West Linn Wilsonville School District #3Jt

Classified Medical Plan Options

Effective 12/1/2022

Plan Name Plan Info	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										
										In Network	In Network	Out of Network	In Network	Out of Notwork	In Notwork	Out of Notwork	In Network	Out of Network
											Tier 1	<u>Tier 2</u>	Tier 3	III Network	Out of Network	In Network	Out of Network	<u>III Network</u>
	Annual Deductible/Individual	\$100			\$100		\$1,600		\$1,600	\$3,200								
Annual Deductible/Family	\$200			\$200		\$3,200		\$3,200	\$6,400									
Annual Out-of-Pocket Maximum/Individual		\$3,500		\$3,000	NA	\$5,000		\$3,500	\$10,500									
Annual Out-of-Pocket Maximum/Family		\$7,000		\$6,000	NA	\$10,000		\$7,000	\$21,000									
General Services				Member p	bays after Deductible (Dedu	uctible is waived when noted k	oy *)											
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	\$50 Copay	\$50 Copay	\$50 Copay	\$35 Copay	90%	\$50 Copay	\$50 Copay	30%	30%									
Inpatient Hospitalization	30%	50%	50%	\$200 Copay per day*	90%	30%	50%	30%	50%									
	25% Ambulatory	45% Ambulatory	50%	\$200 Copay per day	90%	25% Ambulatory Surgery	50%	30%	50%									
Outpotiont Surgery	5		50%	\$200 Capav part visit*	00%		50%	25% Ambulatory Surgery Center	50%									
Outpatient Surgery	Surgery Center 30% Hospital-Based	Surgery Center 50% Hospital-Based	50%	\$200 Copay per visit*	90%	Center 30% Hospital-Based	50%	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 Pha Up to a 90 day supply			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 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	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*		NA	\$60 Copay*	NA	\$60 Copay*	NA	20%	NA									
Tier 3 (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.

Display for comparison purposes only. Please refer to the full benefit summaries available through the district portal. Should question arrise, summary/contract will be source of truth.