

2026 Oregon Large Group Medical Plans

	500+20_20		750+20_20		1000+25_20		1500+25_20 1500+25_30	
	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	\$1,000 / \$2,000	\$750 / \$1,500	\$1,500 / \$3,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,500 / \$7,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000
	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:
Preventive Services	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:	
Office Visits: Primary, Behavioral Health, & Telehealth	First 3 combined visits \$5, then \$20*	50%	First 3 combined visits \$5, then \$20*	50%	First 3 combined visits \$5, then \$25*	50%	First 3 combined visits \$5, then \$25*	50%
Urgent Care and Specialist	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%
Inpatient Hospital	20%	50%	20%	50%	20%	50%	20% or 30%	50%
Lab / X-ray	No deductible up to \$500, then 20%	50%	No deductible up to \$500, then 20%	50%	No deductible up to \$500, then 20%	50%	No deductible up to \$500, then 20% or 30%	50%
Physical, Occupational, and Speech Therapy	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost)	\$20*	50%	\$20*	50%	\$25*	50%	\$25*	50%
Outpatient Surgery	20%	50%	20%	50%	20%	50%	20% or 30%	50%
Emergency Services	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com .							

*Not subject to deductible.

Navigator network plans are available to businesses statewide.

Voyager network plans are available to businesses in Baker, Douglas, Jackson, Josephine, and Malheur Counties.

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 us at **888-377-1646**, OregonSales@PacificSource.com, or go to [PacificSource.com](https://www.pacificsource.com) for details or to see a plan's Summary of Benefits.

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2026 Oregon Large Group Medical Plans

	2000+25_20 2000+25_30		2500+30_20 2500+30_30		2500+35-70_50	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$12,000 / \$24,000	\$8,000 / \$16,000	\$12,000 / \$24,000
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Preventive Services	Covered in full	50%	Covered in full	50%	Covered in full	50%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Office Visits: Primary, Behavioral Health, & Telehealth	First 3 combined visits \$5, then \$25*	50%	First 3 combined visits \$5, then \$30*	50%	First 3 combined visits \$5, then \$35*	50%
Urgent Care and Specialist	\$25*	50%	\$30*	50%	\$70*	50%
Inpatient Hospital	20% or 30%	50%	20% or 30%	50%	50%	50%
Lab / X-ray	No deductible up to \$500, then 20% or 30%	50%	No deductible up to \$500, then 20% or 30%	50%	No deductible up to \$500, then 50%	50%
Physical, Occupational, and Speech Therapy	\$25*	50%	\$30*	50%	\$35*	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost)	\$25*	50%	\$30*	50%	\$35*	50%
Outpatient Surgery	20% or 30%	50%	20% or 30%	50%	50%	50%
Emergency Services	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	50%	50%
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com .					

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2026 Oregon Large Group Medical Plans

	3000+30_20 3000+30_30		3500+35_30		4000+35_20 4000+35_30		4500+35_30	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,500 / \$7,000	\$7,000 / \$14,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,500 / \$9,000	\$9,000 / \$18,000
Out-of-Pocket Maximum Individual / Family	\$6,500 / \$13,000	\$13,000 / \$26,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,000 / \$14,000	\$14,000 / \$28,000	\$7,500 / \$15,000	\$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:
Preventive Services	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:	
Office Visits: Primary, Behavioral Health, & Telehealth	First 3 combined visits \$5, then \$30*	50%	First 3 combined visits \$5, then \$35*	50%	First 3 combined visits \$5, then \$35*	50%	First 3 combined visits \$5, then \$35*	50%
Urgent Care and Specialist	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%
Inpatient Hospital	20% or 30%	50%	30%	50%	20% or 30%	50%	30%	50%
Lab / X-ray	No deductible up to \$500, then 20% or 30%	50%	No deductible up to \$500, then 30%	50%	No deductible up to \$500, then 20% or 30%	50%	No deductible up to \$500, then 30%	50%
Physical, Occupational, and Speech Therapy	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost)	\$30*	50%	\$35*	50%	\$35*	50%	\$35*	50%
Outpatient Surgery	20% or 30%	50%	30%	50%	20% or 30%	50%	30%	50%
Emergency Services	\$250 plus 20%* or 30%*	\$250 plus 20%* or 30%*	30%	30%	20% or 30%	20% or 30%	30%	30%
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com .							

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2026 Oregon Large Group Medical Plans

	5000+35_30		5000+35-70_50	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$7,500 / \$15,000	\$15,000 / \$30,000	\$8,500 / \$17,000	\$15,000 / \$30,000
	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%
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
Office Visits: Primary, Behavioral Health, & Telehealth	First 3 combined visits \$5, then \$35*	50%	First 3 combined visits \$5, then \$35*	50%
Urgent Care and Specialist	\$35*	50%	\$70*	50%
Inpatient Hospital	30%	50%	50%	50%
Lab / X-ray	No deductible up to \$500, then 30%	50%	No deductible up to \$500, then 50%	50%
Physical, Occupational, and Speech Therapy	\$35*	50%	\$35*	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost)	\$35*	50%	\$35*	50%
Outpatient Surgery	30%	50%	50%	50%
Emergency Services	30%	30%	50%	50%
Prescription (Rx) Drug Coverage	For more details on prescription drug coverage, search Pharmacy Plans at PacificSource.com .			

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	HSA 1700_20+Rx Non-embedded		HSA 3400_50+Rx		HSA 3400+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
Deductible Individual / Family	\$1,700 / \$3,400	\$7,500 / \$15,000	\$3,400 / \$6,800	\$7,500 / \$15,000	\$3,400 / \$6,800	\$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	\$4,500 / \$9,000	\$15,000 / \$30,000	\$6,350 / \$12,700	\$15,000 / \$30,000	\$3,400 / \$6,800	\$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:
Preventive Services	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:	
Office Visits: Primary, Behavioral Health, & Telehealth	First three visits \$0, then 20%	50%	First three visits \$0, then 50%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Urgent Care and Specialist	20%	50%	50%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Inpatient Hospital	20%	50%	50%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Lab / X-ray	20%	50%	50%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Physical, Occupational, and Speech Therapy	20%	50%	50%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12 (Optional benefit at an additional cost)	20%	50%	50%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Outpatient Surgery	20%	50%	50%	50%	Covered in full	50%	Covered in full	50%	Covered in full	50%
Emergency Services	20%	20%	50%	50%	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Prescription (Rx) Drug Coverage	20%	90%	50%	90%	Covered in full	90%	Covered in full	90%	Covered in full	90%

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