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

				Effective 12/1	1/2025				
Plan Features	PacificSource Navigator Voyager 200+ 10_30 S4 \$45.30.50.2000 OR By Alt Core			PacificSource Navigatort 200+10_10 S3		PacificSource Navigator 3200+25_30 S3		PacificSource Navigator HDHP 1650_30+Rx Non-Embedded S3	
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	\$15-30-50 2000 OP Rx, Alt Care		Out of Notwork	\$15-30-50 2000 OP Rx, Alt Care		\$15-30-50 2000 OP Rx, Alt Care		Alt Care	
Plan Info	<u>In-Network</u> Tier - 1	<u>In-Network</u> <u>Tier - 2</u>	<u>Out-of-Network</u> <u>Tier - 3</u>	<u>In-Network</u>	Out-of-Network	<u>In-Network</u>	Out-of-Network	<u>In-Network</u>	Out-of-Network
Annual Deductible/Individual		\$200		\$2		\$3,200)	\$1,650	\$3,300
Annual Deductible/Family	\$400			\$400		\$6,400		\$3,300	\$6,600
Annual Out-of-Pocket Limit/Individual	\$4,500			\$4,000 NA		\$6,000		\$4,500	\$10,500
Annual Out-of-Pocket Limit/Family		\$9,000		\$8,000	NA	\$12,00	0	\$9,000	\$21,000
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/Exam*	\$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%
Naturopath Visit	\$10 Copay*	50%	50%	\$10 Copay*	90%	\$25 Copay*	50%	30%	50%
Diagnostic & Theraputic 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%	
Ambulance (ground/air)	30%	30%	30%	30%	30%	30%	30%	30%	30%
Alternative Therapy									
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 Therapists (\$500 limit)	\$25 Copay*	\$25 Copay*	50%	\$25 Copay*	90%	\$25 Copay*	50%	30%	50%
Prescription Drug Benefits		out of Pocket Maximum (\$4,000 Fa			aximum (\$4,000 Family)	\$2,000 Out of Pocket Maxi		Combined Medical/Rx Dedu	
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 30	day supply	Up to a 30 day supply	Up to a 30 day supply	Up to a 30 day supply	Up to a 30 day supply	Up to a 30 day supply	Up to a 30 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 (Per 30 day supply)	\$50 Copay*		90%*	\$50 Copay*	90%*	\$50 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		Up to a 90 day supply	
Tier 1 (Per 90 day supply)	\$30 Copay*			\$30 Copay*		\$30 Copay*		20%	
Tier 2 (Per 90 day supply)	\$60 Copay*		NIA.	\$60 Copay*	.	\$60 Copay*	N. A	20%	N/A
Tier 3 (Per 90 day supply)	\$100 Copay*		NA	\$100 Copay*	NA	\$100 Copay*	NA	20%	NA
Tier 4 (Per 90 day supply)	Lesser of \$3			Lesser of \$300 or 10%*		Lesser of \$300 or 10%*		20%	

^{*} Not subject to annual deductible.

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.

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