



# Your Guide to PacificSource

Individual and Family Health Plans







# The Health Insurance You Need From the Company **You'll Love to Work With**

Having health insurance brings **peace of mind**. A solid health insurance plan makes it easy to get the preventive care that helps you stay well, protecting you from the high costs of unexpected medical expenses.

**At PacificSource, we make health insurance easy, putting you at the center of everything we do.**

- Our plans offer a range of premiums and deductibles so you can find the coverage that **fits you best**.
- We have **more than 41,000** providers in our network to give you the maximum choice of doctors and other healthcare professionals.
- We're known for taking good care of people. Members can call our toll-free number to speak with a Customer Service Representative. **Real people** always answer the phone.
- We give you the tools to manage your coverage so you can get the information you need, **when and where you need it**.



# Explore Our Great Plans

## Premiere

**This plan offers our most expansive coverage, including naturopathic, acupuncture, and vision care.**

- No deductibles for illness, vision, accident, or prescription drug coverage.
- \$25 co-payments for urgent care, office visits, and naturopathic office visits.
- \$1,500 acupuncture and chiropractic care benefit.
- Annual deductibles from \$1,000 to \$10,000.

## Preferred

**This plan features low out-of-pocket costs with robust coverage.**

- No deductibles for illness, accident, or prescription drug coverage.
- \$30 co-payments for urgent care, office visits, and naturopathic office visits.
- \$1,000 acupuncture and chiropractic care benefit.
- Annual deductibles from \$500 to \$10,000.

## Balance

**Our Balance plan offers extensive coverage at an affordable price.**

- No deductibles for illness, accident, or prescription drug coverage.
- \$35 co-payments for urgent care, office visits, and naturopathic office visits.
- \$500 acupuncture and chiropractic care benefit.
- Annual deductibles from \$2,500 to \$7,500.

## Value Option

**With four deductibles to choose from, our Value Option plan gives you peace of mind with basic health insurance options.**

- Annual deductibles from \$2,500 to \$10,000.
- Most covered services are covered at 40% after you meet your deductible.
- In-network prescription drug coverage is 50% after you meet your deductible.

## HSA

**Save money on your healthcare expenses and your taxes at the same time with this HSA-qualified plan.**

- Annual deductibles from \$1,500 to \$5,000.
- Accident coverage up to \$1,000.
- \$1,000 acupuncture, naturopathic, and chiropractic care benefit.

# With PacificSource, You Also Get...

## Online Tools available at PacificSource.com

### InTouch for Members

Through our secure website, InTouch for Members, you can view your claims, the status of preauthorizations, the accumulated expenses towards your plan's deductible, and more, at your convenience.

You can also access our online health and wellness center through InTouch, which includes personalized wellness information and a variety of helpful, easy-to-use tools, including a health risk assessment.

### Provider Directory

Take advantage of your plan's higher participating provider benefits. Find up-to-date participating provider information based on your location or the provider's name using this online personalized directory.

### What's an HSA?

A Health Savings Account (HSA) is an account that you own containing money to pay for medical expenses for you and your family members. It may help to think of your HSA as a "healthcare IRA."

An HSA gives you more control over your healthcare costs. You decide how to spend your healthcare dollars. You decide which doctors to see, what procedures are best for you, and how your money is spent. Best of all, you can save your money for future healthcare needs.

Health Savings Accounts are combined with a qualified High Deductible Health Plan (HDHP), such as Elect HSA, to offer a more affordable approach to healthcare.

## Wellness and Health Management

These extra services are not insurance, but are offered in addition to your medical plan to help you take charge of your health.

### Travel Emergency Assistance Program

If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by Assist America® Global Emergency Services at no cost.

### Save on Popular Weight Management Programs

As a part of your PacificSource medical coverage:

- Participate in a **Weight Watchers®** program and receive an annual reimbursement of \$100 (\$40 if an online Weight Watchers participant) for your Weight Watchers membership. Complete a minimum of ten weeks during a consecutive four-month period to be eligible.
- Receive **Jenny Craig®** program discounts: Free 30-Day Trial Program, 25% off a Premium Program.

### Tobacco Cessation

Our program includes one-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good. You'll also receive a Quit Kit with nicotine replacement therapy supplies (nicotine gum or patches) to help keep you on track.

### Health and Wellness Education

You can receive a reimbursement of up to \$50 per eligible health and wellness class or series offered by hospitals (up to \$150 per member per calendar year).

### Prenatal Program

Our Prenatal Care Program helps expectant mothers reduce their risk of premature birth. Participants receive educational materials and toll-free telephone access to a nurse consultant.

### Caremark® Prescription Discount Program

Our Prescription Discount Program saves you money on qualifying prescription drugs not covered by your plan. It is available to you and any family members enrolled in your health plan's coverage.

# Choose the plan that fits your needs

This is an overview of <b>participating provider</b> co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts <b>you pay</b> . Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are higher in most instances.											
Calendar Year Maximum		Premiere		Preferred		Balance		Value Option		HSA Qualified	
Annual Deductible	The amount you pay each year before the plan pays for covered services.	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit	Deductible	Out-of-Pocket Limit
Out-of-Pocket Limit	The most you'll pay out of pocket for covered services. Co-payments and deductibles reduce this limit.	Individual / Family		Individual / Family		Individual / Family		Individual / Family		Individual / Family	
		\$1,000 / \$3,000	\$5,000	\$500 / \$1,500 ✓	\$5,000	\$2,500 / \$7,500	\$7,500	\$2,500 / \$7,500	\$7,500	Individual / Family	Individual / Family
		\$2,500 / \$7,500	\$5,000	\$1,000 / \$3,000	\$5,000	\$5,000 / \$15,000	\$10,000	\$5,000 / \$15,000	\$10,000	\$1,500 / \$3,000	\$5,000 / \$10,000
		\$5,000 / \$15,000	\$10,000	\$2,500 / \$7,500	\$5,000	\$7,500 / \$22,500	\$12,500	\$7,500 / \$22,500	\$12,500	\$2,000 / \$4,000	\$5,000 / \$10,000
		\$7,500 / \$22,500	\$15,000	\$5,000 / \$15,000	\$10,000	\$10,000 / \$30,000	\$15,000	\$10,000 / \$30,000	\$15,000	\$3,000 / \$6,000	\$5,800 / \$11,600
Co-insurance	The amount you pay after your deductible is met.	20%		30%		35%		40%		50% (or 0% on the HSA \$5,000)	
Accident Benefit		The first \$5,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible.		The first \$2,500 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible.		The first \$1,500 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible.		The first \$1,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible.		The first \$1,000 of covered expense within 90 days of an accident is paid at 100% and is not subject to the deductible.	
Preventive Care	Includes physicals, women's health exams, and well-baby exams.	Covered in full									
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, urgent care, and obstetrician. Naturopathy visits are covered on the Premiere, Preferred, and Balance plans.	\$25 co-pay		\$30 co-pay		\$35 co-pay		Deductible, then co-insurance			
Office Procedures and Supplies		Deductible, then co-insurance									
Prescription Drugs	Prescription drugs are not subject to the deductible on the Premiere, Preferred, and Balance plans.	Incentive drugs: \$4 co-pay Generic drugs: \$10 co-pay Preferred brand name drugs: 50%		Incentive drugs: \$4 co-pay Generic drugs: \$15 co-pay Preferred brand name drugs: 50%		Incentive drugs: \$4 co-pay Generic drugs: 50% Preferred brand name drugs: \$100 deductible, then 50%		50% after deductible		Deductible, then co-insurance	
Chiropractic Services and Acupuncture		\$25 co-pay \$1,500 combined maximum		\$30 co-pay \$1,000 combined maximum		\$35 co-pay \$500 combined maximum		Not covered		Deductible, then co-insurance Includes naturopathic care \$1,000 combined maximum	
Emergency Room Visits	Co-pay waived if directly admitted to an inpatient facility.	\$100 co-pay, then subject to deductible, then co-insurance		\$100 co-pay, then subject to deductible, then co-insurance		\$150 co-pay, then subject to deductible, then co-insurance		Deductible, then co-insurance			
Ambulance Service		Deductible, then co-insurance									
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance									
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance									
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance									
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance				Deductible, then 50% co-insurance		Deductible, then co-insurance			
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance									
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance									
Inpatient Mental Health Services		Deductible, then co-insurance									
Transplant Services		Deductible, then co-insurance									
Vision	Once every two calendar years.	Exam: \$25 co-pay Hardware: This plan pays for up to \$200, remaining amount is your responsibility.		Not covered		Exam: \$35 co-pay		Not covered			



# Elect Dental to Complement Your Medical Plan

## Plan and Provider Network Highlights

Elect Dental coverage features quality benefits covering your family’s needs, savings through low out-of-pocket expense, and quality care from Advantage Dental Network dentists.

**Diagnostic and preventive care services are fully covered.** Routine examinations, cleanings, x-rays, sealants, and space maintainers are covered at 100 percent when you receive these services from an Advantage Dental Network dentist.

**Save out-of-pocket expense.** Your deductible is zero when you see an Advantage Dental Network dentist.

**Your annual maximum benefit grows** over three years. You will have a \$750 annual maximum the first year, \$1,000 the second year, and \$1,250 the third year and after.

**The Advantage Dental Network** includes dentists throughout Oregon. Advantage Dental Network and their contracted network dentists encourage preventive care services to help you maintain your dental health and avoid severe problems.

**Out-of-network provider coverage:** You may choose to see an out-of-network dentist (a dentist who is not a member of the Advantage Dental Network). Deductibles apply, and we cover these services based on Advantage Dental Network usual, customary, and reasonable charges.

### Dental Rates

Age:	0-17	18-20	21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Individual	\$40	\$40	\$44	\$44	\$44	\$50	\$50	\$56	\$56	\$56	\$56	\$61
Individual + Spouse	\$84	\$84	\$89	\$89	\$89	\$100	\$100	\$110	\$110	\$110	\$110	\$120
Individual + Family	\$125	\$125	\$132	\$132	\$132	\$150	\$150	\$164	\$164	\$164	\$164	\$176
Individual + Children	\$80	\$80	\$88	\$88	\$88	\$100	\$100	\$108	\$108	\$108	\$108	\$118

We review our rates periodically. If a rate adjustment is needed, we will notify you 30 days in advance.

The Elect Dental plan can be combined with your PacificSource individual medical plan, or purchased separately, to fit your coverage needs.

# Basic, Affordable Dental Coverage

This is an overview of co-insurance and deductible amounts only. The table below reflects the amounts **you pay**.

## Elect Dental

Annual Maximum Benefit	\$750 the first year; \$1,000 the second year; \$1,250 the third year and after
Annual Deductible In-Network Provider	None
Out-of-Network Provider	\$50 for individuals / \$150 for families (Applies to Class I, II, and Class III Services for out-of-network dentists.)

### Class I: Diagnostic and Preventive Care (no waiting period)

		In-Network	Out-of-Network
Routine Examinations	2 per calendar year	Covered in full	Deductible, then covered in full
Dental Cleanings (Prophylaxis or Periodontal Maintenance)	2 per calendar year		
Full Mouth X-rays and/or Panorex	1 complete mouth series every 5 years		
Bitewing X-rays	4 films in a 6-month period		
Topical Fluoride	2 applications per calendar year through age 18		
Sealants	1 application every 5 years to permanent molars and bicuspid through age 18		
Space Maintainers	Covered through age 13		

### Class II: Basic Services (6-month waiting period; prior coverage is creditable)

Periodontal Scaling and Root Planing and/or Curettage	1 procedure every 3 years per quadrant	20%	Deductible, then 20%
Full Mouth Debridement	1 procedure every 36 months		
Fillings	1 per surface per tooth every 5 years; reduced to amalgam restoration		
Simple Extractions	Covered		

### Class III: Major Treatments (12-month waiting period; prior coverage is creditable)

Crowns	1 per tooth every 10 years	50%	Deductible, then 50%
Root Canal Therapy	1 per tooth every 5 years		
Oral or Periodontal Surgery	Covered; requires preauthorization		
Prosthetic Devices (Bridges)	Replaced after 10 years		
Cast Partial Denture, Full, Immediate, or Overdenture	Limited to cost of full or cast partial denture		
Fixed or Removable Cast Partials	1 every 10 years per tooth, no age limit		
Dental Implant	Limited to once per lifetime per tooth space. Final crown and implant abutment over a single implant. Final implant-supported bridge abutment and implant abutment, or pontic. Alternate benefit per arch of conventional full/partial denture for final implant-supported full/partial denture prosthetic device.		

## Policy Provision

Missing Teeth	A 36-month waiting period applies to treatment for teeth extracted prior to the policy effective date. Prior coverage is creditable.
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Please refer to your policy for further explanation of benefits, including limitations and exclusions.



# Things to Know

## Am I eligible?

You may apply for a PacificSource individual policy if you are an Oregon resident and you are not covered by Medicare or on a group plan. You may also apply to include your legal spouse, domestic partner, and dependent children under the age of 26.

## When will my plan be effective?

If you are accepted for coverage, your policy can become effective on either the 1st or the 15th of the month following approval.

## Premiums

A premium schedule for our plans is available on our website, PacificSource.com, or by contacting our Individual Sales Department at (866) 695-8684. Rates are based on the age of the oldest family member on your policy. When a birthday pushes you or your spouse into a higher age bracket, your premium will be adjusted on the first day of the following month. If you add or subtract family members from your coverage, the premium will be adjusted.

PacificSource reviews its premium rates periodically. If a rate adjustment is needed, we will notify you 30 days in advance.

## What is not covered?

Below is a brief list of services, treatments, surgery, drugs, or supplies that are not covered under our plans. For a more detailed list of exclusions and limitations please refer to the policy.

- Biofeedback
- Chemical dependency treatment
- Chelation therapy
- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Custodial care
- Dental services
- Equipment used for nonmedical purposes
- Experimental or investigational procedures
- Family planning (except sterilization and contraceptive drugs and devices)
- Foot care (routine)
- Genetic (DNA) testing
- Growth hormone injections or treatments
- Infertility
- Jaw surgery
- Mental health and mental health drugs
- Obesity or weight control
- Orthognathic surgery
- Osteopathic manipulation
- Physical examinations for participation in athletics, admission to school, or required by an employer
- Services or supplies for an admission to a hospital, skilled nursing facility, or specialized facility that began before coverage under the policy started

# How to Apply

## 1 Fill out an application

Apply online by visiting PacificSource.com/oregon-insurance-plans, then click on "Compare Plans and Apply." If you are unable to apply online, ask your agent for a printed application.

**Tip:** Double check your application to make sure it is complete with the name, date of birth, height, weight, and medical history for all applicants.

## 2 Sign and date the application

If a spouse, domestic partner, or dependent over the age of 18 is also applying for coverage, they must sign and date the application, too.

## 3 Submit your application

Send a copy of your application to PacificSource.

Our fax number is (541) 225-3646.

Our email address is individual@pacificsource.com.

Our mailing address is:

PacificSource Health Plans  
Attn: Individual Department  
PO Box 7068  
Springfield, OR 97475-0068



**If you have questions about our individual and family health plans, please contact your insurance agent or a PacificSource Individual Service Representative at 866.695.8684 or by email at [individual@pacificsource.com](mailto:individual@pacificsource.com).**

**PacificSource Health Plans is a not-for-profit company based in Springfield, Oregon, with local offices throughout Oregon, Montana, and Idaho. Founded in 1933, we provide our customers with affordable coverage and the best possible service. PacificSource covers more than 290,000 people with our group and individual health insurance plans. For more information, visit [PacificSource.com](http://PacificSource.com).**

