
	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	\$1,500 / \$3,000	\$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	\$6,000 / \$12,000	\$7,500 / \$15,000	\$7,000 / \$14,000	\$10,000 / \$20,000		
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,850 / \$13,700	\$7,500 / \$15,000	\$6,700 / \$13,400	\$7,500 / \$15,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$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	\$8,000 / \$16,000	\$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	\$6,900 / \$13,800	\$11,250 / \$22,500	\$7,000 / \$14,000	\$15,000 / \$30,000		
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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%		
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%	Covered in Full	90%	Covered in Full	90%		
	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%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%		
Office Visits Primary, Urgent Care, and Specialist	Primary/Urgent Care: \$10* Specialist: \$20*	50%	Primary/Urgent Care: \$25* Specialist: \$60*	50%	Primary/Urgent Care: \$25* Specialist: \$50*	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: \$50	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: \$95*	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	50%		
Inpatient Hospital	10%	50%	25%	50%	20%	50%	20%	50%	20%	50%	20%	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%	50%	50%	Covered in Full	50%		
Lab / X-ray	10%*	50%	25%*	50%	20%*	50%	20%*	50%	20%*	50%	20%*	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%	50%	50%	Covered in Full	50%		
Physical, Occupational, and Speech Therapy Combined 30 visits per benefit period	\$10*	50%	\$30*	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%	50%	50%	Covered in Full	50%		
Outpatient Surgery	10%	50%	25%	50%	20%	50%	20%	50%	20%	50%	20%	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%	50%	50%	Covered in Full	50%		
Emergency Services Copay waived if admitted	\$250 plus 10%	\$250 plus 10%	\$250 plus 25%	\$250 plus 25%	\$250 plus 20%	\$250 plus 20%	\$250 plus 20%	\$250 plus 20%	\$250 plus 20%	\$250 plus 20%	\$250 plus 20%	\$250 plus 20%	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	50%	50%	Covered in Full	Covered in Full		
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$10*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$25*	50%	\$25*	50%	40%	50%	\$30*	50%	\$30*	50%	\$30*	50%	Covered in Full	50%	Covered in Full	50%	20%	50%	Covered in Full	50%	Covered in Full	50%	50%	50%	Covered in Full	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: \$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: \$70* 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%	50%	90%	Covered in Full	90%		

Pediatric dental coverage is included with all of these plans. 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 WashingtonSales@PacificSource.com or go to [PacificSource.com](https://www.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.

Choose a Dental PPO plan

With a Dental PPO plan, members have access to a robust network of more than 4,700 care access points in Washington. It’s important that members see Dental PPO participating providers. Doing so maximizes their benefits.

Find dentists who accept the Dental PPO plan at [PacificSource.com](https://www.pacificsource.com).



2022 Washington | Small Group Dental Plans

	Dental PPO 0-20-50 1000 or 0-20-50 1500		Dental PPO Plus 0-20-50 1000 or 0-20-50 1500	
	Dental PPO		Dental PPO	
Group Size Required for Standalone Policy	1+		1+	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual/Family	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000 or \$1,500		\$1,000 or \$1,500	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and under	\$375 / \$750	N/A	\$375 / \$750	N/A
	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%
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	20%	20%
Class III Services	50%	50%	50%	50%
Exclusion Period Per person, age 19 and older	Class III: 12 months		None	

Plan names explained: **Plus**—No exclusion periods

This is a brief summary. For more details, contact us at WashingtonSales@PacificSource.com or search small group plans at [PacificSource.com](https://www.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**.

Focus on vision



Our vision plans focus on wellness and prevention.

Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Pediatric vision hardware is covered in full up to \$150.** After that, it’s subject to an in-network deductible and then a cost-sharing fee up to 50%, depending on the plan.

Vision for adults

Plans marked with a ^ include coverage for adult eye exams and vision hardware. When visiting an in-network provider, **eye exams are covered in full.** 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 \$150.**

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.



What’s covered?

Here is a brief list of services and treatments most commonly asked about. Go to [PacificSource.com](https://www.pacificsource.com) to get all the details.

Class I: Preventive Services

- Exams and x-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspids 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
- Child orthodontia (medically necessary only; all plans; kids through age 18)

TMJ Benefit

- \$1,000 max per year
- \$5,000 total maximum

Choose **one plan, or more**



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

Right Fit

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

- Employees may choose from two to four 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.

HSA

Health Savings Accounts (HSA) are a win-win

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.

HRA

Health Reimbursement Arrangements (HRA) to combat costs

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.

At a glance your PacificSource coverage includes:



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



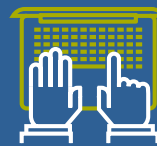
No-cost care management for chronic conditions



Prenatal program for expectant mothers



Pediatric vision benefits with all plans, and adult vision on a select few



Easy online access for you and your employees



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



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®



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

Additional benefits are not considered insurance.

Next steps:



Choose a health plan or plans



Decide on dental



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

Email: WashingtonSales@PacificSource.com

PacificSource.com
