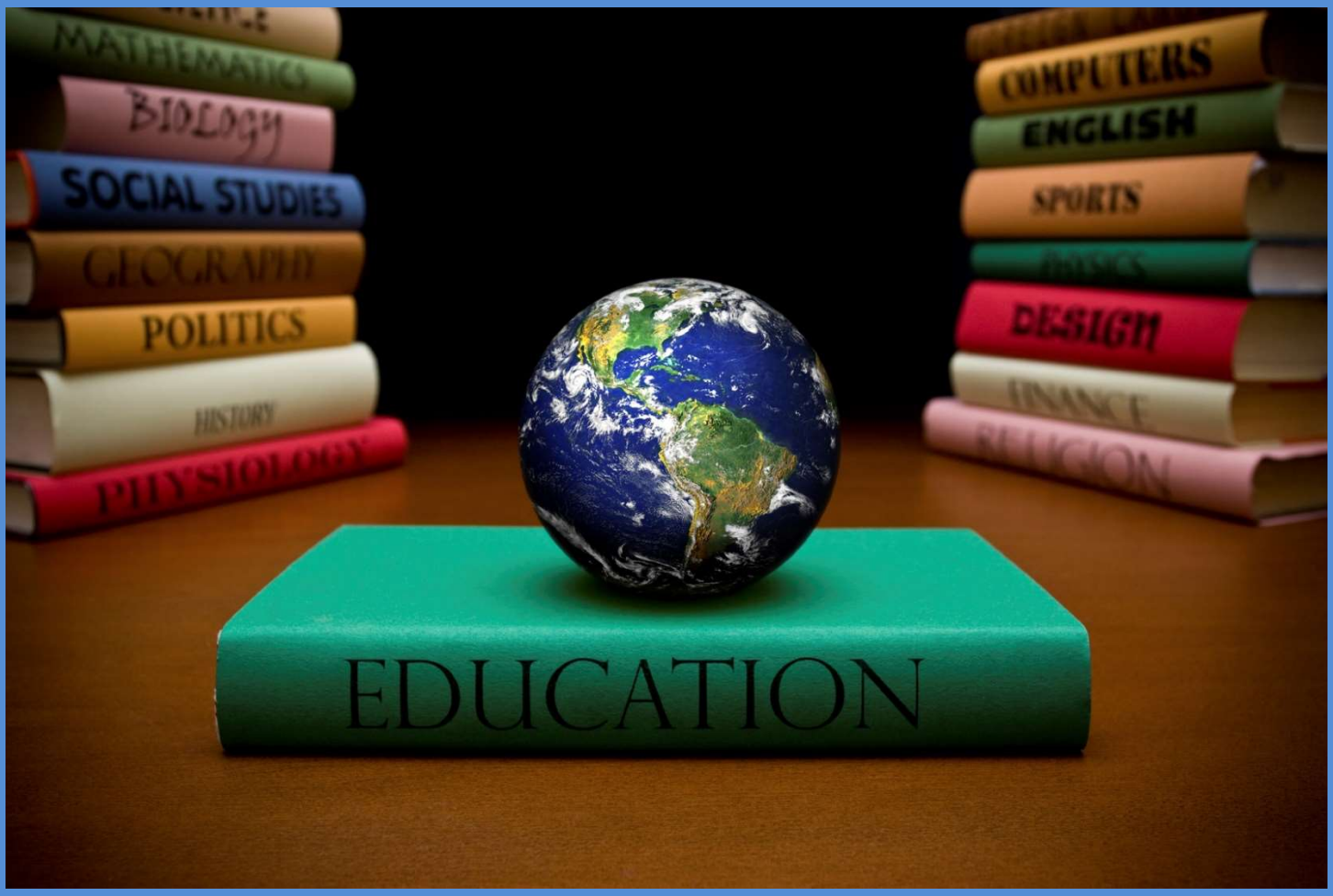
School District 28J

WHA INSURANCE

Benefits Resource Guide - Retiree







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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LOCAL OFFICE	TOLL FREE	FAX
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Eugene Office – 2930 Chad Drive, Eugene, OR 97408
Wilsonville Office – 29100 SW Town Center Loop, Suite 160, Wilsonville, OR 97070

Contact Information

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

Fern Ridge School District

Plan Comparison

WHA INSURANCE

	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
Preventative Services			
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
Professional Services			
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%
Hospital Services			
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%
Other Services			
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%
Alternative Care			
Chiropractic, Acup. and Naturo. OV	$25 Copay *	$35 Copay *	20%
Massage Therapy Office Visits	$25 Copay *	$35 Copay *	20%
Annual Maximum	Chiro 20 Visits, Acupunture 12 Visits, $500 Massage	Chiro 20 Visits, Acupunture 12 Visits, $500 Massage	Chiro 20 Visits, Acupunture 12 Visits, $500 Massage
Prescription Drug Benefit	**30 Day / 90 Day**	**30 Day / 90 Day**	**30 Day / 90 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
Vision			
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 *(in place of glasses)*			

**** - 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 RETIREES

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Dental	74.93	132.92	217.85	159.86
Total	**74.93**	**132.92**	**217.85**	**159.86**
District Contribution	1,572.50	1,572.50	1,572.50	1,572.50
Pre-Tax Out of Pocket	-	-	-	-
Vision	13.81	31.77	40.33	25.41
Total Out of Pocket	**$ 13.81**	**$ 31.77**	**$ 40.33**	**$ 25.41**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 892.66	$ 1,872.24	$ 2,491.21	$ 1,697.02
Dental	74.93	132.92	217.85	159.86
Total	**967.59**	**2,005.16**	**2,709.06**	**1,856.88**
District Contribution	1,572.50	1,572.50	1,572.50	1,572.50
Pre-Tax Out of Pocket	-	*432.66*	*1,136.56*	*284.38*
Vision	13.81	31.77	40.33	25.41
Total Out of Pocket	**$ 13.81**	**$ 464.43**	**$ 1,176.89**	**$ 309.79**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 693.79	$ 1,454.57	$ 1,934.19	$ 1,319.13
Dental	74.93	132.92	217.85	159.86
Total	**768.72**	**1,587.49**	**2,152.04**	**1,478.99**
District Contribution	1,572.50	1,572.50	1,572.50	1,572.50
Pre-Tax Out of Pocket	-	*14.99*	*579.54*	-
Vision	13.81	31.77	40.33	25.41
Total Out of Pocket	**$ 13.81**	**$ 46.76**	**$ 619.87**	**$ 25.41**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 672.48	$ 1,409.28	$ 1,873.46	$ 1,278.81
Dental	74.93	132.92	217.85	159.86
Total	**747.41**	**1,542.20**	**2,091.31**	**1,438.67**
District Contribution	1,572.50	1,572.50	1,572.50	1,572.50
Pre-Tax Out of Pocket	-	-	*518.81*	-
Vision	13.81	31.77	40.33	25.41
Total Out of Pocket	**$ 13.81**	**$ 31.77**	**$ 559.14**	**$ 25.41**

CLASSIFIED RETIREES

FULL-TIME ***(7.00 - 8.00 HOURS PER DAY OR 35.00 - 40.00 HOURS PER WEEK)***

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**88.74**	**164.69**	**258.18**	**185.27**
District Contribution	1,710.00	1,710.00	1,710.00	1,710.00
Total Out of Pocket	**$ -**	**$ -**	**$ -**	**$ -**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 892.66	$ 1,872.24	$ 2,491.21	$ 1,697.02
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**981.40**	**2,036.93**	**2,749.39**	**1,882.29**
District Contribution	1,710.00	1,710.00	1,710.00	1,710.00
Total Out of Pocket	**$ -**	**$ 326.93**	**$ 1,039.39**	**$ 172.29**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 693.79	$ 1,454.57	$ 1,934.19	$ 1,319.13
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**782.53**	**1,619.26**	**2,192.37**	**1,504.40**
District Contribution	1,710.00	1,710.00	1,710.00	1,710.00
Total Out of Pocket	**$ -**	**$ -**	**$ 482.37**	**$ -**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 672.48	$ 1,409.28	$ 1,873.46	$ 1,278.81
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**761.22**	**1,573.97**	**2,131.64**	**1,464.08**
District Contribution	1,710.00	1,710.00	1,710.00	1,710.00
Total Out of Pocket	**$ -**	**$ -**	**$ 421.64**	**$ -**

PART-TIME ***(6.00 - 6.99 HOURS PER DAY OR 30.00 - 34.99 HOURS PER WEEK)***

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**88.74**	**164.69**	**258.18**	**185.27**
District Contribution	1,539.00	1,539.00	1,539.00	1,539.00
Total Out of Pocket	**$ -**	**$ -**	**$ -**	**$ -**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 892.66	$ 1,872.24	$ 2,491.21	$ 1,697.02
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**981.40**	**2,036.93**	**2,749.39**	**1,882.29**
District Contribution	1,539.00	1,539.00	1,539.00	1,539.00
Total Out of Pocket	**$ -**	**$ 497.93**	**$ 1,210.39**	**$ 343.29**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 693.79	$ 1,454.57	$ 1,934.19	$ 1,319.13
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**782.53**	**1,619.26**	**2,192.37**	**1,504.40**
District Contribution	1,539.00	1,539.00	1,539.00	1,539.00
Total Out of Pocket	**$ -**	**$ 80.26**	**$ 653.37**	**$ -**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 672.48	$ 1,409.28	$ 1,873.46	$ 1,278.81
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**761.22**	**1,573.97**	**2,131.64**	**1,464.08**
District Contribution	1,539.00	1,539.00	1,539.00	1,539.00
Total Out of Pocket	**$ -**	**$ 34.97**	**$ 592.64**	**$ -**

PART-TIME ***(4.00 - 5.99 HOURS PER DAY OR 20.00 - 29.99 HOURS PER WEEK)***

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**88.74**	**164.69**	**258.18**	**185.27**
District Contribution	1,368.00	1,368.00	1,368.00	1,368.00
Total Out of Pocket	**$ -**	**$ -**	**$ -**	**$ -**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 892.66	$ 1,872.24	$ 2,491.21	$ 1,697.02
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**981.40**	**2,036.93**	**2,749.39**	**1,882.29**
District Contribution	1,368.00	1,368.00	1,368.00	1,368.00
Total Out of Pocket	**$ -**	**$ 668.93**	**$ 1,381.39**	**$ 514.29**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 693.79	$ 1,454.57	$ 1,934.19	$ 1,319.13
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**782.53**	**1,619.26**	**2,192.37**	**1,504.40**
District Contribution	1,368.00	1,368.00	1,368.00	1,368.00
Total Out of Pocket	**$ -**	**$ 251.26**	**$ 824.37**	**$ 136.40**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 672.48	$ 1,409.28	$ 1,873.46	$ 1,278.81
Vision	13.81	31.77	40.33	25.41
Dental	74.93	132.92	217.85	159.86
Total	**761.22**	**1,573.97**	**2,131.64**	**1,464.08**
District Contribution	1,368.00	1,368.00	1,368.00	1,368.00
Total Out of Pocket	**$ -**	**$ 205.97**	**$ 763.64**	**$ 96.08**

MEDICAL

Fern Ridge School District No 28J

Benefit Year: Calendar Year

Provider Network: Navigator

Deductible Per Benefit Year	In-network	Out-of-network
Individual/Family	$2,000/$4,000	$5,000/$10,000
Out-of-Pocket Limit Per Benefit Year	**In-network**	**Out-of-network**
Individual/Family	$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
Preventive Care		
Well baby/Well child care	No deductible, 0%	After deductible, 40%
Preventive physicals	No deductible, 0%	After deductible, 40%
Well woman visits	No deductible, 0%	After deductible, 40%
Preventive mammograms	No deductible, 0%	After deductible, 40%
Immunizations	No deductible, 0%	After deductible, 40%
Preventive colonoscopy	No deductible, 0%	After deductible, 40%
Prostate cancer screening	No deductible, 0%	After deductible, 40%
Professional Services		
Office and home visits	No deductible, $25	After deductible, 40%
Naturopath office visits	No deductible, $25	After deductible, 40%
Specialist office and home visits	No deductible, $25	After deductible, 40%

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

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

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 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:

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

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

Benefit Year: Calendar Year

Provider Network: Navigator

Deductible Per Benefit Year	In-network	Out-of-network
Individual/Family	$6,000/$12,000	$10,000/$20,000
Out-of-Pocket Limit Per Benefit Year	**In-network**	**Out-of-network**
Individual/Family	$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
Preventive Care		
Well baby/Well child care	No deductible, 0%	After deductible, 40%
Preventive physicals	No deductible, 0%	After deductible, 40%
Well woman visits	No deductible, 0%	After deductible, 40%
Preventive mammograms	No deductible, 0%	After deductible, 40%
Immunizations	No deductible, 0%	After deductible, 40%
Preventive colonoscopy	No deductible, 0%	After deductible, 40%
Prostate cancer screening	No deductible, 0%	After deductible, 40%
Professional Services		
Office and home visits	No deductible, $35	After deductible, 40%
Naturopath office visits	No deductible, $35	After deductible, 40%
Specialist office and home visits	No deductible, $35	After deductible, 40%

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

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

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 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:

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

Service/ Supply	Tier 1 Member Pays	Tier 2 Member Pays	Tier 3 Member Pays	Tier 4 Member Pays
In-network Mail Order Pharmacy				
Up to a 30 day supply:	No deductible, $10	No deductible, $50+	No deductible, $75+	No deductible, the lesser of $150 or 10%
31 - 90 day supply:	No deductible, $20	No deductible, $100+	No deductible, $150+	No deductible, the lesser of $300 or 10%
Compound Drugs**				
Up to a 30 day supply:	No deductible, $75			
31 - 60 day supply:	No deductible, $150			
61 - 90 day supply:	No deductible, $225			
Out-of-network Pharmacy				
30 day maximum fill, no more than three fills allowed per year:	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
Individual/Family	$2,500/$5,000	$7,500/$15,000
Out-of-Pocket Limit Per Benefit Year	**In-network**	**Out-of-network**
Individual/Family	$5,000/$8,150	$15,000/$30,000

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
Preventive Care		
Well baby/Well child care	No deductible, 0%	After deductible, 40%
Preventive physicals	No deductible, 0%	After deductible, 40%
Well woman visits	No deductible, 0%	After deductible, 40%
Preventive mammograms	No deductible, 0%	After deductible, 40%
Immunizations	No deductible, 0%	After deductible, 40%
Preventive colonoscopy	No deductible, 0%	After deductible, 40%
Prostate cancer screening	No deductible, 0%	After deductible, 40%
Professional Services		
Office and home visits	After deductible, 20%	After deductible, 40%
Naturopath office visits	After deductible, 20%	After deductible, 40%

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

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

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 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:

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

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

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Members Age 18 and Younger		
Eye exam	No deductible, $10	No deductible up to $40 then 100%
Vision hardware	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
Members Age 19 and Older		
Eye exam	No deductible, $10	No deductible up to $40 then 100%
Vision hardware	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).

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

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

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

Service/Supply	All Providers Member Pays
Full mouth debridement	0%
Complicated oral surgery	0%
Pulp capping	0%
Pulpotomy	0%
Root canal therapy	0%
Periodontal surgery	0%
Tooth desensitization	0%
Class III Services	
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 (select Commercial for the line of business).

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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.

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.

Continued >

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

PacificSource.com

PacificSource

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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.

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

PacificSource

Navigator member guide

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

PacificSource HEALTH PLANS

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 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.

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 or 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.

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 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.

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 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 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.

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.

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 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 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
PacificSource.com

Individual plan billing and payments
800 591 6579
Individual@PacificSource.com

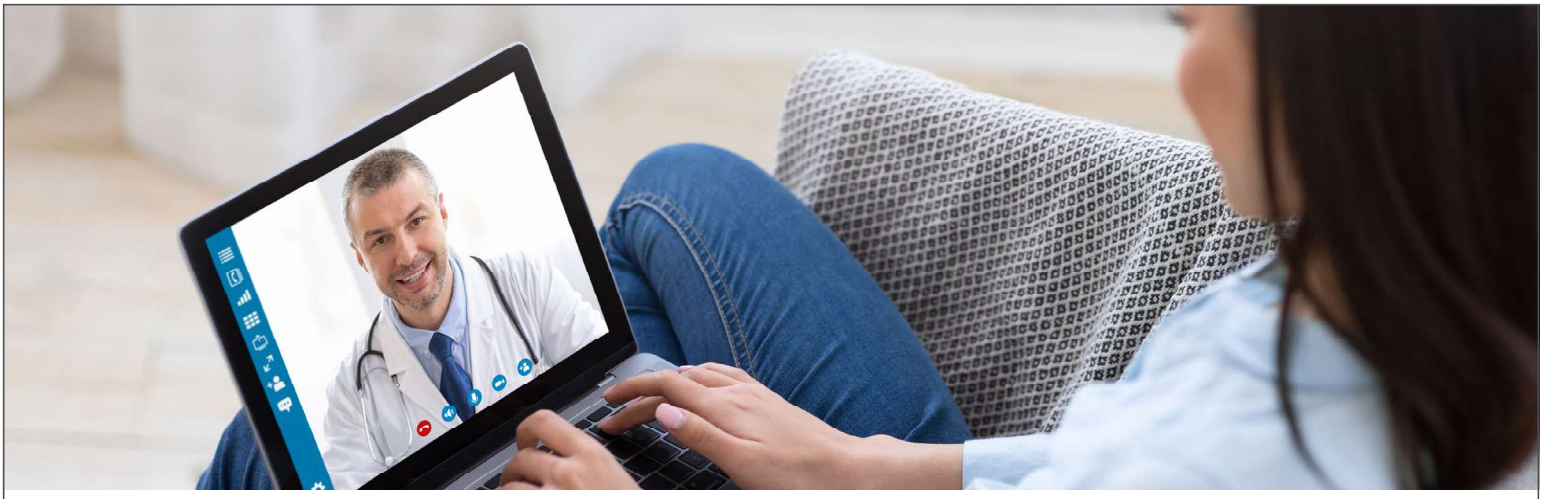
If you're part of a group plan, please contact your employer or school administration with questions.

PacificSource Pharmacy Services
844 877 4803
Pharmacy@PacificSource.com

CVS Caremark (pharmacy)
866-329-3051
Caremark.com

Teladoc (telehealth service)
Check with your employer to see if Teladoc is offered on your plan.
855 201 7488
Teladoc.com

24 Hour NurseLine
855 834 6150



Teladoc®—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. Find the "Teladoc - Remote Care" link under "Tools" to set up your account.

Mobile app: Visit 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.

See reverse for FAQ >

Talk to a doctor anytime!

Web
Teladoc.com

Phone
855-201-7488

Mobile App
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, 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.

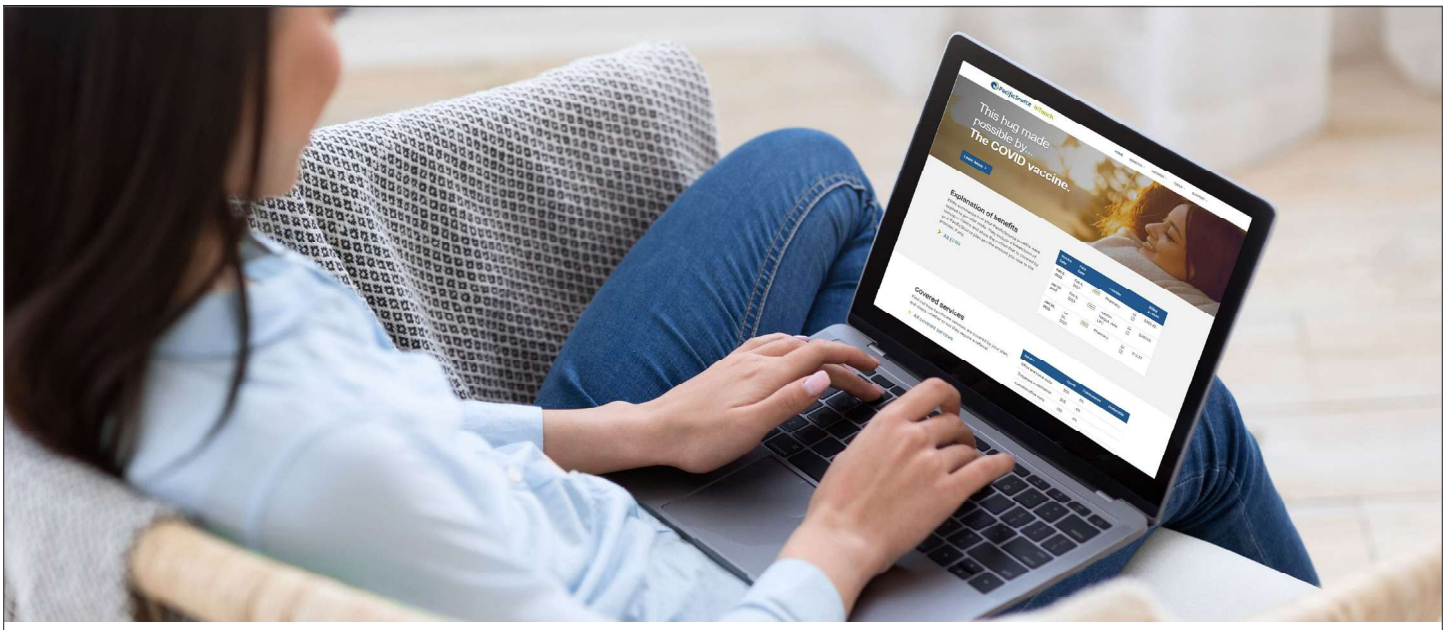
If the Teladoc doctor recommends that I see my primary care physician or a specialist, do I still have to pay the Teladoc consult fee?

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.

PacificSource HEALTH PLANS



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.

PacificSource HEALTH PLANS

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

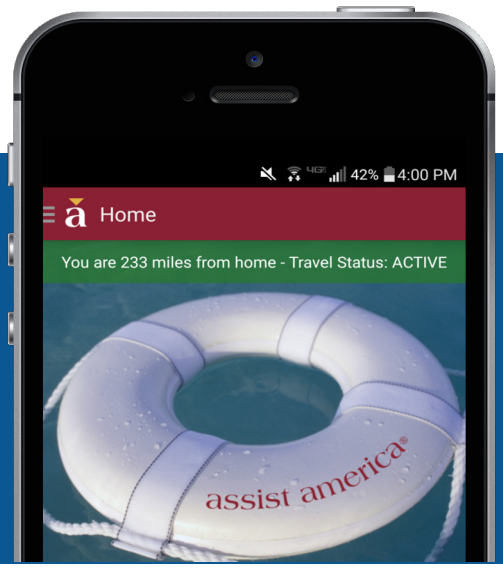
Emergency care—call 911 or go to an emergency room when:

- 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.**

PacificSource HEALTH PLANS



PacificSource HEALTH PLANS

assist america® Innovative Assistance Solutions

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

ANDROID APP ON Google play

Available on the App Store

For more information, visit www.assistamerica.com.

GLOBAL EMERGENCY SERVICES

PacificSource HEALTH PLANS | assist america® Innovative Assistance Solutions

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

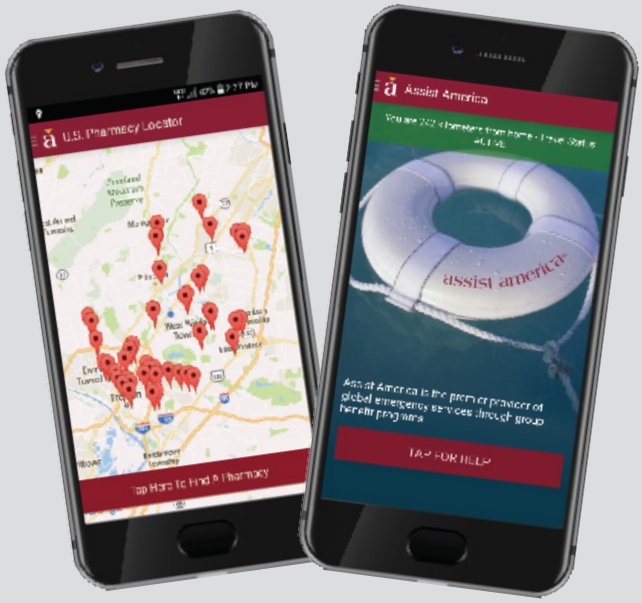
AVAILABLE IN 7 LANGUAGES
The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

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

01-AA-PSH-10073

ANDROID APP ON Google play

Download on the App Store



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)

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**

For more information about your plan, please contact:
PacificSource Health Plans
555 International Way
Springfield, OR 97477
Tel. **800-624-6052**
www.PacificSource.com

PacificSource HEALTH PLANS

Where to Get Care

A practical guide for our members

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** 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** 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.

CLB1034_0120

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.