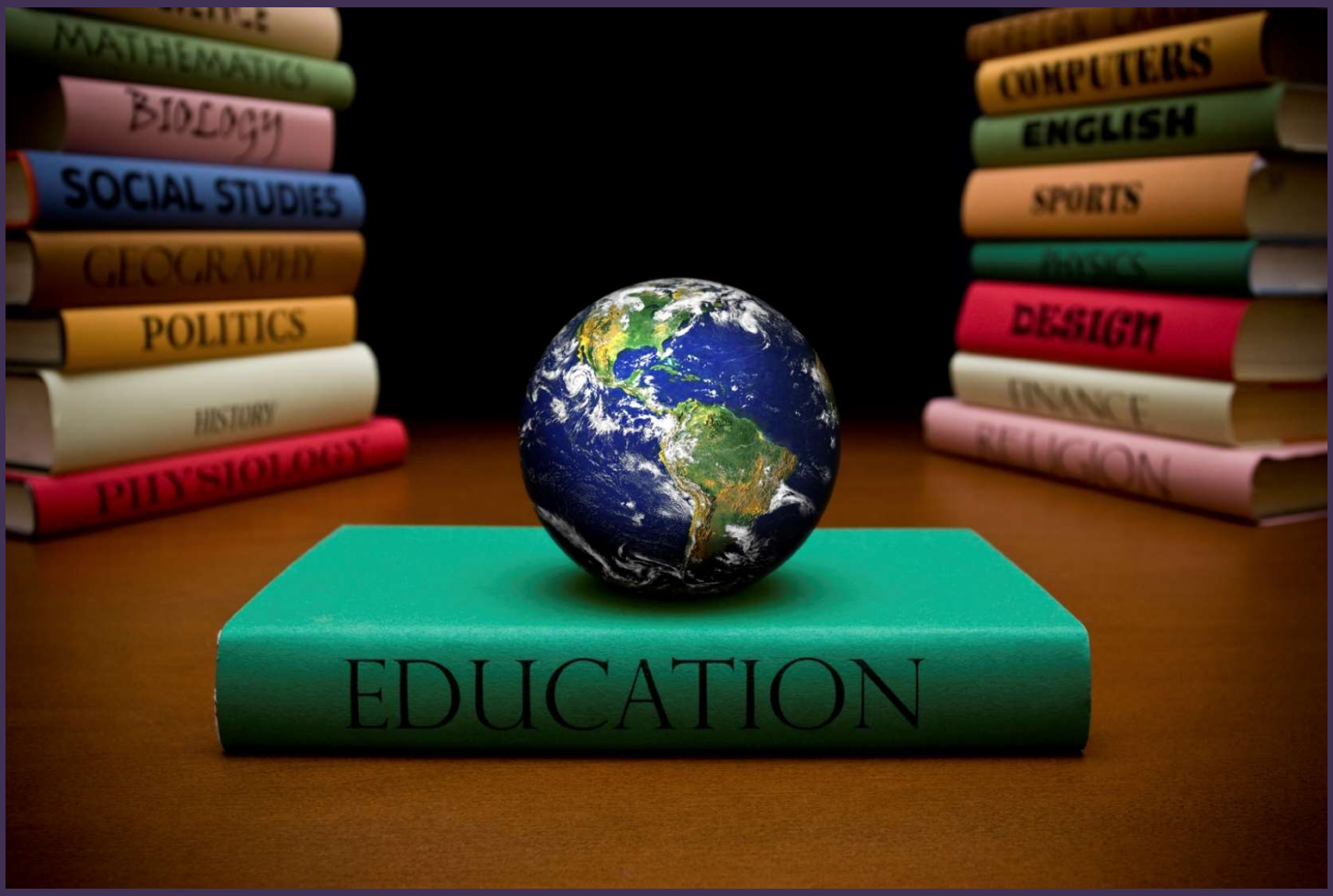
School District 28J

WHA INSURANCE

Benefits Resource Guide







PLAN YEAR | **2024-2025**

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

RICHARD ALLM
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FULL TEAM

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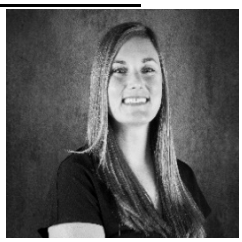
DIRECT: (541) 284-5837



SAMANTHA BIANCO
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HOLLY BELL
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CONTACT

LOCAL OFFICE	TOLL FREE	FAX
(541) 342-4441	(800) 852-6140	(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.

Fern Ridge School District

Plan Comparison
2024-25 Plan Year

WHA INSURANCE

	PacificSource					
	$2000 Deductible		$6000 Deductible		$2500 HSA	
Medical Benefits	In-Network		In-Network		In-Network	
Individual Deductible per Calendar Year	$2,000		$6,000		$2,500	
Maximum Family Ded. per Cal. Year	$4,000		$12,000		$5,000	
Coinsurance	20%		20%		20%	
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						
Virtual Office Visit (vendor)	1st 3 Visits $5 then	$25	1st 3 Visits $5 then	$35	1st 3 Visits $0 then	20%
Primary Care Office / Virtual Visit		$25		$35		20%
Specialist Office / Virtual Visit	$25		$35		20%	
Urgent Care Office Visit	$25		$35		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%	
Outpatient Rehabilitation/Habilitation	$25		$35		20%	
Allergy Injections	$5		$5		20%	
Alternative Care						
Chiropractic, Acup. and Naturo. OV	$25		$35		20%	
Massage Therapy Office Visits	$25		$35		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	
Prescription Drug Benefit						
Prescription Supply	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Pharmacy Deductible	None		None		Medical Deductible	
Tier 1	$10	$30	$10	$30	20%	20%
Tier 2	$50	$150	$50	$150	20%	20%
Tier 3	$75	$225	$75	$225	20%	20%
Tier 4	Lesser of $150 or 10%	Lesser of $450 or 10%	Lesser of $150 or 10%	Lesser of $450 or 10%	20%	20%
Vision						
Benefit Availability	Per calendar year		Per calendar year		Per calendar year	
Exam	$10		$10		$10	
Lens Benefit	Up to $400 Allowance		Up to $400 Allowance		Up to $400 Allowance	
Frame Benefit						
Contact Lens Benefit *(in place of glasses)*						

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

Deductible Applies
Deductible Waived

FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates for PacificSource
2024-2025 Plan Year

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
Family

	$2000 Nav	$2500 HSA	$6000 Nav	$2000 Nav	$2500 HSA	$6000 Nav
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,853.55	$ 1,853.55	$ 1,853.55	$ 1,853.55	$ 1,853.55	$ 1,853.55
Total Out of Pocket	**$ 288.73**	**$ -**	**$ -**	**$ 1,001.09**	**$ 540.87**	**$ 506.46**
HSA Contribution	$ -	$ 133.90	$ -	$ -	$ -	$ -
HRA VEBA Contribution	$ -	$ -	$ 164.26	$ -	$ -	$ -

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	$2000 Nav	$2500 HSA	$6000 Nav	$2000 Nav	$2500 HSA	$6000 Nav
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,727.83	$ 1,727.83	$ 1,727.83	$ 1,554.33	$ 1,554.33	$ 1,554.33	$ 1,380.83	$ 1,380.83	$ 1,380.83
Total Out of Pocket	**$ 414.45**	**$ -**	**$ -**	**$ 587.95**	**$ 165.32**	**$ 134.96**	**$ 761.45**	**$ 338.82**	**$ 308.46**
HSA Contribution	$ -	$ 8.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -
HRA VEBA Contribution	$ -	$ -	$ 38.54	$ -	$ -	$ -	$ -	$ -	$ -

FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates for PacificSource
2024-2025 Plan Year

ADMINISTRATOR EMPLOYEES

	FULL TIME EMPLOYEES *Administrators 190-195 days*			FULL TIME EMPLOYEES *Administrators 196-200 days*			FULL TIME EMPLOYEES *Administrators 201-205 days*		
	$2000 Nav	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,841.55	$ 1,841.55	$ 1,841.55	$ 1,879.05	$ 1,879.05	$ 1,879.05	$ 1,897.80	$ 1,897.80	$ 1,897.80
Total Out of Pocket	**$ 300.73**	**$ -**	**$ -**	**$ 263.23**	**$ -**	**$ -**	**$ 244.48**	**$ -**	**$ -**
HSA Contribution	**$ -**	**$ 121.90**	**$ -**	**$ -**	**$ 159.40**	**$ -**	**$ -**	**$ 178.15**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 152.26**	**$ -**	**$ -**	**$ 189.76**	**$ -**	**$ -**	**$ 208.51**

ADMINISTRATOR EMPLOYEES

	FULL TIME EMPLOYEES *Administrators 206-210 days*			FULL TIME EMPLOYEES *Administrators 211-215 days*			FULL TIME EMPLOYEES *Administrators 216-220 days*		
	$2000 Nav	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,916.55	$ 1,916.55	$ 1,916.55	$ 1,935.30	$ 1,935.30	$ 1,935.30	$ 1,944.68	$ 1,944.68	$ 1,944.68
Total Out of Pocket	**$ 225.73**	**$ -**	**$ -**	**$ 206.98**	**$ -**	**$ -**	**$ 197.60**	**$ -**	**$ -**
HSA Contribution	**$ -**	**$ 196.90**	**$ -**	**$ -**	**$ 215.65**	**$ -**	**$ -**	**$ 225.03**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 227.26**	**$ -**	**$ -**	**$ 246.01**	**$ -**	**$ -**	**$ 255.39**

FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates for PacificSource
2024-2025 Plan Year

ADMINISTRATOR EMPLOYEES

	FULL TIME EMPLOYEES *Administrators 221-225 days*			FULL TIME EMPLOYEES *Administrators 226-230 days*			FULL TIME EMPLOYEES *Administrators 231-235 days*		
	$2000 Nav	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,954.05	$ 1,954.05	$ 1,954.05	$ 1,963.43	$ 1,963.43	$ 1,963.43	$ 1,972.80	$ 1,972.80	$ 1,972.80
Total Out of Pocket	**$ 188.23**	**$ -**	**$ -**	**$ 178.85**	**$ -**	**$ -**	**$ 169.48**	**$ -**	**$ -**
HSA Contribution	**$ -**	**$ 234.40**	**$ -**	**$ -**	**$ 243.78**	**$ -**	**$ -**	**$ 253.15**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 264.76**	**$ -**	**$ -**	**$ 274.14**	**$ -**	**$ -**	**$ 283.51**

ADMINISTRATOR EMPLOYEES

DO Group

	FULL TIME EMPLOYEES *Administrators 236+ days*			FULL TIME EMPLOYEES *DO Group 190-195 days*			FULL TIME EMPLOYEES *DO Group 196-200 days*		
	$2000 Nav	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,982.18	$ 1,982.18	$ 1,982.18	$ 1,853.55	$ 1,853.55	$ 1,853.55	$ 1,891.05	$ 1,891.05	$ 1,891.05
Total Out of Pocket	**$ 160.10**	**$ -**	**$ -**	**$ 288.73**	**$ -**	**$ -**	**$ 251.23**	**$ -**	**$ -**
HSA Contribution	**$ -**	**$ 262.53**	**$ -**	**$ -**	**$ 133.90**	**$ -**	**$ -**	**$ 171.40**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 292.89**	**$ -**	**$ -**	**$ 164.26**	**$ -**	**$ -**	**$ 201.76**

FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates for PacificSource
2024-2025 Plan Year

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**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,909.80	$ 1,909.80	$ 1,909.80	$ 1,928.55	$ 1,928.55	$ 1,928.55	$ 1,947.30	$ 1,947.30	$ 1,947.30
Total Out of Pocket	**$ 232.48**	**$ -**	**$ -**	**$ 213.73**	**$ -**	**$ -**	**$ 194.98**	**$ -**	**$ -**
HSA Contribution	**$ -**	**$ 190.15**	**$ -**	**$ -**	**$ 208.90**	**$ -**	**$ -**	**$ 227.65**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 220.51**	**$ -**	**$ -**	**$ 239.26**	**$ -**	**$ -**	**$ 258.01**

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**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64	31.64
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,956.68	$ 1,956.68	$ 1,956.68	$ 1,966.05	$ 1,966.05	$ 1,966.05	$ 1,975.43	$ 1,975.43	$ 1,975.43
Total Out of Pocket	**$ 185.60**	**$ -**	**$ -**	**$ 176.23**	**$ -**	**$ -**	**$ 166.85**	**$ -**	**$ -**
HSA Contribution	**$ -**	**$ 237.03**	**$ -**	**$ -**	**$ 246.40**	**$ -**	**$ -**	**$ 255.78**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 267.39**	**$ -**	**$ -**	**$ 276.76**	**$ -**	**$ -**	**$ 286.14**

FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates for PacificSource
2024-2025 Plan Year

DO GROUP

FULL TIME EMPLOYEES
DO Group 231-235 days

	$2000 Nav	$2500 HSA	$6000 Nav
Medical & Rx	$ 1,943.77	$ 1,521.14	$ 1,490.78
Vision	31.64	31.64	31.64
Dental	166.87	166.87	166.87
Total	**$ 2,142.28**	**$ 1,719.65**	**$ 1,689.29**
District Contribution	$ 1,984.80	$ 1,984.80	$ 1,984.80
Total Out of Pocket	**$ 157.48**	**$ -**	**$ -**
HSA Contribution	**$ -**	**$ 265.15**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 295.51**

FULL TIME EMPLOYEES
DO Group 236+ days

	$2000 Nav	$2500 HSA	$6000 Nav
	$ 1,943.77	$ 1,521.14	$ 1,490.78
	31.64	31.64	31.64
	166.87	166.87	166.87
	$ 2,142.28	**$ 1,719.65**	**$ 1,689.29**
	$ 1,994.18	$ 1,994.18	$ 1,994.18
	$ 148.10	**$ -**	**$ -**
	$ -	**$ 274.53**	**$ -**
	$ -	**$ -**	**$ 304.89**

SUPERINTENDENT

FULL TIME EMPLOYEES
Superintendent

	$2000 Nav	$2500 HSA	$6000 Nav
	$ 1,943.77	$ 1,521.14	$ 1,490.78
	31.64	31.64	31.64
	166.87	166.87	166.87
	$ 2,142.28	**$ 1,719.65**	**$ 1,689.29**
	$ 2,387.29	$ 2,387.29	$ 2,387.29
	$ -	**$ -**	**$ -**
	$ -	**$ 667.64**	**$ -**
	$ 245.01	**$ -**	**$ 698.00**

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	First three visits no deductible, $5. Subsequent visits, no deductible, $25*	After deductible, 40%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Naturopath office visits	No deductible, $25	After deductible, 40%
Specialist office and home visits	No deductible, $25	After deductible, 40%
Telehealth visits	First three visits no deductible, $5. Subsequent visits, no deductible, $25*	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%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Ambulance, ground	After deductible, 20%	After deductible, 20%
Ambulance, air	After deductible, 50%	After deductible, 50%
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	First three visits no deductible, $5. Subsequent 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.

* First 3 visits per benefit year combined for Professional Services – Office and home visits, Telehealth visits, and Mental Health and Substance Use Disorder Services – Office visits.

** 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 limited to $85 copay 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	$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	First three visits no deductible, $5. Subsequent visits, no deductible, $35*	After deductible, 40%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Naturopath office visits	No deductible, $35	After deductible, 40%
Specialist office and home visits	No deductible, $35	After deductible, 40%
Telehealth visits	First three visits no deductible, $5. Subsequent visits, no deductible, $35*	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%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Ambulance, ground	After deductible, 20%	After deductible, 20%
Ambulance, air	After deductible, 50%	After deductible, 50%
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	First three visits no deductible, $5. Subsequent 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.

* First 3 visits per benefit year combined for Professional Services – Office and home visits, Telehealth visits, and Mental Health and Substance Use Disorder Services – Office visits.

** 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).

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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 limited to $85 copay 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		

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Office and home visits	First three visits after deductible, 0%. Subsequent visits, after deductible, 20%*	After deductible, 40%
Naturopath office visits	After deductible, 20%	After deductible, 40%
Specialist office and home visits	After deductible, 20%	After deductible, 40%
Telehealth visits	First three visits after deductible, 0%. Subsequent 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%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
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%
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	First three visits after deductible, 0%. Subsequent 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.

* First 3 visits per benefit year combined for Professional Services – Office and home visits, Telehealth visits, and Mental Health and Substance Use Disorder Services – Office visits.

** 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).

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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 limited to $85 copay 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

PacificSource HEALTH PLANS

Vision Benefit Summary
Vision 10-400 S2

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 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) 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

Fern Ridge School District No 28J

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 deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services 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.

What is the benefit maximum?

The benefit maximum is the maximum amount payable by this plan for covered services received each benefit year. Expenses for Class I Services do not apply toward the maximum.

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).

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.

LIFE INSURANCE

Fern Ridge School District #28J

Summary of Benefits

Group Term Life and Accidental Death & Dismemberment Benefit

Employee Life and Accidental Death & Dismemberment Benefit:

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

Dependent Life Benefit:

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

*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

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

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-exiting 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.

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

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
Guarantee Issue – $50,000	

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
Spouse Guarantee Issue – Up to $25,000; **Children Guarantee Issue** – Up to $10,000	

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.

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		
	$5,000	$10,000
Per (Child)ren Unit	$1.00	$2.00

EMPLOYEE ASSISTANCE PPROGRAM (EAP)

Call ComPsych® DisabilityGuidance℠ anytime for confidential assistance.

Call: **866.511.3361**
Go online: **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℠ 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℠—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
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- 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
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- 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
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- 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℠, 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 Insurance

UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777 • MERIDIAN, ID 83680
800-657-6351 • unitedheritage.com

Your ComPsych® DisabilityGuidance Program

CALL ANYTIME
Call: **866.511.3361**
TDD: 800.697.0353
Online: **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 2024 is $3,200. 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 $640 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 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

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

ONEBRIDGE BENEFITS

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 Orthodonita)
- 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

See more benefits on other side.

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**
Your Annual Savings[1]	**$375**	**$1,875**

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.

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

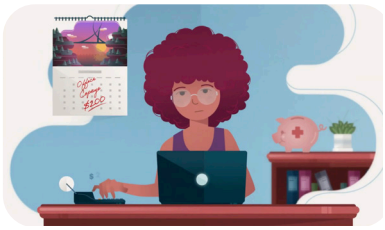
Easily update your information and account settings like direct deposit & e-communications.

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.



SCAN ME

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.

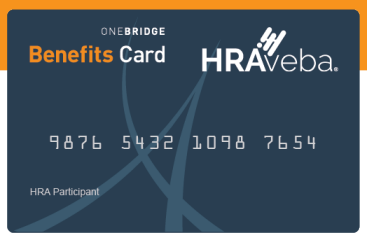
Qualified Healthcare Expenses:

Common qualified out-of-pocket expenses include:

- Deductibles
- Copays
- Coinsurance
- Prescription drugs

HRAveba®

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:
▼▼

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.

More Information
HRAveba.org

Ask Questions
1-888-659-8828

→

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

HRAveba®

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

2024 HSA Maximum Contributions:

Single-$4,150

Family-$8,300

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 fromhome.

Many American employers and employees believe that their health insurance policies cover most, if notall 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 arrangeand pay to have them transported to a hospital closer to their place ofresidence.

MASA Medical Transport Solutions™

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 aminimal 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

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.

PLATINUM MEMBERSHIP BENEFITS

Emergency Air Medical Transportation	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)
Emergency Ground Transportation	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)
Non-Emergent Air Transportation	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 transportion 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)
Organ Retrieval**	MASA MTS will provide air transportation of an organ to be used in an organ transplant. (U.S. only)
Organ Recipient Transportation**	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)
Recuperation / Repatriation	If a member is hospitalized while away from home, MASA MTS will fly them home to recuperate in familiar surroundings. (Worldwide coverage)
Escort Transportation	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)
Visitor Transport	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*)
Minor Children / Grandchildren Return	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*)
Vehicle Return	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*)
Mortal Remains Transport	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)
Pet Return	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

Manage your benefits with InTouch whenever, wherever

Easily find in-network doctors, hospitals, specialists, alternative care providers, and more with **InTouch**—our secure web portal for members.

You can also:

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

PacSrc.co/account

Create your InTouch account

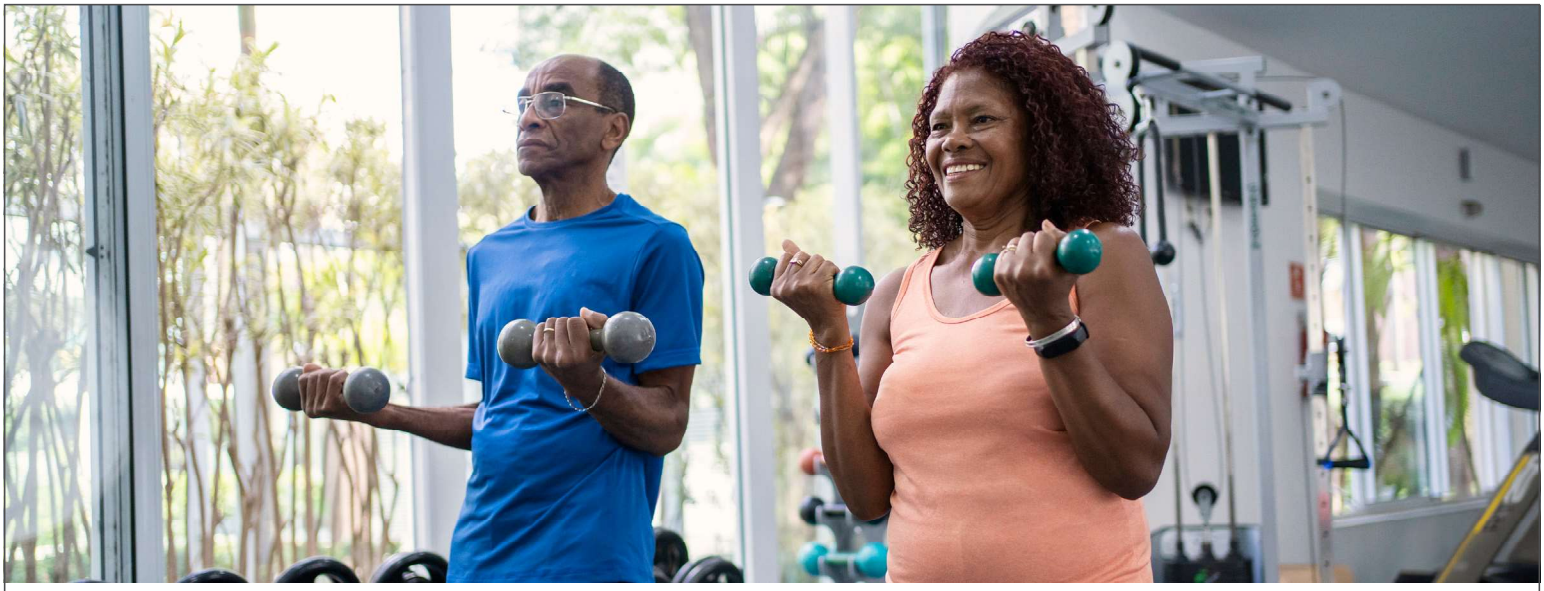
1. Scan QR code
2. Click "Create account"
3. Follow the steps provided

Our app puts InTouch in your pocket

The myPacificSource app is a convenient way to access InTouch from your smartphone or tablet. You'll find links to download the iOS or Android app at the page linked above.

After you create your InTouch account, use your username and password to log in to the app.

PacificSource HEALTH PLANS



The Active&Fit Direct™ Fitness Center Program

Members get discounted access to a broad network of participating fitness centers.

Choose standard or premium

- Select the standard or premium fitness center option that best fits you.
- Stop or switch options any time.
- **Discounts range from 20% to 70%** on average.

Freedom and flexibility

- 12,500+ participating centers/YMCAs nationwide. (See PacSrc.co/ActiveAndFitSearch.)
- Switch fitness centers to ensure you find the right fit.
- Find fitness centers with the web-based locator.
- Track your progress with the online fitness tracker.
- 12,000+ online workout videos—for home, work, or on-the-go.
- Receive unlimited 1:1 well-being coaching in areas such as fitness, nutrition, stress management, and sleep.

Get started

1. Visit PacificSource.com/ActiveAndFit for details. Or sign in at InTouch.PacificSource.com/members to register.
2. View and print your Active&Fit membership card.
3. Once the fitness center verifies your enrollment in the program, you will sign a standard membership agreement and receive a card or key tag from the fitness center to check in for future visits.

Note: Your participation is month-to-month after an initial two-month commitment.

Free fitness center trial

- Many fitness centers/YMCAs offer guest passes.
- Request a guest-pass letter for a gym at PacSrc.co/ActiveAndFitSearch. You will need to register and sign in to request the letter.

The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct is a trademark of ASH and used with permission here.

Questions? We're happy to help

Email

CS@PacificSource.com

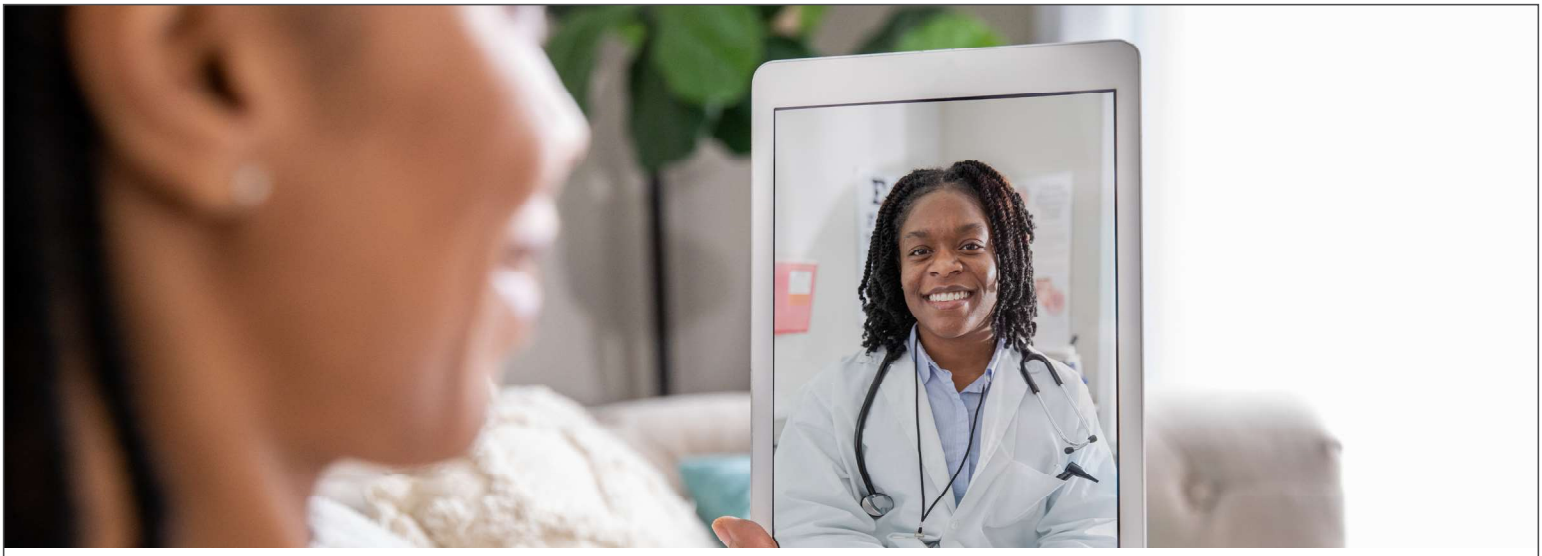
Phone

888-977-9299
TTY: 711
We accept all relay calls.

En Español 866-281-1464

PacificSource.com

PacificSource HEALTH PLANS



Doctor's appointments via phone, video, or mobile app with Teladoc®

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 your 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, contact PacificSource Customer Service at **888-977-9299**, TTY: 711 (we accept all relay calls), or CS@PacificSource.com. You can also check with your employer.

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 of 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 non-emergency 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 20 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 canceled 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 drugs, 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 be responsible for is based on your specific plan 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's 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

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.

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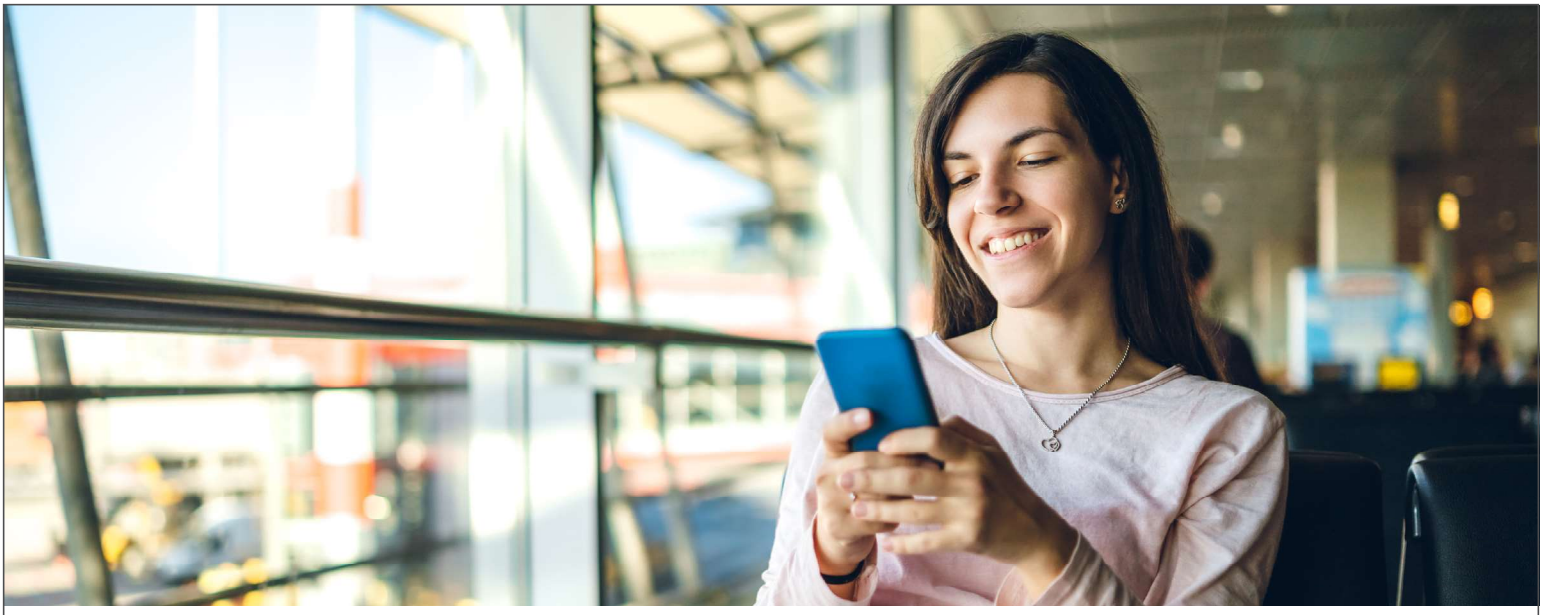


How to access care nationally

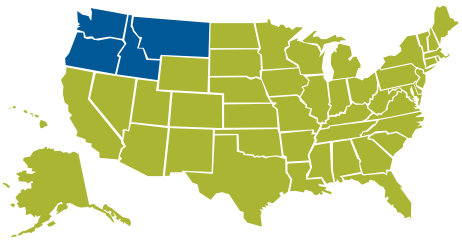
Whether you're on vacation, traveling for work, or you reside outside the PacificSource four-state network footprint, it's reassuring to know you can easily access healthcare*.

Nationwide in-network coverage for doctors and hospitals across the Northwest — and across the nation.

Outside Idaho, Montana, Oregon, and Washington, you can get in-network care through our collaboration with Aetna Signature Administrators®.

Aetna's PPO network includes more than 1.5 million participating physicians and ancillary providers, including more than 6,000 hospitals.

You will receive your plan's in-network level of benefits when you visit providers and facilities in the Aetna PPO.



PacificSource Service Area
(Idaho, Montana, Oregon, and Washington)

Aetna PPO

Provider directories

To find providers within Idaho, Montana, Oregon, or Washington, search our directory at PacificSource.com/find-a-doctor.

To find a provider outside our four-state service area, search the Aetna PPO directory at Aetna.com/ASA.

*Some exceptions apply for Individual members residing outside our service areas.

Sign in or register for our secure member portal, InTouch

InTouch.PacificSource.com

Email
CS@PacificSource.com

Phone
Toll-free: 888-977-9299
TTY: 711
We accept all relay calls.
En español: 866-281-1464

PacificSource.com

PacificSource HEALTH PLANS

Frequently asked questions

What if the provider I want to use is not a member of the network?

If the provider is not in your plan's network or our national network, you will receive your plan's out-of-network provider benefits, unless it is a true medical emergency. If you have a true medical emergency, go directly to the nearest emergency room or appropriate facility, and there will be no reduction in benefits.

If you would like to request that a provider join either network, you may contact our Customer Service team for a nomination form. Give the form to the provider to complete and return to PacificSource. Keep in mind that sending in a nomination form doesn't mean the provider will automatically be added to the network. The nomination process may take up to nine months, and not all providers are approved.

What if I need nonemergency hospitalization?

Check the Aetna directory for an in-network hospital nearby. Then, check with your doctor to see if they have hospital privileges with that hospital. Finally, have your doctor get prior authorization for your admission by calling our Health Services team at **888-691-8209.**

How are my claims paid when I receive treatment?

When you use an Aetna PPO provider, simply show your PacificSource member ID card. The provider will send your claim to us automatically, and you won't have to file any paperwork.

If you go to an out-of-network provider, the provider may or may not bill us directly. If they don't bill us directly, you'll need to pay for the services up front, then send PacificSource a claim for reimbursement. Your claim must include a copy of the provider's itemized bill, along with your name, member ID number, group name and number, and the patient's name. If you were treated for an accidental injury, please also include the date, time, place, and circumstances of the accident.

How do providers obtain information on benefits, prior authorization, and eligibility?

Show your PacificSource member ID card to the provider office when obtaining services. It contains important provider information. For prior authorization, providers should contact our Health Services team at **888-691-8209.** To verify benefits and member eligibility, they can call our Customer Service team at **888-977-9299.**

What if I'm traveling in another country?

Depending on your specific medical plan benefits, if you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services at no cost. Medical services arranged by Assist America® Global Emergency Services (or partner Scholastic Emergency Services) are provided at no cost to you. Services include medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, critical care monitoring, and when medically necessary, evacuation to a facility that can provide treatment. For more information, visit PacSrc.co/assist-america.

What if there are no network providers where I live?

The networks are growing and adding new providers all the time. If a network provider is not available where you live, your plan pays your covered expenses based on usual, customary, and reasonable charges for that area, at the out-of-network cost-share rate.

PacificSource HEALTH PLANS

Get care when traveling

Tips for when you need medical attention or emergency services.

Always carry your PacificSource member ID

Your member ID card lets providers know you're covered and includes helpful network and contact information. The myPacificSource app features a convenient way to carry your member ID on your phone. Learn more and download at PacSrc.co/mobile-app.

When traveling in the US

Whenever possible, see an in-network provider: Either from our four-state network while in Idaho, Montana, Oregon, and Washington; or across the US through our collaboration with Aetna Signature Administrators®. Find in-network doctors at PacSrc.co/dr-search.

When traveling outside of the US, or seeing an out-of-network provider

Contact us if hospitalized

If you're admitted to a hospital, notify us at **888-691-8209** (country code 001) as soon as possible.

Pay for the services you receive

PacificSource will reimburse you for the itemized services that are covered under your plan, up to the amount specified by your plan.

Get an itemized bill

The bill must include an itemized list of all services performed, the date of services, a diagnosis, and the fees charged for services.

Have information translated into English, if possible

This will speed up the reimbursement process. If you're unable to have the information translated, our translation service will do so.

Submit your bill to PacificSource for reimbursement

Email, mail, or fax us your itemized bill. Make sure to include the member's name, member ID number, and group number.

We'll process the claim and determine if you owe any additional money. We'll mail you a reimbursement check if one is due. Please confirm that we have your correct mailing address.

Services may require prior authorization

Medical services received while outside the United States, except unexpected illness or injury while traveling or residing out of the country, require prior authorization from PacificSource and might not be covered. Please see your plan materials for more information, or call us at **888-691-8209.**

Questions?

We're happy to help.

Email

CS@PacificSource.com

Phone

888-977-9299
TTY: 711
We accept all relay calls.
En Español 866-281-1464

PacificSource.com

PacificSource HEALTH PLANS

Assist America® global emergency services

If you experience an emergency while traveling 100 or more miles from home or outside the US, you can access services provided by Assist America at no cost. Services include filling a prescription that was left at home, finding medical care in another country, locating lost luggage, and pre-trip safety and security checks for your destination country.

Assist America is for:

- Business and pleasure travel
- All members, including spouses and dependents enrolled in a PacificSource medical plan
- Travel periods of 90 days or less

Medical emergency services include:

- Medical consultation, evaluation, and referral
- Foreign hospital admission assistance
- Emergency medical evacuation
- Critical care monitoring and communication
- Escorted medical repatriation to home or rehab facility
- Prescription assistance

Travel assistance services include:

- Care for minor children and transportation costs
- Transportation for a visit from a family member or friend
- Return of mortal remains
- Return of vehicle
- Emergency message transmission

Download the Assist America mobile app

Access a wide range of global emergency assistance services with the Assist America mobile app for iPhone® and Android®.

Features include:

- Phone or Wi-Fi calls to Assist America's 24/7 Operations Center
- Country-specific information to prepare for your trip
- Alerts on urgent global situations that may impact travel
- Locate the nearest embassy/consulate of 23 countries
- Find local pharmacies near you (when traveling in the US)
- Your Assist America mobile ID card

Scan the QR code or visit your mobile device's app store to download the Assist America app. When prompted for your reference number, enter **01-AA-PSH-10073.**

Scan to download the app.

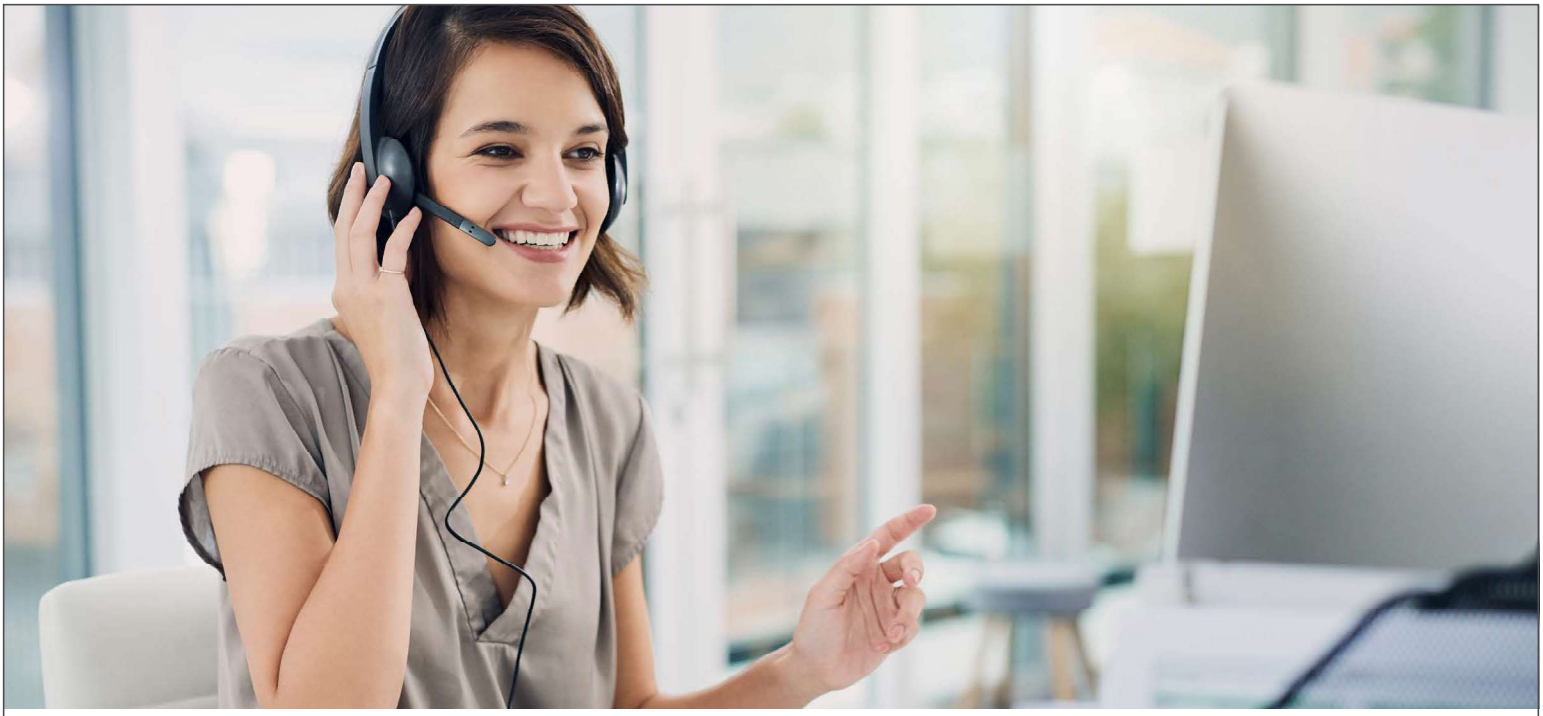
ANDROID APP ON Google play

Available on the App Store

How to access Assist America services

You'll need your Assist America reference number to access services or set up the mobile app. Your Assist America reference number is: **01-AA-PSH-10073.** When contacting them for services, Assist America will ask for your PacificSource Member ID information to verify that you are a PacificSource Health Plans member. Your Member ID can be found on your Member ID card, the myPacificSource app, or by signing into your member portal, InTouch, at PacSrc.co/intouch.

For more details, visit PacSrc.co/assist-america.



Condition Support to help you live well

If you've been diagnosed with a chronic condition, our Condition Support program gives you information and support to take charge of your health.

About the program

When you're living with a chronic condition, it helps to have reliable resources and support to make lifestyle changes. We're here for you. This program lets you talk with a registered nurse or registered dietitian on a regular, ongoing basis for health and wellness coaching.

Here's what you can expect throughout the program:

- You'll learn what you can do to take care of your health and discover what makes you successful.
- We'll guide you in setting health goals that are clear and meaningful to you—and help you stay on track with those goals.
- You'll receive information about medication, health, nutrition, and fitness.
- You'll discover new ways to overcome challenges life throws your way.

Participation details

- Available to members of PacificSource and PacificSource Medicare.
- There's no cost to you to participate.
- Your participation is voluntary, and you may opt out at any time.
- We identify and invite members based on claims information.
- The health information you share with us is strictly confidential.

Health coaching to support your success

To help you reach your wellness goals, you have the option to work with a health coach.

Your health coach will be a PacificSource registered nurse or registered dietitian—or possibly both, depending on your individual needs. We ask that you commit to working with your health coach for three months.

Continued >

Email

YourSupport@PacificSource.com

Phone

888-987-5805
TTY: 711
We accept all relay calls.

PacificSource.com

PacificSource

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If you choose to participate in health coaching, your coach will:

- Help you identify your goals and priorities
- Increase your knowledge about treatments and self-care for your condition
- Help you discover your strengths and what drives you
- Work with you to set weekly action items

Health coaching sessions are done by phone at a time that works for you.

To get the most from coaching:

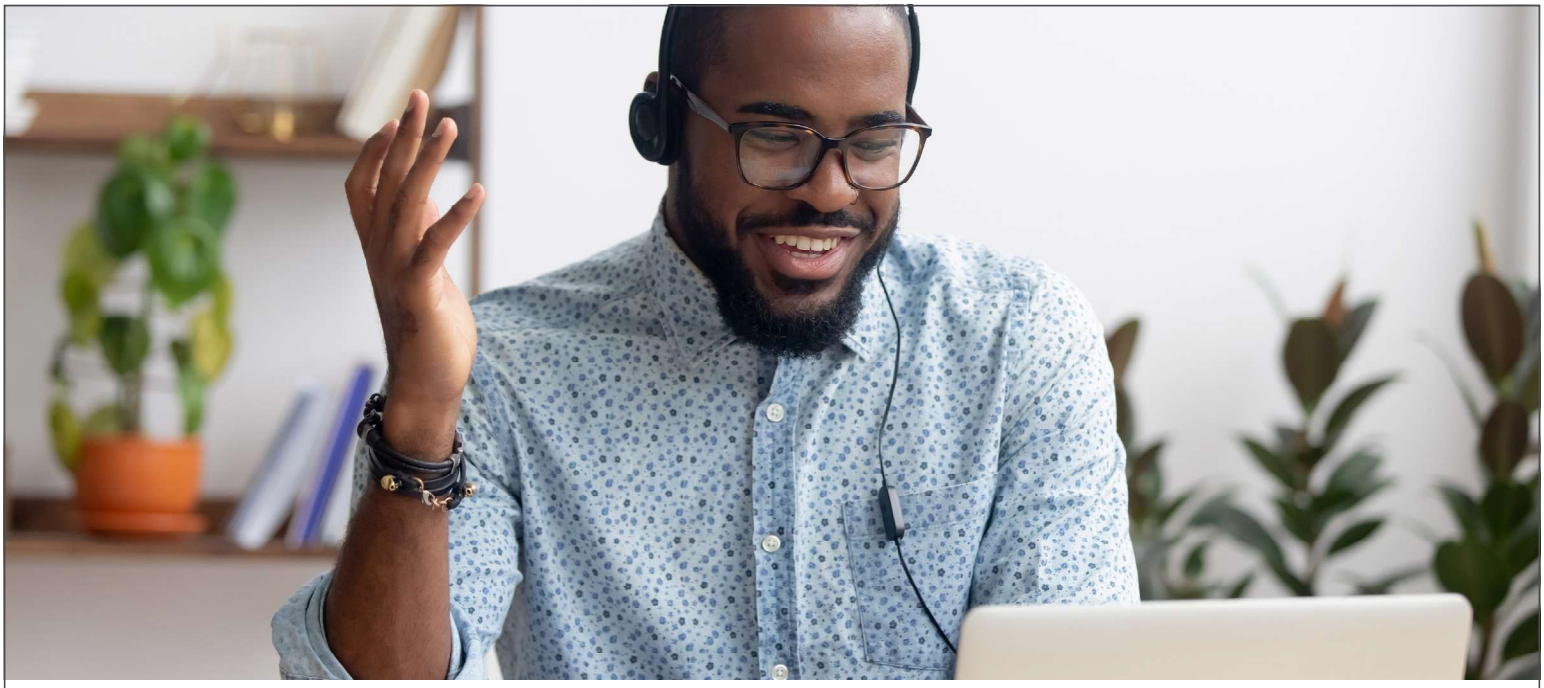
- Schedule your call when you can comfortably talk about your health and wellness.
- Stay engaged in the conversation and avoid distractions.
- Enjoy the time. How often do you get to talk with someone about your personal health goals? Take this time for you, to focus on your self-care.

If you choose to work with a health coach, we'll let your doctor know. We encourage you to share any of the information from this program and your health goals with your doctor.

Learn more

If you want to learn more about our Condition Support program or health coaching, or schedule your first consultation, please contact us at YourSupport@PacificSource.com or **888-987-5805,** TTY: 711.

The Condition Support program is meant to be a cooperative effort between you, your healthcare provider, and your PacificSource health coach.



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

Get your prescriptions delivered

If your PacificSource health plan includes prescription drug coverage, you can use our convenient delivery service for your daily and long-term medications.

Why use home delivery for your prescriptions?

- **Convenience.**
  Ordering is easy, and your medication will come by mail.
- **Cost savings.**
  There's never a shipping or handling charge for standard delivery.
- **Refills are easy.**
  You can order refills by phone or mail, or order online 24 hours a day!

Order up to a 90-day* supply of covered medications, with no standard shipping charge.

How to get started

Our service partner is CVS Caremark® Mail Service Pharmacy.

Visit PacificSource.com and choose one of three sign-up options:

- **Via your InTouch account.** Find the Caremark link under Tools.
- **By mail.** Download the form and mail it to:
  CVS Caremark, PO Box 659541, San Antonio, TX 78265-9541
- **Call CVS Caremark toll-free:** 866-329-3051, TTY: 711

*You can order a 30-day, 60-day, or 90-day supply, depending on your specific plan benefits. See your policy or pharmacy benefit summary for details.

Email
CS@PacificSource.com

Phone
888-977-9299
TTY: 711
We accept all relay calls.
En español: 866-281-1464

PacificSource.com

PacificSource HEALTH PLANS

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.