NUEVO **Red con cobertura nacional.** Consulte la pág. 8

PacificSource HEALTH PLANS

Planes Individuales y Familiares 2024

Hacemos lo **correcto,** no sólo lo que se requiere

Algunos planes de salud solamente hacen lo que se requiere. **A menos de que su plan sea PacificSource.**

Ya sea nuestro servicio compasivo ubicado en el Noroeste, nuestra política de no requerir referencias a especialistas o nuestra cobertura de medicamentos recetados sin costo mayor a la requerida por la ley, PacificSource siempre se ha esforzado por hacer lo correcto, no sólo lo que se requiere, en beneficio de usted y su familia.

PacificSource es un **plan de salud comunitario sin fines de lucro**. No respondemos a los accionistas, sino a los miembros, proveedores de salud, agentes y empleadores—las personas que dependen de nuestros productos y servicios.

Planes de salud que se enfocan en lo importante: usted, su médico y su comunidad

Nuestros miembros en primer lugar desde 1933

PacificSource es diferente. Somos una aseguradora local que trabaja muy de cerca con proveedores médicos locales y altamente calificados para ofrecer una experiencia excepcional a sus miembros.

Cuidados integrales enfocados en los miembros

Este enfoque en el paciente es posible gracias a la estrecha colaboración con nuestros proveedores médicos y al uso de las mejores herramientas de análisis de datos.

Atención de alto valor y menores costos

Nos esforzamos por compensar equitativamente a los proveedores de salud en base a la calidad de los resultados y del valor en general—no del volumen.

Inversión continua en la salud comunitaria

PacificSource invierte continuamente en nuestros propios vecindarios a través de la ayuda financiera y el acceso al cuidado de la salud en beneficio de diversas poblaciones y de los más necesitados.

Beneficios que van más allá de lo requerido

Servicio local y humano

No tenemos sistemas telefónicos automatizados ni centros de llamadas en el extranjero. Las personas que le atienden viven aquí, en el Noroeste. Además, respondemos a sus llamadas en menos de 30 segundos en promedio, según los reportes internos de llamadas.

Cobertura de telesalud práctica

Los miembros del plan pueden consultar a un médico sin salir de casa. Usted recibirá los cuidados que necesita, en el lugar y el momento que los necesite.

No se necesitan referencias médicas en cualquier plan

Nuestros planes no requieren que los miembros consulten a un médico de atención primaria antes de acudir con un especialista. (Algunos especialistas pudieran tener sus propios requisitos de referencia).

Cuidados preventivos y medicamentos preventivos sin costo

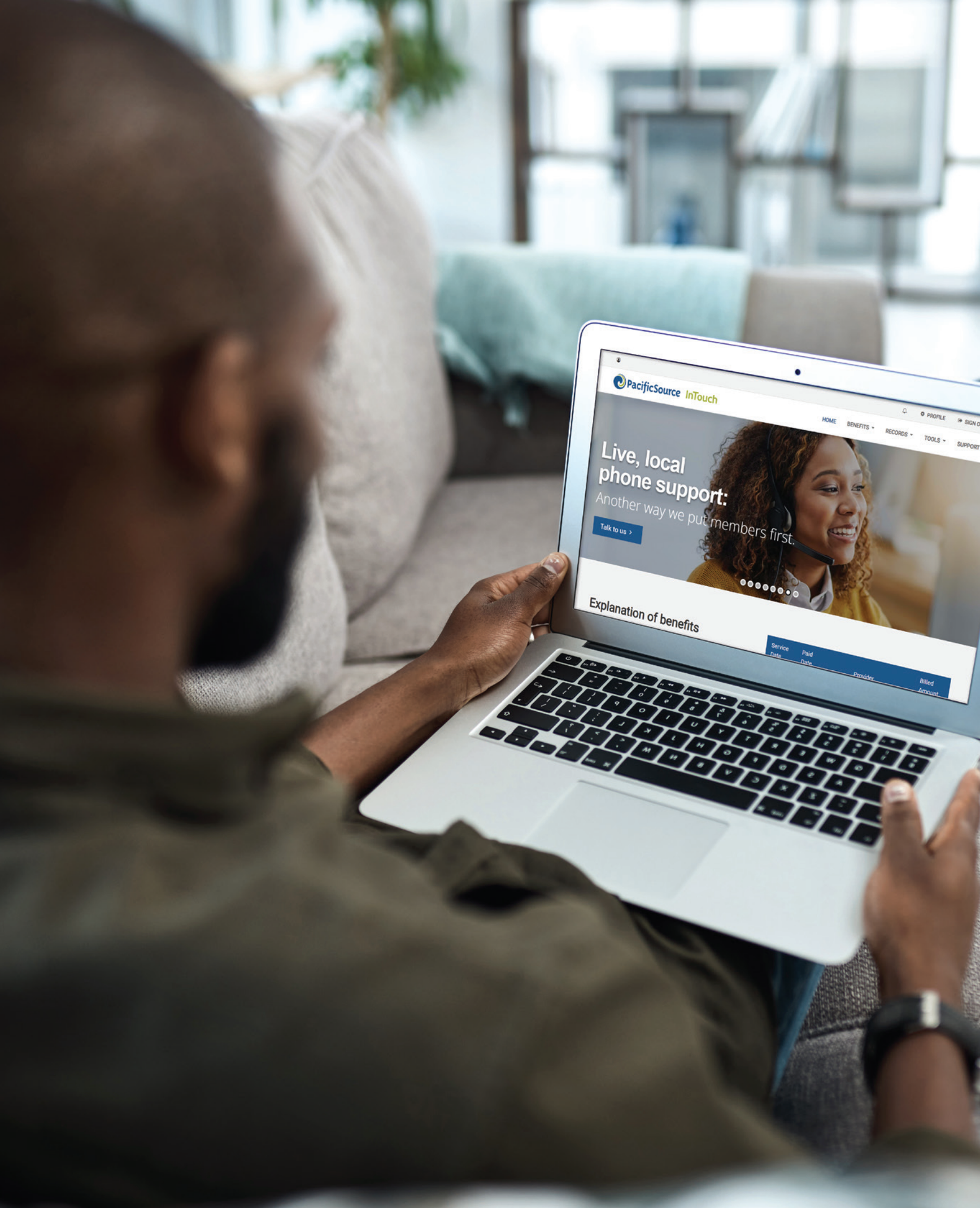
Nos complace ofrecerle co-pagos de $0 en:

- Cuidados para bebés y niños sanos
- Chequeos anuales
- Consultas prenatales
- Mamografías y colonoscopías preventivas
- Vacunas (inmunizaciones)
- Decenas de medicamentos preventivos—82 más de los que requiere la ley (Nota: Los planes Cascade y Estándar sólo utilizan la lista de medicamentos estándar de la ACA).

Cubrimos a más de **41,000** miembros individuales y a sus familias en el Gran Noroeste.

PacificSource cubre a personas como usted que contratan un seguro de salud de manera independiente y no a través de un empleador.

Fuente: reporte de inscripción mensual, marzo del 2023


PacificSource InTouch
HOME
BENEFITS
RECORDS
TOOLS
SUPPORT
PROFILE
Live, local phone support:
Another way we put members first.
Talk to us
Explanation of benefits
Service Date
Paid Date
Provider
Billed Amount

Usted tiene el control con InTouch

Administre sus beneficios desde su computadora, teléfono o tableta las 24 horas del día.

Con InTouch usted puede:

- Mostrar su tarjeta de ID de miembro
- Programar consultas con el médico—salud física y del comportamiento—a través de Teladoc®.
- Revisar lo que cubre su plan
- Leer las declaraciones de la Explicación de Beneficios
- Verificar el estatus de su deducible
- Buscar un médico
- Seleccionar a su proveedor de atención primaria
- Llamar a nuestra Línea de Enfermería las 24 horas del día
- Trabajar para alcanzar sus objetivos de salud con nuestro portal de salud y bienestar
- Ponerse en contacto con nuestro equipo de Servicio al Cliente

Cantidad y calidad – nuestras redes le ofrecen ambas cosas

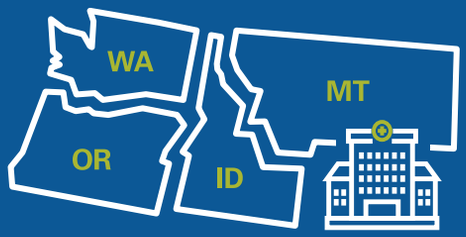
Sabemos lo importante que es contar con una sólida red de proveedores médicos a la hora de elegir un seguro de salud. Por eso hemos contratado a miles de profesionales de la salud altamente calificados, **incluyendo 19 centros médicos de cinco estrellas.***

Con PacificSource, usted tiene acceso dentro de la red a proveedores médicos en nuestra región de cuatro estados (Idaho, Montana, Oregon y Washington) y en todo el país.

Usted puede contar con lo siguiente sin importar dónde viva, trabaje o viaje:

- Una amplia variedad de médicos y centros de salud
- Cuidados de especialistas sin necesidad de una referencia
- Atención enfocada en resultados de alta calidad y participación del paciente
- Herramientas de autocontrol para hacerse cargo de su salud

*Fuente: Centros de Servicios de Medicare y Medicaid, Clasificación de Hospitales, 23 de enero del 2023.



Acceso dentro de la red a médicos y hospitales en todo el Noroeste...

Idaho

St. Luke's Health Partners
PQA Patient Quality Alliance
IRMC Eastern Idaho Regional Medical Center
Idaho Falls Community Hospital
Mountain View Hospital
Bingham Memorial Hospital
KootenaiCareNetwork

Montana

Billings Clinic
Providence St. Patrick Hospital
St. Peter's Health
SCL Health
Community Medical Center
Logan Health

Oregon

Legacy Health
St. Charles Health System
Central Oregon Independent Practice Association
OHSU Health
Legacy Health Partners
McKenzie-Willamette Medical Center
Praxis Health
PeaceHealth
Asante
Samaritan Health Services

Washington

Legacy Health
MultiCare
MultiCare Connected Care
PeaceHealth
Vancouver Clinic
PSW a population health company
UW Medicine

Esta no es una lista completa de los proveedores médicos en su estado y la disponibilidad dentro de la red depende del plan y de la red del miembro. Para buscar en nuestro directorio de proveedores, visite PacificSource.com/find-a-doctor.

...y en todo el país.

Usted tiene una cobertura en todo el país a través de **Aetna Signature Administrators® PPO** (fuera de Idaho, Montana, Oregon y Washington).

NUEVO aetna

Cuidados de la vista para niños

Cobertura visual pediátrica para miembros hasta de 18 años de edad

Todos nuestros planes médicos incluyen una cobertura visual pediátrica. Esto incluye exámenes de la vista de rutina sin costo alguno al consultar a un médico de la red. Consulte la gráfica de comparación de planes para obtener más información.

Decida si desea una cobertura dental

La buena salud dental puede mejorar su salud en general

Usted puede:

- Agregar uno de nuestros planes dentales a su plan de salud
- Seleccionar solamente la cobertura dental
- Contratar estos planes durante todo el año, no sólo durante el periodo de inscripciones abiertas

Para obtener más información, busque los planes individuales y familiares en PacificSource.com. Para obtener ayuda con su cobertura dental o médica, póngase en contacto con un Asesor de Cobertura al teléfono **855-330-2792** o al email CoverageAdvisors@PacificSource.com.

Encuentre el plan adecuado

Uno de los factores para elegir un plan será si usted necesita un plan que pueda combinarse con una cuenta de ahorro para la salud (HSA). Estas son algunas cuestiones a considerar.

Todos los planes	**Todos nuestros planes de salud** incluyen una cobertura de cuidados preventivos, exámenes físicos con un costo de $0 al acudir con proveedores de la red, co-pagos de $0 en muchos medicamentos preventivos y la mayoría de las vacunas.
HSA	**Los planes calificados para HSA** le ayudan a ahorrar dinero para los gastos del cuidado de la salud, tales como los deducibles y el coaseguro. Estos planes requieren que todos los beneficios principales estén sujetos al deducible. Con los planes HSA, usted tendrá una cuenta bancaria dedicada y las contribuciones que realice a dicha cuenta son 100% deducibles de impuestos (hasta un máximo) al igual que una cuenta de retiro IRA. Otro beneficio: los retiros que usted realice de su cuenta HSA para pagar los gastos médicos calificados son libres de impuestos.
No calificados para HSA	**Los planes no calificados para HSA** le permiten utilizar algunos beneficios a cambio de un co-pago antes de cubrir su deducible (tales como cuidados primarios, cuidados urgentes o farmacia).

Otras diez ventajas de PacificSource

Acceso a hospitales y centros de cuidados urgentes altamente calificados

Línea de Enfermería las 24 horas del día sin costo alguno

Membresías para el gimnasio a precios accesibles a través de Active&Fit Direct™

Administración de la atención médica sin costo para padecimientos crónicos

Servicios globales de emergencia de Assist America®

Recursos prenatales para padres o madres embarazadas

Ayuda para dejar el tabaco

Reembolso de hasta $150 para clases de salud y bienestar

Pedidos de farmacia a domicilio

Descuentos del programa Weight Watchers®

Los beneficios adicionales no se consideran como parte del seguro.

Siguientes pasos:

Seleccione un plan de salud

Decida si desea una cobertura dental

Evalúe las opciones e inscríbase:

Póngase en contacto con su agente

En línea en Shop.PacificSource.com/individual

O llámenos al **855-983-8844,**
TTY: 711
Aceptamos llamadas del servicio de retransmisión

Estamos aquí para ayudarle.

Es normal tener dudas sobre un tema tan importante como la salud. Lo entendemos y con gusto podemos atenderlo por teléfono o por email.

855-983-8844, TTY: 711
Aceptamos llamadas del servicio de retransmisión
Lunes a viernes de 8:00 a.m. a 5:00 p.m.

CoverageAdvisors@PacificSource.com

PacificSource.com

PSIB.ID.0124
PSIP.ID.HMO.0124
PSIP.ID.PPO.0124
PSIP.ID.DENTAL.0124

IFP226_0823

PacificSource HEALTH PLANS

Washington 2024 Planes Médicos Individuales y Familiares Navigator

	Gold 2000 PD†	
	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	**$2,000 / $4,000**	**$10,000 / $20,000**
Out-of-Pocket Maximum Individual / Family	**$6,000 / $12,000**	**$25,000 / $50,000**
Preventive Services	Covered in full	50% after deductible
Preventive Drug Coverage	Covered in full	90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary / Urgent Care: $20 no deductible Specialist: $40 no deductible	50% after deductible
Telehealth	$20 no deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Lab / X-ray	20% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Services	20% after deductible	20% after deductible
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	$20 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: $15 no deductible Tier 2: $70 no deductible Tier 3: 20% no deductible Tier 4: 20% no deductible	90% after deductible
Pediatric Eye Exam	Covered in full	Covered in full up to $40
Pediatric Vision Hardware	Covered in full up to $150, then subject to in-network deductible and 20%	
Pediatric Dental Included	Yes	

Estos planes están disponibles para residentes de los condados de Clark, Pierce, Spokane y Thurston.

**Disponible sólo a través de Washington Healthplanfinder.
†La cobertura dental pediátrica se contrata por separado para los planes adquiridos a través de Washington Healthplanfinder.
^Disponible sólo de forma directa.

Los servicios fuera de la red se cubren hasta el monto permitido. Una vez alcanzado ese monto, los miembros pudieran tener que pagar el saldo facturado. Este es un breve resumen. Póngase en contacto con un Asesor de Cobertura al teléfono **855-767-2312** o al email CoverageAdvisors@PacificSource.com. Visite PacificSource.com para obtener información detallada o consultar el Resumen de Beneficios del plan.

Ayuda con la accesibilidad: si necesita ayuda para leer esta gráfica o el resto del documento, por favor llámenos al teléfono 888-977-9299, TTY: 711. Aceptamos llamadas del servicio de retransmisión.

PacificSource HEALTH PLANS

Washington 2024 Planes Médicos Individuales y Familiares Navigator

	Silver 3500 PD^	Silver 5000 PD†	
	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	**$3,500 / $7,000**	**$5,000 / $10,000**	**$10,000 / $20,000**
Out-of-Pocket Maximum Individual / Family	**$9,300 / $18,600**	**$7,750 / $15,500**	**$25,000 / $50,000**
Preventive Services	Covered in full		50% after deductible
Preventive Drug Coverage	Covered in full		90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary / Urgent Care: $40 no deductible Specialist: $80 after deductible	Primary / Urgent Care: $15 no deductible Specialist: $30 no deductible	50% after deductible
Telehealth	$40 no deductible	$15 no deductible	50% after deductible
Inpatient Hospital	35% after deductible	30% after deductible	50% after deductible
Lab / X-ray	35% after deductible	30% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	35% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	35% after deductible	30% after deductible	50% after deductible
Emergency Services	35% after deductible	30% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	$40 no deductible	$15 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: $20 no deductible Tier 2: $80 no deductible Tier 3: 35% no deductible Tier 4: 35% no deductible	30% after deductible	90% after deductible
Pediatric Eye Exam	Covered in full		Covered in full up to $40
Pediatric Vision Hardware	Covered in full up to $150, then subject to in-network deductible and 35%	Covered in full up to $150, then subject to in-network deductible and 30%	Same as in-network
Pediatric Dental Included	Yes		

Estos planes están disponibles para residentes de los condados de Clark, Pierce, Spokane y Thurston.

**Disponible sólo a través de Washington Healthplanfinder.
†La cobertura dental pediátrica se contrata por separado para los planes adquiridos a través de Washington Healthplanfinder.
^Disponible sólo de forma directa.

Los servicios fuera de la red se cubren hasta el monto permitido. Una vez alcanzado ese monto, los miembros pudieran tener que pagar el saldo facturado. Este es un breve resumen. Póngase en contacto con un Asesor de Cobertura al teléfono **855-767-2312** o al email CoverageAdvisors@PacificSource.com. Visite PacificSource.com para obtener información detallada o consultar el Resumen de Beneficios del plan.

Ayuda con la accesibilidad: si necesita ayuda para leer esta gráfica o el resto del documento, por favor llámenos al teléfono 888-977-9299, TTY: 711. Aceptamos llamadas del servicio de retransmisión.

PacificSource HEALTH PLANS

Washington 2024 Planes Médicos Individuales y Familiares Navigator

	Bronze 7000 PD†	Bronze HSA 7500 PD†	
	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	**$7,000 / $14,000**	**$7,500 / $15,000**	**$10,000 / $20,000**
Out-of-Pocket Maximum Individual / Family	**$8,700 / $17,400**	**$7,500 / $15,000**	**$25,000 / $50,000**
Preventive Services	Covered in full		50% after deductible
Preventive Drug Coverage	Covered in full		90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary / Urgent Care: $35 no deductible Specialist: $50 after deductible	0% after deductible	50% after deductible
Telehealth	$35 no deductible	0% after deductible	50% after deductible
Inpatient Hospital	40% after deductible	0% after deductible	50% after deductible
Lab / X-ray	40% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	40% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	0% after deductible	50% after deductible
Emergency Services	40% after deductible	0% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	$35 no deductible	0% after deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	40% after deductible	0% after deductible	90% after deductible
Pediatric Eye Exam	Covered in full		Covered in full up to $40
Pediatric Vision Hardware	Covered in full up to $150, then subject to in-network deductible and 40%	Covered in full up to $150, then subject to in-network deductible and 0%	Same as in-network
Pediatric Dental Included	Yes		

Estos planes están disponibles para residentes de los condados de Clark, Pierce, Spokane y Thurston.

**Disponible sólo a través de Washington Healthplanfinder.
†La cobertura dental pediátrica se contrata por separado para los planes adquiridos a través de Washington Healthplanfinder.
^Disponible sólo de forma directa.

Los servicios fuera de la red se cubren hasta el monto permitido. Una vez alcanzado ese monto, los miembros pudieran tener que pagar el saldo facturado. Este es un breve resumen. Póngase en contacto con un Asesor de Cobertura al teléfono **855-767-2312** o al email CoverageAdvisors@PacificSource.com. Visite PacificSource.com para obtener información detallada o consultar el Resumen de Beneficios del plan.

Ayuda con la accesibilidad: si necesita ayuda para leer esta gráfica o el resto del documento, por favor llámenos al teléfono 888-977-9299, TTY: 711. Aceptamos llamadas del servicio de retransmisión.

PacificSource HEALTH PLANS

Washington 2024 Planes Médicos Individuales y Familiares Navigator

	Cascade Gold**†	Cascade Silver**†	Cascade Bronze**†	
	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	**$600 / $1,200**	**$2,500 / $5,000**	**$6,000 / $12,000**	**$10,000 / $20,000**
Out-of-Pocket Maximum Individual / Family	**$6,100 / $12,200**	**$9,200 / $18,400**	**$9,200 / $18,400**	**$25,000 / $50,000**
Preventive Services	Covered in full			50% after deductible
Preventive Drug Coverage	Covered in full			90% after deductible
Office Visits: Primary, Urgent Care, and Specialist	Primary: $15 no deductible Urgent: $35 no deductible Specialist: $40 no deductible	Primary/telehealth combined visits 1-2: $1, visits 3+: $30 no deductible Urgent/Specialist: $65 no deductible	Primary/telehealth combined visits 1-2: $1, visits 3+: $50 no deductible Urgent: $100 no deductible Specialist: $100 after deductible	50% after deductible
Telehealth	$15 no deductible			50% after deductible
Inpatient Hospital	$525 no deductible (per day limit of 5 copays per stay)	$800 after deductible (per day limit of 5 copays per stay)	40% after deductible	50% after deductible
Lab / X-ray	$30 no deductible	$65 no deductible	40% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	$25 no deductible	$40 no deductible	40% after deductible	50% after deductible
Outpatient Surgery	$350 after deductible	$600 after deductible	40% after deductible	50% after deductible
Emergency Services	$450 after deductible	$800 after deductible	40% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 12 / Acu: 12	$15 no deductible	$30 no deductible	$50 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: $10 no deductible Tier 2: $60 no deductible Tier 3 & 4: $100 no deductible	Tier 1: $25 no deductible Tier 2: $75 no deductible Tier 3 & 4: $250 after deductible	Tier 1: $32 no deductible Tier 2, 3, & 4: 40% after deductible	90% after deductible
Pediatric Eye Exam	Covered in full			Covered in full up to $40
Pediatric Vision Hardware	Covered in full			Covered in full up to $40
Pediatric Dental Included	No			

Estos planes están disponibles para residentes de los condados de Clark, Pierce, Spokane y Thurston.

**Disponible sólo a través de Washington Healthplanfinder.
†La cobertura dental pediátrica se contrata por separado para los planes adquiridos a través de Washington Healthplanfinder.
^Disponible sólo de forma directa.

Los servicios fuera de la red se cubren hasta el monto permitido. Una vez alcanzado ese monto, los miembros pudieran tener que pagar el saldo facturado. Este es un breve resumen. Póngase en contacto con un Asesor de Cobertura al teléfono **855-767-2312** o al email CoverageAdvisors@PacificSource.com. Visite PacificSource.com para obtener información detallada o consultar el Resumen de Beneficios del plan.

Ayuda con la accesibilidad: si necesita ayuda para leer esta gráfica o el resto del documento, por favor llámenos al teléfono 888-977-9299, TTY: 711. Aceptamos llamadas del servicio de retransmisión.

Health Plan Disclosure Information

PacificSource Health Plans | Washington

Thank you for choosing PacificSource Health Plans. We appreciate the opportunity to serve you.

This Health Plan Disclosure Information is a requirement of the state and federal agencies that regulate health plan carriers. It contains or references information that we are required to provide upon your enrollment into a health plan or upon your request. If you have any questions, we welcome your call. **The PacificSource Customer Service team is available at CS@PacificSource.com or 888-977-9299,** 8:00 a.m. to 5:00 p.m., Monday through Friday.

Health plan benefit information

RCW.48.43.510 and WAC 284-43-5130

Upon request, PacificSource will provide you with the following information:

- A list of covered benefits including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A listing of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A listing of all available disclosure items, in addition to the above, as required by law

Women's health and cancer rights

If you are receiving benefits for a covered mastectomy and elect breast reconstruction in connection with the mastectomy, you will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with you and your attending physician and will be subject to the same cost-share (annual deductible, coinsurance, and copayment) provisions otherwise applicable under the plan.

Pharmacy benefit information

WAC 284-43-5040, WAC 284-43-5110, and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's member handbook.

Your right to safe and effective pharmacy services

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).

If you would like to learn more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the **Washington State Office of the Insurance Commissioner toll-free at 800-562-6900.**

If you have a concern about the pharmacists or pharmacies serving you, please call the **Washington State Department of Health toll-free at 800-525-0127.**

Does this plan limit or exclude certain drugs my healthcare provider may prescribe, or encourage substitutions for some drugs?

In working with pharmacists and physicians, PacificSource has developed a drug list (also referred to as a formulary). This drug list identifies preferred pharmaceutical products, supplies, and devices. Drugs not on the list (or nonformulary drugs) are not covered unless approved by your health plan as medically necessary, and may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

If prescribed a brand-name drug when a generic is available (regardless of the reason or medical necessity), you are responsible for the brand copay, plus the drug cost difference between the generic and brand-name drug unless your prescriber indicates "do not substitute" (DNS) or "dispense as written" (DAW).

Over-the-counter (OTC) drugs, supplies, and devices are generally excluded from all plans. Exceptions may apply. To request a copy of the drug formulary for your specific plan, **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday). The drug list is also available at **PacificSource.com/find-a-drug.**

When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?

A plan's drug formulary is subject to changes that are based on an established evaluation process. The evaluation process includes review of scientific studies.

Members are notified 30 days prior of any negative changes. Providers are notified 60 days prior by email and with an online posting at **PacificSource.com/resources/articles**. If a drug is removed from the formulary, it is no longer covered unless the member: (a) has an approved formulary exception through prior authorization; and (b) meets required formulary exception criteria.

For a complete, up-to-date list of covered drugs, visit our website at PacificSource.com. For more recent information or other questions, please **contact PacificSource Customer Service at CS@PacificSource.com at 888-977-9299,** 8:00 a.m. to 5:00 p.m., Monday through Friday.

What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?

Benefit changes—Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.

Formulary substitution—Although individuals are not allowed to customize any plan drug formularies, healthcare providers can request coverage of nonformulary medications for patients through a formulary exception process. If your prescribing provider determines that formulary alternatives are not appropriate, they can file an exception request with PacificSource. We'll review the case and determine if the exception request is approved. If a formulary exception is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

How much do I have to pay to get a prescription filled?

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the cost of the drug.

If you have pharmacy coverage with a tiered cost-share benefit, you will pay a lower cost share for generic drugs, and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

Do I have to use certain pharmacies to make sure I'm paying the least out-of-pocket amount?

To get the most benefit from your pharmacy coverage, we recommend that you have your prescriptions filled at any of our many in-network pharmacies. A directory of pharmacies is available at **PacificSource.com/members/prescription-drug-information/find-a-pharmacy.**

The three steps to fill your prescription:

1. Find an in-network pharmacy in your area.
2. Show your PacificSource ID card when you drop off your prescription(s).
3. Pay your share of the drug's cost. PacificSource will be billed directly for the balance.

Remember to show your PacificSource member ID card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied and may result in higher out-of-pocket cost.

Covered drugs are subject to the plan cost share. If you decide to purchase a noncovered drug, you will pay the actual charge for the drug.

See your policy for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.

If you need help identifying preferred pharmacies in your area, or if you anticipate needing to fill a prescription when traveling, **contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).

How many days' supply of most medications can I get without paying another copay or other repeating charge?

Most prescriptions are limited up to a 90-day supply, which can be filled at either our in-network mail or retail pharmacies.

If your plan includes prescription drug coverage, a convenient mail-order service for daily or long-term medications is available to you. (See below.) You are able to order a 90-day supply (999 dose maximum) of covered medications and have them delivered to you, with no standard shipping charge.

What mail-order prescription services are available to me?

You can order refills by phone or mail, or order online 24 hours a day. To fill your prescriptions through the PacificSource preferred mail-service pharmacy by mail, online, or phone:

CVS Caremark® Mail Service
Register online: Caremark.com
Register by mail: For mail-in forms, visit
PacificSource.com/member/mail-order-rx
Call toll-free: **866-329-3051** (TTY/TDD 711)

For prescriptions identified as "specialty medications," fills are limited to a 30-day supply and must be filled at an in-network specialty pharmacy. Specialty medications are not available to be filled at your regular retail or mail-order pharmacy unless an exception has been granted. For specialty pharmacy questions:

CVS Caremark Specialty Pharmacy
800-237-2767 Phone
800-323-2445 Fax

Contact PacificSource Customer Service for your plan's specific mail order pharmacy benefits.

Health information practices

RCW 48-43-510 (1c)

Your health plan protects the confidentiality of members' healthcare information. Together, PacificSource's Privacy Officer and Information Security Officer safeguard your information by providing strategic direction, leadership, and oversight of the privacy and information security programs. These programs include operational policies as well as the execution of organizational privacy and information safeguards.

Under the Information Security Officer's leadership, the Information Security Program is responsible for overseeing the protection of healthcare information and for the development, implementation, and monitoring of policies, standards, and education concerning the security of confidential member data.

PacificSource has established policies regarding employee responsibility for safeguarding healthcare information, oversight and accountability for confidentiality and security, access controls for member information and systems, secure use and disclosure of member information, and responding to member requests to exercise individual rights.

We welcome your questions

For more detailed information about your PacificSource coverage, please review your plan materials. If you have questions, **please contact PacificSource Customer Service at CS@PacificSource.com or 888-977-9299** (8:00 a.m. to 5:00 p.m., Monday through Friday).