

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.

continued on reverse



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?

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

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.



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