



Health plans to help you  
**live well and smile more.**

2017 Health Plans for **Oregon** Individuals and Families





We're in  
your corner  
for **great**  
**healthcare.**

You work hard every day to take care of yourself and your family. It's worth it, because when you feel well, you're able to enjoy everything else a little bit more. And we know that good health and feeling well are a lot easier when you have people who care about you in your corner.

For more than 80 years, we've dedicated ourselves to providing healthcare coverage to the people in our communities—people like you and your family. We work with you and providers to help you receive the quality healthcare you need.

**When it comes to getting that care, we've got you covered.**



A network  
is your  
**healthcare  
team.**

A network is a set of doctors, hospitals, and other providers who care for your health.

When you receive care from providers in your health plan's network, you typically get better prices and pay less than if you see providers outside your plan's network.

## Get great care at lower costs.

The SmartChoice and Legacy Health Networks are designed to give you a coordinated-care experience through select provider groups and facilities. This level of provider collaboration means great care at a lower cost.

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### **SmartChoice Network**

If you live in one of the following counties, you can choose plans on the SmartChoice Network:

- Crook
- Deschutes
- Jefferson

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### **Legacy Health Network**

If you live in one of the following counties, you can choose plans on the Legacy Health Network:

- Clackamas
  - Multnomah
  - Washington
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## Get care nationwide with our travel networks.

Our network service area includes providers in Idaho, Montana, and Oregon. Beyond that, you'll have access to in-network providers, nationwide. We partner with the First Choice Health™ Network for Washington and Alaska and with the First Health® Network for all other states.

## Find a provider in our online directory.

To get healthcare at the lowest cost, you'll need to go to providers in your plan's network. You can use our Provider Directory at [PacificSource.com/find-a-provider](https://www.pacificsource.com/find-a-provider) to look up in-network doctors and facilities.



## Health plans to help you **live well.**

Chances are, you want a quality health plan that makes getting healthcare as easy and affordable as possible. We can help with that.

No matter which plan you choose, your preventive care is covered. This includes things like routine physicals and immunizations.

# Catastrophic

## Calendar Year Costs

	In-network	Out-of-network
<b>Deductible</b> This is the amount you must pay before the plan pays for covered services.	Individual: \$7,150 Family: \$14,300	Individual: \$10,000 Family: \$20,000
<b>Out-of-pocket limit</b> This is the most you will pay for covered services in a calendar year.	Individual: \$7,150 Family: \$14,300	Individual: \$15,000 Family: \$30,000
<b>Co-insurance</b> This is your share of costs.	No charge	50%

## Commonly Used Benefits

<b>Office visits</b> Services performed during an office visit may be billed separately.	No charge <sup>◆</sup>	50%
<b>Specialist visits</b>	No charge	50%
<b>Acupuncture and chiropractic manipulation</b> \$1,000 combined limit	Not covered	Not covered
<b>Lab and x-ray services</b>	No charge	50%
<b>Hospitalization and outpatient care</b>	No charge	50%
<b>Urgent care</b>	No charge	50%
<b>Emergency services</b>	Emergency: no charge Nonemergency: no charge	Emergency: no charge Nonemergency: 50%
<b>Accident benefit</b>	Within 90 days of an accident (not at work), the first \$500 of covered services is paid in full	
<b>Prescription drugs</b>	Preventive: no charge <sup>■</sup> Tier 1: no charge Tier 2: no charge Tier 3: no charge Tier 4: no charge	Preventive: 90% Tier 1: 90% Tier 2: 90% Tier 3: 90% Tier 4: 90%

## Vision Benefits

<b>Pediatric routine eye exam</b>	No charge	50%
<b>Pediatric vision hardware</b>	No charge	50%
<b>Adult routine eye exam</b>	Not covered	Not covered
<b>Adult vision hardware</b>	Not covered	Not covered

<sup>◆</sup> First three office visits with primary care physician paid at 100%, then subject to deductible and co-insurance.

# Standard **Bronze**

## Calendar Year Costs

	In-network	Out-of-network
<b>Deductible</b> This is the amount you must pay before the plan pays for covered services.	Individual: \$7,150 Family: \$14,300	Individual: \$10,000 Family: \$20,000
<b>Out-of-pocket limit</b> This is the most you will pay for covered services in a calendar year.	Individual: \$7,150 Family: \$14,300	Individual: \$15,000 Family: \$30,000
<b>Co-insurance</b> This is your share of costs.	No charge	50%

## Commonly Used Benefits

<b>Office visits</b> Services performed during an office visit may be billed separately.	\$70 co-pay <sup>■</sup>	50%
<b>Specialist visits</b>	\$115 co-pay <sup>■</sup>	50%
<b>Acupuncture and chiropractic manipulation</b> \$1,000 combined limit	Not covered	Not covered
<b>Lab and x-ray services</b>	No charge	50%
<b>Hospitalization and outpatient care</b>	No charge	50%
<b>Urgent care</b>	\$100 co-pay <sup>■</sup>	50%
<b>Emergency services</b>	Emergency: No charge Nonemergency: No charge	Emergency: No charge Nonemergency: 50%
<b>Accident benefit</b>	N/A	N/A
<b>Prescription drugs</b>	Preventive: N/A Tier 1: \$35 co-pay <sup>■</sup> Tier 2: no charge Tier 3: no charge Tier 4: no charge	Preventive: N/A Tier 1: 90% Tier 2: 90% Tier 3: 90% Tier 4: 90%

## Vision Benefits

<b>Pediatric routine eye exam</b>	No charge <sup>■</sup>	No charge up to \$40 <sup>■</sup> , then 100% co-insurance
<b>Pediatric vision hardware</b>	No charge up to \$150 <sup>■</sup> , then subject to medical deductible	
<b>Adult routine eye exam</b>	Not covered	Not covered
<b>Adult vision hardware</b>	Not covered	Not covered

<sup>■</sup> Not subject to annual deductible.



# Standard Silver

## Calendar Year Costs

	In-network	Out-of-network
<b>Deductible</b> This is the amount you must pay before the plan pays for covered services.	Individual: \$2,500 Family: \$5,000	Individual: \$7,500 Family: \$15,000
<b>Out-of-pocket limit</b> This is the most you will pay for covered services in a calendar year.	Individual: \$6,850 Family: \$13,700	Individual: \$11,250 Family: \$22,500
<b>Co-insurance</b> This is your share of costs.	30%	50%

## Commonly Used Benefits

<b>Office visits</b> Services performed during an office visit may be billed separately.	\$35 co-pay <sup>■</sup>	50%
<b>Specialist visits</b>	\$70 co-pay <sup>■</sup>	50%
<b>Acupuncture and chiropractic manipulation</b> \$1,000 combined limit	Not covered	Not covered
<b>Lab and x-ray services</b>	30%	50%
<b>Hospitalization and outpatient care</b>	30%	50%
<b>Urgent care</b>	\$70 co-pay <sup>■</sup>	50%
<b>Emergency services</b>	Emergency: 30% Nonemergency: 30%	Emergency: 30% Nonemergency: 50%
<b>Accident benefit</b>	N/A	N/A
<b>Prescription drugs</b>	Preventive: N/A Tier 1: \$15 co-pay <sup>■</sup> Tier 2: \$50 co-pay <sup>■</sup> Tier 3: 50% <sup>■</sup> Tier 4: 50% <sup>■</sup>	Preventive: N/A Tier 1: 90% Tier 2: 90% Tier 3: 90% Tier 4: 90%

## Vision Benefits

<b>Pediatric routine eye exam</b>	No charge <sup>■</sup>	No charge up to \$40 <sup>■</sup> , then 100% co-insurance
<b>Pediatric vision hardware</b>		No charge up to \$150 <sup>■</sup> , then subject to medical deductible and 30% co-insurance
<b>Adult routine eye exam</b>	Not covered	Not covered
<b>Adult vision hardware</b>	Not covered	Not covered

<sup>■</sup> Not subject to annual deductible.

# Standard Gold

## Calendar Year Costs

	In-network	Out-of-network
<b>Deductible</b> This is the amount you must pay before the plan pays for covered services.	Individual: \$1,000 Family: \$2,000	Individual: \$5,000 Family: \$10,000
<b>Out-of-pocket limit</b> This is the most you will pay for covered services in a calendar year.	Individual: \$6,850 Family: \$13,700	Individual: \$7,500 Family: \$15,000
<b>Co-insurance</b> This is your share of costs.	20%	50%

## Commonly Used Benefits

<b>Office visits</b> Services performed during an office visit may be billed separately.	\$20 co-pay <sup>■</sup>	50%
<b>Specialist visits</b>	\$40 co-pay <sup>■</sup>	50%
<b>Acupuncture and chiropractic manipulation</b> \$1,000 combined limit	Not covered	Not covered
<b>Lab and x-ray services</b>	20%	50%
<b>Hospitalization and outpatient care</b>	20%	50%
<b>Urgent care</b>	\$60 co-pay <sup>■</sup>	50%
<b>Emergency services</b>	Emergency: 20% Nonemergency: 20%	Emergency: 20% Nonemergency: 50%
<b>Accident benefit</b>	N/A	N/A
<b>Prescription drugs</b>	Preventive: N/A Tier 1: \$10 co-pay <sup>■</sup> Tier 2: \$30 co-pay <sup>■</sup> Tier 3: 50% <sup>■</sup> Tier 4: 50% <sup>■</sup> with \$500 script cap	Preventive: N/A Tier 1: 90% Tier 2: 90% Tier 3: 90% Tier 4: 90%

## Vision Benefits

<b>Pediatric routine eye exam</b>	No charge <sup>■</sup>	No charge up to \$40 <sup>■</sup> , then 100% co-insurance
<b>Pediatric vision hardware</b>		No charge up to \$150 <sup>■</sup> , then subject to medical deductible and 20% co-insurance
<b>Adult routine eye exam</b>	Not covered	Not covered
<b>Adult vision hardware</b>	Not covered	Not covered

<sup>■</sup> Not subject to annual deductible.



## What's not covered?

Here's a brief list of healthcare services that are either not covered or only partially covered by our plans. When you enroll in a plan, your policy will include a full list of limitations and exclusions. Only the language in your policy is legally binding.

- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Day care or custodial care
- Experimental or investigational procedures
- Family planning (except sterilization and contraceptives)
- Homeopathic treatment, medicines, or supplies
- Immunizations when recommended for, or in anticipation of, exposure through travel or work
- Marital/partner counseling
- Massage therapy
- Obesity or weight control
- Physical or eye examinations required for administrative purposes, such as participation in athletics, admission to school, or by an employer



Our dental plans give you **more to smile about.**

Good dental health and regular preventive care are important to your overall well-being. That's why we offer dental plans that you can group with your health plan.

Our dental plans are also available as stand-alone plans, even if you don't choose one of our medical plans.



## Choose from two types of dental plans.

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### **Dental Advantage**

Available statewide.

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With plans in this network, you'll have access to a robust network of more than 1,800 dental providers in Idaho, Oregon, and Washington. It's important that you see Dental Advantage network dentists. Otherwise, you'll end up paying more out of pocket for your dental care.

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### **Dental Advantage Essentials**

Not available in all areas.

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Plans cost less in this network, but the plans only pay when you see a dentist in the network. You will pay the full cost of your dental care if you see a dentist who is not in this network. You'll choose a primary care dentist when you sign up for a plan.

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## See if a dentist is in our networks.

You can find dentists who are in the Dental Advantage or Dental Advantage Essentials networks at [PacificSource.com/find-a-dentist](https://PacificSource.com/find-a-dentist).

# Dental Plans

## Dental Advantage 0/20/50

### Network

A group of dental providers you must choose from in order for the plan to pay as shown here. Dental Advantage

### Annual maximum benefit

The most we will pay in a calendar year for adults 19 and older. \$1,000

### Annual deductible

The amount you'll have to pay in a calendar year before the plan pays for covered Class II and Class III services. *See page 16.* None

### Out-of-pocket limit

The most you'll pay in a calendar year for enrolled members. Individual: \$350

Family: \$700

### Co-insurance

Your share of costs, after your deductible has been paid (if applicable). *See page 16 for more about Class I, II, and III services.*

Class I: 0%

Class II: 20%

Class III: 50%

### Adult waiting period

There is no waiting period for members through age 18. Class II: 6 months

Class III: 12 months

## Dental Advantage Essentials Core\* (Available only direct from Pacificsource.)

### Network

A group of dental providers you must choose from in order for the plan to pay as shown here. Dental Advantage Essentials

### Annual maximum benefit

The most we will pay in a calendar year for adults 19 and older. N/A

### Annual deductible

The amount you'll have to pay in a calendar year before the plan pays for covered Class II and Class III services. *See page 16.* None

### Out-of-pocket limit

The most you'll pay in a calendar year for enrolled members. Individual: \$350

Family: \$700

### Co-insurance

Your share of costs, after your deductible has been paid (if applicable). *See page 16 for more about Class I, II, and III services.*

None; this is a co-pay plan. Visit PacificSource.com, and see benefit summary for details

### Adult waiting period

There is no waiting period for members through age 18. N/A

\* Dental Advantage Essentials plans are only available direct from PacificSource for individuals and families in the following counties: Benton, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Morrow, Umatilla, Wallowa, Wasco, Yamhill

# Dental Plans

## Kids Dental Advantage 0/20/50 (for members through age 18)

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### Network

A group of dental providers you must choose from in order for the plan to pay as shown here. Dental Advantage

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### Annual maximum benefit

The most we will pay in a calendar year for adults 19 and older. N/A

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### Annual deductible

The amount you'll have to pay in a calendar year before the plan pays for covered Class II and Class III services. *See page 16.* None

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### Out-of-pocket limit

The most you'll pay in a calendar year for enrolled members. Child: \$350  
Two or more children: \$700

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### Co-insurance

Your share of costs, after your deductible has been paid (if applicable).  
*See page 16 for more about Class I, II, and III services.* Class I: 0%  
Class II: 20%  
Class III: 50%

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### Adult waiting period

There is no waiting period for members through age 18. N/A

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# What's covered?

Here is a brief list of services and treatments most commonly asked about. Go to [PacificSource.com/oregon/individual-dental-2017](http://PacificSource.com/oregon/individual-dental-2017) to get all the details.

## **Class I: Preventive Services**

- Exams and x-rays
- Dental cleanings (prophylaxis or periodontal maintenance)
- Fluoride applications and sealant on bicuspids and permanent molars (kids through age 18 only)
- Brush biopsies

## **Class II: Basic Services**

- Simple extractions
- Periodontal scaling and root planning and/or curettage
- Full mouth debridement
- Fillings

## **Class III: Major Services**

- Complicated and oral surgery
- Endodontic (pupal therapy and root canal therapy)
- Periodontal surgery when preauthorized
- Full, immediate, or overdentures
- Crowns and bridges
- Child orthodontia (medically necessary only; all plans; kids through age 18)

# What's not covered?

Here's a brief list of dental plan exclusions:

- Athletic activities
- Bone replacement grafts
- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Experimental or investigational procedures
- Fractures of the mandible
- Orthodontic services (except as specifically provided for in the policy)
- Services covered by your medical plan
- Temporomandibular joint (TMJ)

You'll receive a full list of exclusions and limitations in your dental policy. Only the language in your policy is legally binding.





Tools and programs to help you **take charge of your health.**

We know that health and dental plan benefits—and what they cost you—are incredibly important. But it's also important to have the tools and resources needed to take charge of your health, without paying extra.

With our free health-and-benefit tools and wellness programs, you'll have support to help you live healthy and make the most of your health plan's benefits.



# Free Tools and Programs

## Access benefits 24/7 with InTouch.

Through InTouch, our secure website for members, you can check out your claims, preauthorization status, progress toward your plan's deductible, and more. You can log into or sign up for InTouch at [PacificSource.com](https://PacificSource.com).

## See if a service requires preauthorization.

Sometimes, you'll need a medical service, procedure, or prescription that must be preauthorized—approved in advance—before your health plan will pay.

Our preauthorization lists outline common instances when you'll need to get preauthorization. However, some plans may not cover all items on the lists.

Visit [PacificSource.com/provider/preauthorization](https://PacificSource.com/provider/preauthorization) for more information.

## See how a drug is covered.

We offer prescription drug lists to providers, so that they have the information they need to keep drug costs low for you. To help with that, we substitute generic drugs in place of brand name drugs whenever we can. In most cases, we also offer preventive drugs at no cost.

For more information, visit [PacificSource.com/drug-list](https://PacificSource.com/drug-list), and select Oregon Drug List (ODL).

## Wait, there's more!

You will also have free access to:

- myPacificSource mobile app ([PacificSource.com/mobile](https://PacificSource.com/mobile))
- CaféWell health and wellness portal ([PacificSource.com/cafewell](https://PacificSource.com/cafewell))



## More extras for your health.

You can also enjoy these extra benefits and wellness programs:

- 24-Hour NurseLine
- Assist America® Global Emergency Services
- Case management services
- Condition Support Program
- Hospital-based health and wellness class reimbursement
- Prenatal Program
- Quit For Life® tobacco cessation
- Weight management programs

You'll find details about these programs and services at [PacificSource.com/extras](https://PacificSource.com/extras).

# Ready to **Enroll?**

## Identify your network.

See page four to find out if the SmartChoice Network or Legacy Health Network is available where you live.

## Choose a plan.

Deductible and out-of-pocket limit amounts shown below are the costs for individuals. Amounts for families are twice the individual amounts.

If you receive services from providers who are not in your plan's network, then your deductible and out-of-pocket limit will be higher than the amounts listed in the chart below.

<b>Plan</b>	<b>Deductible</b>	<b>Out-of-pocket limit</b>	<b>Co-pay for office visits</b> Services performed during an office visit may be billed separately.	<b>Co-insurance after deductible</b>
<b>Catastrophic</b>	\$7,150	\$7,150	No charge <sup>◆</sup>	No charge
<b>Standard Bronze</b>	\$7,150	\$7,150	\$70 co-pay <sup>■</sup>	No charge
<b>Standard Silver</b>	\$2,500	\$6,850	\$35 co-pay <sup>■</sup>	30%
<b>Standard Gold</b>	\$1,000	\$6,850	\$20 co-pay <sup>■</sup>	20%

<sup>■</sup> Not subject to annual deductible.

<sup>◆</sup> First three office visits with primary care physician paid at 100%, then subject to deductible and co-insurance.

## Enroll.

**Enroll online:** To enroll online directly with PacificSource:

1. Go to [PacificSource.com/oregon/individual-plan-details-2017](http://PacificSource.com/oregon/individual-plan-details-2017).
2. Click "Compare Rates and Apply Online."
3. Choose "PacificSource >."
4. Follow the on-screen instructions to complete and submit your enrollment application.

If you're eligible for financial assistance, you'll need to enroll through the Health Insurance Marketplace. Visit [OregonHealthcare.gov](http://OregonHealthcare.gov) to find out if you're eligible.

**Enroll by email, fax, or mail:** Complete a paper enrollment form and submit it to us at:

Email: [Individual@pacificsource.com](mailto:Individual@pacificsource.com)

Fax: (541) 225-3646

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