PacificSource HEALTH PLANS

NAVIGATOR

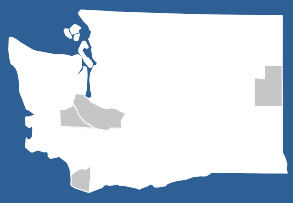
2023 Medical Plans for **Washington Individuals and Families**

2023 Washington | Navigator Individual and Family Medical Plans

	HSA-QUALIFIED PLAN		WASHINGTON STANDARD PLANS					
	Gold 2000 PD		**Silver** 3500 PD†		**Silver** 5000 PD		**Bronze** 7000 PD		**Bronze** HSA 7050 PD		**Cascade Gold****		**Cascade Silver****		**Cascade 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
Deductible Individual / Family	$2,000 / $4,000	$10,000 / $20,000	$3,500 / $7,000	$10,000 / $20,000	$5,000 / $10,000	$10,000 / $20,000	$7,000 / $14,000	$10,000 / $20,000	$7,050 / $14,100	$10,000 / $20,000	$600 / $1,200	$10,000 / $20,000	$2,500 / $5,000	$10,000 / $20,000	$6,000 / $12,000	$10,000 / $20,000
Out-of-Pocket Maximum Individual / Family	$6,000 / $12,000	$25,000 / $50,000	$8,600 / $17,200	$25,000 / $50,000	$7,250 / $14,500	$25,000 / $50,000	$8,550 / $17,100	$25,000 / $50,000	$7,050 / $14,100	$25,000 / $50,000	$5,900 / $11,800	$25,000 / $50,000	$8,500 / $17,000	$25,000 / $50,000	$8,550 / $17,100	$25,000 / $50,000
Preventive Services	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible
Preventive Drug Coverage	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	Covered in full	90% after deductible	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					
Office Visits **Primary (including behavioral health), Urgent Care, and Specialist**	Primary/Urgent: $20 no deductible Specialist: $40 no deductible	50% after deductible	Primary/Urgent: $40 no deductible Specialist: $80 after deductible	50% after deductible	Primary/Urgent: $15 no deductible Specialist: $30 no deductible	50% after deductible	Primary/Urgent: $35 no deductible Specialist: $50 after deductible	50% after deductible	0% after deductible	50% after deductible	Primary: $15 no deductible Urgent: $35 no deductible Specialist: $40 no deductible	50% after deductible	Primary: $30 no deductible Urgent/Specialist: $65 no deductible	50% after deductible	Primary: $50 no deductible Urgent: $100 no deductible Specialist: $100 after deductible	50% after deductible
Telehealth	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	Covered in full	50% after deductible	0% after deductible	50% after deductible	$15 no deductible	50% after deductible	$30 no deductible	50% after deductible	$50 no deductible	50% after deductible
Inpatient hospital	20% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	$525 no deductible (per day copay, limit 5 copays per stay)	50% after deductible	$800 after deductible (per day copay, limit 5 copays per stay)	50% after deductible	40% after deductible	50% after deductible
Lab / X-ray	20% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	Lab: $20 no deductible X-ray: $30 no deductible	50% after deductible	Lab: $40 no deductible X-ray: $65 no deductible	50% after deductible	40% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per benefit period	20% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	$25 no deductible	50% after deductible	$40 no deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	50% after deductible	$350 after deductible	50% after deductible	$600 after deductible	50% after deductible	40% after deductible	50% after deductible
Emergency Services	20% after deductible	20% after deductible	35% after deductible	35% after deductible	30% after deductible	30% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	$450 after deductible	$450 after deductible	$800 after deductible	$800 after deductible	40% after deductible	40% after deductible
Chiropractic / Acupuncture Visits per benefit period Chiro: 12 / Acu: 12	$20 no deductible	50% after deductible	$40 no deductible	50% after deductible	$15 no deductible	50% after deductible	$35 no deductible	50% after deductible	0% after deductible	50% after deductible	$15 no deductible	50% after deductible	$30 no deductible	50% after deductible	$50 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: $15 no deductible Tier 2: $70 no deductible Tier 3 & 4: 20% no deductible	90% after deductible	Tier 1: $20 no deductible Tier 2: $80 no deductible Tier 3 & 4: 35% no deductible	90% after deductible	30% after deductible	90% after deductible	40% after deductible	90% after deductible	0% after deductible	90% after deductible	Tier 1: $10 no deductible Tier 2: $60 no deductible Tier 3 & 4: $100 no deductible	90% after deductible	Tier 1: $25 no deductible Tier 2: $75 no deductible Tier 3 & 4: $250 after deductible	90% after deductible	Tier 1: $32 no deductible Tier 2, 3, & 4: 40% after deductible	90% after deductible
Pediatric Eye Exam One exam per benefit period	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40
Pediatric Vision Hardware One item per benefit period	Covered in full up to $150 then subject to in-network deductible and 20%		Covered in full up to $150 then subject to in-network deductible and 35%		Covered in full up to $150 then subject to in-network deductible and 30%		Covered in full up to $150 then subject to in-network deductible and 40%		Covered in full up to $150 then subject to in-network deductible		Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40	Covered in full	Covered in full up to $40
Pediatric Dental Included	Yes		Yes		Yes		Yes		Yes		No		No		No	

**Available only through Washington Healthplanfinder.
†Available only on a direct basis.
Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. This is a brief summary. Contact a Coverage Advisor at **855-330-2792** or by email at CoverageAdvisors@PacificSource.com. 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. We accept all relay calls.

Availability map **by county**



More for less from our Navigator products

Navigator is our clinically integrated product. We work with members and a network of local, highly rated healthcare providers focused on quality outcomes.

With Navigator, you get a plan that:

- Supports you on your journey toward optimal health
- Values and promotes your healthcare engagement
- Provides empowering self-management tools
- Emphasizes shared decision-making with providers

Navigator is available for purchase by people living in the following counties: Clark, Pierce, Spokane, and Thurston

For more information, contact a Coverage Advisor at **855-767-2312,** TTY: 711 (we accept all relay calls), or by email at CoverageAdvisors@PacificSource.com.