



Beyond what's required

2023 Health Plans for Washington Large Groups | 51+



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.





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

Health plans that focus on the right things: **members**, **providers**, and **communities**



A unique, not-for-profit partnership

PacificSource is different. We're a local health insurer that works closely with highly rated providers to deliver exceptional member experience.



Integrated care that revolves around members

This patient-centered approach is enabled by close collaboration with our provider partners, supported by best-in-class data analytics.



High-value care and lower costs

We strive to compensate providers fairly, based on quality of outcomes and overall value—not volume.



Ongoing investment in community health

As a not-for-profit insurer, PacificSource continually invests in our own neighborhoods, through financial aid and access to healthcare for diverse populations and those most in need.

98%

That's our average employer satisfaction rating, based on surveys conducted March 2021 – February 2022. The remaining 2%? We're working on it.

Benefits that go beyond what's required



Expanded telehealth coverage

Members can see a doctor without leaving home. Your employees get the care they need, where and when they need it.



No referrals required 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.)



No-cost 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 234,000 members and their families in the Greater Northwest.

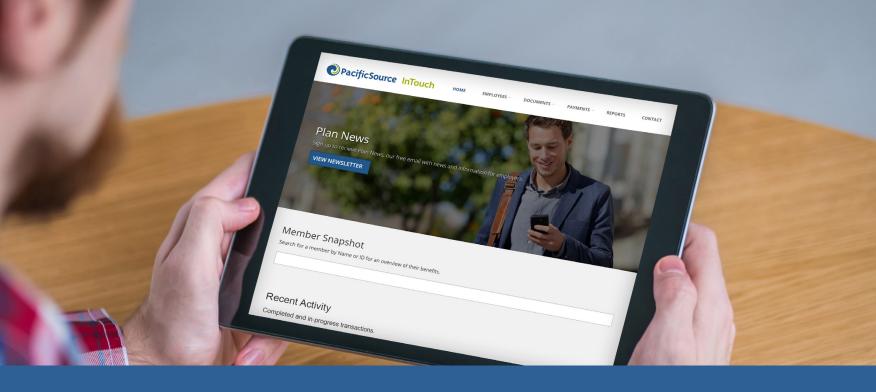
Our business clients include companies working in a variety of industries.

That's experience we can leverage to help you.



Source: monthly enrollment report, March 2022





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 information through our secure online portal.

With InTouch for Employers you can:

Easily pay your bill

View statements, pay online, and review payment history.

Manage enrollment status

Easily add, update, and delete employee information.

Run reports

Know who and how many employees are covered.

ID cards

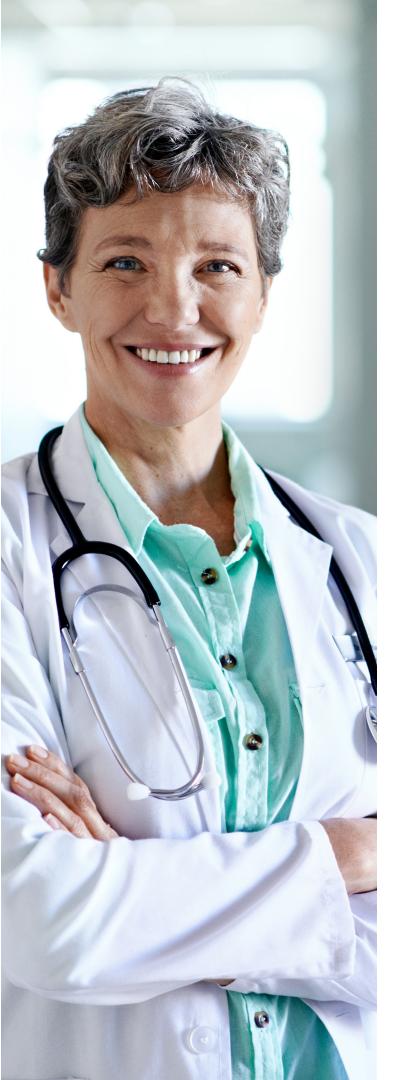
Request ID cards or print them on demand.

Get info on demand

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

Keep in touch

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





The Navigator difference

A coordinated network of highly rated medical professionals

Your provider network determines which doctors and hospitals are covered at the highest benefit level.

In Washington, the Navigator network includes Legacy Health, MultiCare, MultiCare Connected Care, OHSU Health, Physicians of Southwest Washington, and Vancouver Clinic, plus thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers.

Navigator also offers out-of-network benefits, for greater freedom and choice.

Navigator

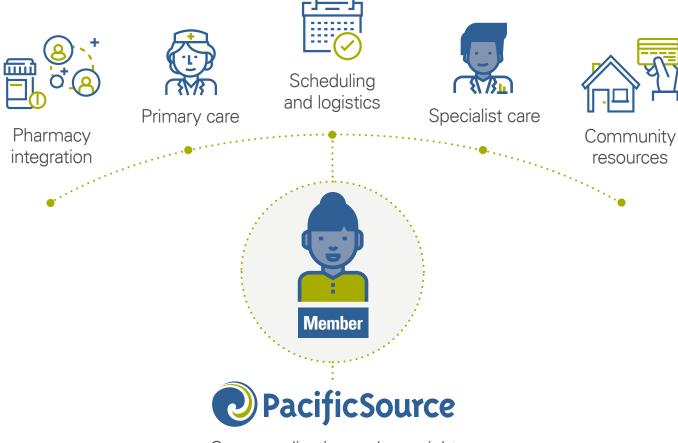
Cost-effective care coordination that puts members at the center

Navigator is a coordinated care product designed to advance the ideal member experience. Each member's care is managed within a network of local, highly rated healthcare providers focused on quality outcomes.

With Navigator, you get a health plan that:

- Promotes better member healthcare engagement
- Provides empowering self-management tools
- Employs cost controlling measures
- Emphasizes shared decision-making with providers

Members experience seamless, accountable care from a dedicated team of providers.





Give your staff the doctors and hospitals they want.

We've partnered with well-respected health centers and hospitals in the region to provide members and their families with quality care.

Washington

Olympia Spokane Tacoma Vancouver













In-network availability is based on member's plan and network.



How Navigator benefits employers



Multiple plan designs



Controlled costs



Clinical integration



Unified communications



Navigator is available for businesses located in Clark, Pierce, Spokane, and Thurston Counties.



In-network, nationwide







Outside the Northwest?



With **Navigator**, your in-network coverage goes with you thanks to partnerships with **First Health**® and **First Choice Health**™

2023 Washington Navigator Large Group Medical Plans

	250+2	20_10	500+2	25_20	500+2	20_20	750+2	20_20	1000+	20_20	1500+	20_20	2000+	20_20	2500+	-20_20	3000+	20_20	3000-	30_30	3500+	30_30	4000+	30_30	5000+	30_30
	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	\$250 / \$500	\$5,000 / \$10,000	\$500 / \$1,000	\$5,000 / \$10,000	\$500 / \$1,000	\$5,000 / \$10,000	\$750 / \$1,500	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$7,500 / \$15,000	\$2,500 / \$5,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,500 / \$7,000	\$10,000 / \$20,000	\$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	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,500 / \$9,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$15,000 / \$30,000	\$6,000 / \$12,000	\$20,000 / \$40,000	\$6,000 / \$12,000	\$20,000 / \$40,000	\$6,850 / \$13,700	\$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:
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%
	AFTER DEDUCTIBL	.E, MEMBER PAYS:	AFTER DEDUCTIB	LE, MEMBER PAYS:	AFTER DEDUCTIBL	E, MEMBER PAYS:	AFTER DEDUCTIBL	E, MEMBER PAYS:	AFTER DEDUCTIBL	E, MEMBER PAYS:	AFTER DEDUCTIBL	E, MEMBER PAYS:	AFTER DEDUCTIBL	E, MEMBER PAYS:	AFTER DEDUCTIB	LE, MEMBER PAYS:	AFTER DEDUCTIBL	E, MEMBER PAYS:	AFTER DEDUCTIB	LE, MEMBER PAYS:	AFTER DEDUCTIBI	LE, MEMBER PAYS:	AFTER DEDUCTIBI	.E, MEMBER PAYS:	AFTER DEDUCTIBL	E, MEMBER PAYS:
Telehealth	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%
Office Visits Primary (including behavioral health), Urgent Care, and Specialist	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Inpatient Hospital	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Lab / X-ray	Covered in full up to \$500, then after deductible 10%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 20%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%	Covered in full up to \$500, then after deductible 30%	50%
Physical, Occupational, and Speech Therapy Visits per benefit period: 30 combined	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Outpatient Surgery	10%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	30%	50%	30%	50%	30%	50%	30%	50%
Chiropractic/Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	\$20*	50%	\$25*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$20*	50%	\$30*	50%	\$30*	50%	\$30*	50%	\$30*	50%
Emergency Services Copay waived if admitted	\$250 plus 10%*	\$250 plus 10%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 30%*	\$250 plus 30%*																				
Prescription (Rx)	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com.																									

For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com.

Focus on **vision**



Select your medical plan, then your vision plan.

		Vision 10/150								
		IN NETWORK	OUT OF NETWORK							
(+ 6 = 96	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%							
Yanır (a	Vision Hardware	Covered in full, 0% up to \$150								
2	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%							
	Vision Hardware	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses							
		Vision	10/300							
		IN NETWORK	OUT OF NETWORK							
(+6- a6	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%							
	Vision Hardware	Covered in full, 0% up to \$300								
2	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%							
	Vision Hardware	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses							
		Vision	10/500							
		IN NETWORK	OUT OF NETWORK							
age = 9+/	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%							
Wault (a	Vision Hardware	Covered in ful	I, 0% up to \$500							
2	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%							
Legilar	Vision Hardware	Covered in full for one pair per year for frames and/or lenses	Covered in full for one pair per year up to \$75, then 100% for frames and/or lenses							

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.

^{*}Not subject to deductible.

This is a brief summary. Contact us at <u>WashingtonSales@PacificSource.com</u> or go to <u>PacificSource.com</u> 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.

2023 Washington Navigator Large Group HSA Qualified Medical Plans

	HSA 1500_20+Rx Non-Embedded		HSA 3000_50+Rx		HSA 300	0_20+Rx		SA D+Rx		SA D+Rx	HSA 5000+Rx	
	IN NETWORK	OUT OF NETWORK										
Deductible Individual / Family	\$1,500 / \$3,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$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	\$4,000 / \$6,650	\$15,000 / \$30,000	\$6,350 / \$12,700	\$15,000 / \$30,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$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:										
Preventive Services	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:	
Telehealth	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Office Visits Primary (including behavioral health), Urgent Care, and Specialist	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Inpatient Hospital	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Lab / X-ray	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Physical, Occupational, and Speech Therapy 25 visits per benefit period	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Outpatient Surgery	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Emergency Services Copay waived if admitted	20%	20%	50%	50%	20%	20%	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Chiropractic/Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Prescription (Rx) Drug Coverage	20%	90%	50%	90%	20%	90%	Covered in full	90%	Covered in full	90%	Covered in full	90%

This is a brief summary. Contact us at <u>WashingtonSales@PacificSource.com</u> or go to <u>PacificSource.com</u> 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.

2023 Washington Large Group Dental Plans

							VULUNTARY	DENIAL UNLY	
	20-20-5	PPO Plus 0 1000 or 50 1500	0-20-50 2	PPO Plus 25-1000 or 25-1500	0-20-50 5	PPO Plus 50-1000 or 50-1500	Dental PPO 0-20-50 1000 or 0-20-50 1500 Dental PPO		
	Dent	al PPO	Dent	al PPO	Dent	al PPO			
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	
Annual Deductible ndividual / Family	N/A	\$50 / \$150	N/A	\$25 / \$75	N/A	\$50 / \$150	N/A	\$50 / \$150	
Annual Maximum Benefit Per person	\$1,000	or \$1,500	\$1,000	or \$1,500	\$1,000	or \$1,500	\$1,000 or \$1,500		
	NO DEDUCTIBL	E, MEMBER PAYS:	NO DEDUCTIBL	E, MEMBER PAYS:	NO DEDUCTIBL	E, MEMBER PAYS:	no deductible, member pays: Covered in full		
Class I Services	2	0%	Covere	ed in full	Covere	ed in full			
	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:	
Class II Services	20%	20%	20%	20%	20%	20%	20%	20%	
Class III Services	50%	50%	50%	50%	50%	50%	50%	50%	
Exclusion Period Per person	N	one	N	one	N	one	Class III: 12 months		
Cosmetic Orthodontia*		, \$1,500, or \$2,000 ne max		, \$1,500, or \$2,000 ne max	Optional: \$1,000 lifetir	, \$1,500, or \$2,000 ne max	Optional: \$1,000, \$1,500, or \$2,000 lifetime max		

Plan names explained: Dental PPO—PPO-style plans | Plus—No exclusion periods

*Additional eligibility requirements may apply. This is a brief summary. For more details, contact us at <u>WashingtonSales@PacificSource.com</u> or search group plans at <u>PacificSource.com</u>.

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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
- 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, including composite
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Decide on dental

VOLUNTARY DENTAL ONLY

Class III: Major Services

• Full, immediate, or overdentures

Crowns and bridges



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 1,600 dental providers at more than 950 locations 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.

Cosmetic Orthodontia

- 26–50 enrolled employees
- Available based on group size with any dental plan purchased direct through PacificSource
- \$1,000, \$1,500, or \$2,000 lifetime max, 12-month exclusion period on some voluntary plans; exclusion period reduced or eliminated with prior orthodontia coverage





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



Optional vision coverage plans for children and adults



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



24-Hour NurseLine at no cost



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



No-cost care management for chronic conditions



Prenatal program for expectant parents



Easy online access for you and your employees



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



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: 877-317-2312

TTY: 711. We accept all relay calls.

Email: WashingtonSales@PacificSource.com

PacificSource.com