



# Beyond what's required

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2023 Health Plans for **Washington Small Groups** | 1–50

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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



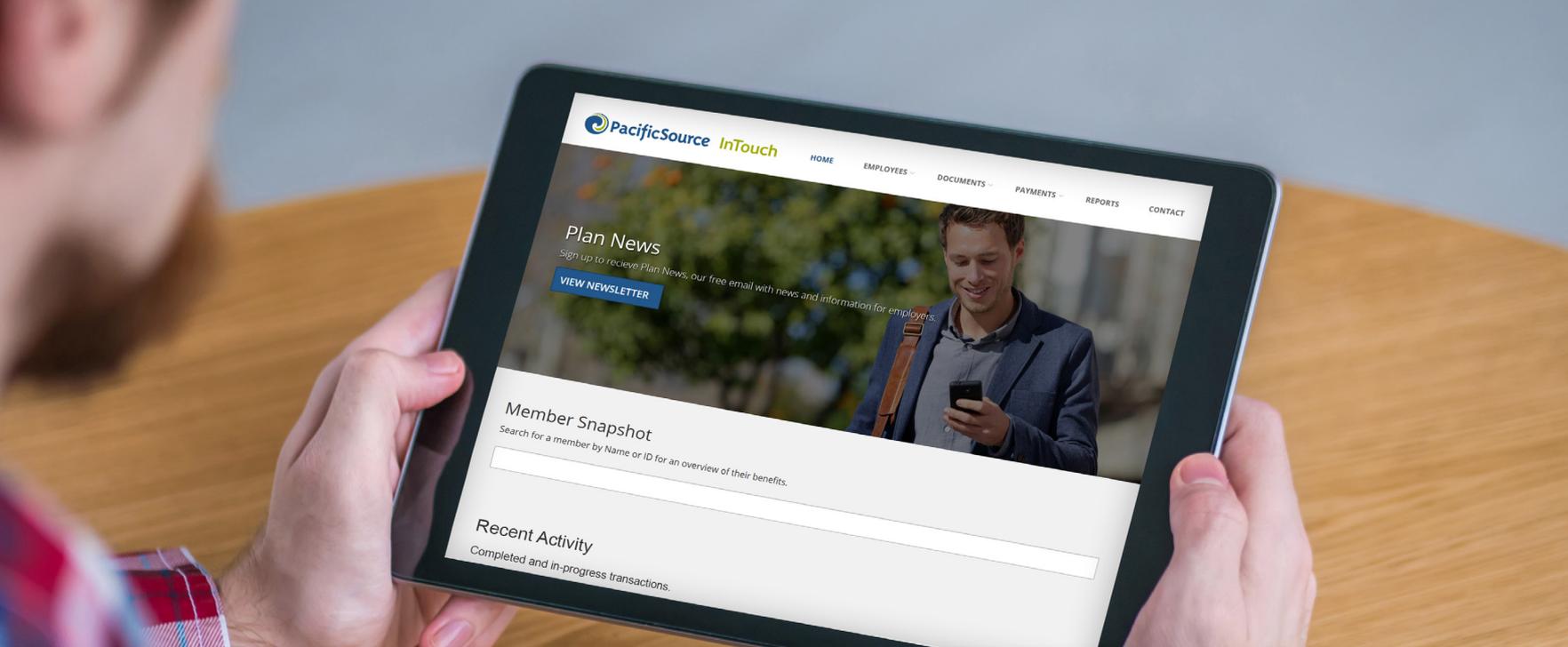
Nonprofit



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



## 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.

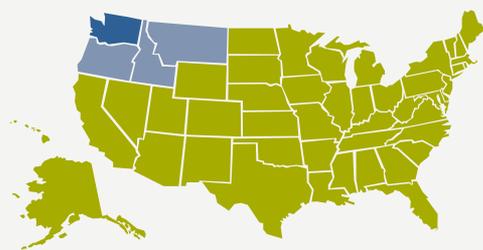


**Voyager plans are available for purchase by businesses located in any Washington county.**

## 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

**MEDICAL BENEFITS, PRIOR AUTHORIZATION, & ELIGIBILITY:**  
 Members: 555-555-5555 | CS@PacificSource.com  
 Providers: 555-555-5555 | CS@PacificSource.com  
**DENTAL:** 555-555-5555 | Dental@PacificSource.com  
**24-HOUR NURSELINE:** 855-834-6150  
**PHARMACISTS:** 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.

# 2023 Washington | Voyager Small Group Medical Plans

	HSA-QUALIFIED PLANS																																			
	Platinum 500 PD^		Gold 1000 PD^		Gold 1500 PD^		Gold 2000 PD^		Gold 2500 PD^		Gold 3500 PD^		Silver 3000 PD		Silver 4500 PD^		Silver 5500 PD^		Silver 6500 PD^		Bronze 8150 PD		Gold HSA 1500 PD		Gold HSA 3000 PD		Silver HSA 3000 PD		Silver HSA 4800 PD		Silver HSA 5500 PD		Bronze HSA 6000 PD		Bronze HSA 7050 PD	
	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	\$1,500 / \$3,000	\$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	\$3,000 / \$6,000	\$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	\$1,500 / \$3,000	\$5,000 / \$10,000	\$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	\$6,000 / \$12,000	\$7,500 / \$15,000	\$7,050 / \$14,100	\$10,000 / \$20,000
<b>Out-of-Pocket Maximum</b> Individual / Family	\$3,000 / \$6,000	\$7,500 / \$15,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$7,900 / \$15,800	\$8,000 / \$16,000	\$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	\$3,500 / \$7,000	\$7,500 / \$15,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,750 / \$13,500	\$10,000 / \$20,000	\$4,800 / \$9,600	\$11,250 / \$22,500	\$5,500 / \$11,000	\$11,250 / \$22,500	\$6,900 / \$13,800	\$11,250 / \$22,500	\$7,050 / \$14,100	\$15,000 / \$30,000

<b>Preventive Services</b>	Covered in full	50% after deductible																																				
<b>Preventive Drug Coverage</b>	Covered in full	90% after deductible																																				

<b>Office Visits Primary (including behavioral health), Urgent Care, and Specialist</b>	Primary/ Urgent: \$10 no deductible  Specialist: \$20 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible  Specialist: \$60 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible  Specialist: \$60 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible  Specialist: \$60 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible  Specialist: \$60 no deductible	50% after deductible	Primary/ Urgent: \$25 no deductible  Specialist: \$60 no deductible	50% after deductible	Primary/ Urgent: \$50 no deductible  Specialist: \$100 no deductible	50% after deductible	Primary/ Urgent: \$50 no deductible  Specialist: \$100 no deductible	50% after deductible	Primary/ Urgent: \$50 no deductible  Specialist: \$100 no deductible	50% after deductible	Primary/ Urgent: \$50 no deductible  Specialist: \$100 no deductible	50% after deductible	Primary/ Urgent: \$50 no deductible  Specialist: \$100 no deductible	50% after deductible	20% 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	50% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Telehealth</b>	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	20% 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	50% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Inpatient Hospital</b>	10% after deductible	50% after deductible	25% after deductible	50% after deductible	20% 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	20% 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	50% after deductible	50% after deductible	0% after deductible	50% after deductible						
<b>Lab / X-ray</b>	10% no deductible	50% after deductible	25% no deductible	50% after deductible	20% 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	20% 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	50% after deductible	50% after deductible	0% after deductible	50% after deductible						
<b>Physical, Occupational, and Speech Therapy</b>	\$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	\$25 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	20% 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	50% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Outpatient Surgery</b>	10% after deductible	50% after deductible	25% after deductible	50% after deductible	20% 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	20% 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	50% after deductible	50% after deductible	0% after deductible	50% after deductible						
<b>Emergency Services</b>	\$250 plus 10% after deductible	\$250 plus 10% after deductible	\$250 plus 25% after deductible	\$250 plus 25% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% after deductible	\$250 plus 20% 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	20% after deductible	20% 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	50% after deductible	50% after deductible	0% after deductible	0% after deductible
<b>Chiropractic / Acupuncture</b> Visits per benefit period Chiro: 12 / Acu: 12	\$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	\$25 no deductible	50% after deductible	40% after deductible	50% after deductible	\$50 no deductible	50% after deductible	\$50 no deductible	50% after deductible	\$50 no deductible	50% after deductible	0% after deductible	50% after deductible	20% 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	50% after deductible	50% after deductible	0% 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	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 40% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 35% no deductible	90% after deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 35% no deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	Tier 1: \$20 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 30% no deductible	0% after deductible	90% after deductible	20% after deductible	90% after deductible	0% after deductible	90% after deductible	20% after deductible	90% after deductible	0% after deductible	90% after deductible	0% after deductible	90% after deductible	50% after deductible	90% after deductible	0% after deductible	90% after deductible

^Adult vision included on this plan.  
**Pediatric dental coverage** is included with all of these plans. 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 [WashingtonSales@PacificSource.com](mailto:WashingtonSales@PacificSource.com) or go to [PacificSource.com](http://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.

# 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 their benefits.

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

Our dental plans are available for purchase by businesses located in Clark, Pierce, Spokane, and Thurston Counties.

## Give your employees a Voluntary Dental option

With our Voluntary Dental option, employees pay the full premium as if they were buying their dental plan, but they get benefits that typically come with a group plan.

Voluntary Dental is available with a non-Plus plan to groups with 10 or more enrolled employees. Additional guidelines and requirements apply.

# 2023 Washington | Small Group Dental Plans

	Family Dental PPO (Available as a Voluntary Dental plan) 0-20-50 1000 or 0-20-50 1500		Adult Dental PPO (Available as a Voluntary Dental plan) 0-20-50 1000 or 0-20-50 1500		Family Dental PPO Plus 0-20-50 1000 or 0-20-50 1500		Adult Dental PPO Plus 0-20-50 1000 or 0-20-50 1500	
	Dental PPO		Dental PPO		Dental PPO		Dental PPO	
Group Size Required for Standalone Policy	1+		1+		1+		1+	
	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	\$50 / \$150	N/A	\$50 / \$150	N/A	\$50 / \$150
Annual Maximum Benefit Per person, age 19 and older	\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500	
Pediatric Out-of-Pocket Maximum Individual/Family, age 18 and younger	\$375 / \$750	N/A	N/A	N/A	\$375 / \$750	N/A	N/A	N/A
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in full	20%	Covered in full	20%	Covered in full	20%	Covered in full	20%
	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, age 19 and older	Class III: 12 months		Class III: 12 months		None		None	

Plan names explained: **Plus**—No exclusion periods

This is a brief summary. For more details, contact us at [WashingtonSales@PacificSource.com](mailto:WashingtonSales@PacificSource.com) or search small 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
- 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

### Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all family plans; kids through age 18)

### TMJ Benefit

- \$1,000 max per year
- \$5,000 total maximum

# Focus on vision



Our vision plans focus on wellness and prevention.

## Vision for kids

All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Pediatric vision hardware is covered in full up to \$150.** After that, it's subject to an in-network deductible and then a cost share fee up to 50%, depending on the plan.

## Vision for adults

Plans marked with a ^ include coverage for adult eye exams and vision hardware. When visiting an in-network provider, **eye exams are covered in full.** Out-of-network eye exams are covered up to \$40 with no deductible. After that, the member pays 100%. **Adult vision hardware is covered in full up to \$150.**

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this brochure.



# Choose **one plan, or more**



**All our plans are designed to help members feel well and stay healthy, including benefits for preventive care, \$0 annual physicals, and most vaccinations.**

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## **Right Fit**

Our Right Fit options let your employees choose the premium and coverage that suit them best.

- Employees may choose from two to four different products.
- There's no minimum enrollment, but the number of plans you offer can't exceed the number of enrolling employees.
- Employees can change products during open enrollment.
- Minimum employer contribution: 50% employee/0% dependents of your lowest-cost plan.

Underwriting guidelines apply.

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## **HSA**

### Health Savings Accounts (HSA) are a win-win

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.

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## **HRA**

### Health Reimbursement Arrangements (HRA) to combat costs

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, Inc., they can take care of claims filing and reimbursement through Easy Pay.

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# At a glance your PacificSource coverage includes:



No-cost wellness programs to encourage employee fitness, nutrition, and behavioral health



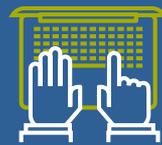
No-cost care management for chronic conditions



Prenatal program for expectant parents



Pediatric vision benefits with all plans, and adult vision on a select few



Easy online access for you and your employees



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



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



24-Hour NurseLine at no cost



Worry-free travel with global emergency services from Assist America®



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

Additional benefits are not considered insurance.

# Next steps:



## Choose a health plan or plans

Shop online at  
[PacificSource.com/shop-plans/employers/small-group](https://PacificSource.com/shop-plans/employers/small-group)



## Decide on dental



## Enroll

Contact your broker  
or call us at  
**888-492-2875**, TTY: 711  
We accept all relay calls

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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:** 888-492-2875,

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

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

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

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Update to our 2023 plan brochures

**Good news! Starting June 1, 2023,  
Aetna's national PPO network will replace  
First Health<sup>®</sup> and First Choice Health in Alaska.**

**PacificSource Health Plans is collaborating with Aetna Signature Administrators<sup>®</sup> to provide our members with greater access to in-network care across the nation.**

This change has been added to the digital versions of these documents. Rather than reprint paper copy brochures, we chose the more sustainable option of this notice.

We look forward to serving you.

**Questions?**

Employers: 888-492-2875

Individuals: 855-330-2792

TTY: 711. We accept all relay calls.

[PacificSource.com](https://www.PacificSource.com)



**Members First**