

West Linn Wilsonville School District #3Jt

Administration / Confidential Medical Plan Options

Effective 12/1/2024

Plan Name	PacificSource Navigator 200_10 S3, \$5-10-25 1000 OP Rx, Vision Plus, Alt Care		PacificSource Navigator 100+5_10 S3, \$5-10-25 1000 OP Rx, Vision Plus, Alt Care		PacificSource Navigator 1600_30+Rx Non-embedded S3, Vision Plus, Alt Care	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Plan Info						
Annual Deductible/Individual	\$200		\$100		\$1,600	\$3,200
Annual Deductible/Family	\$400		\$200		\$3,200	\$6,400
Annual Out-of-Pocket Maximum/Individual	\$1,600		\$1,000	NA	\$3,500	\$10,500
Annual Out-of-Pocket Maximum/Family	\$3,200		\$2,000	NA	\$7,000	\$21,000
General Services	Member pays after Deductible (Deductible is waived when noted by *)					
Preventive Services	Covered in Full*	40%*	Covered in Full*	90%	Covered in Full*	50%*
Office Visit*	10%	40%	\$5 Copay*	90%	30%	50%
Specialist Visit	10%	40%	\$5 Copay*	90%	30%	50%
Naturopaths	10%	40%	\$5 Copay*	90%	30%	50%
Diagnostic & Therapeutic Radiology/Lab	10%	40%	10%	90%	30%	50%
Advanced Diagnostic Imaging	10%	40%	10%	90%	30%	50%
Urgent Care	10%	10%	\$35 Copay*	90%	30%	50%
Hospital Services						
Inpatient Hospitalization	10%	40%	10%	90%	30%	50%
Outpatient Surgery	10%	40%	10%	90%	25% Ambulatory Surgery Center 30% Hospital-Based	50%
Emergency Room	10%	10%	\$150 Copay / visit, 10%*		30%	30%
Ambulance (Ground/Air)	30%	30%	30%	30%	30%	30%
Alternative Care						
Chiropractic Manipulation (20 visit limit)	\$15 Copay / visit*	40%	\$15 Copay / visit*	90%	30%	50%
Acupuncture (12 visit limit)	\$15 Copay / visit*	40%	\$15 Copay / visit*	90%	30%	50%
Massage Therapy (\$500 limit)	\$25 Copay / visit*	40%	\$25 Copay / visit*	90%	30%	50%
Prescription Drug Benefits	\$1,000 Out of Pocket Maximum (\$2,000 Family)		\$1,000 Out of Pocket Maximum (\$2,000 Family)		Combined Medical/Rx Deductible & Out of Pocket	
PacificSource Expanded No Cost Rx:	No Cost at In Network Pharmacy		No Cost at In Network Pharmacy		No Cost at In Network Pharmacy	
At Retail: (Maximum Day Supply)	Up to a 90 day supply	Up to a 30 day supply	Up to a 90 day supply	Up to a 30 day supply	Up to a 90 day supply	Up to a 30 day supply
Tier 1 (Per 30 day supply)	\$5 Copay*	90%*	\$5 Copay*	90%*	20%	90%
Tier 2 (Per 30 day supply)	\$10 Copay*	90%*	\$10 Copay*	90%*	20%	90%
Tier 3 (Per 30 day supply)	\$25 Copay*	90%*	\$25 Copay*	90%*	20%	90%
Tier 4 (Per 30 day supply)	Lesser of \$150 or 10%*	90%*	Lesser of \$150 or 10%*	90%*	20%	90%
Compound Drugs - (30 day max)	\$25 Copay*	90%*	\$25 Copay*	90%*	20%	90%
Mail Order: (Maximum Day Supply)	Up to a 90 day supply		Up to a 90 day supply		Up to a 90 day supply	
Tier 1 (Per 90 day supply)	\$10 Copay*		\$10 Copay*		20%	
Tier 2 (Per 90 day supply)	\$20 Copay*	NA	\$20 Copay*	NA	20%	NA
Tier 3 (Per 90 day supply)	\$50 Copay*		\$50 Copay*		20%	
Tier 4 (Per 90 day supply)	Lesser of \$300 or 10%*		Lesser of \$300 or 10%*		20%	
Vision	In Network			Out of Network		
Exam (Every 12 months)	\$10 Copay*			Reimbursed up to \$40*		
Lenses (Every 12 months)	\$10 Copay* ((\$75 Copay for Standard Progressives)			Reimbursement varies \$40 - \$80*		
Frames (Every 12 months)	\$150 allowance*			Reimbursed up to \$45*		
Contact Lenses in Lieu of Glasses (Every 12 months)	\$120 allowance*			Reimbursed up to \$105		

* Not subject to annual deductible.

*First 3 visits combined at \$5 or less for PCP, telehealth, and behavioral health visits

Display for comparison purposes only. Please refer to the full benefit summaries available through the district portal. Should question arise, summary/contract will be source of truth.