

CLASSIFIED MEETING #1:

PacificSource

- 1) So, for tier 2 general services: would it be the deductible of \$1,100 plus 50%?
The general services for tier 2 would be subject to deductible and coinsurance. This applies to any Voyager Providers or Facilities. The deductible would be \$100 and then 50% Coinsurance, up to the out of pocket max of \$3500.
- 2) Are tier 1 and tier 2 preferred hospitals the same? Is insulin included in that at no cost?
Tier 1 and Tier two have different benefits but both tier 1 and tier 2 hospitals are the same: Pathfinder and Voyager are accepted by OHSU, Legacy, Doernbecher Children's Hospital, Adventist and PeaceHealth. Insulin is included in RX benefits and equipment would fall under Durable Medical Equipment. Please contact customer service for specifics
- 3) How would we know if our doctor was on the "specialist" list under general services?
Specialists are providers outside of Family Practice etc. For example, if you need a cardiologist- that is considered a specialist. Please refer to our website or contact customer service for more information.
- 4) In Portland area, what are the hospitals?
Depending on what plan you select OHSU, Legacy, Adventist and PeaceHealth please check website or contact customer service
- 5) Can you please explain the hospitalization (benefit)? It says 30%. Does that mean I would pay 30% until the deductible is met? Once I meet the deductible, is all the hospitalization covered? Or above is for the pathfinder/voyager.
Any type of hospitalization is subject to deductible first, then coinsurance up to OOP Max-The exception being where there are copays and that is maxed at 5-day max of copays. Please reach out to customer service for more detailed information.
- 6) I have children attending school out of state. Do your plans cover them? Are any physicians out of state considered "in-network"?
Yes, we partner with FirstHealth Network. Here is the link for information.
<https://providerlocator.firsthealth.com/LocateProvider/SelectNetworkType>
- 7) Are you crediting deductibles for all insurance plans, not just HN?
We will be crediting the incurred deductible and OOP Max from HN Jan-Sept which will reflect on your PS by Nov 15th
- 8) If my doctor list that they are both Pathfinder and Voyager, they would default to Pathfinder benefits, correct?

Claims will always default to the highest tiered benefit for the members. ie: If a provider is on both Pathfinder and Voyager networks, the benefits will pay out under the tier 1 benefits.

- 9) My current doctor listed as not accepting new patients. I have been a patient for many years. Can they still be my provider? How do I transition?

Yes, you can stay with your provider. All you need to do is call your provider with your new insurance information once you get your Pacific Source ID Card after October 1, 2020. You are established with their office, so they would not consider you as a new patient.

LICENSED MEETING #2:

PacificSource

- 10) Is the RX program the same for all choice in PS?

The formulary is the same across the board, but the member responsibility depends on the plan selected. Please refer to plan comparison or summaries for member responsibility. Both are listed on the WLWV School District Website or work with customer service to determine your prescriptions tier.

- 11) In some of the reading it talks about the calendar year coverage. Does that mean that we have September – December for the copay/ deductible and then start over again in January?

Yes, PacificSource followed the current HealthNet Plan of a calendar year benefit structure. We will be crediting the incurred deductible and OOP Max from HN Jan-Sept which will reflect on your PS account by Nov 15th.

- 12) Will PS provide care for my son who is currently living in Charlotte NC?

Yes, please refer to the FirstHealth Network Provider Search-
<https://providerlocator.firsthealth.com/LocateProvider/SelectNetworkType>

- 13) What is the closest plan if I had the Triple Option with HN?

Pathfinder Voyager 100+10_10 S4, please refer to the note on comparison as all previous plans are listed below the PacificSource plan name.

- 14) What qualifies as massage therapy?

Massage therapy provided by a licensed massage therapist. If a massage therapist is not contracted with us, you would be subject to deductible and out of network benefits (See the out of network benefits)

- 15) Does the RX benefit cover durable good like blood glucose monitors?

This would fall under DME through the medical plan and is subject to deductible—Please call customer service for more specific details

16) Is the RX OOPM included in the medical OOPM?

All accumulates to the medical plan out of pocket max.

17) Are mental health services covered?

Yes, please refer to summaries under the mental health section for details or contact customer service for specific details.

18) For Pathfinder 1600 alternative care benefits, do you also still have to meet the high deductible before the 30% copay (coinsurance)?

Yes, on the HDHP you must meet the deductible first for all services, including pharmacy benefits.

19) If we have used our EyeMed vision benefits this calendar year already (2020), are we able to utilize this new PS vision benefit before 12 months?

Yes, you are able to start over with new benefits, as we are not carrying forward those from the prior plan.

20) Is there a brief description that would help someone understand why people may choose one Pathfinder plan over another? I am specifically trying to sort out the difference between the first three pathfinder plans.

This is a personal decision based on your personal needs. Some things to consider are monthly premiums, out of pocket max, secondary coverages and overall health care needs.

21) Is the advantage of the pathfinder voyager plan the ability to expand the options of the participating providers? That is, if the doctor I want is not on Pathfinder, he/she might be on Voyager. And if they are, then its 30% Vs. 40% out of network on Pathfinder?

Please refer to the plan comparison sheets. You will have more availability of providers with this plan. Making a decision is very personal and will be based upon you and your dependents health care needs.

22) Is HN POS 3 tier plan the Tripler option plan?

Yes, please refer to the plan comparison previous HN equivalent plans are listed in the plan comparison document

23) I know you cannot provide specific prices, but can you give a breakdown of the plans most expensive to least expensive?

Please refer to school website for plan cost and employee contribution

24) If you already have CVS Caremark, do you need to re-set it up or just give them the new numbers?

Please update your account with your new ID Card once you have it after October 1, 2020

25) Will there be agents available to assist individuals in finding the plan that best meets their specific needs?

Please contact customer service to walk through specific scenarios, but each person will need to make their own decision in their best plan for their family and dependents.

26) Once you have met the OOPM, are you exempt from paying anything additional -Even a costly surgery or an out-of-network expense?

Depending on the plan of choice as the ded and out of pocket amounts can be combined or separate for in and out of network. Also, regarding the 'costly surgery', would depend on if it falls within the plan as a covered benefit. It would be best to discuss the specifics with customer service.

27) Do you have a wellness program such as Active & Fit gym memberships?

Yes, please refer to the WLWV PS website for more information or after 10/1 you will have access to the Active&Fit sign up portal through your member InTouch account.

28) This site's Shop Plans are different than what you showed. Do we ignore them?

Yes, those are the PacificSource standard plans that are offered. WLWV has a custom set of plans that you can find details for on the WLWV internal site.

29) The first plan seems so much better. Why would I choose any of the other plans? What am I missing?

This is a personal decision based on your personal needs. Some things to consider are monthly premiums, out of pocket max, secondary coverages and overall health care needs.

30) Big picture, what is the advantage of the Pathfinder Voyager over the Pathfinder 200? Why was the Pathfinder Voyager created? For what purpose?

You get access to more providers within the area. This is a personal decision based on your personal needs. Some things to consider are monthly premiums, out of pocket max, secondary coverages and overall health care needs.

31) Which hospitals are in network?

Depending on what plan you select OHSU, Legacy, Adventist and PeaceHealth please check website or contact customer service

32) If my goal is to protect against unforeseen massive hospital bills and price of the plan is not an issue, which plan is appropriate for me?

This is a personal decision based on your personal needs. Some things to consider are monthly premiums, out of pocket max, secondary coverages and overall health care needs. Please contact customer service for more detailed information

33) What category on the chart is physical therapy, general service, or alt care?

Reference the OP Rehabilitation Benefits Line on the full benefit summaries that are available on your WLWV School Website

34) Can you explain the differences between Pathfinder and Voyager?

These are different networks, to see what providers and facilities fall into each network please refer to the PacificSource website under the search for provider tab. Voyager is our broadest network and offers a wider variety of providers throughout Oregon. In the Portland area, you will find that many providers can be found on both networks.

35) Is there a cap on physical therapy visits per year?

There is not a cap and falls under the OP Rehabilitation benefits

36) I would like information regarding fertility treatments and what is covered

Please contact customer service for specific plans benefits. Each plan is different.

37) Who can I talk to about which PS plan is best for me?

Please contact customer service to walk through specific scenarios, but each person will need to make their own decision in their best plan for their family and dependents.

Kaiser

38) Are there mental health benefits with Kaiser?

Yes, they are covered at the office visit copay OR if they are virtual visits (which are very popular) they are covered in full, no copay.

39) Regarding 12 visit limit for Kaiser massage, is this a limit per person on the plan or 12 visits per year for all family members on the plan?

The limit is per person, per calendar year.

ADMIN MEETING #3

No questions from session 3