



# Beyond what's required

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2023 Health Plans for **Washington Large Groups** | 51+

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PacificSource Health Plans 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.

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## 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.

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**98%**

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

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# 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.



Manufacturing



Construction



Education



Legal



Wholesale Supply



Medical



Retail



Restaurants



Banking



Agriculture



Nonprofit

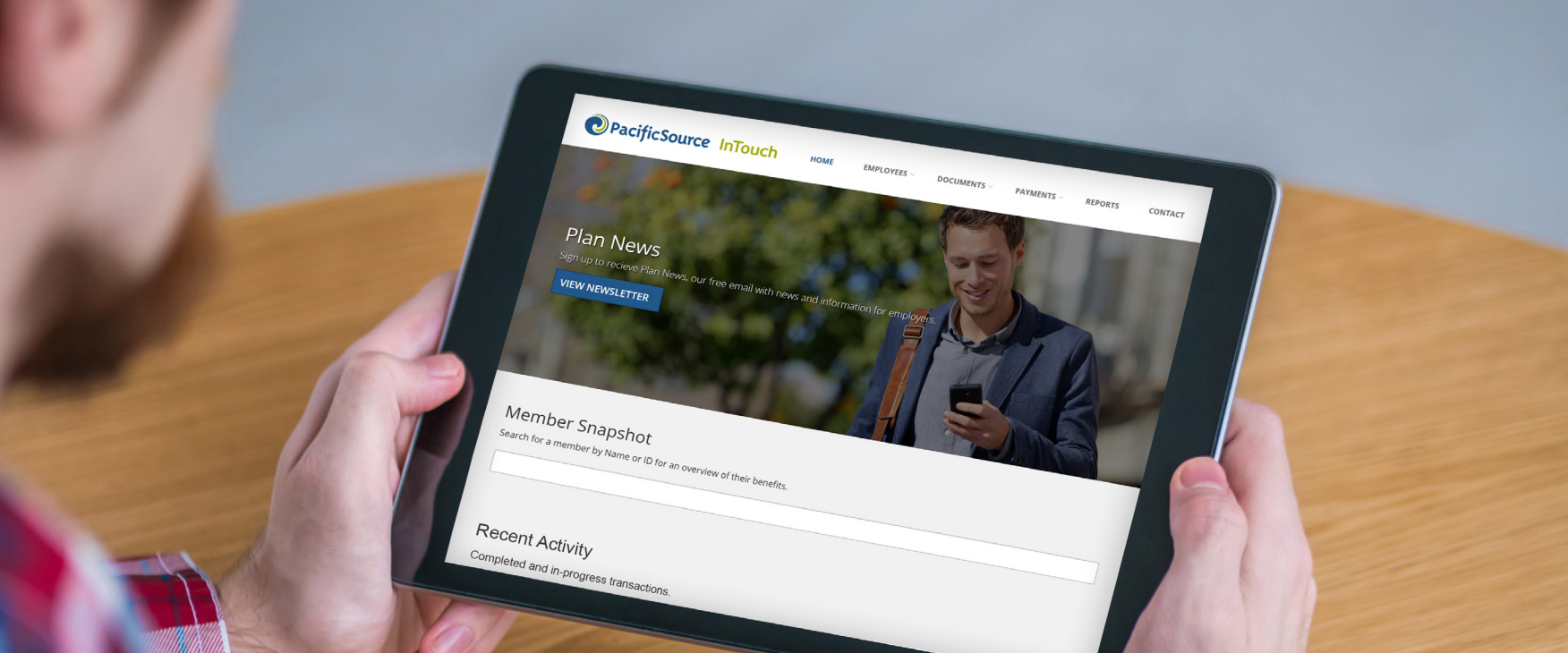


Transportation

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.

### **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.

### **ID cards**

Request ID cards or print them on demand.

### **Keep in touch**

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

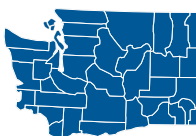


## Voyager features our statewide network of the doctors and hospitals employees want.

In Washington, the Voyager network features many of the region's leading health centers and hospitals, including:

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

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

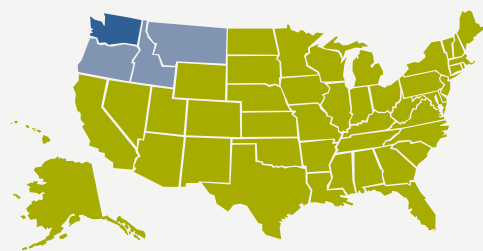


**Voyager plans are available for purchase by businesses located in any Washington county.**

## In-network, nationwide

### Outside the Northwest?

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



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

	DEDUCTIBLE		OUT OF POCKET MAX	
	In-Net.	Out-of-Net.	In-Net.	Out-of-Net.
Medical, Rx, and Vision	\$XXX	\$X,XXX	\$X,XXX	\$XX,XXX
<b>MEDICAL BENEFITS, PRIOR AUTHORIZATION, &amp; ELIGIBILITY:</b> Members 555-555-5555   CS@PacificSource.com Providers 555-555-5555   CS@PacificSource.com <b>DENTAL:</b> 555-555-5555   Dental@PacificSource.com <b>24-HOUR NURSELINE:</b> 855-834-6150 <b>PHARMACISTS:</b> 844-834-6150   Fax 541-225-3665 Verify benefits at InTouch.PacificSource.com PacificSource Health Plans   PO Box 7068, Springfield, OR 97475-0068 This card is not an authorization for services or a guarantee of payment.				
OHSU Health LEGACY Health Advantage Dental First Choice Health First Health				

# 2023 Washington | Voyager Large Group Medical Plans

	250+20_10		500+25_20		500+20_20		750+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	\$15,000 / \$30,000	\$6,000 / \$12,000	\$15,000 / \$30,000	\$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
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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%
	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	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, Urgent Care, and Specialist (including behavioral health for adults)	\$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 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$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%*	
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at <a href="#">PacificSource.com</a> .																									

\*Not subject to deductible.  
This is a brief summary. Contact us at [WashingtonSales@PacificSource.com](mailto:WashingtonSales@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. We accept all relay calls.

## 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, then 100%	
Pediatric	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
Adult (age 19+)	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full up to \$300, then 100%	
Pediatric	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
Adult (age 19+)	Eye Exam	No deductible, \$10	Covered in full up to \$40, then 100%
	Vision Hardware	Covered in full up to \$500, then 100%	
Pediatric	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

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.



2023 Washington | Voyager Large Group HSA-Qualified Medical Plans

	HSA 1500_20+Rx Non-Embedded		HSA 3000_50+Rx		HSA 3000_20+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
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:	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%
	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, Urgent Care, and Specialist (including behavioral health for adults)	20%	50%	50%	50%	20%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Office Visits 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 [WashingtonSales@PacificSource.com](mailto: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. We accept all relay calls..

2023 Washington | Large Group Dental Plans

	Dental PPO Plus 20-20-50 1000 or 20-20-50 1500		Dental PPO Plus 0-20-50 25-1000 or 0-20-50 25-1500		Dental PPO Plus 0-20-50 50-1000 or 0-20-50 50-1500		VOLUNTARY DENTAL ONLY Dental PPO 0-20-50 1000 or 0-20-50 1500	
	Dental PPO		Dental PPO		Dental PPO		Dental PPO	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Annual Deductible Individual / 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 DEDUCTIBLE, MEMBER PAYS:		NO DEDUCTIBLE, MEMBER PAYS:		NO DEDUCTIBLE, MEMBER PAYS:		NO DEDUCTIBLE, MEMBER PAYS:	
Class I Services	20%		Covered in full		Covered in full		Covered 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	None		None		None		Class III: 12 months	
Cosmetic Orthodontia*	Optional: \$1,000, \$1,500, or \$2,000 lifetime max		Optional: \$1,000, \$1,500, or \$2,000 lifetime max		Optional: \$1,000, \$1,500, or \$2,000 lifetime 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 [WashingtonSales@PacificSource.com](mailto:WashingtonSales@PacificSource.com) or search 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. We accept all relay calls.



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
- 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, including composite
- 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\*

Options for Dental PPO Plans

- \$1,000, \$1,500, or \$2,000 lifetime maximum options
- 26+ enrolled employees
- 12-month exclusion period with some voluntary dental plans; exclusion period reduced or eliminated with prior orthodontia coverage

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 1,600 dental providers at more than 950 locations in Washington. It’s important that members see Dental PPO participating providers. Doing so maximizes benefits.

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



# 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



No-cost care management for chronic conditions



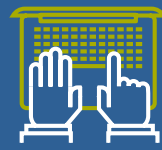
Optional vision coverage plans for children and adults



Prenatal program for expectant parents



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



Easy online access for you and your employees



24-Hour NurseLine at no cost



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



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



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

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## **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:** 888-215-5545

**TTY:** 711. We accept all relay calls.

**Email:** [WashingtonSales@PacificSource.com](mailto:WashingtonSales@PacificSource.com)

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

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