

West Linn Wilsonville School District #3Jt

Licensed Medical Plan Options

Effective 12/1/24

Plan Name	PacificSource Navigator 300_20 S3, \$10-15-25 1000 OP Rx, Vision Plus, Alt Care		PacificSource Navigator Voyager 100+10_10 S4, \$10-15-25 1000 OP Rx, Vision Plus, Alt Care			PacificSource Navigator 1600_30+Rx Non Embedded S3, Vision Plus, Alt Care	
Plan Info	<u>In Network</u>	<u>Out of Network</u>	<u>In Network Tier 1</u>	<u>In Network Tier 2</u>	<u>Out of Network Tier 3</u>	<u>In Network</u>	<u>Out of Network</u>
Annual Deductible/Individual	\$300		\$100		\$200	\$1,600	\$3,200
Annual Deductible/Family	\$600		\$200		\$400	\$3,200	\$6,400
Annual Out-of-Pocket Maximum/Individual	\$1,200		\$2,000		\$6,000	\$3,500	\$10,500
Annual Out-of-Pocket Maximum/Family	\$2,400		\$4,000		\$12,000	\$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*	Covered in Full*	30%*	Covered in Full*	50%*
Office Visit*	20%	40%	\$10 Copay*	30%	30%	30%	50%
Specialist Visit	20%	40%	\$10 Copay*	30%	30%	30%	50%
Naturopaths	20%	40%	\$10 Copay*	30%	30%	30%	50%
Diagnostic & Therapeutic Radiology/Lab	20%	40%	10%	30%	30%	30%	50%
Advanced Diagnostic Imaging	20%	40%	10%	30%	30%	30%	50%
Urgent Care	20%	20%	\$35 Copay*	\$35 Copay*	\$35 Copay*	30%	30%
Hospital Services							
Inpatient Hospitalization	20%	40%	\$100 Copay per day*	30%	30%	30%	50%
Outpatient Surgery	15% Ambulatory Surgery Center 20% Hospital-Based	40%	\$100 Copay per visit*	25% Ambulatory Surgery Center 30% Hospital-Based		25% Ambulatory Surgery Center 30% Hospital-Based	50%
Emergency Room	20%	20%	\$150 copay*	\$150 copay*	\$150 copay*	30%	30%
Ambulance (ground/air)	30%	30%	30%	30%	30%	30%	30%
Alternative Care							
Chiropractic Manipulation (20 visit limit)	\$15 Copay / visit*	40%	\$15 Copay / visit*	\$15 Copay / visit*	30%	30%	50%
Acupuncture (12 visit limit)	\$15 Copay / visit*	40%	\$15 Copay / visit*	\$15 Copay / visit*	30%	30%	50%
Massage Therapy (\$500 limit)	\$25 Copay / visit*	40%	\$25 Copay / visit*	\$25 Copay / visit*	30%	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)	\$10 Copay*	90%*	\$10 Copay*		90%*	20%	90%
Tier 2 (Per 30 day supply)	\$15 Copay*	90%*	\$15 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)	\$20 Copay*		\$20 Copay*			20%	
Tier 2 (Per 90 day supply)	\$30 Copay*	NA	\$30 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	50% coinsurance, \$4000 benefit maximum			50% coinsurance, \$4000 benefit maximum			
Vision	In Network			Out of Network			
Exam (Every 12 months)	\$10 Copay*			Reimbursed up to \$40*			
Lenses (Every 12 months)	\$25 Copay*(\$75 Copay for Standard Progressives)			Reimbursement varies \$40 - \$80*			
Frames (Every 24 months)	\$100 allowance*			Reimbursed up to \$45*			
Contact Lenses in Lieu of Glasses (Every 12 months)	\$90 allowance*			Reimbursed up to \$90*			

* 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.