



## 2023 Medical Plans for Oregon Small Groups | 1–50



# **2023 Oregon** Voyager Small Group Medical Plans

2025 Oregon		voyager Small Group Medical Plans														HSA-QUALIFIED PLANS										OREGON STANDARD PLANS												
	Platinum 500^ Gold		<b>Gold</b> 1000^		<b>Gold</b> 2000^		<b>Gold</b> 2500^		<b>Gold</b> 3500^		<b>Silver</b> 3500		<b>Silver</b> 4500^		<b>Silver</b> 5500^		<b>Silver</b> 6500^		<b>Bronze</b> 8150		<b>Bronze</b> 9100		<b>ld</b> 3000	<b>Silver</b> HSA 3000		Silver HSA 4800		<b>Silver</b> HSA 5500		Bronze HSA 7050		Standard Gold		Standard Silver		Standard 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	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
<b>Deductible</b> Individual / Family	\$500 / \$1,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$10,000 / \$20,000	\$4,500 / \$9,000	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$10,000 / \$20,000	\$8,150 / \$16,300	\$10,000 / \$20,000	\$9,100 / \$18,200	\$10,000 / \$20,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$4,800 / \$9,600	\$7,500 / \$15,000	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,050 / \$14,100	\$10,000 / \$20,000	\$1,800 / \$3,600	\$5,000 / \$10,000	\$4,800 / \$9,600	\$7,500 / \$15,000	\$8,800 / \$17,600	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$7,500 / \$15,000	\$7,000 / \$14,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$7,500 / \$15,000	\$6,500 / \$13,000	\$7,500 / \$15,000	\$9,100 / \$18,200	\$15,000 / \$30,000	\$9,100 / \$18,200	\$11,250 / \$22,500	\$9,100 / \$18,200	\$11,250 / \$22,500	\$9,100 / \$18,200	\$15,000 / \$30,000	\$8,150 / \$16,300	\$15,000 / \$30,000	\$9,100 / \$18,200	\$15,000 / \$30,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$7,050 / \$14,100	\$10,000 / \$20,000	\$4,800 / \$9,600	\$11,250 / \$22,500	\$5,500 / \$11,000	\$11,250 / \$22,500	\$7,050 / \$14,100	\$15,000 / \$30,000	\$7,300 / \$14,600	\$7,500 / \$15,000	\$9,100 / \$18,200	\$11,250 / \$22,500	\$8,800 / \$17,600	\$15,000 / \$30,000
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	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	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	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	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	Covered in full	90% after deductible	Only fo	r drugs on the St In Network: Cov	tandard Preventive vered in Full. Out o	e No-Cost Drug Lis f Network: 90% a	st (Affordable Care fter deductible.	Act)
Accident Benefit	Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, within 90 days of accident		Covered in full up to \$500, Covered in within 90 days of accident within 90 d		Covered in fu within 90 day	full up to \$500, days of accident Not C		t Covered Not		overed	Not Co	vered
					1																																	
Primary (including behavioral health), Urgent Care, and Specialist	Primary/ Urgent: \$10 no deductible Specialist: \$20 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible Specialist: \$75 no deductible	50% after deductible	Primary/ Urgent: \$50 no deductible Specialist: \$100 no deductible	50% after deductible	Primary/ Urgent: \$40 no deductible Specialist: \$80 no deductible	50% after deductible	Primary/ Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible	Primary/ Urgent: \$30 no deductible Specialist: \$60 no deductible	50% after deductible	Primary/ Urgent: \$35 no deductible Specialist: 0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	Primary: \$20 no deductible Urgent: \$60 no deductible Specialist: \$40 no deductible	50% after deductible	Primary: \$40 no deductible Urgent: \$70 no deductible Specialist: \$80 no deductible	50% after deductible	Primary: \$50 no deductible Urgent: \$100 no deductible Specialist: \$100 no 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	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	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible	50% after deductible	\$40 no deductible	50% after deductible	\$50 no deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Lab / X-Ray	20% no deductible	50% after deductible	30% no deductible	50% after deductible	30% no deductible	50% after deductible	30% no deductible	50% after deductible	30% no deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Physical, Occupational, and Speech Therapy</b> Combined 30 visits per year	\$10 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	40% after deductible	50% after deductible		50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	\$20 no deductible if provided in an office setting	deductible	\$40 no deductible if provided in an office setting	50% after deductible	\$50 no deductible if provided in an office setting	50% after deductible
	20% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	35% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible		0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency Services	20% after	\$250 plus 20% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	40% after deductible	40% after deductible	\$250 plus 35% after deductible	\$250 plus 35% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	\$250 plus 30% after deductible	0% after deductible	0% after deductible		0% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible		20% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible						
<b>Chiropractic / Acupuncture</b> Visits per benefit period: Chiro: 20 / Acu: 12		50% after deductible	\$25 no deductible	50% after deductible		50% after deductible	\$25 no deductible	50% after deductible	\$25 no deductible	50% after deductible	\$50 no deductible	50% after deductible		50% after deductible	\$35 no deductible	50% after deductible	\$30 no deductible	50% after deductible	\$35 no deductible	50% after deductible		50% after deductible	0% after deductible		20% after deductible		0% after deductible	50% after deductible	0% after deductible	50% after deductible		50% after deductible		50% after deductible	\$40 no deductible	50% after deductible	· · ·	50% after deductible
<b>Prescription (Rx) Drug Coverage</b> Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5 no deductible Tier 2: \$15 no deductible Tier 3 & 4: 20% no deductible	deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 40% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 35% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	0% after deductible		0% after deductible		0% after deductible	90% after deductible		90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible		90% after deductible	Tier 1: \$10 no deductible Tier 2: \$30 no deductible Tier 3: 50% no deductible Tier 4: 50% no deductible, \$500 max per script	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 50% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2, 3, & 4: 0% after deductible	90% after deductible

^Adult vision included on this plan.

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 <u>OregonSales@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.

### Availability map by county



#### Statewide access with our Voyager products

Voyager features our statewide network of healthcare professionals and facilities—the doctors and hospitals employees want. Out-of-network benefits are also available, for freedom and choice.

Voyager is available for purchase by businesses located in the following counties: Baker, Jackson, Josephine, and Malheur.

#### Contact your broker or our team for a quote. We're happy to help, Monday through Friday from 8:00 a.m. to 5:00 p.m.

**Phone:** 888-801-4355 **TTY:** 711. We accept all relay calls.

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