

West Linn Wilsonville School District #3Jt

Classified Medical Plan Options

Effective 12/1/2024

Plan Name	PacificSource Navigator Voyager 100+10_30 S4, \$15-30-50 2000 OP Rx, Alt Care			PacificSource Navigator 100+10_10 S3, \$15-30-50 2000 OP Rx, Alt Care		PacificSource Navigator 1600+25_30 S3, \$15-30-50 2000 OP Rx, Alt Care		PacificSource Navigator 1600_30+Rx Non Embedded S3, Alt Care	
Plan Info	<u>In Network</u> Tier 1	<u>In Network</u> Tier 2	<u>Out of Network</u> Tier 3	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>
Annual Deductible/Individual		\$100			\$100		\$1,600		\$1,600
Annual Deductible/Family		\$200			\$200		\$3,200		\$3,200
Annual Out-of-Pocket Maximum/Individual		\$3,500		\$3,000	NA		\$5,000		\$3,500
Annual Out-of-Pocket Maximum/Family		\$7,000		\$6,000	NA		\$10,000		\$7,000
General Services Member pays after Deductible (Deductible is waived when noted by *)									
Preventive Services	Covered in Full*	Covered in Full*	50%	Covered in Full*	90%	Covered in Full*	50%*	Covered in Full*	50%*
Office Visit*	\$10 Copay*	50%	50%	\$10 Copay*	90%	\$25 Copay*	50%	30%	50%
Specialist Visit	\$50 Copay*	50%	50%	\$10 Copay*	90%	\$25 Copay*	50%	30%	50%
Naturopaths	\$10 Copay*	50%	50%	\$10 Copay*	90%	\$25 Copay*	50%	30%	50%
Diagnostic & Therapeutic Radiology/Lab	30%	50%	50%	10%	90%	30%*	50%	30%	50%
Advanced Diagnostic Imaging	30%	50%	50%	10%	90%	30%	50%	30%	50%
Urgent Care	\$50 Copay*	\$50 Copay*	\$50 Copay*	\$35 Copay*	90%	\$50 Copay*	\$50 Copay*	30%	30%
Hospital Services									
Inpatient Hospitalization	30%	50%	50%	\$200 Copay per day*	90%	30%	50%	30%	50%
Outpatient Surgery	25% Ambulatory Surgery Center 30% Hospital-Based	45% Ambulatory Surgery Center 50% Hospital-Based	50%	\$200 Copay per visit*	90%	25% Ambulatory Surgery Center 30% Hospital-Based	50%	25% Ambulatory Surgery Center 30% Hospital-Based	50%
Emergency Room	\$250 Copay, 30%*	\$250 Copay, 30%*	\$250 Copay, 30%*	\$150 Copay*	\$150 Copay*	\$150 Copay, 30%*	\$150 Copay, 30%*	30%	30%
Ambulance (ground/air)	30%	30%	30%	30%	30%	30%	30%	30%	30%
Alternative Care									
Chiropractic Manipulation (20 visit limit)	\$15 Copay*	\$15 Copay*	50%	\$15 Copay*	90%	\$15 Copay*	50%	30%	50%
Acupuncture (12 visit limit)	\$15 Copay*	\$15 Copay*	50%	\$15 Copay*	90%	\$15 Copay*	50%	30%	50%
Massage Therapy (\$500 limit)	\$25 Copay*	\$25 Copay*	50%	\$25 Copay*	90%	\$25 Copay*	50%	30%	50%
Prescription Drug Benefits									
	\$2,000 Out of Pocket Maximum (\$4000 Family)			\$2,000 Out of Pocket Maximum (\$4,000 Family)		\$2,000 Out of Pocket Maximum (\$4,000 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		No Cost at In Network Pharmacy	
At Retail: Maximum Day Supply	Up to a 90 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	Up to a 90 day supply	Up to a 30 day supply
Tier 1 (Per 30 day supply)	\$15 Copay*		90%*	\$15 Copay*	90%*	\$15 Copay*	90%*	20%	90%
Tier 2 (Per 30 day supply)	\$30 Copay*		90%*	\$30 Copay*	90%*	\$30 Copay*	90%*	20%	90%
Tier 3 (Per 30 day supply)	\$50 Copay*		90%*	\$50 Copay*	90%*	\$50 Copay*	90%*	20%	90%
Tier 4 (Per 30 day supply)	Lesser of \$150 or 10%*		90%*	Lesser of \$150 or 10%*	90%*	Lesser of \$150 or 10%*	90%*	20%	90%
Compound Drugs - (30 day max)	\$50 Copay*		90%*	\$50 Copay*	90%*	\$50 Copay*	90%*	20%	90%
Mail Order: Maximum Day Supply									
Tier 1 (Per 90 day supply)	Up to a 90 day supply			Up to a 90 day supply		Up to a 90 day supply		Up to a 90 day supply	
Tier 2 (Per 90 day supply)	\$30 Copay*			\$30 Copay*	NA	\$30 Copay*	NA	20%	
Tier 3 (Per 90 day supply)	\$60 Copay*		NA	\$60 Copay*	NA	\$60 Copay*	NA	20%	NA
Tier 4 (Per 90 day supply)	\$100 Copay*			\$100 Copay*		\$100 Copay*		20%	
Tier 4 (Per 90 day supply)	Lesser of \$300 or 10%*			Lesser of \$300 or 10%*		Lesser of \$300 or 10%*		20%	

* 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.