

West Linn Wilsonville School District #3J  
Administrative/Confidential - Medical Benefit Options  
Effective 12/1/2025

Plan Features	PacificSource Navigator 100+5_10 S3 \$5-10-25 1000 OP Rx, Alt Care		PacificSource Navigator 200_10 S3 \$5-10-25 1000 OP Rx, Alt Care		PacificSource Navigator HDHP 1650_30+Rx Non-Embedded S3 Alt Care	
Plan Info	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible/Individual		\$100		\$200	\$1,650	\$3,300
Annual Deductible/Family		\$200		\$400	\$3,300	\$6,600
Annual Out-of-Pocket Limit/Individual	\$1,000	NA		\$1,600	\$3,500	\$10,500
Annual Out-of-Pocket Limit/Family	\$2,000	NA		\$3,200	\$7,000	\$21,000
General Services	Member pays after Deductible (Deductible is waived when noted by *)					
Preventive Services	Covered in full*	90%	Covered in full*	40%*	Covered in full*	50%*
Office Visit/Exam	\$5 Copay*	90%	10%	40%	30%	50%
Specialist Visit	\$5 Copay*	90%	10%	40%	30%	50%
Naturopath Visit	\$5 Copay*	90%	10%	40%	30%	50%
Diagnostic & Theraputic Radiology/Lab	10%	90%	10%	40%	30%	50%
Advanced Diagnostic Imaging	10%	90%	10%	40%	30%	50%
Urgent Care	\$35 Copay*	90%	10%	10%	30%	30%
Hospital Services						
Inpatient Hospitalization	10%	90%	10%	40%	30%	50%
Outpatient Services	10%	90%	10%	40%	30%	50%
Emergency Room	\$150 Copay, 10%*	\$150 Copay, 10%*	10%	10%	30%	30%
Ambulance (ground/air)	30%	30%	30%	30%	30%	30%
Alternative Therapy						
Chiropractic Manipulation (20 visit limit)	\$15 Copay*	90%	\$15 Copay*	40%	30%	50%
Acupuncture (12 visit limit)	\$15 Copay*	90%	\$15 Copay*	40%	30%	50%
Massage Therapists (\$500 limit)	\$25 Copay*	90%	\$25 Copay*	40%	30%	50%
Prescription Drug Benefits	\$1,000 Individual / \$2,000 Family Out of Pocket Limit		\$1,000 Individual / \$2,000 Family Out-of-Pocket Limit		Medical Deductible and Out-of-Pocket Applies	
PacificSource Expanded No Cost Rx At Retail: Maximum Day Supply	No Cost at In Network Pharmacy Up to a 30 day supply		No Cost at In Network Pharmacy Up to a 30 day supply		No Cost at In Network Pharmacy 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 (Per 30 day supply)	\$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%	
Adult Hearing Aids	In-Network		Out-of-Network			
Every 48 months						
Vision Exam & Hardware	In-Network			Out-of-Network		
Eye 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 \$45 of 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 questions arise, summary/contract will be source of truth.