More for less from our Navigator products

With our coordinated care products, a member’s personal provider is navigating care within a coordinated network of health professionals. They promote better member engagement and shared decision making with providers.

Navigator is available for purchase by people living in the following counties: Clackamas, Crook, Deschutes, Jefferson, Multnomah, Washington, and Yamhill.

For more information contact a Coverage Advisor at (855) 330-2792 or by email at coverageadvisors@pacificsource.com.
### 2020 Oregon Navigator | Individual and Family Medical Plans

#### NON-HSA QUALIFIED PLANS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Gold 1500</th>
<th>Silver 3000</th>
<th>Silver 4000</th>
<th>Bronze 7000</th>
<th>Catastrophic*</th>
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<tr>
<td>Premium</td>
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<td>Before Deductible</td>
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#### OUT-OF-POCKET MAXIMUM

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<tr>
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<td>$25,000 / $16,000</td>
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<td>$50,000 / $30,000</td>
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</table>

#### Preventive Services

- Covered in full 50% 50% 40% 30% Not Covered
- Covered in full* up to $300, within 30 days of accident.

#### Preventive Drug Coverage

- Covered in full 50% 50% 40% 30% Not Covered
- Covered in full* up to $300, within 30 days of accident.

#### Telemedicine (including behavioral health for adults)

- Tier 1: $15*
- Tier 2: $30*
- Tier 3 & 4: 40%

#### Office Visits Primary, Urgent Care, and Specialist

- Tier 1: $15*
- Tier 2: $30*
- Tier 3 & 4: 40%

#### Inpatient Hospital

- Covered in Full 50% 50% 40% 30% Not Covered
- Covered in Full* up to $150, within 30 days of accident.

#### Outpatient Surgery

- Covered in Full 50% 50% 40% 30% Not Covered
- Covered in Full* up to $150, within 30 days of accident.

#### Emergency Services

- Covered in Full 50% 50% 40% 30% Not Covered
- Covered in Full* up to $150, within 30 days of accident.

#### Chiropractic / Acupuncture $1,000 combined per year

- Covered in Full 50% 50% 40% 30% Not Covered
- Covered in Full* up to $150, within 30 days of accident.

#### Prescription (Rx)

- Tier 1: $15*
- Tier 2: $30*
- Tier 3 & 4: 40%

#### Drug Coverage Out-of-network visits up to 30 days per year

- Tier 1: $15*
- Tier 2: $30*
- Tier 3: $45*

#### Pediatric Eye Exam One exam per benefit period

- Covered in Full 50% 50% 40% 30% Not Covered
- Covered in Full* up to $100, within 30 days of accident.

#### Pediatric Vision Hardware One exam per benefit period

- Covered in Full 50% 50% 40% 30% Not Covered
- Covered in Full* up to $100, within 30 days of accident.

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Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. * May not subject to deductible. ** Available only for people under 30, or people of any age with a hardship exemption or affordability exemption. This is a brief summary. Contact a Coverage Advisor at 888-330-7929 or by email at coveragesadvisors@pacificsource.com. Go to PacificSource.com for details or to see a plan's Summary of Benefits.