

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

Plan Features	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 1650_30+Rx Non Embedded S3, Vision Plus, Alt Care	
Plan Info	<u>In-Network</u>	<u>Out-of-Network</u>	<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>
Annual Deductible/Individual	\$300		\$100		\$200	\$1,650	\$3,300
Annual Deductible/Family	\$600		\$200		\$400	\$3,300	\$6,600
Annual Out-of-Pocket Limit/Individual	\$1,200		\$2,000		\$6,000	\$3,500	\$10,500
Annual Out-of-Pocket Limit/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 Services	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 Therapy							
Chiropractic Manipulation (20 visit limit)	\$15 Copay*	40%	\$15 Copay / visit*	\$15 Copay / visit*	30%	30%	50%
Acupuncture (12 visit limit)	\$15 Copay*	40%	\$15 Copay / visit*	\$15 Copay / visit*	30%	30%	50%
Massage Therapists (\$500 limit)	\$25 Copay*	40%	\$25 Copay / visit*	\$25 Copay / visit*	30%	30%	50%
Prescription Drug Benefits	\$1,000 Individual Out of Pocket Limit (\$2,000 Family)		\$1,000 Individual Out of Pocket Limit (\$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 90 day supply	Up to 30 day supply	Up to 90 day supply		Up to 30 day supply	Up to 90 day supply	Up to 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 (Per 30 day supply)	\$25 Copay*	90%*	\$25 Copay*		90%*	20%	90%
Mail Order: Maximum Day Supply	Up to 90 day supply		Up to 90 day supply			Up to 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, \$4,000 benefit maximum		50% coinsurance, \$4,000 benefit maximum				
Vision Exam & Hardware	In-Network						
Eye 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 \$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 the source of truth.