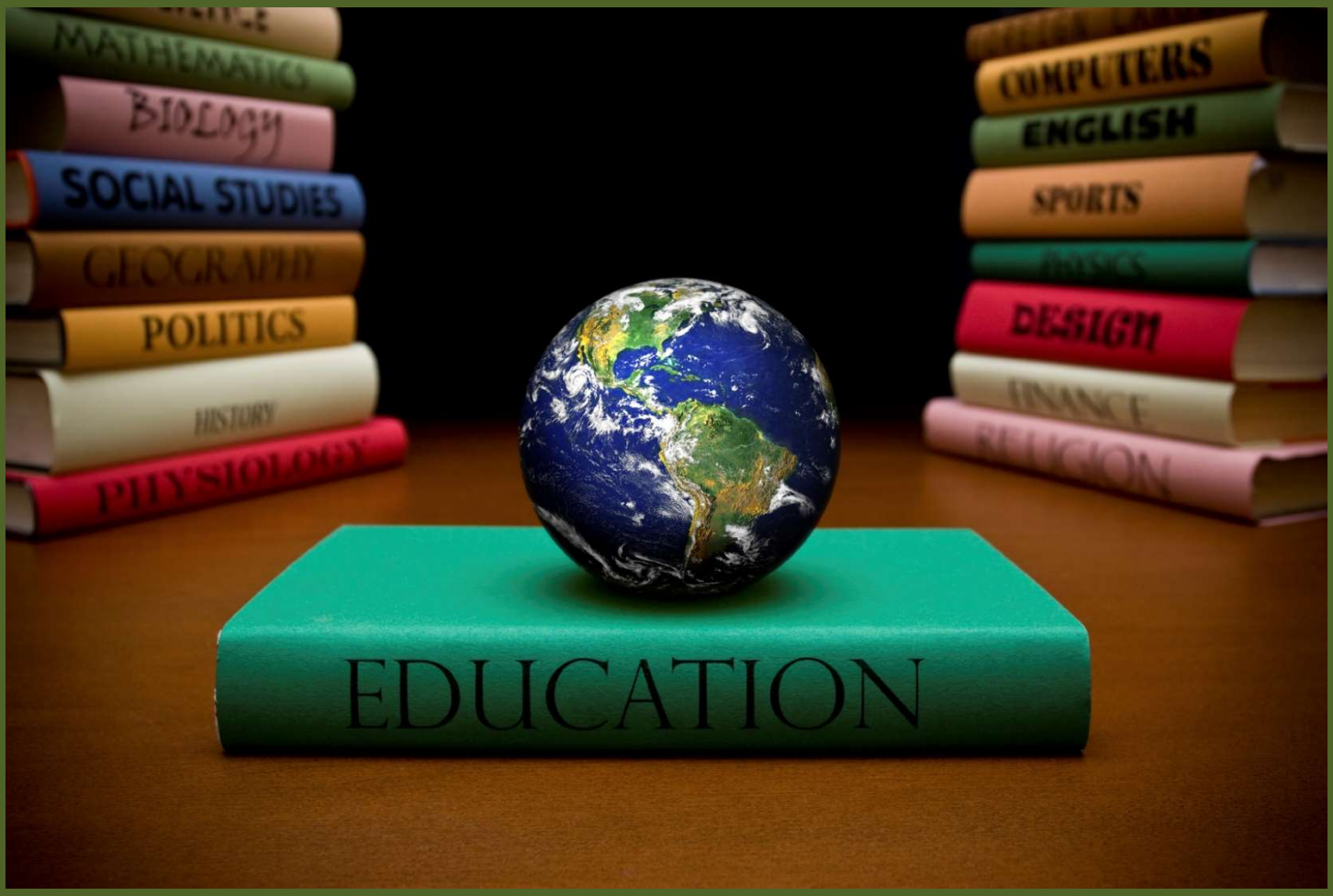
School District 28J

WHA INSURANCE

Benefits Resource Guide - Retiree







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.

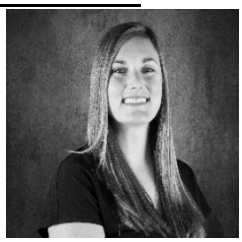
PRIMARY CONTACTS

RICHARD ALLM
CONSULTANT
rallm@whainsurance.com
DIRECT: (541) 284-5853
Cell: (503) 580-3185

KIM NICHOLSEN
ACCOUNT EXECUTIVE
knicholsen@whainsurance.com
DIRECT: (541) 284-5842

FULL TEAM

CHRISTINE WALLACE
ACCOUNT MANAGER
cwallace@whainsurance.com
DIRECT: (541) 284-5837



SAMANTHA BIANCO
ACCOUNT MANAGER
sbianco@whainsurance.com
DIRECT: (541) 284-5849

HOLLY BELL
ACCOUNT MANAGER
hbell@whainsurance.com
DIRECT: (541) 632-8032

CAMERON REESE
ACCOUNT MANAGER
creese@whainsurance.com
DIRECT: (541) 284-5834

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

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 RETIREES

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Dental	74.93	132.92	217.85	159.86
Total	**74.93**	**132.92**	**217.85**	**159.86**
District Contribution	1,593.75	1,593.75	1,593.75	1,593.75
Pre-Tax Out of Pocket	-	-	-	-
Vision	14.01	32.24	40.93	25.79
Total Out of Pocket	**$ 14.01**	**$ 32.24**	**$ 40.93**	**$ 25.79**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 951.77	$ 1,996.14	$ 2,656.13	$ 1,809.41
Dental	74.93	132.92	217.85	159.86
Total	**1,026.70**	**2,129.06**	**2,873.98**	**1,969.27**
District Contribution	1,593.75	1,593.75	1,593.75	1,593.75
Pre-Tax Out of Pocket	-	*535.31*	*1,280.23*	*375.52*
Vision	14.01	32.24	40.93	25.79
Total Out of Pocket	**$ 14.01**	**$ 567.55**	**$ 1,321.16**	**$ 401.31**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 739.66	$ 1,550.66	$ 2,062.01	$ 1,406.35
Dental	74.93	132.92	217.85	159.86
Total	**814.59**	**1,683.58**	**2,279.86**	**1,566.21**
District Contribution	1,593.75	1,593.75	1,593.75	1,593.75
Pre-Tax Out of Pocket	-	*89.83*	*686.11*	-
Vision	14.01	32.24	40.93	25.79
Total Out of Pocket	**$ 14.01**	**$ 122.07**	**$ 727.04**	**$ 25.79**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 717.48	$ 1,502.35	$ 1,997.24	$ 1,363.35
Dental	74.93	132.92	217.85	159.86
Total	**792.41**	**1,635.27**	**2,215.09**	**1,523.21**
District Contribution	1,593.75	1,593.75	1,593.75	1,593.75
Pre-Tax Out of Pocket	-	*41.52*	*621.34*	-
Vision	14.01	32.24	40.93	25.79
Total Out of Pocket	**$ 14.01**	**$ 73.76**	**$ 662.27**	**$ 25.79**

CLASSIFIED RETIREES

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

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**88.94**	**165.16**	**258.78**	**185.65**
District Contribution	1,735.00	1,735.00	1,735.00	1,735.00
Total Out of Pocket	**$ -**	**$ -**	**$ -**	**$ -**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 951.77	$ 1,996.14	$ 2,656.13	$ 1,809.41
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**1,040.71**	**2,161.30**	**2,914.91**	**1,995.06**
District Contribution	1,735.00	1,735.00	1,735.00	1,735.00
Total Out of Pocket	**$ -**	**$ 426.30**	**$ 1,179.91**	**$ 260.06**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 739.66	$ 1,550.66	$ 2,062.01	$ 1,406.35
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**828.60**	**1,715.82**	**2,320.79**	**1,592.00**
District Contribution	1,735.00	1,735.00	1,735.00	1,735.00
Total Out of Pocket	**$ -**	**$ -**	**$ 585.79**	**$ -**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 717.48	$ 1,502.35	$ 1,997.24	$ 1,363.35
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**806.42**	**1,667.51**	**2,256.02**	**1,549.00**
District Contribution	1,735.00	1,735.00	1,735.00	1,735.00
Total Out of Pocket	**$ -**	**$ -**	**$ 521.02**	**$ -**

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

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**88.94**	**165.16**	**258.78**	**185.65**
District Contribution	1,561.50	1,561.50	1,561.50	1,561.50
Total Out of Pocket	**$ -**	**$ -**	**$ -**	**$ -**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 951.77	$ 1,996.14	$ 2,656.13	$ 1,809.41
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**1,040.71**	**2,161.30**	**2,914.91**	**1,995.06**
District Contribution	1,561.50	1,561.50	1,561.50	1,561.50
Total Out of Pocket	**$ -**	**$ 599.80**	**$ 1,353.41**	**$ 433.56**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 739.66	$ 1,550.66	$ 2,062.01	$ 1,406.35
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**828.60**	**1,715.82**	**2,320.79**	**1,592.00**
District Contribution	1,561.50	1,561.50	1,561.50	1,561.50
Total Out of Pocket	**$ -**	**$ 154.32**	**$ 759.29**	**$ 30.50**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 717.48	$ 1,502.35	$ 1,997.24	$ 1,363.35
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**806.42**	**1,667.51**	**2,256.02**	**1,549.00**
District Contribution	1,561.50	1,561.50	1,561.50	1,561.50
Total Out of Pocket	**$ -**	**$ 106.01**	**$ 694.52**	**$ -**

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

No Longer Used	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ -	$ -	$ -	$ -
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**88.94**	**165.16**	**258.78**	**185.65**
District Contribution	1,388.00	1,388.00	1,388.00	1,388.00
Total Out of Pocket	**$ -**	**$ -**	**$ -**	**$ -**

$2000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 951.77	$ 1,996.14	$ 2,656.13	$ 1,809.41
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**1,040.71**	**2,161.30**	**2,914.91**	**1,995.06**
District Contribution	1,388.00	1,388.00	1,388.00	1,388.00
Total Out of Pocket	**$ -**	**$ 773.30**	**$ 1,526.91**	**$ 607.06**

$2500 HSA	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 739.66	$ 1,550.66	$ 2,062.01	$ 1,406.35
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**828.60**	**1,715.82**	**2,320.79**	**1,592.00**
District Contribution	1,388.00	1,388.00	1,388.00	1,388.00
Total Out of Pocket	**$ -**	**$ 327.82**	**$ 932.79**	**$ 204.00**

$6000 Nav	Empl Only	Empl & Sp	Family	Emp & Ch
Medical & Rx	$ 717.48	$ 1,502.35	$ 1,997.24	$ 1,363.35
Vision	14.01	32.24	40.93	25.79
Dental	74.93	132.92	217.85	159.86
Total	**806.42**	**1,667.51**	**2,256.02**	**1,549.00**
District Contribution	1,388.00	1,388.00	1,388.00	1,388.00
Total Out of Pocket	**$ -**	**$ 279.51**	**$ 868.02**	**$ 161.00**

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.

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

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).

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.

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

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).

Discrimination is against the law

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

Benefit Year: Calendar Year

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.

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

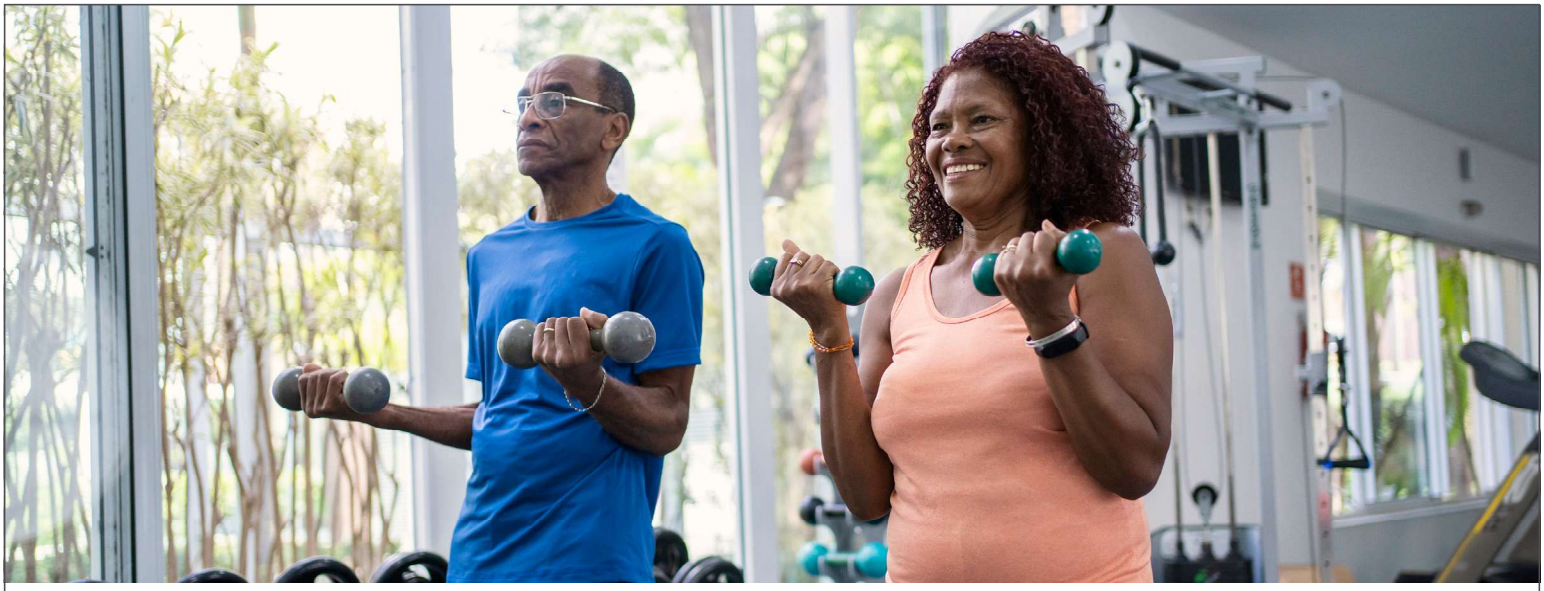
1. Scan QR code
2. Click "Create account"
3. Follow the steps provided

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

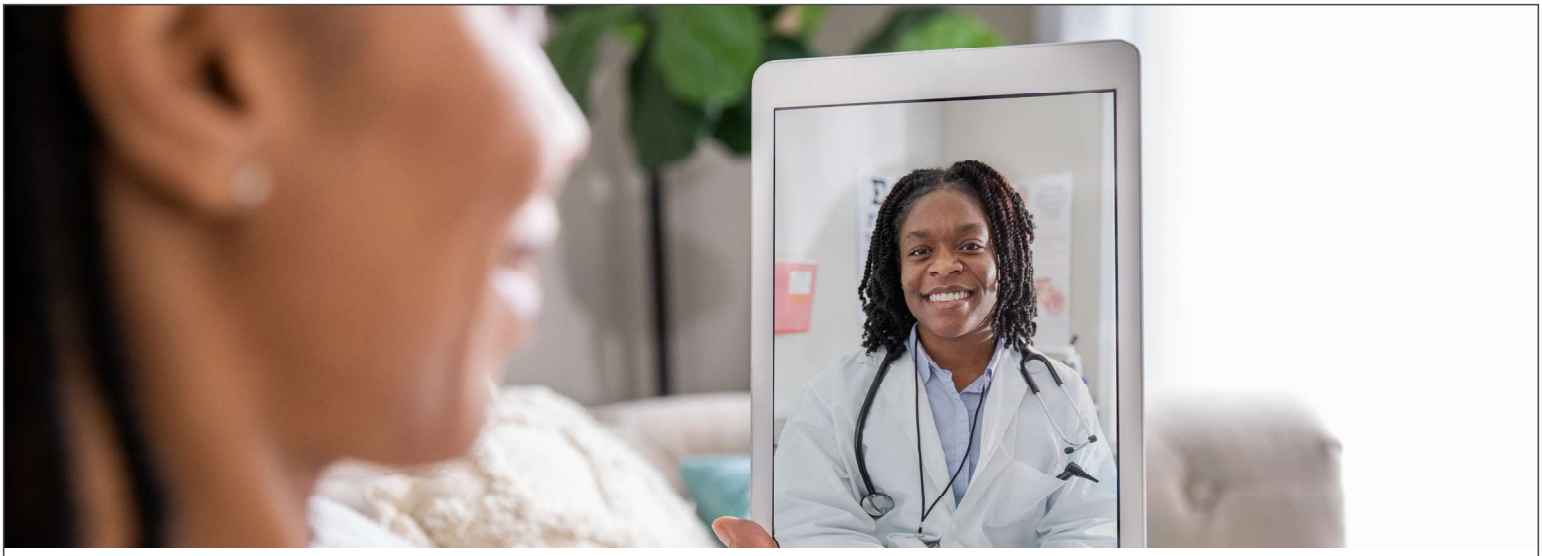
Phone

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

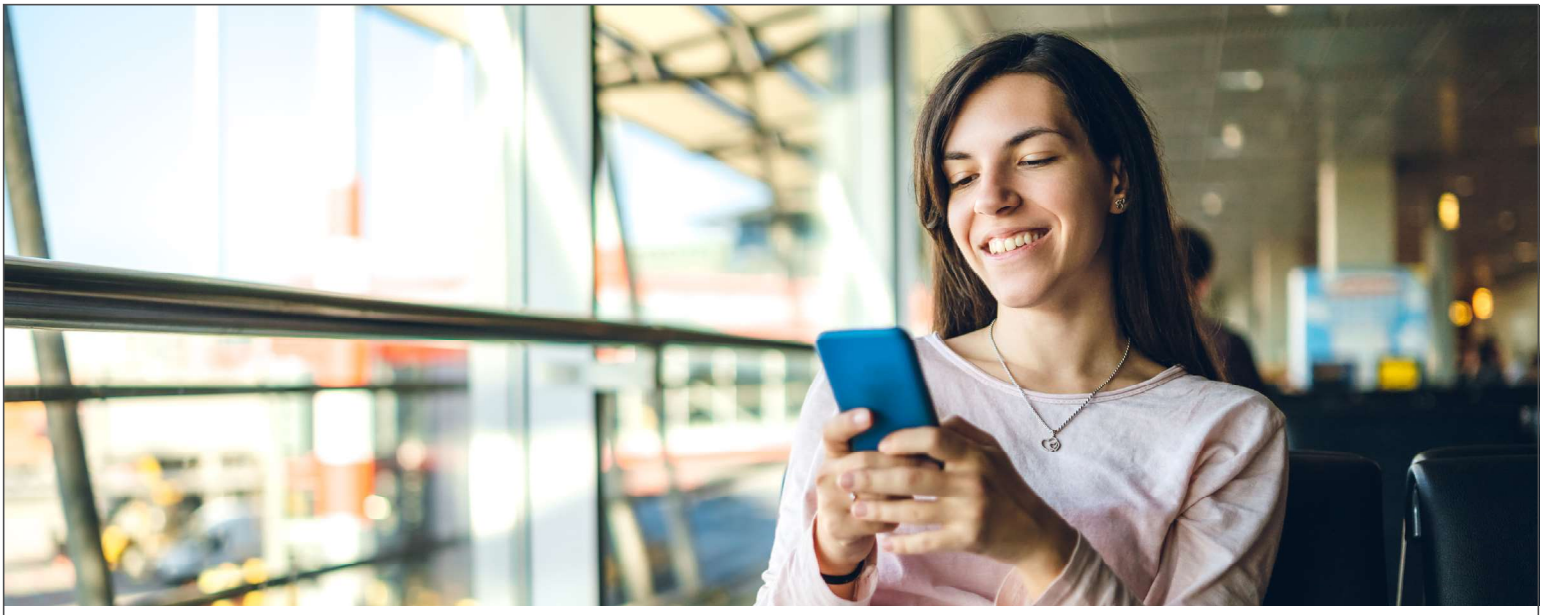
Urgent and Life-threatening

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.

CLB1034_0120



How to access care nationally

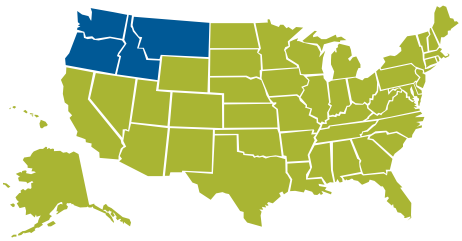
Whether you're on vacation, traveling for work, or you reside outside the PacificSource four-state network footprint, it's reassuring to know you can easily access healthcare*.

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.

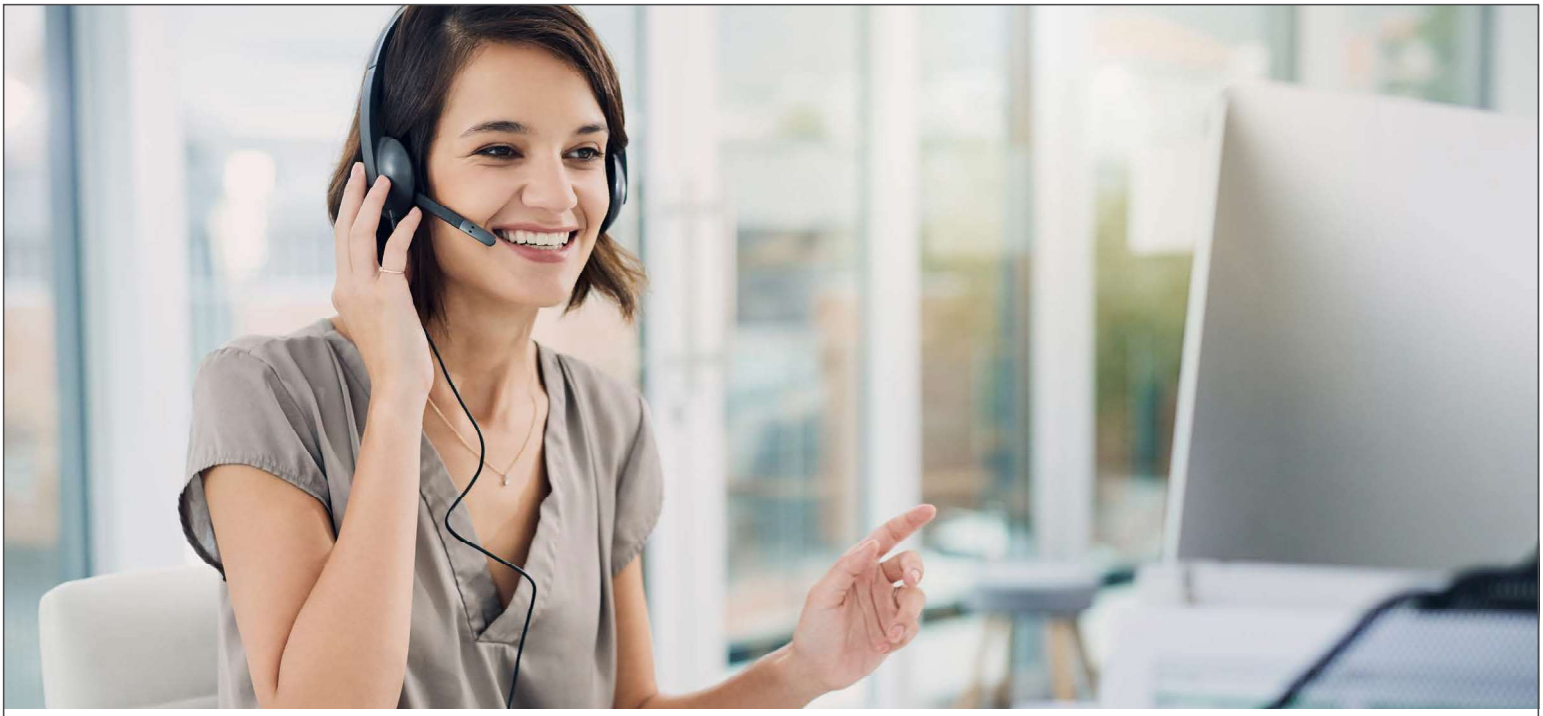
ANDROID APP ON Google play

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

Y0021_CLB478_1023_C

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:

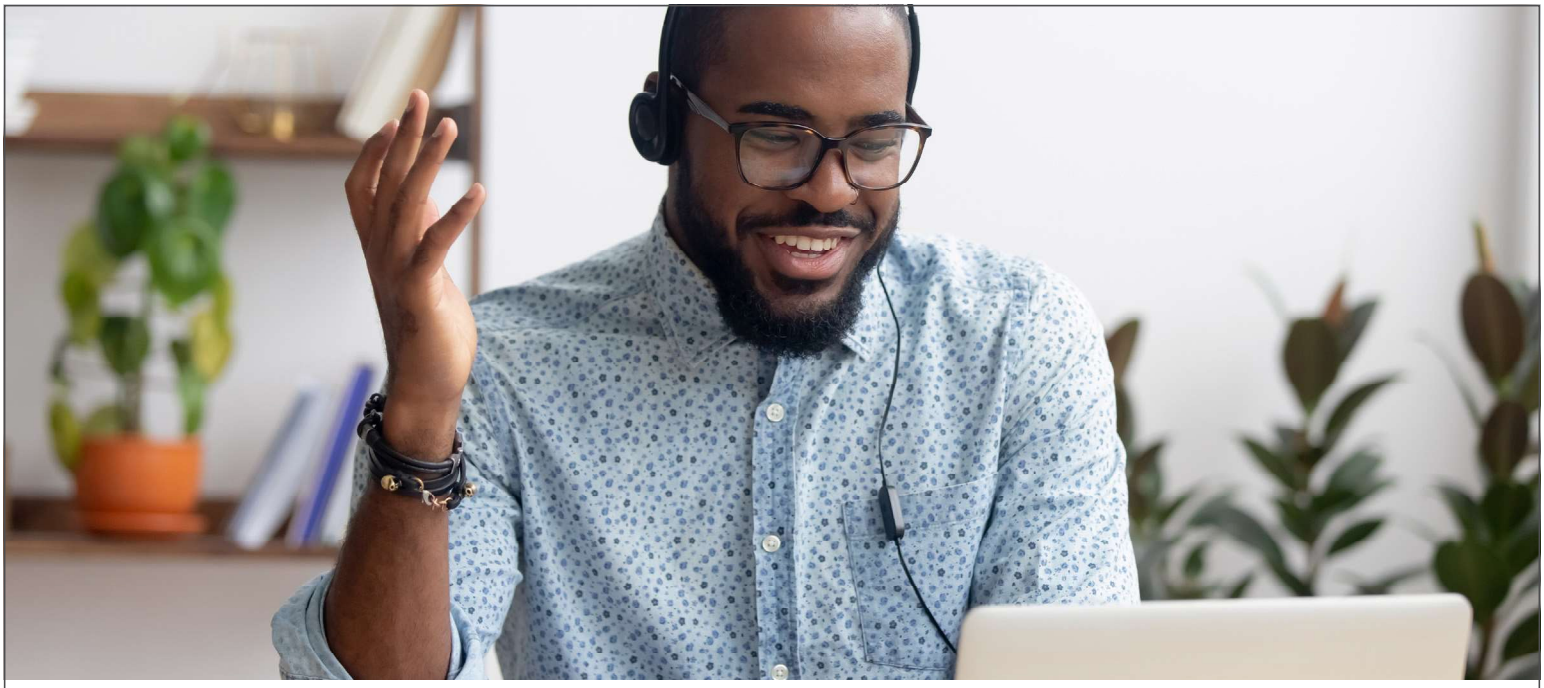
- Schedule your call when you can comfortably talk about your health and wellness.
- Stay engaged in the conversation and avoid distractions.
- Enjoy the time. How often do you get to talk with someone about your personal health goals? Take this time for you, to focus on your self-care.

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

CLB1025_MED_0523

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.