

Health Plans that **Fit** the Needs of **Business**

PacificSource Group Health Plan Designs



About Us

PacificSource Health Plans is an independent, not-for-profit health insurance company. PacificSource is based in Eugene, Oregon, with offices throughout the Northwest. Since 1933, we've provided quality health insurance solutions to Northwest businesses and individuals. Our decades of experience enable us to provide our customers with innovative, personalized coverage and the best possible service.

The PacificSource Brand Promise

At PacificSource, we're known for taking good care of people. Our members can call our toll-free number to speak with a customer service representative for friendly, professional assistance. Our average on-hold time is less than 20 seconds, and our phone system puts callers in touch with a live person. For added convenience, members can access personalized benefit and claim information through our secure, user-friendly website.

In everything we do, we will always maintain the friendly, personal manner that lets you know serving you is our pleasure.

Our Plans

The following is an overview of health plan designs available to Oregon groups of two or more employees. Groups with 100 or more employees may also work with us to design a customized benefit package.

This brochure includes all Preferred plans. Preferred plans use the PacificSource Network of providers, which includes more than 80 percent of providers in Oregon.

Questions?

For more information about PacificSource health coverage, or to receive a quote, contact your PacificSource Sales Representative.

continued inside

***For Oregon businesses
with two or more
employees***



PacificSource.com

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PacificSource Group Medical Plans

Overview	General Description	Plan Design Options
Preferred CoDeduct Value	These PPO-based plans offer a blend of deductibles and copays. No PCP is required, and members do not need referrals to see specialists. Members who use PPO providers have lower costs. This is a trimmer version of the Preferred CoDeduct Plans with unbundled office visit and emergency room benefits.	Participating provider benefit of 70% or 80% for major medical services Deductibles of \$300*, \$500*, \$750, \$1,000, \$1,500, \$2,000, \$3,000, \$5,000, or \$7,500; family deductible is 3 times the individual deductible Office copays of \$35 or \$50; \$25 option also available for large groups
Preferred CoDeduct	These PPO-based plans do not require a PCP or referrals for members to see specialists. Members who use PPO providers have lower costs.	Participating provider benefit of 70% or 80% for major medical services Deductibles of \$300, \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500 or \$3,000; family deductible is 3 times the individual deductible Office visit copays of \$15, \$25, \$35, or \$50
Preferred Deductible	These PPO-based plans do not require a PCP or referrals for members to see specialists. Members who use PPO providers have lower costs.	Participating provider benefit of 80% for major medical services Deductibles of \$300, \$500, \$750, \$1,000, \$1,500, \$2,000, or \$2,500
Preferred Percentage	These PPO-based plans do not require PCPs or referrals for members to see specialists. These plans offer first-dollar coverage with no deductible required. Members who use PPO providers have lower costs.	Participating provider benefit of 50% (with \$3,750 or \$5,000 out-of-pocket maximums) or 70% (with \$3,500 out-of-pocket maximum) for major medical services. State mandated Basic Health Plan also available
Preferred Copay	These PPO-based plans do not require PCPs or referrals for members to see specialists. Members who use PPO providers have lower costs. Fixed-dollar copays apply to most services.	Office visit copays of \$15 or \$25 Hospital inpatient copays of \$200 per day
Preferred HSA	These HSA-qualified, high-deductible, PPO-based plans do not require PCPs or referrals for members to see specialists. Members who use PPO providers have lower costs.	Participating provider benefit of 80% for major medical services Deductibles of \$1,500, \$2,000, or \$3,000 Plan with 100% participating provider benefit and \$5,000 deductible also offered Plans offered with Rx coverage (subject to the medical deductible) or without Rx coverage
Prime	These managed care plans require the choice of a PCP and utilizes referrals for members to see specialists. Fixed-dollar copays are used for most services. Members who use their PCPs or referred providers have lower costs.	Office visit copays of \$15 or \$25 Hospital inpatient copays of \$200 per day
Choice	These plans are a blend of the Prime and Preferred plans, which require a choice of a PCP, but do not require referrals for members to see specialists. Participating provider services have a lower copay than other participating and nonparticipating provider services. Members who use a participating provider have lower costs.	Office visit copays of \$15 or \$25 Hospital inpatient copays of \$200 per day

* **CoDeduct Value Plans:** The \$300 and \$500 deductible options are for the small group (2–50 employees) market.

Note: There is no annual or lifetime maximum for any of the plans listed above.

Covered Services at a Glance

PREVENTIVE CARE

Well Baby Care
 Routine Physicals
 Routine Gynecological Exams
 Routine Colonoscopy
 Immunizations

PROFESSIONAL SERVICES

Office and Home Visits
 Office Procedures and Supplies
 Urgent Care Center Visits
 Surgery
 Outpatient Rehabilitation

HOSPITAL SERVICES

Inpatient Room and Board
 Inpatient Rehabilitative Care
 Skilled Nursing Facility Care

OUTPATIENT SERVICES

Outpatient Surgery/Services
 Advanced Imaging
 Diagnostic and Therapeutic Radiology and Lab
 Emergency Room Visits

MENTAL HEALTH/CHEMICAL

DEPENDENCY SERVICES
 Office Visits
 Inpatient Care
 Residential Programs

OTHER COVERED SERVICES

Allergy Injections
 Ambulance, Ground
 Ambulance, Air
 Durable Medical Equipment
 Home Health Care

Oregon Group Medical Plan Comparison

Deductible		Office Copay		Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit
Individual	Family	Options		Office Visits	Major Medical	Individual	Family	Individual
Preferred CoDeduct Value Plans								
\$300 for small group only (2-50 ee)	\$900	\$35	\$50	100%	80%	\$3,000	\$6,000	\$5,000
	\$900	\$35	\$50	100%	70%	\$3,000	\$6,000	\$5,000
\$500 for small group only (2-50 ee)	\$1,500	\$35	\$50	100%	80%	\$3,000	\$6,000	\$5,000
	\$1,500	\$35	\$50	100%	70%	\$3,000	\$6,000	\$5,000
\$750	\$2,250	\$25 copay option available for large group only (51+ ee)	\$35 \$50	100%	80%	\$3,500	\$7,000	\$5,500
\$1,000	\$3,000					\$4,000	\$8,000	\$6,000
\$1,500	\$4,500					\$4,000	\$8,000	\$6,000
\$2,000	\$6,000					\$5,000	\$10,000	\$7,000
\$2,500	\$7,500					\$5,000	\$10,000	\$8,000
\$3,000	\$9,000					\$5,000	\$10,000	\$8,000
\$5,000	\$15,000					\$6,000	\$12,000	\$8,000
\$7,500	\$22,500					\$6,000	\$12,000	\$8,000
\$750	\$2,250	\$25 copay option available for large group only (51+ ee)	\$35 \$50	100%	70%	\$3,500	\$7,000	\$5,500
\$1,000	\$3,000					\$4,000	\$8,000	\$6,000
\$1,500	\$4,500					\$4,000	\$8,000	\$6,000
\$2,000	\$6,000					\$5,000	\$10,000	\$7,000
\$2,500	\$7,500					\$5,000	\$10,000	\$8,000
\$3,000	\$9,000					\$5,000	\$10,000	\$8,000
\$5,000	\$15,000					\$6,000	\$12,000	\$8,000
\$7,500	\$22,500					\$6,000	\$12,000	\$8,000

* **Participating Provider Benefit for Major Medical Services for all plans:** Some services are reimbursed at a different percentage. Please see the proposal summary of benefits for all benefit reimbursement percentages.

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The benefit information in this brochure is a summary designed for comparative purposes. For specific information on plan benefits, exclusions, and limitations, please refer to a proposal, contract, or Member Benefit Handbook.

Deductible		Office Copay		Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit
Individual	Family	Options		Office Visits	Major Medical	Individual	Family	Individual
Preferred CoDeduct Plans								
\$300	\$900	\$15	\$25	100%	80%	\$2,000	\$4,000	\$5,000
\$500	\$1,500	\$15	\$25 \$35	100%	80%	\$2,000	\$4,000	\$5,000
\$750	\$2,250	\$15	\$25 \$35	100%	80%	\$2,500	\$5,000	\$5,000
\$1,000	\$3,000	\$15	\$25 \$35 \$50	100%	80%	\$3,000	\$6,000	\$5,000
\$1,500	\$3,000		\$25 \$35 \$50	100%	80%	\$3,000	\$6,000	\$5,000
\$2,000	\$4,000		\$25 \$35 \$50	100%	80%	\$4,000	\$8,000	\$5,000
\$2,000	\$4,000		\$35	100%	70%	\$4,000	\$8,000	\$5,000
\$2,500	\$5,000		\$25 \$35 \$50	100%	80%	\$5,000	\$10,000	\$5,000
\$3,000	\$6,000		\$35	100%	70%	\$5,000	\$10,000	\$5,000

Preferred Deductible Plans								
\$300	\$900			80%	80%	\$2,000	\$4,000	\$5,000
\$500	\$1,500			80%	80%	\$2,000	\$4,000	\$5,000
\$750	\$2,250			80%	80%	\$2,500	\$5,000	\$5,000
\$1,000	\$3,000	—		80%	80%	\$3,000	\$6,000	\$5,000
\$1,500	\$4,500			80%	80%	\$2,000	\$6,000	\$5,000
\$2,000	\$6,000			80%	80%	\$2,000	\$6,000	\$5,000
\$2,500	\$7,500			80%	80%	\$2,500	\$7,500	\$5,000

Preferred Percentage Plans								
—	—	—		50%	50%	\$3,750	\$11,250	\$10,000
				50%	50%	\$5,000	\$15,000	\$10,000
				70%	70%	\$3,500	\$10,500	\$10,000

Preferred Copay								
—	—	\$15	\$25	100%	100%	\$2,000	\$4,000	\$5,000

Deductible			Office Copay	Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit	
Individual	Family	Nonpar	Options	Office Visits	Major Medical	Individual	Family	Individual	
Preferred HSA Plans (offered with Rx coverage (subject to medical deductible) or without Rx coverage)									
\$1,500	\$3,000	x2	—	80%	80%	\$5,000	\$10,000	\$10,000	\$20,000
\$2,000	\$4,000	x2		80%	80%	\$5,000	\$10,000	\$10,000	\$20,000
\$3,000	\$6,000	x2		80%	80%	\$5,800	\$11,600	\$11,600	\$23,200
\$5,000	\$10,000	x2		100%	100%	\$5,000	\$10,000	\$10,000	\$20,000

Deductible		Office Copay		Participating Provider Benefit*		Participating OOP Limit		Nonparticipating OOP Limit
Individual	Family	Options		Office Visits	Major Medical	Individual	Family	Individual
Prime Plans								
—	—	\$15	\$25	100%	100%	\$2,000	\$4,000	—
\$500	\$1,500	\$25		100%	80%	\$3,000	\$6,000	—
\$1,000	\$3,000	\$35		100%	80%	\$3,000	\$6,000	—
Choice Plans								
—	—	\$15 Participating and PCP/ \$25 Other Participating and Nonparticipating		100%	100%	\$2,000	\$6,000	—
—	—	\$25 Participating and PCP/ \$35 Other Participating and Nonparticipating		100%	100%	\$2,000	\$6,000	—

* **Participating Provider Benefit for Major Medical Services for all plans:** Some services are reimbursed at a different percentage. Please see the proposal summary of benefits for all benefit reimbursement percentages.

Enhance Your Coverage



PacificSource Optional Benefits

Prescription Drug Coverage

Plan Design:	Incentive Drug Copay	Tier 1 Copay Generic	Tier 2 Copay Preferred	Tier 3 Copay Nonpreferred	Mail Order Supply Limit & Copay	Specialty Drug 30-day Copay
Tiered 10/20/40		\$10	\$20	\$40	90-day max 2.5 copays	\$100 or 20%, whichever is less
Tiered 10/35/60		\$10	\$35	\$60	90-day max 2.5 copays	\$100 or 20%, whichever is less
Tiered 15/30/50 (Also available with \$200 per-person annual brand name deductible)		\$15	\$30	\$50	90-day max 2.5 copays	\$100 or 20%, whichever is less
Tiered Incentive 4/10/35/60	\$4*	\$10	\$35	\$60	90-day max 2.5 copays	\$100 or 20%, whichever is less
Tiered Value 10/50/75		\$10	\$50	\$75	90-day max 3 copays	\$100 or 20%, whichever is less
Rx \$15/50%		\$15 or 50%, whichever is greater	\$15 or 50%, whichever is greater	\$15 or 50%, whichever is greater	90-day max 3 copays	\$15 or 50%, whichever is greater
Rx 50%		50%	50%	50%	90-day max 50%	50%

*A \$0 copay incentive drug plan (Tiered Incentive 0/10/35/60) is also available to clients with 51 or more employees.

- Except for our Tiered Value plan, our standard prescription drug plans are based on a MAC-B structure. Members requesting a brand name drug when a generic is available will pay the brand copay plus the difference in cost between the brand and its generic equivalent. Our Tiered Value 10/50/75 drug plan requires a Tier 3 copay when the member requests a brand name drug when a generic is available.
- Our Tiered Value prescription plan uses a Value Drug List (VDL) with approximately 120 brand name medications. All other prescription plans use an extended Preferred Drug List (PDL) with approximately 430 brand name drugs.
- The Rx \$15/50% plan has an annual out-of-pocket limit of \$5,000 per member. Our other prescription drug plans do not have an out-of-pocket limit.
- Retail prescription drugs and specialty drugs are limited to a 30-day maximum supply.
- All prescription drug plans include coverage for prescribed contraceptives.
- All prescription drug plans include discounts on noncovered prescriptions.

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Vision Care Coverage

	Exam Only Every 24 months	Vision 10/150 Every calendar year		Vision 10/300 Every calendar year		Vision Plus Every 24 months	
		Par Allowance	Nonpar Allowance	Par Allowance	Nonpar Allowance	Par Allowance	Nonpar Allowance
Routine vision exams	Mirrors medical plan's benefit for physician office visits	\$10 copay, 100%	\$40	\$10 copay, 100%	\$40	100%	\$40
Prescription eyewear							
Single vision lenses, per pair	N/A					100%	\$56
Bifocal vision lenses, per pair	N/A	\$150 total allowance for eyewear		\$300 total allowance for eyewear		100%	\$84
Trifocal vision lenses, per pair	N/A					100%	\$116
Frames	N/A					\$75	\$75
Contact lenses	N/A					\$131*	\$131*

Participating providers discount the prescription eyewear. Members can limit their out-of-pocket expense by using PacificSource participating providers.

*Contact lenses are instead of glasses, not in addition to glasses.

Alternative Care and Chiropractic Care Coverage

Alternative Care+Chiro	
Covered services	Any service covered under the medical policy except pregnancy or childbirth, drugs, and homeopathic medicines/supplies
Eligible providers	Licensed chiropractors, acupuncturists, and naturopaths
Benefit	Mirrors the medical plan's benefit for physician office visits
Maximum benefit	\$500, \$1,000, \$1,500, or \$2,000 per person per calendar year**

Members can limit their out-of-pocket expense by using PacificSource participating providers.

**An annual maximum benefit of \$2,500 is also available to clients with 51 or more employees.

Additional Accident Benefit

- Provides a \$500 first-dollar benefit covered at 100% for eligible expenses incurred within 90 days of an accident.
- Expenses in excess of \$500 are subject to normal plan benefits.

Questions?

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