

# West Linn Wilsonville School District #3Jt

## Administration / Confidential Medical Plan Options

Effective 10/1/2020

Plan Name	PacificSource Pathfinder 200_10 S3, \$5-10-25 1000 OP Rx, Vision Plus, Alt Care (Previous HN 100 PPO)		PacificSource Pathfinder 100+5_10 S3, \$5-10-25 1000 OP Rx, Vision Plus, Alt Care (Previous HN EPO)		PacificSource Pathfinder 1600_30+Rx Non-embedded S3, Vision Plus, Alt Care (Previous HN HDHP )	
Plan Info	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Deductible/Individual	\$200		\$100		\$1,600	\$3,200
Annual Deductible/Family	\$400		\$200		\$3,200	\$6,400
Annual Out-of-Pocket	\$1,600		\$1,000	NA	\$3,500	\$10,500
Annual Out-of-Pocket Maximum/Family	\$3,200		\$2,000	NA	\$7,000	\$21,000
<b>General Services</b>						
	<b>Member pays after Deductible (Deductible is waived when noted by *)</b>					
Preventive Services	Covered in Full*	40%*	Covered in Full*	90%	Covered in Full*	50%*
Office Visit	10%	40%	\$5 Copay*	90%	30%	50%
Specialist Visit	10%	40%	\$5 Copay*	90%	30%	50%
Naturopaths	10%	40%	\$5 Copay*	90%	30%	50%
Diagnostic & Therapeutic Radiology/Lab	10%	40%	10%	90%	30%	50%
Advanced Diagnostic Imaging	10%	40%	10%	90%	30%	50%
Urgent Care	10%	10%	\$35 Copay*	90%	30%	50%
<b>Hospital Services</b>						
Inpatient Hospitalization	10%	40%	10%	90%	30%	50%
Outpatient Surgery	10%	40%	10%	90%	25% Ambulatory Surgery Center 30% Hospital-Based	50%
Emergency Room	10%	10%		\$150 Copay / visit, 10%*	30%	30%
Ambulance (Ground/Air)	30%	30%	30%	30%	30%	30%
<b>Alternative Care</b>						
	<b>\$1,000 Combined Annual Max Chiro/Acup/Massage</b>					
Chiropractic Manipulation	\$15 Copay / visit*	40%	\$15 Copay / visit*	90%	30%	50%
Acupuncture	\$15 Copay / visit*	40%	\$15 Copay / visit*	90%	30%	50%
Massage Therapy	\$25 Copay / visit*	40%	\$25 Copay / visit*	90%	30%	50%
<b>Prescription Drug Benefits</b>						
	<b>\$1,000 Out of Pocket Maximum (\$2,000 Family)</b>		<b>\$1,000 Out of Pocket Maximum (\$2,000 Family)</b>		<b>Combined Medical/Rx Deductible &amp; Out of Pocket</b>	
<b>PacificSource Expanded No Cost Rx:</b>	No Cost at In Network Pharmacy					
<b>At Retail: (Maximum Day Supply)</b>	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)	\$5 Copay*	90%*	\$5 Copay*	90%*	20%	90%
Tier 2 (Per 30 day supply)	\$10 Copay*	90%*	\$10 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%
<b>Mail Order: (Maximum Day Supply)</b>						
Tier 1 (Per 90 day supply)	Up to a 90 day supply		Up to a 90 day supply		Up to a 90 day supply	
Tier 2 (Per 90 day supply)	\$10 Copay*		\$10 Copay*		20%	
Tier 3 (Per 90 day supply)	\$20 Copay*	NA	\$20 Copay*	NA	20%	NA
Tier 4 (Per 90 day supply)	\$50 Copay*		\$50 Copay*		20%	
	Lesser of \$300 or 10%*		Lesser of \$300 or 10%*		20%	
<b>Vision</b>						
	<b>In Network</b>			<b>Out of Network</b>		
Exam (Every 12 months)	\$10 Copay*			Reimbursed up to \$40*		
Lenses (Every 12 months)	\$10 Copay* ((\$75 Copay for Standard Progressives)			Reimbursement varies \$40 - \$80*		
Frames (Every 12 months)	\$150 allowance*			Reimbursed up to \$45*		
Contact Lenses in Lieu of Glasses (Every 12 months)	\$120 allowance*			Reimbursed up to \$105		

\* Not subject to annual deductible.

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.