



# Benefits Resource Guide



PLAN YEAR | 2023-2024





# YOUR SERVICE TEAM

## BENEFITS

It is our desire to work with you and your personnel to establish direct, efficient communications with our office. We are committed to serving your insurance and risk management needs with excellence.

### PRIMARY CONTACTS



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### FULL TEAM



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## CONTACT

**LOCAL OFFICE**  
(541) 342-4441

**TOLL FREE**  
(800) 852-6140

**FAX**  
(541) 484-5434

**Eugene Office** – 2930 Chad Drive, Eugene, OR 97408

**Wilsonville Office** – 29100 SW Town Center Loop, Suite 160, Wilsonville, OR 97070



# Eligibility Information

## Who is Eligible and When:

Full time employees or any employee regularly scheduled to work 20 or more hours per week will be eligible for all benefits at time of hire.

Effective dates for insurance programs will be the 1st of the month following the month of employment.

# Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL	Page 15
PacificSource (866) 373-7053 <a href="http://www.pacificsource.com">www.pacificsource.com</a>	
VISION	Page 35
PacificSource (866) 373-7053 <a href="http://www.pacificsource.com">www.pacificsource.com</a>	
DENTAL	Page 39
PacificSource (866) 373-7053 <a href="http://www.pacificsource.com">www.pacificsource.com</a>	
LIFE & DISABILITY	Page 45
United Heritage (208) 493-6100 <a href="http://www.unitedheritage.com">www.unitedheritage.com</a>	
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Page 63
United Heritage: ComPsych (866) 511-3361 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> / Web ID: EAP4UH	
FLEXIBLE SPENDING ACCOUNT (FSA)	Page 67
OneBridge (888) 659-8828 <a href="http://www.hraveba.org">www.hraveba.org</a>	
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	Page 73
OneBridge (888) 659-8828 <a href="http://www.hraveba.org">www.hraveba.org</a>	
HEALTH SAVINGS ACCOUNT (HSA)	Page 79
HSA Bank (800) 357-6246 <a href="http://www.hsabank.com">www.hsabank.com</a>	
MASA MEDICAL TRANSPORT:	Page 83
EXTRAS:	Page 87



# Fern Ridge School District

## Plan Comparison



	PacificSource					
	\$2000 Deductible		\$6000 Deductible		\$2500 HSA	
	In-Network		In-Network		In-Network	
Individual Deductible per Calendar Year	\$2,000		\$6,000		\$2,500	
Maximum Family Ded. Per Cal. Yr	\$4,000		\$12,000		\$5,000	
Out of Pocket Maximum - Individual	\$5,500		\$7,900		\$5,000	
Out of Pocket Maximum - Family	\$11,000		\$15,800		\$8,150	
<b>Preventative Services</b>						
Well-Baby Care	Covered in Full		Covered in Full		Covered in Full	
Immunizations (all ages)	Covered in Full		Covered in Full		Covered in Full	
Routine Physical Exams	Covered in Full		Covered in Full		Covered in Full	
Routine, Preventive Colonoscopy	Covered in Full		Covered in Full		Covered in Full	
<b>Professional Services</b>						
Office Visits	\$25 Copay *		\$35 Copay *		20%	
Specialist Visits	\$25 Copay *		\$35 Copay *		20%	
Urgent Care Office Visits	\$25 Copay *		\$35 Copay *		20%	
Telemedicine Visits	\$10 Copay *		\$10 Copay *		20%	
Diagnostic Lab and X-ray	20% *		20%		20%	
Advanced Imaging	20%		20%		20%	
Surgery	20%		20%		20%	
<b>Hospital Services</b>						
Hospital Stay	20%		20%		20%	
Maternity Hospital	20%		20%		20%	
Outpatient Day Surgery	20%		20%		20%	
Emergency Room Visits	20% after \$150 Copay *		20%		20%	
<b>Other Services</b>						
Ambulance (ground)	20%		20%		20%	
Ambulance (air)	50%		50%		20%	
Outpatient Durable Medical Equipment	20%		20%		20%	
Rehabilitation	\$25 Copay *		\$25 Copay *		20%	
Allergy Injections	\$5 Copay *		\$5 Copay *		20%	
<b>Alternative Care</b>						
Chiropractic, Acup. and Naturo. OV	\$25 Copay *		\$35 Copay *		20%	
Massage Therapy Office Visits	\$25 Copay *		\$35 Copay *		20%	
Annual Maximum	Chiro 20 Visits, Acupuncture 12 Visits, \$500 Massage		Chiro 20 Visits, Acupuncture 12 Visits, \$500 Massage		Chiro 20 Visits, Acupuncture 12 Visits, \$500 Massage	
<b>Prescription Drug Benefit</b>						
	30 Day		90 Day		30 Day	
Tier 1	\$10 Copay *	\$20 Copay *	\$10 Copay *	\$20 Copay *	20%	20%
Tier 2	\$50 Copay *	\$100 Copay *	\$50 Copay *	\$100 Copay *	20%	20%
Tier 3	\$75 Copay *	\$150 Copay *	\$75 Copay *	\$150 Copay *	20%	20%
Tier 4	N/A	N/A	N/A	N/A	N/A	N/A
Individual Out of Pocket Maximum	Medical OOP Max		Medical OOP Max		Medical OOP Max	
Family Out of Pocket Maximum	Medical OOP Max		Medical OOP Max		Medical OOP Max	
<b>Vision</b>						
Benefit Availability	Per calendar year		Per calendar year		Per calendar year	
Exam	\$10 Copay *		\$10 Copay *		\$10 Copay *	
Lens Benefit	Up to \$400 Allowance		Up to \$400 Allowance		Up to \$400 Allowance	
Frame Benefit						
Contact Lens Benefit <i>(in place of glasses)</i>						

\* - Deductible Waived

*For illustration purposes only. If a conflict arises, carrier information takes precedence.*





**FERN RIDGE SCHOOL DISTRICT 28J**  
**Group Health Premium Rates for PacificSource**  
**2023-2024 Plan Year - With Wellness**

**LICENSED EMPLOYEES**

FULL TIME EMPLOYEES  
0.75 - 1.00 FTE

PART-TIME EMPLOYEES  
0.50 - 0.75 FTE  
EMPLOYEE ONLY

PART-TIME EMPLOYEES  
0.50 - 0.75 FTE  
EMPLOYEE & SPOUSE

PART-TIME EMPLOYEES  
0.50 - 0.75 FTE  
FAMILY

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,828.55	\$ 1,828.55	\$ 1,828.55

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,828.55	\$ 1,828.55	\$ 1,828.55

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,184.78	\$ 1,113.48	\$ 1,113.49

**Total Out of Pocket**

**HSA Contribution**

**HRA VEBA Contribution**

\$ 216.94	\$ -	\$ -
\$ -	\$ 205.69	\$ -
\$ -	\$ -	\$ 236.05

\$ 216.94	\$ -	\$ -
\$ -	\$ 205.69	\$ -
\$ -	\$ -	\$ 236.05

\$ 860.71	\$ 509.38	\$ 479.01
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

**CLASSIFIED EMPLOYEES**

FULL TIME EMPLOYEES  
7.00 - 8.00 HOURS PER DAY  
35.00 - 40.00 HOURS PER WEEK

PART-TIME EMPLOYEES  
6.00 - 6.99 HOURS PER DAY  
30.00 - 34.99 HOURS PER WEEK

PART-TIME EMPLOYEES  
4.00 - 5.99 HOURS PER DAY  
20.00 - 29.99 HOURS PER WEEK

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,702.83	\$ 1,702.83	\$ 1,702.83

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,531.83	\$ 1,531.83	\$ 1,531.83

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,360.83	\$ 1,360.83	\$ 1,360.83

**Total Out of Pocket**

**HSA Contribution**

**HRA VEBA Contribution**

\$ 342.66	\$ -	\$ -
\$ -	\$ 79.97	\$ -
\$ -	\$ -	\$ 110.33

\$ 513.66	\$ 91.03	\$ 60.67
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

\$ 684.66	\$ 262.03	\$ 231.67
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -

**FERN RIDGE SCHOOL DISTRICT 28J**  
**Group Health Premium Rates for PacificSource**  
**2023-2024 Plan Year - With Wellness**

**ADMINISTRATOR EMPLOYEES**

FULL TIME EMPLOYEES  
*Administrators 190-195 days*

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,816.55	\$ 1,816.55	\$ 1,816.55

**Total Out of Pocket**

\$ 228.94 \$ - \$ -

**HSA Contribution**

\$ - \$ 193.69 \$ -

**HRA VEBA Contribution**

\$ - \$ - \$ 224.05

FULL TIME EMPLOYEES  
*Administrators 196-200 days*

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,853.55	\$ 1,853.55	\$ 1,853.55

\$ 191.94 \$ - \$ -

\$ - \$ 230.69 \$ -

\$ - \$ - \$ 261.05

FULL TIME EMPLOYEES  
*Administrators 201-205 days*

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,872.10	\$ 1,872.10	\$ 1,872.10

\$ 173.39 \$ - \$ -

\$ - \$ 249.24 \$ -

\$ - \$ - \$ 279.60

**ADMINISTRATOR EMPLOYEES**

FULL TIME EMPLOYEES  
*Administrators 206-210 days*

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,890.55	\$ 1,890.55	\$ 1,890.55

\$ 154.94 \$ - \$ -

\$ - \$ 267.69 \$ -

\$ - \$ - \$ 298.05

FULL TIME EMPLOYEES  
*Administrators 211-215 days*

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,909.05	\$ 1,909.05	\$ 1,909.05

\$ 136.44 \$ - \$ -

\$ - \$ 286.19 \$ -

\$ - \$ - \$ 316.55

FULL TIME EMPLOYEES  
*Administrators 216-220 days*

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,918.30	\$ 1,918.30	\$ 1,918.30

\$ 127.19 \$ - \$ -

\$ - \$ 295.44 \$ -

\$ - \$ - \$ 325.80

**FERN RIDGE SCHOOL DISTRICT 28J**  
**Group Health Premium Rates for PacificSource**  
**2023-2024 Plan Year - With Wellness**

**ADMINISTRATOR EMPLOYEES**

FULL TIME EMPLOYEES  
 Administrators 221-225 days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,927.55	\$ 1,927.55	\$ 1,927.55

**Total Out of Pocket**

\$ 117.94 \$ - \$ -

**HSA Contribution**

\$ - \$ 304.69 \$ -

**HRA VEBA Contribution**

\$ - \$ - \$ 335.05

FULL TIME EMPLOYEES  
 Administrators 226-230 days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,936.80	\$ 1,936.80	\$ 1,936.80

**Total Out of Pocket**

\$ 108.69 \$ - \$ -

**HSA Contribution**

\$ - \$ 313.94 \$ -

**HRA VEBA Contribution**

\$ - \$ - \$ 344.30

FULL TIME EMPLOYEES  
 Administrators 231-235 days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,946.05	\$ 1,946.05	\$ 1,946.05

**Total Out of Pocket**

\$ 99.44 \$ - \$ -

**HSA Contribution**

\$ - \$ 323.19 \$ -

**HRA VEBA Contribution**

\$ - \$ - \$ 353.55

**ADMINISTRATOR EMPLOYEES**

FULL TIME EMPLOYEES  
 Administrators 236+ days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,955.30	\$ 1,955.30	\$ 1,955.30

**Total Out of Pocket**

\$ 90.19 \$ - \$ -

**HSA Contribution**

\$ - \$ 332.44 \$ -

**HRA VEBA Contribution**

\$ - \$ - \$ 362.80

FULL TIME EMPLOYEES  
 DO Group 190-195 days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,828.55	\$ 1,828.55	\$ 1,828.55

**Total Out of Pocket**

\$ 216.94 \$ - \$ -

**HSA Contribution**

\$ - \$ 205.69 \$ -

**HRA VEBA Contribution**

\$ - \$ - \$ 236.05

FULL TIME EMPLOYEES  
 DO Group 196-200 days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,865.55	\$ 1,865.55	\$ 1,865.55

**Total Out of Pocket**

\$ 179.94 \$ - \$ -

**HSA Contribution**

\$ - \$ 242.69 \$ -

**HRA VEBA Contribution**

\$ - \$ - \$ 273.05

**FERN RIDGE SCHOOL DISTRICT 28J**  
**Group Health Premium Rates for PacificSource**  
**2023-2024 Plan Year - With Wellness**

**DO Group**

FULL TIME EMPLOYEES  
 DO Group 201-205 days

FULL TIME EMPLOYEES  
 DO Group 206-210 days

FULL TIME EMPLOYEES  
 DO Group 211-215 days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,884.10	\$ 1,884.10	\$ 1,884.10

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,902.55	\$ 1,902.55	\$ 1,902.55

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,921.05	\$ 1,921.05	\$ 1,921.05

**Total Out of Pocket**

<b>HSA Contribution</b>	\$ -	\$ 261.24	\$ -
<b>HRA VEBA Contribution</b>	\$ -	\$ -	\$ 291.60

**Total Out of Pocket**

<b>HSA Contribution</b>	\$ -	\$ 279.69	\$ -
<b>HRA VEBA Contribution</b>	\$ -	\$ -	\$ 310.05

**Total Out of Pocket**

<b>HSA Contribution</b>	\$ -	\$ 298.19	\$ -
<b>HRA VEBA Contribution</b>	\$ -	\$ -	\$ 328.55

**DO Group**

FULL TIME EMPLOYEES  
 DO Group 216-220 days

FULL TIME EMPLOYEES  
 DO Group 221-225 days

FULL TIME EMPLOYEES  
 DO Group 226-230 days

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,930.30	\$ 1,930.30	\$ 1,930.30

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,939.55	\$ 1,939.55	\$ 1,939.55

	\$2000 Nav	\$2500 HSA	\$6000 Nav
Medical & Rx	\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
Vision	31.18	31.18	31.18
Dental	166.87	166.87	166.87
<b>Total</b>	<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
District Contribution	\$ 1,948.80	\$ 1,948.80	\$ 1,948.80

**Total Out of Pocket**

<b>HSA Contribution</b>	\$ -	\$ 307.44	\$ -
<b>HRA VEBA Contribution</b>	\$ -	\$ -	\$ 337.80

**Total Out of Pocket**

<b>HSA Contribution</b>	\$ -	\$ 316.69	\$ -
<b>HRA VEBA Contribution</b>	\$ -	\$ -	\$ 347.05

**Total Out of Pocket**

<b>HSA Contribution</b>	\$ -	\$ 325.94	\$ -
<b>HRA VEBA Contribution</b>	\$ -	\$ -	\$ 356.30

**FERN RIDGE SCHOOL DISTRICT 28J**  
**Group Health Premium Rates for PacificSource**  
**2023-2024 Plan Year - With Wellness**

**DO GROUP**

**SUPERINTENDENT**

**FULL TIME EMPLOYEES**  
**DO Group 231-235 days**

**FULL TIME EMPLOYEES**  
**DO Group 236+ days**

**FULL TIME EMPLOYEES**  
**Superintendent**

Medical & Rx
Vision
Dental
<b>Total</b>
District Contribution

\$2000 Nav	\$2500 HSA	\$6000 Nav
\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
31.18	31.18	31.18
166.87	166.87	166.87
<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
\$ 1,958.05	\$ 1,958.05	\$ 1,958.05

\$2000 Nav	\$2500 HSA	\$6000 Nav
\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
31.18	31.18	31.18
166.87	166.87	166.87
<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
\$ 1,967.30	\$ 1,967.30	\$ 1,967.30

\$2000 Nav	\$2500 HSA	\$6000 Nav
\$ 1,847.44	\$ 1,424.81	\$ 1,394.45
31.18	31.18	31.18
166.87	166.87	166.87
<b>\$ 2,045.49</b>	<b>\$ 1,622.86</b>	<b>\$ 1,592.50</b>
\$ 2,353.08	\$ 2,353.08	\$ 2,353.08

**Total Out of Pocket**

\$ 87.44	\$ -	\$ -
<b>\$ -</b>	<b>\$ 335.19</b>	<b>\$ -</b>
\$ -	\$ -	\$ 365.55

\$ 78.19	\$ -	\$ -
<b>\$ -</b>	<b>\$ 344.44</b>	<b>\$ -</b>
\$ -	\$ -	\$ 374.80

\$ -	\$ -	\$ -
<b>\$ -</b>	<b>\$ 730.22</b>	<b>\$ -</b>
\$ 307.59	\$ -	\$ 760.58



# MEDICAL







Fern Ridge School District No 28J

**Benefit Year:** Calendar Year

**Provider Network:** Navigator

Deductible Per Benefit Year	In-network	Out-of-network
<b>Individual/Family</b>	\$2,000/\$4,000	\$5,000/\$10,000

Out-of-Pocket Limit Per Benefit Year	In-network	Out-of-network
<b>Individual/Family</b>	\$5,500/\$11,000	\$10,000/\$20,000

**Note:** In-network deductible and out-of-pocket limit accumulate separately from the out-of-network deductible and out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan’s out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain circumstances bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your handbook.

**The member is responsible for any amounts shown above, in addition to the following amounts:**

Service/Supply	In-network Member Pays	Out-of-network Member Pays
<b>Preventive Care</b>		
<b>Well baby/Well child care</b>	No deductible, 0%	After deductible, 40%
<b>Preventive physicals</b>	No deductible, 0%	After deductible, 40%
<b>Well woman visits</b>	No deductible, 0%	After deductible, 40%
<b>Preventive mammograms</b>	No deductible, 0%	After deductible, 40%
<b>Immunizations</b>	No deductible, 0%	After deductible, 40%
<b>Preventive colonoscopy</b>	No deductible, 0%	After deductible, 40%
<b>Prostate cancer screening</b>	No deductible, 0%	After deductible, 40%
<b>Professional Services</b>		
<b>Office and home visits</b>	No deductible, \$25	After deductible, 40%
<b>Naturopath office visits</b>	No deductible, \$25	After deductible, 40%
<b>Specialist office and home visits</b>	No deductible, \$25	After deductible, 40%

<b>Service/Supply</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Telehealth visits</b>	No deductible, 0%	After deductible, 40%
<b>Office procedures and supplies</b>	No deductible, 0%	After deductible, 40%
<b>Surgery</b>	After deductible, 20%	After deductible, 40%
<b>Outpatient rehabilitation and habilitation services</b>	No deductible, \$25	After deductible, 40%
<b>Acupuncture (12 visits per benefit year)</b>	No deductible, \$25	After deductible, 40%
<b>Chiropractic manipulation/Spinal manipulation (20 visits per benefit year)</b>	No deductible, \$25	After deductible, 40%
<b>Massage therapy (\$500 per benefit year)</b>	No deductible, \$25	After deductible, 40%
<b>Hospital Services</b>		
<b>Inpatient room and board</b>	After deductible, 20%	After deductible, 40%
<b>Inpatient rehabilitation and habilitation services</b>	After deductible, 20%	After deductible, 40%
<b>Skilled nursing facility care</b>	After deductible, 20%	After deductible, 40%
<b>Outpatient Services</b>		
<b>Outpatient surgery/services</b>	After deductible, 20%	After deductible, 40%
<b>Diagnostic imaging – advanced</b>	After deductible, 20%	After deductible, 40%
<b>Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced</b>	No deductible, 20%	No deductible, 40%
<b>Urgent and Emergency Services</b>		
<b>Urgent care center visits</b>	No deductible, \$25	After deductible, 40%
<b>Emergency room visits – medical emergency</b>	No deductible, \$150 plus 20%^	No deductible, \$150 plus 20%^
<b>Emergency room visits – non-emergency</b>	No deductible, \$150 plus 20%^	After deductible, 40%
<b>Ambulance, ground</b>	After deductible, 20%	After deductible, 20%
<b>Ambulance, air</b>	After deductible, 50%	After deductible, 50%
<b>Maternity Services**</b>		

<b>Service/Supply</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Physician/Provider services (global charge)</b>	After deductible, 20%	After deductible, 40%
<b>Hospital/Facility services</b>	After deductible, 20%	After deductible, 40%
<b>Mental Health and Substance Use Disorder Services</b>		
<b>Office visits</b>	No deductible, \$25	After deductible, 40%
<b>Inpatient care</b>	After deductible, 20%	After deductible, 40%
<b>Residential programs</b>	After deductible, 20%	After deductible, 40%
<b>Other Covered Services</b>		
<b>Allergy injections</b>	No deductible, \$5	After deductible, 40%
<b>Durable medical equipment</b>	After deductible, 20%	After deductible, 40%
<b>Home health services</b>	After deductible, 20%	After deductible, 40%
<b>Transplants</b>	After deductible, 0%	After deductible, 40%

**This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.**

^ Copay waived if admitted into hospital.

\*\* Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, copayment, or coinsurance.

# Additional information

## What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your deductible.

## What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your handbook, as there are some charges, such as non-essential health benefits, penalties, and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

## Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

## Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, [Authgrid.PacificSource.com](https://Authgrid.PacificSource.com) (select Commercial for the line of business).

## Discrimination is against the law

PacificSource Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Fern Ridge School District No 28J

**Benefit Year:** Calendar Year

**Formulary:** Oregon Drug List (ODL)

This plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit [PacificSource.com/find-a-drug](http://PacificSource.com/find-a-drug).

The amount you pay for covered prescriptions at in-network pharmacies applies toward your plan’s in-network medical out-of-pocket limit, the amount you pay for covered prescriptions at out-of-network pharmacies applies toward your plan’s out-of-network out-of-pocket limit which is shown on the Medical Benefit Summary. The copayment and/or coinsurance for prescription drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of the benefit year in which you have satisfied the medical out-of-pocket limit.

**PacificSource Expanded (Preventive) No-cost Drug List**

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no deductible, \$0 copay. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. You can get a list of covered preventive drugs by contacting our Customer Service team or visit [PacificSource.com](http://PacificSource.com) and select Find a Drug.

**Affordable Care Act Standard Preventive No-cost Drug List**

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a deductible or MAC penalties. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the drug list as Tier 0.

**Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:**

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Retail Pharmacy</b>				
<b>Up to a 30 day supply:</b>	No deductible, \$10	No deductible, \$50+	No deductible, \$75+	No deductible, the lesser of \$150 or 10%
<b>31 - 60 day supply:</b>	No deductible, \$20	No deductible, \$100+	No deductible, \$150+	No deductible, the lesser of \$300 or 10%
<b>61 - 90 day supply:</b>	No deductible, \$30	No deductible, \$150+	No deductible, \$225+	No deductible, the lesser of \$450 or 10%

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Mail Order Pharmacy</b>				
<b>Up to a 30 day supply:</b>	No deductible, \$10	No deductible, \$50+	No deductible, \$75+	No deductible, the lesser of \$150 or 10%
<b>31 - 90 day supply:</b>	No deductible, \$20	No deductible, \$100+	No deductible, \$150+	No deductible, the lesser of \$300 or 10%
<b>Compound Drugs**</b>				
<b>Up to a 30 day supply:</b>			No deductible, \$75	
<b>31 - 60 day supply:</b>			No deductible, \$150	
<b>61 - 90 day supply:</b>			No deductible, \$225	
<b>Out-of-network Pharmacy</b>				
<b>30 day maximum fill, no more than three fills allowed per year:</b>			No deductible, 90%	

+Formulary prescription insulin will not be subject to a deductible and may not exceed \$80 per 30 day supply.

\*\*Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive a brand name drug when a generic is available, you will be responsible for the brand name drug's copayment and/or coinsurance plus the difference in cost between the brand name drug and its generic equivalent. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's copayment and/or coinsurance. The cost difference between the brand name and generic drug does not apply toward the medical out-of-pocket limit. Does not apply to preventive bowel prep kits covered under USPSTF guidelines.

If your provider prescribes a brand name contraceptive due to medical necessity it may be subject to prior authorization for coverage at no charge.

Fern Ridge School District No 28J

**Benefit Year:** Calendar Year

**Provider Network:** Navigator

Deductible Per Benefit Year	In-network	Out-of-network
<b>Individual/Family</b>	\$6,000/\$12,000	\$10,000/\$20,000

Out-of-Pocket Limit Per Benefit Year	In-network	Out-of-network
<b>Individual/Family</b>	\$7,900/\$15,800	\$20,000/\$40,000

**Note:** In-network deductible and out-of-pocket limit accumulate separately from the out-of-network deductible and out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan’s out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain circumstances bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your handbook.

**The member is responsible for any amounts shown above, in addition to the following amounts:**

Service/Supply	In-network Member Pays	Out-of-network Member Pays
<b>Preventive Care</b>		
<b>Well baby/Well child care</b>	No deductible, 0%	After deductible, 40%
<b>Preventive physicals</b>	No deductible, 0%	After deductible, 40%
<b>Well woman visits</b>	No deductible, 0%	After deductible, 40%
<b>Preventive mammograms</b>	No deductible, 0%	After deductible, 40%
<b>Immunizations</b>	No deductible, 0%	After deductible, 40%
<b>Preventive colonoscopy</b>	No deductible, 0%	After deductible, 40%
<b>Prostate cancer screening</b>	No deductible, 0%	After deductible, 40%
<b>Professional Services</b>		
<b>Office and home visits</b>	No deductible, \$35	After deductible, 40%
<b>Naturopath office visits</b>	No deductible, \$35	After deductible, 40%
<b>Specialist office and home visits</b>	No deductible, \$35	After deductible, 40%

<b>Service/Supply</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Telehealth visits</b>	No deductible, 0%	After deductible, 40%
<b>Office procedures and supplies</b>	No deductible, 0%	After deductible, 40%
<b>Surgery</b>	After deductible, 20%	After deductible, 40%
<b>Outpatient rehabilitation and habilitation services</b>	No deductible, \$35	After deductible, 40%
<b>Acupuncture (12 visits per benefit year)</b>	No deductible, \$35	After deductible, 40%
<b>Chiropractic manipulation/Spinal manipulation (20 visits per benefit year)</b>	No deductible, \$35	After deductible, 40%
<b>Massage therapy (\$500 per benefit year)</b>	No deductible, \$35	After deductible, 40%
<b>Hospital Services</b>		
<b>Inpatient room and board</b>	After deductible, 20%	After deductible, 40%
<b>Inpatient rehabilitation and habilitation services</b>	After deductible, 20%	After deductible, 40%
<b>Skilled nursing facility care</b>	After deductible, 20%	After deductible, 40%
<b>Outpatient Services</b>		
<b>Outpatient surgery/services</b>	After deductible, 20%	After deductible, 40%
<b>Diagnostic imaging – advanced</b>	After deductible, 20%	After deductible, 40%
<b>Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced</b>	After deductible, 20%	After deductible, 40%
<b>Urgent and Emergency Services</b>		
<b>Urgent care center visits</b>	No deductible, \$35	After deductible, 40%
<b>Emergency room visits – medical emergency</b>	After deductible, 20%	After deductible, 20%
<b>Emergency room visits – non-emergency</b>	After deductible, 20%	After deductible, 20%
<b>Ambulance, ground</b>	After deductible, 20%	After deductible, 20%
<b>Ambulance, air</b>	After deductible, 50%	After deductible, 50%
<b>Maternity Services**</b>		



<b>Service/Supply</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Physician/Provider services (global charge)</b>	After deductible, 20%	After deductible, 40%
<b>Hospital/Facility services</b>	After deductible, 20%	After deductible, 40%
<b>Mental Health and Substance Use Disorder Services</b>		
<b>Office visits</b>	No deductible, \$35	After deductible, 40%
<b>Inpatient care</b>	After deductible, 20%	After deductible, 40%
<b>Residential programs</b>	After deductible, 20%	After deductible, 40%
<b>Other Covered Services</b>		
<b>Allergy injections</b>	No deductible, \$5	After deductible, 40%
<b>Durable medical equipment</b>	After deductible, 20%	After deductible, 40%
<b>Home health services</b>	After deductible, 20%	After deductible, 40%
<b>Transplants</b>	After deductible, 0%	After deductible, 40%

**This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.**

\*\* Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, copayment, or coinsurance.

# Additional information

## What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your deductible.

## What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your handbook, as there are some charges, such as non-essential health benefits, penalties, and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

## Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

## Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, [Authgrid.PacificSource.com](https://Authgrid.PacificSource.com) (select Commercial for the line of business).

## Discrimination is against the law

PacificSource Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Fern Ridge School District No 28J

**Benefit Year:** Calendar Year

**Formulary:** Oregon Drug List (ODL)

This plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit [PacificSource.com/find-a-drug](http://PacificSource.com/find-a-drug).

The amount you pay for covered prescriptions at in-network pharmacies applies toward your plan's in-network medical out-of-pocket limit, the amount you pay for covered prescriptions at out-of-network pharmacies applies toward your plan's out-of-network out-of-pocket limit which is shown on the Medical Benefit Summary. The copayment and/or coinsurance for prescription drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of the benefit year in which you have satisfied the medical out-of-pocket limit.

**PacificSource Expanded (Preventive) No-cost Drug List**

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no deductible, \$0 copay. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. You can get a list of covered preventive drugs by contacting our Customer Service team or visit [PacificSource.com](http://PacificSource.com) and select Find a Drug.

**Affordable Care Act Standard Preventive No-cost Drug List**

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a deductible or MAC penalties. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the drug list as Tier 0.

**Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:**

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Retail Pharmacy</b>				
<b>Up to a 30 day supply:</b>	No deductible, \$10	No deductible, \$50+	No deductible, \$75+	No deductible, the lesser of \$150 or 10%
<b>31 - 60 day supply:</b>	No deductible, \$20	No deductible, \$100+	No deductible, \$150+	No deductible, the lesser of \$300 or 10%
<b>61 - 90 day supply:</b>	No deductible, \$30	No deductible, \$150+	No deductible, \$225+	No deductible, the lesser of \$450 or 10%

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Mail Order Pharmacy</b>				
<b>Up to a 30 day supply:</b>	No deductible, \$10	No deductible, \$50+	No deductible, \$75+	No deductible, the lesser of \$150 or 10%
<b>31 - 90 day supply:</b>	No deductible, \$20	No deductible, \$100+	No deductible, \$150+	No deductible, the lesser of \$300 or 10%
<b>Compound Drugs**</b>				
<b>Up to a 30 day supply:</b>			No deductible, \$75	
<b>31 - 60 day supply:</b>			No deductible, \$150	
<b>61 - 90 day supply:</b>			No deductible, \$225	
<b>Out-of-network Pharmacy</b>				
<b>30 day maximum fill, no more than three fills allowed per year:</b>			No deductible, 90%	

+Formulary prescription insulin will not be subject to a deductible and may not exceed \$80 per 30 day supply.

\*\*Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive a brand name drug when a generic is available, you will be responsible for the brand name drug's copayment and/or coinsurance plus the difference in cost between the brand name drug and its generic equivalent. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's copayment and/or coinsurance. The cost difference between the brand name and generic drug does not apply toward the medical out-of-pocket limit. Does not apply to preventive bowel prep kits covered under USPSTF guidelines.

If your provider prescribes a brand name contraceptive due to medical necessity it may be subject to prior authorization for coverage at no charge.

Fern Ridge School District No 28J

**Benefit Year:** Calendar Year

**Provider Network:** Navigator

Deductible Per Benefit Year	In-network	Out-of-network
<b>Individual/Family</b>	\$2,500/\$5,000	\$7,500/\$15,000
Out-of-Pocket Limit Per Benefit Year	In-network	Out-of-network
<b>Individual/Family</b>	\$5,000/\$8,150	\$15,000/\$30,000
<p><b>Note:</b> In-network deductible and out-of-pocket limit accumulate separately from the out-of-network deductible and out-of-pocket limit. Even though you may have the same benefit for in-network and out-of-network, your actual costs for services provided out-of-network may exceed this plan's out-of-pocket limit for out-of-network services. In addition, out-of-network providers may in certain circumstances bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company (called balance billing). Balance billing amounts are not counted toward the out-of-network out-of-pocket limit. For additional information about balance billing or allowable fees, see your handbook.</p>		

**The member is responsible for any amounts shown above, in addition to the following amounts:**

Service/Supply	In-network Member Pays	Out-of-network Member Pays
<b>Preventive Care</b>		
<b>Well baby/Well child care</b>	No deductible, 0%	After deductible, 40%
<b>Preventive physicals</b>	No deductible, 0%	After deductible, 40%
<b>Well woman visits</b>	No deductible, 0%	After deductible, 40%
<b>Preventive mammograms</b>	No deductible, 0%	After deductible, 40%
<b>Immunizations</b>	No deductible, 0%	After deductible, 40%
<b>Preventive colonoscopy</b>	No deductible, 0%	After deductible, 40%
<b>Prostate cancer screening</b>	No deductible, 0%	After deductible, 40%
<b>Professional Services</b>		
<b>Office and home visits</b>	After deductible, 20%	After deductible, 40%
<b>Naturopath office visits</b>	After deductible, 20%	After deductible, 40%

<b>Service/Supply</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Specialist office and home visits</b>	After deductible, 20%	After deductible, 40%
<b>Telehealth visits</b>	After deductible, 20%	After deductible, 40%
<b>Office procedures and supplies</b>	After deductible, 20%	After deductible, 40%
<b>Surgery</b>	After deductible, 20%	After deductible, 40%
<b>Outpatient rehabilitation and habilitation services</b>	After deductible, 20%	After deductible, 40%
<b>Acupuncture (12 visits per benefit year)</b>	After deductible, 20%	After deductible, 40%
<b>Chiropractic manipulation/Spinal manipulation (20 visits per benefit year)</b>	After deductible, 20%	After deductible, 40%
<b>Massage therapy (\$500 per benefit year)</b>	After deductible, 20%	After deductible, 40%
<b>Hospital Services</b>		
<b>Inpatient room and board</b>	After deductible, 20%	After deductible, 40%
<b>Inpatient rehabilitation and habilitation services</b>	After deductible, 20%	After deductible, 40%
<b>Skilled nursing facility care</b>	After deductible, 20%	After deductible, 40%
<b>Outpatient Services</b>		
<b>Outpatient surgery/services</b>	After deductible, 20%	After deductible, 40%
<b>Diagnostic imaging – advanced</b>	After deductible, 20%	After deductible, 40%
<b>Diagnostic and therapeutic radiology/laboratory and dialysis – non-advanced</b>	After deductible, 20%	After deductible, 40%
<b>Urgent and Emergency Services</b>		
<b>Urgent care center visits</b>	After deductible, 20%	After deductible, 40%
<b>Emergency room visits – medical emergency</b>	After deductible, 20%	After deductible, 20%
<b>Emergency room visits – non-emergency</b>	After deductible, 20%	After deductible, 40%
<b>Ambulance, ground</b>	After deductible, 20%	After deductible, 20%
<b>Ambulance, air</b>	After deductible, 20%	After deductible, 20%

<b>Service/Supply</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Maternity Services**</b>		
<b>Physician/Provider services (global charge)</b>	After deductible, 20%	After deductible, 40%
<b>Hospital/Facility services</b>	After deductible, 20%	After deductible, 40%
<b>Mental Health and Substance Use Disorder Services</b>		
<b>Office visits</b>	After deductible, 20%	After deductible, 40%
<b>Inpatient care</b>	After deductible, 20%	After deductible, 40%
<b>Residential programs</b>	After deductible, 20%	After deductible, 40%
<b>Other Covered Services</b>		
<b>Allergy injections</b>	After deductible, 20%	After deductible, 40%
<b>Durable medical equipment</b>	After deductible, 20%	After deductible, 40%
<b>Home health services</b>	After deductible, 20%	After deductible, 40%
<b>Transplants</b>	After deductible, 0%	After deductible, 40%

**This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.**

\*\* Medically necessary services, medication, and supplies to manage diabetes during pregnancy from conception through six weeks postpartum will not be subject to a deductible, copayment, or coinsurance.

# Additional information

## What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, you and your dependents must satisfy the family deductible before benefits are paid.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your deductible.

## What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for covered services during the benefit year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of allowed amounts for covered services for the rest of that benefit year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, you and your dependents must satisfy the family out-of-pocket limit. Be sure to check your handbook, as there are some charges, such as non-essential health benefits, penalties, and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for in-network and out-of-network when it comes to meeting your out-of-pocket limit.

## Payments to providers

Payment to providers is based on the prevailing or allowable fee for covered services. In-network providers accept the allowable fee as payment in full. Services of out-of-network providers could result in out-of-pocket expense in addition to the percentage indicated.

## Prior authorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for in-network and out-of-network providers. You can search for procedures and services that require prior authorization on our website, [Authgrid.PacificSource.com](https://Authgrid.PacificSource.com) (select Commercial for the line of business).

## Discrimination is against the law

PacificSource Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.



Fern Ridge School District No 28J

**Benefit Year:** Calendar Year

**Formulary:** Oregon Drug List (ODL)

This plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This plan complies with federal healthcare reform. To check which tier your prescription falls under, call our Customer Service team or visit [PacificSource.com/find-a-drug](http://PacificSource.com/find-a-drug).

The amount you pay for covered prescriptions at in-network pharmacies applies toward your plan’s in-network medical out-of-pocket limit, the amount you pay for covered prescriptions at out-of-network pharmacies applies toward your plan’s out-of-network out-of-pocket limit which is shown on the Medical Benefit Summary. The copayment and/or coinsurance for prescription drugs obtained from an in-network or out-of-network pharmacy are waived during the remainder of the benefit year in which you have satisfied the medical out-of-pocket limit.

**Medical Deductible**

You must meet the medical deductible, which is shown on the Medical Benefit Summary, before your prescription drug benefits begin.

**PacificSource Expanded (Preventive) No-cost Drug List**

Your prescription benefit includes certain outpatient drugs as a preventive benefit at no deductible, \$0 copay. This includes specific drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from progressing. You can get a list of covered preventive drugs by contacting our Customer Service team or visit [PacificSource.com](http://PacificSource.com) and select Find a Drug.

**Affordable Care Act Standard Preventive No-cost Drug List**

Your prescription benefit includes preventive care drugs at no cost to you and are not subject to a deductible or MAC penalties. This benefit includes some drugs required by the Affordable Care Act, including tobacco cessation drugs. These drugs are identified on the drug list as Tier 0.

**Each time a covered prescription is dispensed, you are responsible for any amounts shown above, in addition to the following amounts:**

<b>Service/Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>In-network Retail Pharmacy</b>				
<b>Up to a 90 day supply:</b>	After deductible, 20%	After deductible, 20%+	After deductible, 20%+	After deductible, 20%
<b>In-network Mail Order Pharmacy</b>				
<b>Up to a 90 day supply:</b>	After deductible, 20%	After deductible, 20%+	After deductible, 20%+	After deductible, 20%

<b>Service/ Supply</b>	<b>Tier 1 Member Pays</b>	<b>Tier 2 Member Pays</b>	<b>Tier 3 Member Pays</b>	<b>Tier 4 Member Pays</b>
<b>Compound Drugs**</b>				
<b>Up to a 90 day supply:</b>			After deductible, 20%	
<b>Out-of-network Pharmacy</b>				
<b>30 day maximum fill, no more than three fills allowed per year:</b>			After deductible, 90%	

+Formulary prescription insulin will not be subject to a deductible and may not exceed \$80 per 30 day supply.

\*\*Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medications are on the applicable formulary.

Specialty Medications must be filled through an in-network specialty pharmacy and are limited to a 30 day supply.

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you receive a brand name drug when a generic is available, you will be responsible for the brand name drug's copayment and/or coinsurance plus the difference in cost between the brand name drug and its generic equivalent after the medical deductible is met. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug's copayment and/or coinsurance after the medical deductible is met. The cost difference between the brand name and generic drug does not apply toward the medical deductible or out-of-pocket limit. Does not apply to preventive bowel prep kits covered under USPSTF guidelines.

If your provider prescribes a brand name contraceptive due to medical necessity it may be subject to prior authorization for coverage at no charge.

**See your handbook for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.**

# VISION





Fern Ridge School District No 28J

**Benefit Year:** Calendar Year

The following shows the vision benefits available under this plan for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the member turns 19. Copayment and/or coinsurance for covered charges apply to the medical plan's out-of-pocket limit.

<b>Service/Supply</b>	<b>In-network Member Pays</b>	<b>Out-of-network Member Pays</b>
<b>Members Age 18 and Younger</b>		
<b>Eye exam</b>	No deductible, \$10	No deductible up to \$40 then 100%
<b>Vision hardware</b>	No deductible, 0% for one pair per year for frames and/or lenses	No deductible, 0% for one pair per year up to \$75 then 100% for frames and/or lenses
<b>Members Age 19 and Older</b>		
<b>Eye exam</b>	No deductible, \$10	No deductible up to \$40 then 100%
<b>Vision hardware</b>	No deductible, 0% up to \$400	

**Benefit Limitations: members age 18 and younger**

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting) once per benefit year.

**Benefit Limitations: members age 19 and older**

- One vision exam every benefit year.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting). Benefit maximum is per benefit year.
- Anti-reflective coatings and scratch resistant coatings are covered.

**Exclusions**

- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Expenses covered under any workers' compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Medical or surgical treatment of the eye.
- Nonprescription lenses.
- Plano contact lenses.

- Services or supplies not listed as covered services.
- Services or supplies received before this plan's coverage begins or after it ends.
- Special procedures, such as orthoptics or vision training.
- Visual analysis that does not include refraction.

### Important information about your vision benefits

Your plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

**In-network Providers:** PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

**Paying for Services:** Our provider contracts require in-network providers to bill us directly whenever you receive covered services and supplies. Providers will verify your vision benefits.

In-network providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as copayments and amounts over your plan's maximum benefit. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

**Sales and Special Promotions (sales and promotions are not considered insurance):** Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because in-network providers already discount their services through their contract with PacificSource, your plan's in-network benefits cannot be combined with any other discounts or coupons. You can use your plan's in-network benefits, or you can use your plan's out-of-network benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the in-network provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's out-of-network benefits.

# DENTAL







**Benefit Year:** Calendar Year

This plan covers the following services when performed by a provider to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function (chewing of food).

<b>Benefit Maximum Per Benefit Year</b>	
\$2,000 per person. Applies to Class II and Class III services.	
<b>Exclusion Period</b>	<b>Number of Consecutive Months</b>
<b>All Services</b>	None

**The member is responsible for any amounts shown above, in addition to the following amounts:**

<b>Service/Supply</b>	<b>All Providers Member Pays</b>
<b>Class I Services</b>	
<b>Examinations</b>	0%
<b>Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex</b>	0%
<b>Dental cleaning (prophylaxis and periodontal maintenance)</b>	0%
<b>Fluoride (topical or varnish applications)</b>	0%
<b>Sealants</b>	0%
<b>Space maintainers</b>	0%
<b>Athletic mouth guards</b>	0%
<b>Brush biopsies</b>	0%
<b>Class II Services</b>	
<b>Fillings</b>	0%
<b>Simple extractions</b>	0%
<b>Periodontal scaling and root planing</b>	0%

<b>Service/Supply</b>	<b>All Providers Member Pays</b>
Full mouth debridement	0%
Complicated oral surgery	0%
Pulp capping	0%
Pulpotomy	0%
Root canal therapy	0%
Periodontal surgery	0%
Tooth desensitization	0%
<b>Class III Services</b>	
Crowns	0%
Dentures	0%
Bridges	0%
Replacement of existing prosthetic device	0%
Implants	0%

**This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.**

# Additional information

## What is the benefit maximum?

The benefit maximum is the maximum amount payable by this plan for covered services received each benefit year.

## What is an exclusion period?

A member must be enrolled under the plan for the period of time stated above before this plan pays benefits. The exclusion period is waived for members who are covered under this plan on the plan's original effective date if the member was continuously covered under a predecessor plan of the employer.

## Prior authorization

Coverage of certain services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. You can search for procedures and services that require prior authorization on our website, [Authgrid.PacificSource.com](https://Authgrid.PacificSource.com) (select Commercial for the line of business).

## Discrimination is against the law

PacificSource Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Benefit Year:** Calendar Year

Your plan covers cosmetic orthodontia for all eligible members. Enrollment in cosmetic orthodontia coverage must be the same as enrollment in the dental plan.

**The dollar amount listed below is the maximum benefit allowed for all cosmetic orthodontic services covered under this benefit, when prescribed by a licensed dentist or licensed orthodontist.**

Lifetime Benefit Maximum	All Providers Member Pays
\$1,000 per individual	50%

**Benefit Limitations**

Benefits for cosmetic orthodontic covered services will be paid monthly on a pro-rated basis over the length of the treatment. If the cosmetic orthodontic treatment began before the member was eligible for this plan, this plan will continue to make payments toward the remaining balance due, as of the member’s initial eligibility date. The benefit maximum listed above will apply fully to this amount. PacificSource’s obligation to make payment for cosmetic orthodontic treatment ends when the member’s eligibility ends, or when treatment is terminated before the case is completed.

**Exclusions**

- This plan does not cover repair or replacement of orthodontic appliances.
- Mail order or Internet/web based providers are not eligible providers.

# LIFE INSURANCE





# Fern Ridge School District #28J

## Summary of Benefits

### **Group Term Life and Accidental Death & Dismemberment Benefit**

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#### **Employee Life and Accidental Death & Dismemberment Benefit:**

Class 1 – Certified Employees and/or Licensed working a minimum of <b>20 hours</b> per week are eligible.	<b>\$ 50,000</b>
Class 2 – Classified Employees working a minimum of <b>20 hours</b> per week are eligible.	<b>\$ 6,000</b>
Class 3 – Administrator Employees working a minimum of <b>20 hours</b> per week are eligible.	<b>\$ 100,000</b>
Class 4 – DO Group Employees working a minimum of <b>20 hours</b> per week are eligible.	<b>\$ 50,000</b>
Class 5 – Superintendent Employees working a minimum of <b>20 hours</b> per week are eligible.	<b>\$ 150,000</b>
Class 6 – Business Manager Employees working a minimum of <b>20 hours</b> per week are eligible.	<b>\$ 50,000</b>

#### **Dependent Life Benefit:**

Spouse	<b>\$ 1,000</b>
Child(ren) 15 days to 6 months	<b>\$ 100</b>
Child(ren) 6 months to 26* years of age	<b>\$ 1,000</b>

\*If unmarried and financially dependent upon you.

**Conversion Privilege** – An Insured Employee and Dependent(s) may convert Group Life Insurance coverage, without evidence of insurability, to an Individual Life Insurance policy during the 31 day period following termination of employment.

**Waiver of Premium** - If an Insured Employee becomes totally disabled prior to attainment of age 60 and if disability lasts 9 months or more, no further premiums will be required for the Employee during the continuance of total disability.

**Accidental Death & Dismemberment Insurance** – Payable when an Insured Employee suffers a loss\* as a result of an accidental bodily injury or death sustained in an accident.

\*A table outlining the description of Loss and payable benefit can be found in the group's complete certificate of coverage.

**This Benefit Summary is not part of your group's Policy or the Certificate of Coverage. The policy and certificate may contain certain Limitations and Exclusions not stated in this Benefit Summary. Please see the issued Policy and Certificate of Coverage for specific plan information.**







# LONG TERM DISABILITY





# Fern Ridge School District #28J

## Summary of Benefits

### **Long Term Disability**

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A *monthly* benefit payable to an insured employee in the event they become disabled due to sickness or injury and are unable to perform one or more of the essential duties of his/her regular occupation for **60 months**. The insured employee must be earning less than 80% of his/her pre-disability earnings.

This benefit will pay the insured employee **66.67%** of their pre-disability gross monthly earnings to a maximum benefit of **\$5,000 per month**. The LTD payment duration is to the Social Security Normal Retirement Age.\*

**\*The duration of payments is based on the insured's age when disability occurs.** For a complete table of your benefit duration period, please refer to the certificate of coverage.

#### **Elimination Period**

An elimination period of **90 days** after disability begins must be met before benefits are payable.

**This Benefit Summary is not part of your group's Policy or the Certificate of Coverage. The policy and certificate may contain certain Limitations and Exclusions not stated in this Benefit Summary. Please see the issued Policy and Certificate of Coverage for specific plan information.**



United Heritage Life Insurance Company (208) 493-6100 or Toll-Free (800) 657-6351  
707 E. United Heritage Ct. Meridian, Idaho 83642-3527 P.O. Box 7777 Meridian, Idaho 83680-7777  
[www.unitedheritage.com](http://www.unitedheritage.com)



# VOLUNTARY SHORT TERM DISABILITY





# Fern Ridge School District #28J

## Summary of Benefits

### Voluntary Short Term Disability

A weekly benefit payable to an insured employee in the event they become disabled and are unable to perform some but not all of the essential duties of his/her occupation. The insured employee must be earning less than 80% of his/her pre-disability earnings.

This benefit will pay the insured employee **60%** of their pre-disability gross weekly earnings to a maximum benefit of **\$1,000 per week** and payable for up to **12 weeks**.

#### Elimination Period

An elimination period of **7 days** for injury and **7 days** for sickness must be met before benefits are payable.

1. Gross Weekly Earnings\* \$ \_\_\_\_\_  
(\*Not to Exceed \$1,666)
2. By benefit percentage X .60
3. Weekly Benefit = \_\_\_\_\_
4. Your Rate (From chart) X \_\_\_\_\_
5. Total = \_\_\_\_\_
6. Divide by 10 / 10
7. **Estimated Monthly Premium** = \$ \_\_\_\_\_

Age	Voluntary STD Rates per \$10 of Weekly Benefit
0-24	.07
25-29	.08
30-34	.09
35-39	.07
40-44	.07
45-49	.07
50-54	.07
55-59	.08
60-64	.09
65 & Over	.10

#### Pre-Existing Conditions Limitation

Disability due to a pre-existing condition may be covered if the disability begins:

1. After **180 consecutive days** with no treatment for the pre-existing condition; or
2. After the employee has been insured for **365 consecutive days**.

A pre-existing condition is treatment an employee received within **90 days** before the employee's effective date of coverage or the effective date of a change in coverage.



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# VOLUNTARY LIFE INSURANCE





# Fern Ridge School District #28J

## Summary of Benefits

### Group Term Supplemental Life Insurance

Classification	Supplemental Life Benefit
All Full-Time Employees	Up to \$300,000, in \$10,000 increments, not to exceed 3 X Basic Annual Earnings, whichever is less
<b>Guarantee Issue – \$50,000</b>	

Classification	Supplemental Life Benefit
Spouse	Up to \$150,000, in \$5,000 increments, not to exceed 50% of the Employee's Supplemental Life Benefit Election
Children 15 days to 6 months of age	\$ 1,000
Children 6 months to 26 years of age (Unmarried and financially dependent upon you)	Up to \$10,000, in \$2,000 increments
<b>Spouse Guarantee Issue – Up to \$25,000; Children Guarantee Issue – Up to \$10,000</b>	

Age	Employee & Spouse Supplemental Life Rate per \$1000
0 - 24	\$ .04
25 - 29	\$ .04
30 - 34	\$ .04
35 - 39	\$ .06
40 - 44	\$ .09
45 - 49	\$ .14
50 - 54	\$ .23
55 - 59	\$ .38
60 - 64	\$ .51
65 - 69	\$ .80
70 - 74	\$1.39
75 & Over	\$2.39
Child(ren) Unit Per \$1000	\$ .20

*Supplemental Spouse rates and premiums are based on the Employee's age, not the Spouse's age.*

**Conversion Privilege** – An Insured Employee and Dependent(s) may convert Group Supplemental Life Insurance coverage, without evidence of insurability, to an Individual Life Insurance policy during the 31 day period following termination of employment.

**Waiver of Premium** - If an Insured Employee becomes totally disabled prior to attainment of age 60 and if disability lasts 9 months or more, no further premiums will be required for the Employee during the continuance of total disability.

**This Benefit Summary is not part of your group's Policy or the Certificate of Coverage. The policy and certificate may contain certain Limitations and Exclusions not stated in this Benefit Summary. Please see the issued Policy and Certificate of Coverage for specific plan information.**



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# Fern Ridge School District #28J

## Voluntary Life with United Heritage

Effective 10/1/2018

Employee Voluntary Life												
Age	Per \$1000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	
29 & Under	\$0.040	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00	
30-34	\$0.040	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00	
35-39	\$0.060	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	
40-44	\$0.090	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00	
45-49	\$0.140	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00	
50-54	\$0.230	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00	
55-59	\$0.380	\$3.80	\$7.60	\$11.40	\$15.20	\$19.00	\$22.80	\$26.60	\$30.40	\$34.20	\$38.00	
60-64	\$0.510	\$5.10	\$10.20	\$15.30	\$20.40	\$25.50	\$30.60	\$35.70	\$40.80	\$45.90	\$51.00	
65-69	\$0.800	\$8.00	\$16.00	\$24.00	\$32.00	\$40.00	\$48.00	\$56.00	\$64.00	\$72.00	\$80.00	
70-74	\$1.390	\$13.90	\$27.80	\$41.70	\$55.60	\$69.50	\$83.40	\$97.30	\$111.20	\$125.10	\$139.00	
75 and Over	\$2.390	\$23.90	\$47.80	\$71.70	\$95.60	\$119.50	\$143.40	\$167.30	\$191.20	\$215.10	\$239.00	

Dependent Spouse or Domestic Partner Voluntary Life												
Age	Per \$1000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
29 & Under	\$0.040	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00	
30-34	\$0.040	\$0.20	\$0.40	\$0.60	\$0.80	\$1.00	\$1.20	\$1.40	\$1.60	\$1.80	\$2.00	
35-39	\$0.060	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00	
40-44	\$0.090	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50	
45-49	\$0.140	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00	
50-54	\$0.230	\$1.15	\$2.30	\$3.45	\$4.60	\$5.75	\$6.90	\$8.05	\$9.20	\$10.35	\$11.50	
55-59	\$0.380	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00	
60-64	\$0.510	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$22.95	\$25.50	
65-69	\$0.800	\$4.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$28.00	\$32.00	\$36.00	\$40.00	
70-74	\$1.390	\$6.95	\$13.90	\$20.85	\$27.80	\$34.75	\$41.70	\$48.65	\$55.60	\$62.55	\$69.50	
75 and Over	\$2.390	\$11.95	\$23.90	\$35.85	\$47.80	\$59.75	\$71.70	\$83.65	\$95.60	\$107.55	\$119.50	

\*\*\* Supplemental Spouse rates and premiums are based on the Employee's age, not the Spouse's age

Dependent Child Voluntary Life	
Per (Child)ren Unit	\$1.00
	\$5,000
	\$10,000
	\$2.00



# EMPLOYEE ASSISTANCE PROGRAM (EAP)









## Call ComPsych® DisabilityGuidance<sup>SM</sup> anytime for confidential assistance.

Call: **866.511.3361**

Go online: [guidanceresources.com](http://guidanceresources.com)

TDD: **800.697.0353**

Your company Web ID: **EAP4UH**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® DisabilityGuidance<sup>SM</sup> provides support, resources and information for personal and work-life issues. DisabilityGuidance is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how DisabilityGuidance can help you and your family deal with everyday challenges.

### Confidential Counseling

*Someone to talk to.*

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants<sup>SM</sup>—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- › Stress, anxiety and depression
- › Job pressures
- › Relationship/marital conflicts
- › Grief and loss
- › Problems with children
- › Substance abuse

### Financial Information and Resources

*Discover your best options.*

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Retirement planning
- › Credit card or loan problems
- › Estate planning
- › Tax questions
- › Saving for college

### Legal Support and Resources

*Expert info when you need it.*

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Real estate transactions
- › Debt and bankruptcy
- › Civil and criminal actions
- › Landlord/tenant issues
- › Contracts

### GuidanceResources® Online

*Knowledge at your fingertips.*

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheets<sup>SM</sup>, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

*Just call or click to access your services.*

*Note: Before a disability claim, DisabilityGuidance offers insured Policyholders up to five sessions per calendar year. Following an approved LTD Claim, claimants are also entitled to five additional sessions. The sessions may be used with a counselor, financial planner or lawyer or split among the three types of professionals.*



UNITED HERITAGE LIFE INSURANCE COMPANY  
P.O. BOX 7777 • MERIDIAN, ID 83680  
800-657-6351 • [unitedheritage.com](http://unitedheritage.com)

## Your ComPsych® DisabilityGuidance Program

CALL ANYTIME

Call: **866.511.3361**

TDD: **800.697.0353**

Online: [guidanceresources.com](http://guidanceresources.com)

Your company Web ID: **EAP4UH**



# FLEXIBLE SPENDING ACCOUNT (FSA)





## **Benefits You Receive:**

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

## **Health Care Reimbursement FSA:**

This program allows Fern Ridge School District employees to set aside pre-tax money to pay for medically necessary healthcare expenses that are not covered by a health plan. The annual maximum amount you may contribute to the Health Care FSA in 2023 is \$3,050. Some examples of reimbursable expenses include:

- Insurance deductibles, coinsurance, and copayments
- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

**The IRS now allows a Carryover Benefit of up to \$610 per year.**

## **Dependent Care FSA:**

The Dependent Care FSA lets Fern Ridge School District employees use pretax dollars toward qualified dependent care such as caring for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

## To File for Reimbursement:

### **Option 1 - Benny Card**

Benny is a special MasterCard that deducts charges for qualified purchases from your FSA or HRA account. You can use Benny at any health-related business that accepts MasterCard®.

#### **Step One: Charge it!**

Use your Benny Prepaid Benefits Card, instead of check or cash, to pay for health-related expenses at your doctor's office or pharmacy.

#### **Step Two: Check your receipt.**

Before you leave the doctor's office or pharmacy, look at your receipt to ensure that it shows the following information:

1. Date of service or purchase date
2. Brief description of the item or service
3. Patient responsibility (the amount you paid), after the insurance has paid (if they were billed)

If your receipt is incomplete, ask the provider to print out a receipt showing all three pieces of information.

#### **Step Three: Save your receipt.**

Unlike most pharmacies, healthcare providers do not have a specialized inventory system in place that allows them determine what you purchased. If BPAS is unable to auto-match your purchase, they will contact you to ask for a copy of your documentation to substantiate the transaction.

### **Option 2 - Paper Reimbursement (In lieu of Benny Card)**

- Visit [www.hraveba.com](http://www.hraveba.com) and download the claim form and complete.
- Provide proof of each expense: Best document to submit is the Explanation of Benefits (EOB)
- Submit the claim along with the proof of expense (EOB) to:
  - Mail: HRA VEBA Plan, PO BOX 4389, Clinton, IA 52733-4389
  - Online via [www.hraveba.org](http://www.hraveba.org)

### **Online Services:**

Register online at <https://www.hraveba.org>

After logging in, you will be able to quickly and easily:

- View your account balance
- Request reimbursements
- View claims history



# Saving money with a OneBridge FSA!

A Flexible Spending Account (FSA) allows you to set aside tax-exempt money to pay for eligible, out-of-pocket healthcare or dependent care expenses costs.

You determine the amount you wish to contribute to your FSA each year, and your pre-tax contribution is then withdrawn from your paycheck each pay period in equal amounts, saving you up to \$.25 on every dollar contributed (assumes a 25% combined federal and state tax rate).

**It's a smart, easy way to pay for your eligible medical & dependent care expenses, and at the same time, it's like giving yourself a pay raise!**

## Health FSA

A Health FSA covers general purpose health expenses, allowing you to pay for eligible medical, dental, prescription, vision and/or hearing expenses not covered by insurance, which include:

- Copays & Deductibles
- Prescriptions & Over-the-Counter (OTC) Items
- Non-Cosmetic Dental Treatments (including Orthodontia)
- Eye exams, Glasses & Contacts
- Physical Therapy & Chiropractic

## Dependent Care FSA

The OneBridge Dependent Care FSA is perfect if you require childcare or eldercare. This account allows you to pay for expenses such as:

- Before or After School Programs
- Child or Adult Daycare
- Preschool
- Summer Camp

## Limited Purpose Health FSA

A Limited Purpose FSA is used in conjunction with a health savings account (HSA), and allows you to contribute additional pre-tax dollars to use specifically for:

- Non-Cosmetic Dental Treatments (including Orthodontia)
- Eye exams, Glasses & Contacts

## Annual Savings Examples

Your Annual Salary	\$40,000	\$80,000
Your Annual Health FSA Election-Spend	\$1,500	\$2,500
Your Annual DCAP FSA Election-Spend	\$0	\$5,000
<b>Your Annual Savings<sup>1</sup></b>	<b>\$375</b>	<b>\$1,875</b>

1- Assumes a combined tax rate of 25%. Actual amounts may vary.

The terms "save", "saving" and "savings" refer only to tax savings, and actual savings are based on individual tax rates. This document is not intended for tax, financial or legal advice—please consult with your advisor regarding your personal situation.

See more benefits on other side.

## Bundle more benefits and stack greater tax savings!

Save even more by taking advantage of having both an FSA and HRA, plus enjoy the added convenience of when these plans are stacked at OneBridge.



### Online Portal & Mobile App

Use a single sign-on to all benefit accounts administered by OneBridge (both FSA and HRA)



### Easily Submit Claims

Submit claims through the OneBridge mobile application HRAgo® or Participant Portal.



### Real-Time Tracking

Track claims in real-time and enjoy fast payment processing.



### Account Preferences

Easily update your information and account settings like direct deposit & e-communications.

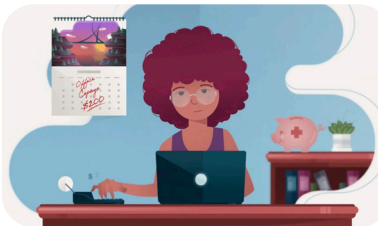


### Historical Data

Quickly view all past transactions and balances for all your accounts.

## Scan the QR Code Below

To learn more about the benefits of having a OneBridge FSA.



## Integrated Debit Card

Easily pay for all qualified plan expenses by swiping your "stacked" smart OneBridge Visa® Benefits Card, which will automatically withdraw funds from the appropriate account!



The terms "save", "saving" and "savings" refer only to tax savings, and actual savings are based on individual tax rates. This document is not intended for tax, financial or legal advice—please consult with your advisor regarding your personal situation.



# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)





The HRA VEBA plan is a tax-free health reimbursement arrangement (HRA.) HRAs are account-based health plans. You can use your HRA funds to cover qualified healthcare expenses and premiums for you and your family. Employer contributions, earnings, and withdrawals (claims) are exempt from taxes. In other words, the money goes in tax-free, is invested tax-free, and comes out tax-free.

**Qualified Healthcare Expenses:**

Common qualified out-of-pocket expenses include:

- Deductibles
- Copays
- Coinsurance
- Prescription drugs



# Benefits Card Frequently Asked Questions



## Easy to Use. Saves you time.

Use your **OneBridge Visa® Benefits Card** to instantly pay medical care expenses directly from your health reimbursement arrangement (HRA). No filing claims and waiting to get reimbursed!

- No monthly card fee
- Spend up to 90% of your HRA balance every day (\$3,000 daily limit)
- Request separate cards for your spouse or dependents

## Save your supporting documentation.

Your HRA is tax-free. The IRS requires us to make sure every transaction is for a qualified medical care expense. Sometimes the electronic transaction data we receive isn't enough. We'll let you know when we need a copy of the **explanation of benefits (EOB)** from your insurance company or **detailed invoice** from your medical provider.

Scan with your mobile device to view **Using Your Benefits Card video**:



**More Information**  
HRAveba.org

**Ask Questions**  
1-888-659-8828

### How can I get a Benefits Card?

You can request a Benefits Card at any time. You must have at least \$50 in your account and a valid U.S. mailing address on file.

### Is there a monthly fee?

No, there is no monthly fee.

### What types of expenses can be paid with my card?

You can use your card to pay for qualified medical care expenses and premiums. This includes amounts you pay for office visits, prescriptions, over-the-counter (OTC) medicines and drugs, lab work, hospital stays, dental and vision services, etc.

### Can I use my card for my spouse or dependents?

Yes, you can use your card to pay medical care expenses for you, your spouse, and qualified dependents. If you want, you can request separate cards for your spouse or dependents.

### How much can I spend each day?

You can spend up to 90% of your HRA balance every day (\$3,000 daily limit).

### Do I need to keep a minimum balance in my HRA to use my card?

Yes, you must keep at least \$50 in your HRA. Your card will not work if your HRA balance is less than \$50.



## Benefits Card Frequently Asked Questions

### Can I use my card to purchase vitamins or supplements?

Yes, but you'll need to submit a prescription or letter of medical necessity from your doctor if we don't already have one on file.

### Should I save my supporting documentation?

Yes, you should always save your documentation in case we need copies.

### Why might you need copies of my documentation?

Your HRA is tax free, and the IRS has some pretty strict rules we have to follow. We're required to make sure every amount paid or reimbursed from your HRA is for a qualified medical care expense. So, when the electronic transaction data we receive isn't enough, we have to ask you for documentation.

When using your card, it's always a good idea to request and hang on to supporting documentation in case we need it. Your provider should be familiar with what's required.

### What types of transactions are usually verified automatically without documentation?

Most flat-dollar copays (in increments of \$5) and prescription purchases are verified automatically. This means we usually don't need you to provide documentation for these types of transactions.

### What happens if I don't provide documentation when you ask me for it?

IRS rules will require us to eventually suspend your card, but don't worry! We'll give you plenty of time before that happens. We understand you might have to wait until you get your final EOB or other form of proper documentation.

### What if my card gets suspended?

We'll turn your card back on after all unsupported transactions have been resolved. To make that happen, you can either submit the documentation we need or pay back your HRA.

### How will I know if you need documentation, and how do I submit it?

We'll notify you by email or regular mail within about 10 days if we need documentation.

You can submit documentation online or from our handy mobile app, HRAgo®. Either option is quick and easy. We'll give you instructions when we need you to send us something.

### Can I submit documentation just once for an expense I pay all the time?

Yes, you can use our convenient "recurring payment" feature. You'll need to submit documentation once up front, but not every time after that. To set this up, simply check the Recurring Payment box when uploading documentation. We can then automatically verify future transactions for the same dollar amount from the same provider or merchant.

### What's the best kind of supporting documentation?

As you might have guessed, the IRS requires more than just a receipt. The explanation of benefits (EOB) from your insurance provider usually works best. If you don't have one of those, get a detailed invoice from your merchant or provider.

Make sure it contains these five things:

1. Name of patient or covered individual;
2. Date item was purchased or service was received;
3. Service provider name (doctor, pharmacy, clinic, hospital, etc.);
4. Description of the item purchased or service received; and
5. Amount paid.

If these options don't work, we'll have to note an "overpayment" on your account equal to your unsupported transaction amounts.

### What is an "overpayment," and how can I resolve it?

An "overpayment" is an expense amount paid from your HRA for which we have not yet received proper documentation. If an "overpayment" is noted on your account, it will remain there until resolved.

To resolve an "overpayment," you can either submit the documentation we need or pay back your HRA. You can also submit regular claims. But, instead of approved claim amounts being paid to you, they will be used to reduce your outstanding "overpayment" until it has been resolved.

### What if my card gets lost or stolen?

You should immediately call us at 1-888-659-8828. Our friendly customer care team is available to assist you during normal business hours. If calling after hours, follow the recorded instructions.

### How can I cancel my card?

Just give us a call at 1-888-659-8828 during normal business hours and ask us to cancel your card. You will need to resolve any unsupported transactions before we can cancel your card.

**More Information**  
HRAveba.org

**Ask Questions**  
1-888-659-8828



# HEALTH SAVINGS ACCOUNT (HSA)







**If you enroll in the \$2500 HSA plan Fern Ridge School District will deposit any amount over the district cap into each eligible employee's HSA account.**

The HSA plan is a tax-free health savings account (HSA.) HSAs are account-based health plans. You can use your HSA funds to cover qualified healthcare expenses and premiums for you and your family. Employer contributions, earnings, and withdrawals (claims) are exempt from taxes. In other words, the money goes in tax-free, is invested tax-free, and comes out tax-free.

**Qualified Healthcare Expenses:**

Common qualified out-of-pocket expenses include:

- Deductibles
- Copays
- Coinsurance
- Prescription drugs

**2023 HSA Maximum Contributions:**

Single-\$3,850

Family-\$7,750

Age 55 and over – additional \$1,000



# MASA MEDICAL TRANSPORT







## EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



## HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

**ONLY MASA provides** over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air. Anywhere.™**

## OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

\* Please refer to the MSA for a detailed explanation of benefits and eligibility.

\*\* Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

**For more information, please contact**

**KIM NICHOLSEN**

**WHA INSURANCE**

541-284-5842 knicholsen@whainsurance.com

**EVERY FAMILY DESERVES A MASA MEMBERSHIP**

## PLATINUM MEMBERSHIP BENEFITS

<b>Emergency Air Medical Transportation</b>	Should a member suffer serious life or limb threatening emergency that requires immediate transport by fixed wing or helicopter air ambulance of that member to the nearest most appropriate medical facility capable of providing required emergency medical treatments, also referred to as “golden hour transports”, MASA MTS will cover the out-of-pocket expenses resulting from that transport. (U.S. and Canada only)
<b>Emergency Ground Transportation</b>	Should a member suffer a life or limb emergency requiring emergent ground transport from the site of serious illness or injury, or from a transferring medical facility that is unable to provide services required, to the nearest most appropriate medical facility capable of attending to the member’s medical needs MASA MTS will cover the out-of-pocket expenses resulting from that transport. (U.S. and Canada only)
<b>Non-Emergent Air Transportation</b>	Should a member suffer a serious illness or injury resulting in hospitalization and if the member is in need of specialized treatment not available locally but such transportation is not immediately needed for life or limb saving treatment and such transportation can be arranged by MASA, then MASA MTS will coordinate transport to the nearest appropriate medical facility capable of providing such specialized treatment. (Worldwide coverage)
<b>Organ Retrieval**</b>	MASA MTS will provide air transportation of an organ to be used in an organ transplant. (U.S. only)
<b>Organ Recipient Transportation**</b>	MASA MTS will fly a member to the commercial airport nearest the medical facility where an organ transplant is scheduled to happen. (U.S. only)
<b>Recuperation / Repatriation</b>	If a member is hospitalized while away from home, MASA MTS will fly them home to recuperate in familiar surroundings. (Worldwide coverage)
<b>Escort Transportation</b>	If a member requires emergency air transport, MASA MTS will fly the member's spouse, family member or friend to accompany them in the air. (Worldwide coverage)
<b>Visitor Transport</b>	If a member is hospitalized while away from his/her home for more than 7 days, the member may select a family member to visit them during confinement. MASA MTS will provide round trip, common carrier air transportation for the person selected. (Basic coverage area only*)
<b>Minor Children / Grandchildren Return</b>	When minor children or grandchildren are left unattended as a result of a member using MASA MTS air ambulance service, MASA MTS will provide one-way common carrier air transport for return of the children to the commercial airport nearest the place of residence of the children. (Basic coverage only*)
<b>Vehicle Return</b>	MASA MTS will return vehicles such as cars, vans, RVs or trucks owned or rented by the member when illness, injury or death requires use of the air ambulance services provided by MASA MTS. The vehicle will be carried to the member's place of residence or rental vehicles will be returned to the nearest rental company office or agent. (Basic coverage area only*)
<b>Mortal Remains Transport</b>	In the event a member dies while away from his/her place of residence, MASA Assist will return his/her remains to the commercial airport nearest his/her residence. (Worldwide coverage)
<b>Pet Return</b>	MASA MTS will return the Member’s dog, cat or smaller animal, should the Member be flown to a hospital near their residence on an air ambulance arranged by the MASA MTS. (Basic coverage area only*)

\*Basic Coverage Area includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).

\*\*One (1) year waiting period if pre-existing condition requiring transplant.

There is a 90 day waiting period on pre-existing conditions. This clause is WAIVED for emergent ground and air transports  
Dependents are covered up until age 26.



# EXTRAS









# Member Support Specialists

## Need help getting care? We've got you covered.

Sometimes people need a hand when it comes to healthcare. PacificSource members can get help from our Member Support team.

Here are some of the ways we can assist:

### Basic needs



**Housing:** Connecting you with resources to help pay rent, mortgage, or other housing-related costs.



**Food:** Connecting members with food insecurity to resources for arranging meals.



**Transportation:** Resources for getting to and from doctor appointments.



**Utilities:** Connecting you with resources to assist with water, electricity, or heat.

### Medical help



**Finding a doctor:** Help finding the right doctor for you.



**Appointments:** We'll help connect you with your doctor to schedule appointments.



**Follow-up:** Help arranging home care, prescriptions, and treatment plans.



**Equipment:** Things like crutches, wheelchairs, CPAP machines, blood glucose monitors, and more.

### Find out more

If you have questions or want to request help, please call a Member Support Specialist Monday – Friday, 8:00 a.m. – 5:00 p.m.

**Medicare:**  
888-862-9725, TTY: 711

**Non-Medicare:**  
888-991-1536, TTY: 711

We accept all relay calls.

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



*Continued >*



## Member Support Specialists can also connect you with things like:

- Eye glasses
- Hearing aids
- Wheelchair ramps
- Yard cleanup
- Translation services
- Assistance with copays
- Support groups
- Incontinence supplies
- Information about medical conditions
- Treatment for mental health and substance use disorders

### Free and confidential

Choosing to work with a Member Support Specialist is completely up to you. There is no obligation or cost to participate. And your interaction will remain confidential. No need is too great or small.

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Coverage provided by PacificSource Health Plans or PacificSource Community Health Plans.



# Navigator member guide

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Welcome to Navigator: cost-effective care coordination that puts you at the center. We created this guide to help you use your Navigator plan and get the most value from your benefits. You'll get things you might not expect—including live, local telephone support and a wide range of health and wellness extras.

**Members first**



## Your member ID



You'll receive a PacificSource member ID by mail once your enrollment application has been processed. Use it when you visit a doctor's office or pharmacy to verify your plan and benefits. You can print a member ID from our member portal, InTouch. You can also view your ID on your mobile device in the MyPacificSource app.

## Finding a doctor



Your Navigator plan lets you get care across our four-state provider network. Visit [PacificSource.com/find-a-doctor](https://www.pacificsource.com/find-a-doctor) to search for a doctor or facility by name, specialty, and location. To maximize your benefits and minimize your cost, search within the **Navigator** network.

Beyond the Greater Northwest, you can get in-network care through our collaboration with Aetna Signature Administrators®. Search their network of more than 1.5 million providers at [Aetna.com/ASA](https://www.aetna.com/ASA).

Your plan also pays a portion of the charges when you see out-of-network providers, usually after a separate copay (or your cost share) and deductible. Check your Benefit Summary for details.

## Prescriptions and pharmacies



To find an in-network pharmacy, visit [PacificSource.com](https://www.pacificsource.com) or [Caremark.com](https://www.caremark.com). Log in to InTouch to see a list of your current prescriptions, including refill status. Through our partner, CVS Caremark, you can save time and money with prescription-by-mail service. Order by phone, online, or via mobile app.

Members may also use Savings Advisor, a free service that lets you know about lower prices on your prescriptions. Details at [Caremark.com](https://www.caremark.com).

PacificSource maintains drug lists to help members get effective medications at the lowest cost. You can search these lists by drug name and therapy class at our website. Check your member ID to see which list applies to your plan.

## Dental benefits



To learn if your plan includes dental coverage, log in to [InTouch.PacificSource.com](https://www.pacificsource.com) or contact our Customer Service team. Members with Dental Advantage plans (Idaho and Oregon only) can save by using Dental Advantage Network providers. If your plan is Dental Advantage Essentials, you are covered only when the provider is in the Dental Advantage Essentials network. Washington members can find dental providers at [PacificSource.com](https://www.pacificsource.com).

## Preventive care benefits



Your plan includes a host of zero-cost services aimed at keeping you and your family healthy. Routine checkups and immunizations, well-woman and well-child visits, cancer screenings, and other benefits are covered at 100%. Ask your doctor or see our website for details.

## InTouch



Get personalized answers to many common questions at **InTouch**, our secure member site. Once your coverage begins, log in to InTouch to:

- View benefit summaries
- Check your deductible or out-of-pocket status
- Print your member ID or request a replacement
- Look up claims
- Track prior authorizations
- Change your address
- Estimate healthcare costs
- Log into our free, health and wellness portal
- Log in to Teladoc® and CVS Pharmacy®

## myPacificSource app



Got a smartphone or tablet? Download our free app to:

- View your member ID any time
- Call our 24-hour NurseLine
- Find a doctor or hospital
- Check your deductible status
- And more

Visit your device's app store to download, then sign in to the app using your InTouch user name and password.

## Plan information



Get detailed information on a wide range of topics on our website. Visit [PacificSource.com](https://www.pacificsource.com) to learn about prior authorization, getting care, what's covered by your plan, claim information, your rights and responsibilities, understanding your explanation of benefits, and more.

# Care management and wellness programs

## Condition Support



For members with asthma, diabetes, heart failure, COPD, coronary artery disease, or juvenile diabetes, we offer additional support and education programs. Visit the members section of our website to learn more.

## Rare Disease Management



Through our partner, Accordant®, PacificSource offers rare disease management and specialty pharmacy programs that give individualized support for members with certain uncommon conditions, or those requiring injectable medications or biotech drugs.

## Prenatal Program



Expectant parents can take advantage of a free program offering support, useful information, and resources. Women age 15 to 50 with prescription drug coverage can receive select physician-prescribed prenatal vitamins at no cost (when filled at an in-network pharmacy).

## Weight Management



Our members can receive special discounts from Weight Watchers®.

## Tobacco Cessation



The Quit For Life® program can help members kick tobacco for good, with nicotine replacement therapy and one-on-one phone support.

## Fitness Savings



The Active&Fit Direct® program gives you access to more than 9,000 workout videos, one-on-one coaching, and a nationwide network of 11,900+ fitness centers. The standard program is \$28 per month with a one-time \$28 enrollment fee. Discounts range from 20% to 70% on average.

## Health Education



We'll reimburse you up to \$150 per plan year for certain health education classes, including first aid, CPR, parenting, heart health, nutrition, and others. (Some limitations apply.)

## Wellness Portal



Our free, secure health and wellness portal helps you track and make the most of your health. To use it, sign in to InTouch, then choose Benefits and select Wellness.

## Global Emergency Services



If you have a medical emergency 100 or more miles from your home or abroad, Assist America® is on call to coordinate your care and help ensure you get the treatment you need.

## Expanded No-Cost Drug List



Under some plans, in addition to the drugs covered under the Affordable Care Act, we offer an expanded list of medications covered at 100%. See our website for the complete list.

## Nurse Case Management



PacificSource Nurse Case Managers work as part of a team with members and their doctors to improve health, financial outcomes, and quality of life. Contact us to learn more.

## Wellness for Kids



Six- and nine-year-olds covered by PacificSource may be invited to join HealthKicks, a free program that promotes healthy behaviors. Contact us for more information.

## Paying your premium



### Group (through employer or school):

Premiums are managed by your group's administrator, usually your employer or school administration.

### Individual (for only you or your family):

If the insurance policy only covers you or your family, not others in a group, it's considered an "individual" plan. You can pay your bill online and set up automatic payments via InTouch, our online member portal. Visit [PacificSource.com](http://PacificSource.com) and log in to InTouch, then choose "Payment Center."

For other payment options, contact our Billing and Payments Department at **800-591-6549**, or by email: [IndividualBilling@PacificSource.com](mailto:IndividualBilling@PacificSource.com).

## Prior authorization



PacificSource requires approval in advance for certain medical procedures, supplies, and drugs. This is to determine if and how the procedure or medicine is covered under your plan. You can find information on drugs and procedures requiring prior authorization at our website.

Your doctor or pharmacy can request prior authorization from our Health Services Department by mail, email, or fax. If the provider won't request prior authorization for you, contact us and we'll assist with the process.

Prior authorization applies to both in-network and out-of-network providers. A prior authorization does not mean the entire cost of the service will be covered. Your plan's deductible, coinsurance, and copays still apply. If your treatment is not authorized in advance, you may still seek treatment, but you'll be responsible for the expense if it isn't covered under your plan.

## Submitting a claim



Usually, your provider will submit claims for you. But if you need to fill a covered prescription or see a provider for a covered service, or if you see an out-of-network provider, you can pay them and submit a copy of the provider's itemized statement for reimbursement.

You'll find forms and addresses for submitting claims at our website, [PacificSource.com](http://PacificSource.com).

## Grievances and appeals



Before submitting a grievance, we suggest contacting Customer Service with your concerns. Issues can often be resolved at this level.

You may file a grievance or appeal using forms available at [PacificSource.com](http://PacificSource.com) or from Customer Service. Send it to:

PacificSource  
Attn: Grievance Review  
PO Box 7068  
Springfield, OR 97475-0068

You may also email [LC@PacificSource.com](mailto:LC@PacificSource.com) with "Grievance" as the subject.



## Contact info

### PacificSource Customer Service

888 977 9299, TTY: 711

We accept all relay calls.

8:00 a.m. 5:00 p.m. (PT), M F

En español: 866 281 1464

[CS@PacificSource.com](mailto:CS@PacificSource.com)

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

### Individual plan billing and payments

800 591 6579

[Individual@PacificSource.com](mailto:Individual@PacificSource.com)

If you're part of a group plan, please contact your employer or school administration with questions.

### PacificSource Pharmacy Services

844 877 4803

[Pharmacy@PacificSource.com](mailto:Pharmacy@PacificSource.com)

### CVS Caremark (pharmacy)

866-329-3051

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

### Teladoc (telehealth service)

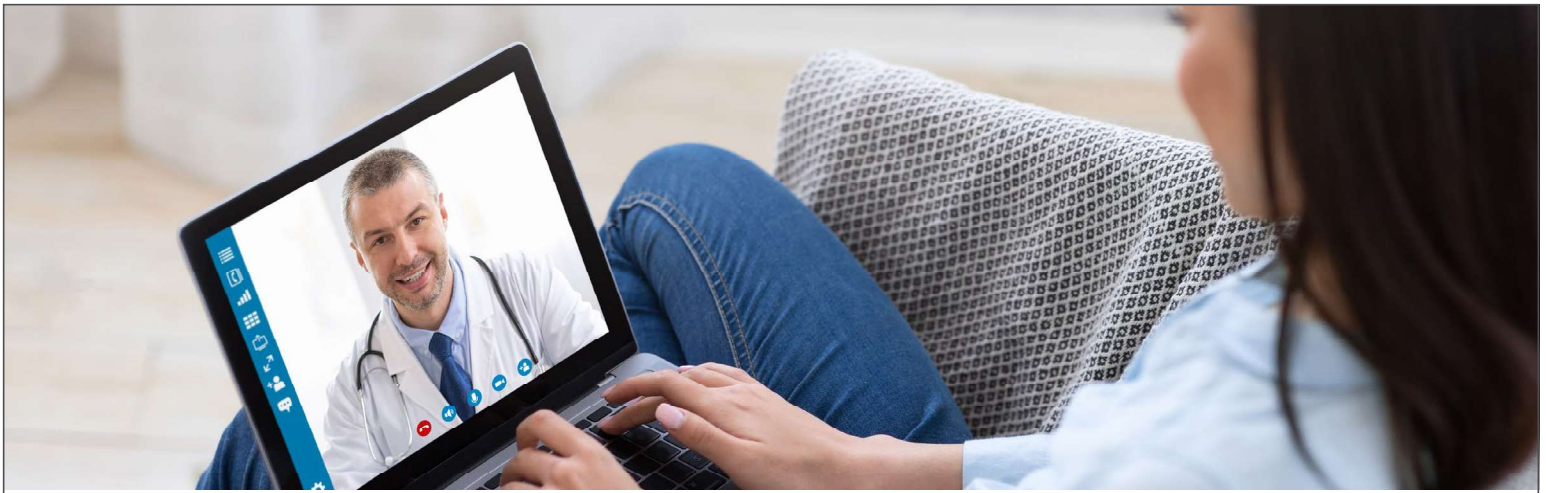
Check with your employer to see if Teladoc is offered on your plan.

855 201 7488

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

### 24 Hour NurseLine

855 834 6150



# Teladoc<sup>®</sup> – access to doctors via phone, video, or mobile app

**As a PacificSource member,\* you have on-demand access to board-certified doctors 24 hours a day, 7 days a week.**

Here's how to get started and what you need to know.



## 1. Set up your Teladoc account

There are three options to get started. Note: when asked to enter the name of your employer or insurance carrier, please use "**PacificSource**" in the field.

**Online:** Log in or register with InTouch for Members through [PacificSource.com](https://PacificSource.com). Find the "Teladoc - Remote Care" link under "Tools" to set up your account.

**Mobile app:** Visit [Teladoc.com/mobile](https://Teladoc.com/mobile) to download the app, then click "Activate account."

**Phone:** Teladoc can help you register your account over the phone at **855-201-7488**.



## 2. Provide medical history

This provides Teladoc doctors with the information they need to make an accurate diagnosis.



## 3. Request an appointment

Once your account is set up, request an appointment any time you need care. And talk to a doctor by phone, web, or mobile app.

\*Employer group members: to see if Teladoc is available on your plan, check with your employer or contact PacificSource Customer Service at **888-977-9299, TTY 711**, or [CS@PacificSource.com](mailto:CS@PacificSource.com).

See reverse for FAQ >

**Talk to a doctor  
anytime!**

**Web**

[Teladoc.com](https://Teladoc.com)

**Phone**

**855-201-7488**

**Mobile App**

[Teladoc.com/mobile](https://Teladoc.com/mobile)

**PacificSource**  
HEALTH PLANS

## Frequently Asked Questions

### What is Teladoc?

Teladoc is the first and largest provider of telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and doctor visits.

### Who are the Teladoc doctors?

Teladoc doctors are U.S. board certified in internal medicine, family practice, or pediatrics. They average 20 years practice experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice as a way to provide people with convenient access to quality medical care.

### Does Teladoc replace my doctor?

No. Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for nonemergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

### What kind of medical care does Teladoc provide?

Teladoc provides general medical care for adults and children, and behavioral healthcare for adults. Examples of common medical conditions Teladoc can address include: sinus problems, pink eye, bronchitis, allergies, flu, ear infections, urinary tract infections, and upper respiratory infections.

### What consult methods are available?

You can talk with a general medical Teladoc doctor via a phone consult, video consult within the secure member portal, or video consult within the Teladoc mobile app. Behavioral health visits are available via video only.

### How do I set up my Teladoc account?

You can set up your account through InTouch at [PacificSource.com](http://PacificSource.com), or through the Teladoc website or mobile app. You can also call Teladoc to get started. Note: if setting up your account online, enter "**PacificSource**" for the name of your employer or insurance carrier.

### How do I request a consult to talk to a doctor?

Visit the Teladoc website, log into your account, and click "Request a Consult." You can also call Teladoc to request a general medical consult by phone. Behavioral health appointments can be scheduled online or through our mobile app.

### How do I request a behavioral health visit?

Behavioral health visits are scheduled and occur via the Teladoc website or mobile app. Log into your account, complete a quick assessment, and choose your therapist. Provide three options of times you are available for an appointment. The therapist will reach out to you to schedule the appointment.

### How quickly can I talk to the doctor?

The median call back time for a general medical request is just 10 minutes. If you miss the doctor's call, whether you are away from the phone or you have anonymous call blocker on, you will be returned to the bottom of the waiting list. The consult request is cancelled if you miss three calls.

### Is there a time limit when talking with a doctor?

There is no time limit for consults.

### Can Teladoc doctors write a prescription?

Yes. Teladoc doctors can prescribe short-term medication for a wide range of conditions when medically appropriate. Teladoc doctors do not prescribe substances controlled by the DEA, nontherapeutic, and/or certain other drugs, which may be harmful because of their potential for abuse.

### How do I pay for a prescription called in by Teladoc?

When you go to your pharmacy of choice to pick up the prescription, you may use your health/prescription insurance card to help pay for the medication. The exact amount you will pay is based on the type of medication and your plan benefits.

### Is the consult fee the same price, regardless of the time?

The exact amount you will pay is based on your specific plan benefits. The amount for a telehealth visit is shown on your summary of benefits.

### How do I pay for the consult?

You can pay with your HSA (health savings account) card, credit card, prepaid debit card, or by PayPal. Your account will be charged at the time of the visit. Your payment method will be set up when you register for Teladoc, and can be changed anytime.

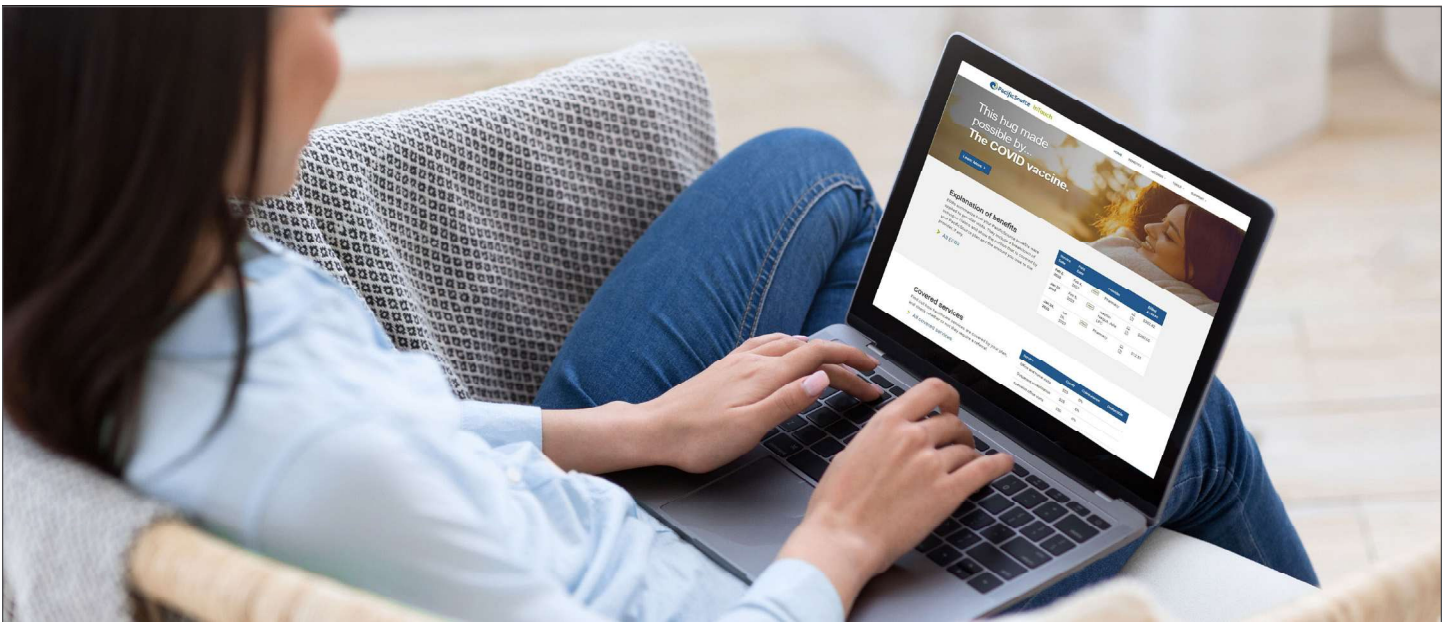
### If the Teladoc doctor recommends that I see my primary care physician or a specialist, do I still have to pay the Teladoc consult fee?

Yes. Just like any doctor appointment, you must pay for the consulting doctor's time.

### Can I provide consult information to my doctor?

Yes. You have access to your electronic medical record at anytime. Download a copy online from your account or call Teladoc and ask to have your medical record mailed or faxed to you.





# InTouch lets you manage your benefits whenever, wherever



## MyPacificSource puts InTouch in your pocket

Our smartphone app makes it easy to find in-network doctors and hospitals wherever you are. Search for primary care doctors, specialists, alternative care providers, and more.

You can also:

- View your digital member ID card
- Call our 24-hour NurseLine
- See if you've met your deductible and out-of-pocket max
- Find out which services are covered
- View your Explanation of Benefits statements

*First create your InTouch account, then download the app and log in.*



Scan this code with your phone's camera and create your account. Scroll down the page for links to download the MyPacificSource app.





## Advice When You Need It: The 24-Hour NurseLine

Medical issues don't always arise during normal business hours. And determining if urgent or emergency care is needed can often be difficult in the moment. If you find yourself, or someone you care about, in a non-life-threatening medical circumstance and are seeking professional help, call PacificSource's 24-Hour NurseLine. It's included with your health insurance plan.

### Talk to a nurse—anytime.

Get these 24-Hour NurseLine benefits:

- Toll-free phone access to a nurse, 24 hours a day, 7 days a week
- Assistance with health-related questions or concerns
- After-hours medical advice
- Help determining whether your situation requires a higher level of care

### Need more than the 24-Hour NurseLine? Try these options.

#### Urgent care, for when:

- You need care, but it isn't life threatening
- You have an illness such as a cold, flu, bronchitis, sinus infection, strep throat, ear infection, vomiting, or diarrhea
- You have an injury such as a bump, bruise, minor burn, simple fracture, small cut, or dislocation

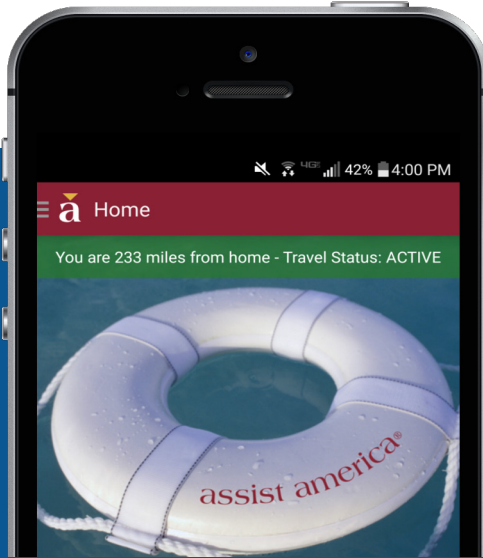
#### Emergency care—call 911 or go to an emergency room when:

- It's life-threatening and nurse lines or urgent care aren't enough
- You're experiencing things such as trouble breathing, chest pain, choking, severe head injury, seizure, severe burns, ingested poisonous substance, heavy bleeding, or other life-threatening ailments

To reach the 24-Hour NurseLine, call (855) 834-6150.

For questions about health and wellness programs and services that are part of your health insurance plan, contact PacificSource Customer Service at **(888) 977-9299** or **cs@pacificsource.com**.





## The Assist America Mobile App

Wherever your travels take you, you can conveniently access a wide range of travel emergency assistance services from your phone by downloading the free Assist America Mobile App for iPhone and Android.

### AVAILABLE FEATURES



#### TAP FOR HELP

One-touch call to our 24/7 Emergency Operations Center



#### VOICE OVER INTERNET PROTOCOL

Avoid international phone charges by calling us for free using a Wi-Fi connection



#### TRAVEL STATUS INDICATOR

This feature lets you know when you are eligible for services



#### MOBILE ID CARDS

Your Assist America ID card is conveniently stored within the app



#### 7 LANGUAGES

The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French



#### U.S. PHARMACY LOCATOR

Locate U.S. pharmacies near your current location



#### EMBASSY LOCATOR

Locate the nearest embassy / consulate of 23 countries



#### PRE-TRIP INFORMATION

Detailed country-specific information to assist you as you prepare your trip



#### ASSIST ALERTS

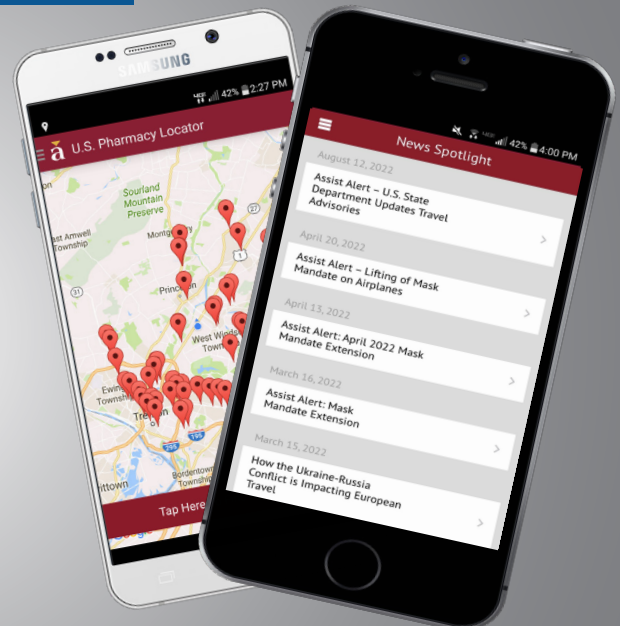
Receive alerts on urgent global situations that may impact travel

### DOWNLOAD & SET UP

Scan the code below to download the Mobile App for free

Set up the app by entering your reference number  
**01-AA-PSH-10073**

Enter your home address to enable the Travel Status Indicator feature





## CONGRATULATIONS!

Your enrollment through PacificSource Health Plans includes a unique global emergency services program from Assist America. This program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical emergency while traveling 100 miles or more away from your permanent residence, or in another country.

One tap on the Assist America app or a simple phone call will connect you to:







- A state-of-the-art 24/7 Operations Center
- Experienced crisis management professionals
- Worldwide emergency response capabilities

To activate the services, use the following Assist America reference number:




**01-AA-PSH-10073**

## KEY SERVICES







### MEDICAL EMERGENCY SERVICES

-  **Medical Consultation, Evaluation & Referral**  
Calls to Assist America's Operations Center are evaluated by medical personnel and referred to qualified doctors and/or hospitals.
-  **Foreign Hospital Admission Assistance**  
Assist America fosters prompt hospital admission outside the United States by validating the member's health coverage or by advancing funds to the hospital as needed.
-  **Emergency Medical Evacuation**  
If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.
-  **Medical Monitoring**  
Assist America's medical personnel will maintain regular communication with the member's attending physician and/or hospital and relay information to the family, as appropriate.
-  **Medical Repatriation**  
If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.
-  **Prescription Assistance**  
If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.

### TRAVEL ASSISTANCE SERVICES

-  **Care of Minor Children**  
Assist America will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.
-  **Compassionate Visit**  
If a member is traveling alone and will be hospitalized for more than seven days, Assist America will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend.
-  **Return of Mortal Remains**  
Assist America will assist with the logistics of returning a member's remains home in the event of his or her death during travel.

Other travel assistance services include:

-  **Return of Vehicle**
-  **Lost Luggage & Document Assistance**
-  **Legal & Interpreter Referrals**
-  **Emergency Message Transmission**
-  **Emergency Trauma Counseling**
-  **Pre-Trip Information**

## DOWNLOAD THE MOBILE APP

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App for iPhone and Android.



### TAP FOR HELP

One-touch call to Assist America's 24/7 Operations Center



### VOICE OVER INTERNET PROTOCOL

Avoid international phone charges by calling Assist America for free using a Wi-Fi connection



### PRE-TRIP INFORMATION

Access detailed country-specific information to prepare your trip



### TRAVEL ALERTS

Receive alerts on urgent global situations that may impact travel



### TRAVEL-STATUS INDICATOR

A GPS feature letting you know when you are eligible for services



### EMBASSY & U.S. PHARMACY LOCATOR

Locate the nearest embassy/consulate of 23 countries and pharmacies near you (U.S. pharmacies only)



### MOBILE ID CARDS

Your Assist America ID card is conveniently stored within the app



### AVAILABLE IN 7 LANGUAGES

The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

Enter your Assist America Reference Number to set up the App:

**01-AA-PSH-10073**



## CONDITIONS AND EXCLUSIONS

Assist America pays for all the transportation services it arranges. Requests for reimbursement for medical transport or other services arranged independently by the member will not be accepted. Assist America is not responsible for the cost of medical treatments and other non-medical services received by the member upon a referral made by Assist America.

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

Assist America will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over six months
- With mental or nervous disorders unless hospitalized

Services will not be provided for the following types of travel:

- Trips exceeding 90 days from legal residence (separate purchase of Expatriate Coverage is available at [www.assistamerica.com/expatriate](http://www.assistamerica.com/expatriate))

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local laws.

All consulting physicians and attorneys are independent contractors and not under the control or responsibility of Assist America.

## CONTACT ASSIST AMERICA

To activate services, contact Assist America at:

**+1 609 986 1234** (outside USA) | **+1 800 872 1414** (Toll Free)

Use the **Assist America mobile app**

Email [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

For more information about your plan, please contact:

**PacificSource Health Plans**

**555 International Way**

**Springfield, OR 97477**

**Tel. 800-624-6052**

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



## Non-Urgent Cases

For issues that **are not urgent**, such as:

- Cold or flu, rashes, sore throats
- Headache, stomachache, fever
- Allergies, coughs, sinus pain
- Bumps, bruises, sprains



### Call Your Doctor's Office

If their office is closed, an on-call doctor may be able to help.

Need to choose a doctor? Visit [PacificSource.com/find-a-provider](https://www.pacificsource.com/find-a-provider) to search by name, specialty, location, and other attributes.

**Note:** You'll want to search for doctors who are in your provider network. You can find your network on your member ID.



### See a Doctor by Phone or Video

Our telemedicine partner has a national network of board-certified physicians available on demand, day or night. They can address issues such as sinus pain, pink eye, bronchitis, allergies, flu, urinary tract infections, and other infections.

Visit [Teladoc.com](https://www.teladoc.com) or call **(855) 201-7488**.

*Employer group members: Check with your employer to see if this benefit is available to you.*



### Call Our 24/7 NurseLine

Have a health-related question but don't need a doctor right away? You can speak with a registered nurse any time, around the clock. They can answer many common questions and guide you to appropriate care. This is a no-cost service for PacificSource members. Call **(855) 834-6150**.



## Urgent, but not Life-threatening

If your situation is **serious but not life-threatening**, a call to your doctor's office is still a good idea. Even if they are closed, an on-call doctor may be able to help.

If your doctor is not available, urgent care centers can be a good option for:

- Cold or flu, bronchitis, sinus infection
- Strep throat, ear infection, vomiting
- Diarrhea, minor burns, cuts, or fractures



## Urgent and Life-threatening

For medical problems that are **urgent and life-threatening**, call 911 or visit an emergency room right away. Examples include:

- Trouble breathing, choking, severe head injury
- Seizure, severe burns, poison ingestion
- Chest pain, stroke, heavy bleeding

It's a good idea to follow up with your doctor after visiting an urgent care or emergency facility.





*The information in this Benefits Resource Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Resource Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*