



Quality Health Plans for Individuals and Families in Oregon



PacificSource
HEALTH PLANS

The Best Elect Plan for You



PacificSource offers an array of health plans to meet the needs of Oregon individuals and families. Choosing the right plan is easy if you know what features are important to you.

All Elect plans cover treatment for illness and injury, maternity care, and prescription drugs.

Coverage levels differ from plan to plan, and some plans also cover **preventive care and alternative practitioner services**, as well as immunizations.

All plans have a lifetime maximum benefit of **\$2 million per person**.

For more details, please see the Benefit Comparison on the following pages.



The Basics of all our Elect Plans

Eligibility

You may apply for a PacificSource Elect policy if you are an Oregon resident and you are not covered by Medicare. Your legal spouse, domestic partner, and unmarried dependent children under age 19 (or 23 for full-time students) may also apply for coverage on your policy.

Coverage effective dates

After you return your policy application to PacificSource, your application is reviewed and underwritten. We will then offer you coverage or decline coverage based on your health. If we offer you coverage, your policy can become effective on either the 1st or the 15th of the month following approval.

Monthly premiums

A premium schedule for our Elect plans is included in this packet. 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 that month. If you add or subtract family members from your coverage, the premium will be adjusted on the effective date of the change.

PacificSource reviews its Elect premium rates annually on January 1. If a rate adjustment is needed, we will notify you 30 days in advance.

It's Easy to Apply Online!

Compare plans, view rates, apply, and pay your premium online! Visit our Web site at **www.pacificsource.com** and find the health plan that best fits your budget and needs in one easy location.

PacificSource Elect Plans at a Glance

	Elect Premiere	Elect Preferred	Elect Value Option	Elect FlexPerks
Annual Deductible (individual) & Participating Out-of-Pocket (OOP) Limit <i>(Limit includes the deductible)</i>	Deductible/OOP limit \$500/\$5,000 \$750/\$5,000 \$1,000/\$5,000 \$2,500/\$5,000 \$5,000/\$10,000 \$7,500/\$15,000 \$10,000/\$20,000	Deductible/OOP limit \$500/\$5,000 \$750/\$5,000 \$1,000/\$5,000 \$2,500/\$5,000 \$5,000/\$10,000 \$7,500/\$15,000 \$10,000/\$20,000	Deductible/OOP limit \$2,500/\$7,500 \$5,000/\$10,000 \$7,500/\$12,500 \$10,000/\$15,000	Deductible/OOP limit \$1,500/\$5,000 \$2,000/\$5,000 \$3,000/\$5,800 \$5,000/\$5,000
HSA-qualified	No	No	No	Yes
Accident Benefit <i>(accident-related covered expenses)</i>	First \$5,000 within 90 days covered at 100%, deductible waived	First \$1,000 within 90 days covered at 100%, deductible waived	First \$1,000 within 90 days covered at 100%, deductible waived	First \$1,000 within 90 days covered at 100%, deductible waived
Preventive Care				
Well Baby Care	100% after \$25 copay●	100% after \$30 copay●	Not covered	70%○
Routine Physicals and Preventive Care Exams	100% after \$25 copay●■	100% after \$30 copay●■	Not covered	70%○■
Routine Gynecological Exams	100% after \$25 copay●	100% after \$30 copay●	100% after \$35 copay●	70%○
Immunizations	100% after \$25 copay●	70%●	Not covered	70%○
Professional Services				
Office and Home Visits	100% after \$25 copay●	100% after \$30 copay●	60%	70%◆
Chiropractic Manipulation	100% after \$25 copay●	100% after \$30 copay●	Not covered	Not covered
Acupuncture	(15 combined visits)	70%	Not covered	Not covered
Naturopathic Care	100% after \$25 copay●	(\$1,000 combined max)	Not covered	Not covered
Urgent Care Visits	100% after \$25 copay●	100% after \$50 copay●	60%	70%◆
Maternity Care	80%	70%	60%	70%◆
Hospital Services	80%	70%	60%	70%◆
Outpatient Services	80%	70%	60%	70%◆
Emergency Room Visits	80% after \$100 copay★	70% after \$100 copay★	60%	70%◆
Other Covered Services				
Prescription Drugs <i>(no annual max)</i>	Generic drugs: 100% after \$15 copay; Brand drugs: 50% <i>(not subject to deductible)</i>	50% <i>(not subject to deductible)</i>	50%	50%◆
Physical Therapy	80%	70%	60%	70%◆
Allergy Injections	80%	70%	60%	70%◆
Ambulance Service	80%	70%	60%	70%◆
Inpatient Mental Health	80%	70%	60%	70%◆
Vision <i>(per 2 calendar years)</i>	Routine eye exam: 100% after \$25 copay●; \$200 for frames, lenses, and contact lenses●	Not covered	Not covered	Not covered

● Not subject to the annual deductible. Applies to out-of-pocket limit. ○ Not subject to annual deductible, except on the Elect FP 5000 plan. Preventive Care Services on the Elect FP 5000 plan are paid at 100% after deductible. ■ Scheduled benefit
◆ Covered at 100% under the Elect FP 5000 plan (after deductible). ★ Copayment waived if admitted into hospital.

All benefits shown here apply for participating providers. Services rendered by nonparticipating providers will be paid at a lower percentage. For more details, see the summary of benefits on pages 7, 9, 11, and 13.

Save on your healthcare expenses



Our Elect plans are not HMO plans, so you don't have to choose a primary care physician or seek referrals for specialist care.

PacificSource Provider Network

PacificSource has a participating provider network throughout Oregon, southwest Washington, and western Idaho. Our network includes more than 9,000 healthcare providers.

You're free to use doctors or hospitals that aren't in our network, but you will save money by using PacificSource participating providers. They are reimbursed at a higher percentage than nonparticipating providers. Participating providers accept benefits paid under the policy as full payment, and will not bill you for the balance (other than for deductibles, coinsurance, or copayments).

The example at the right shows how payment could be made to providers for a covered service billed at \$120.

For specific information, please refer to our Participating Provider Directory or use the electronic directory on our Web site: www.pacificsource.com.

Provider Payment Example

The following shows how payment might be made for a covered service billed at \$120. This example is based on the Elect Preferred plan, and assumes the deductible has been satisfied.

	Participating Provider	Nonparticipating Provider
Provider's usual charge	\$120	\$120
Provider discount	\$20	- 0 -
PacificSource fee allowance	\$100	\$100
Benefit Percent (from Benefit Comparison)	70%	50%
PacificSource's payment	\$70	\$50
Your amount of fee allowance	\$30	\$50
Charges above fee allowance	- 0 -	\$20
Your total payment	\$30	\$70

Caremark® Prescription Discount Program

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

Just show your PacificSource Member ID card anytime you purchase a prescription drug for which you would normally pay the full price. A discount is automatically taken off the cash price of the prescription, and you pay the discounted price. It's that simple!

AlternaCare Savings Program

This program offers discounts on alternative care services, professional grade vitamins and supplements, and discounted subscriptions to popular health-related magazines.

More value-added services

Take advantage of these member programs, available to you at no additional cost.

Online Tools at www.pacificsource.com

InTouch for Members

View your claims, the status of preauthorizations, the accumulated expenses towards your plan's deductible, and more.

The InTouch With Your Health section is an online health and wellness center. Health Manager, powered by WebMD®, 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.

Wellness and Health Management

Hospital-Based Education Classes

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

Expectations Prenatal Care Program

Expectations helps expectant mothers reduce their risk of premature birth. Participants receive educational materials and toll-free telephone access to a nurse consultant. High-risk members receive additional nurse support.

Free & Clear® Quit For Life™ Program

One-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good. Receive a Quit Kit with nicotine replacement therapy supplies (nicotine gum or patches) to help keep you on track.



All Elect plans are backed by PacificSource's friendly customer service.

To know us is to love us—that's what our customers tell us through our ongoing customer surveys. Our members appreciate our personal service and commitment to quality healthcare.

PacificSource has a customer satisfaction rating of 85 percent.

As a PacificSource member, you'll enjoy:

- Phone contact with a live representative, not voice mail
- Toll-free phone numbers
- Fast, accurate claims payment

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

Elect Premiere

expansive coverage



Elect Premiere Features

- **First-dollar preventive care, illness, vision, accident, and prescription drug coverage**
- **\$25 copayments for urgent care, preventive care, and physician and naturopathic office visits**
- **Combined chiropractic and acupuncture care benefits**
- **Annual deductibles from \$500 to \$10,000**

Features You Want

Coverage for naturopathic care and an accident benefit round out our most comprehensive plan, Elect Premiere. This plan offers first-dollar preventive care, illness, accident, and prescription drug coverage, as well as alternative care and immunizations.

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

Vision Services	
Routine Vision Exam (1 exam per 2 cal. years)	100% after \$25 copay (participating provider)
<i>Not subject to deductible. Applies to out-of-pocket.</i>	60% after \$25 copay (nonparticipating provider)
Vision Hardware (per 2 calendar years)	\$200 for frames, lenses, and contact lenses
<i>Not subject to deductible.</i>	

Elect Premiere

Maximum Lifetime Benefit	\$2 million	
Participating Provider Annual Deductible & Out-of-Pocket (OOP) Limit (Copayments and deductible apply to out-of-pocket limit, except for prescription drug expenses)	Deductible (individual/family) Maximum OOP (per person) \$500/\$1,500 ✓ \$5,000 \$750/\$2,250 ✓ \$5,000 \$1,000/\$3,000 ✓ \$5,000 \$2,500/\$7,500 \$5,000 \$5,000/\$15,000 \$10,000 \$7,500/\$22,500 \$15,000 \$10,000/\$30,000 \$20,000	
Out-of-Pocket Limit, Nonparticipating Provider (Minus the amount of the plan's deductible)	\$10,000 per person (\$500–\$5,000 deductible) \$15,000 per person (\$7,500 deductible) \$20,000 per person (\$10,000 deductible)	
Accident Benefit (accident-related covered expenses)	First \$5,000 within 90 days is covered at 100%, deductible waived	
	Participating Providers	Nonparticipating Providers ❖
Preventive Care		
Well Baby Care	100% after \$25 copay●	60% after \$25 copay●
Routine Physicals and Preventive Care Exams	100% after \$25 copay●■	60% after \$25 copay●■
Routine Gynecological Exams	100% after \$25 copay●	60% after \$25 copay●
Immunizations	100% after \$25 copay●	60% after \$25 copay●
Professional Services		
Office and Home Visits	100% after \$25 copay●	60% after \$25 copay●
Surgery	80%	60%
Chiropractic Manipulation	100% after \$25 copay●	60% after \$25 copay●
Acupuncture	(15 combined visits)	(15 combined visits)
Naturopathic Care	100% after \$25 copay●	60% after \$25 copay●
Urgent Care Center Visits	100% after \$25 copay●	60% after \$25 copay●
Maternity Care		
Practitioner Services	80%	60%
Hospital Stay	80%	60%
Hospital Services		
Inpatient Room and Board	80%	60%
Inpatient Rehabilitative Care	80%	60%
Skilled Nursing Facility Care	80%	60%
Outpatient Services		
Outpatient Hospital/Facility	80%	60%
Diagnostic & Therapeutic Radiology and Lab	80%	60%
CT/PET Scans, Cath Labs, and MRIs	80%	60%
Emergency Room Visits	80% after \$100 copay★	60% after \$100 copay★
Other Covered Services		
Prescription Drugs (no annual max)	Generic drugs: 100% after \$15 copay Brand drugs: 50%●	Not covered
Physical Therapy	80%	60%
Allergy Injections	80%	60%
Ambulance Service	80%	60%
Durable Medical Equipment/Prosthetics	80%	60%
Home Health, Hospice, and Respite Care	80%	60%
Inpatient Mental Health Services	80%	60%
Transplant Services	80%	Lesser of 50% of billed amount or \$100,000

●Not subject to the annual deductible. ■Scheduled benefit ★Copayment waived if admitted into hospital. ❖Payment to providers is based on the PacificSource fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating providers may not, which could result in out-of-pocket expense in addition to the percentage indicated. ✓FHIAP eligible.

Elect Preferred **comprehensive coverage**



Elect Preferred Features

- **First-dollar preventive care, illness, accident, and prescription drug coverage**
- **\$30 copayments for preventive care services and physician office visits**
- **Chiropractic, acupuncture, and naturopathic care benefits**
- **Annual deductibles from \$500 to \$10,000**

**Robust coverage,
including reasonable
first-dollar benefits
and low out-of-
pocket cost.**

Elect Preferred

Maximum Lifetime Benefit	\$2 million	
Participating Provider Annual Deductible & Out-of-Pocket (OOP) Limit (Copayments and deductible apply to out-of-pocket limit, except for prescription drug expenses.)	Deductible (individual/family) Maximum OOP (per person) \$500/\$1,500 ✓ \$5,000 \$750/\$2,250 \$5,000 \$1,000/\$3,000 \$5,000 \$2,500/\$7,500 \$5,000 \$5,000/\$15,000 \$10,000 \$7,500/\$22,500 \$15,000 \$10,000/\$30,000 \$20,000	
Out-of-Pocket Limit, Nonparticipating Provider (Minus the amount of the plan's deductible)	\$10,000 per person (\$500–\$5,000 deductible) \$15,000 per person (\$7,500 deductible) \$20,000 per person (\$10,000 deductible)	
Accident Benefit (accident-related covered expenses)	The first \$1,000 within 90 days is covered at 100%, deductible waived.	
	Participating Providers	Nonparticipating Providers ❖
Preventive Care		
Well Baby Care	100% after \$30 copay●	50% after \$30 copay●
Routine Physicals and Preventive Care Exams	100% after \$30 copay●■	50% after \$30 copay●■
Routine Gynecological Exams	100% after \$30 copay●	50% after \$30 copay●
Immunizations	70%●	50%●
Professional Services		
Office and Home Visits	100% after \$30 copay●	50% after \$30 copay●
Surgery	70%	50%
Chiropractic Manipulation	100% after \$30 copay●	50% after \$30 copay●
Acupuncture	70%	50%
Naturopathic Care	(\$1,000 combined max)	(\$1,000 combined max)
Urgent Care Center Visits	100% after \$50 copay●	50% after \$50 copay●
Maternity Care		
Practitioner Services	70%	50%
Hospital Stay	70%	50%
Hospital Services		
Inpatient Room and Board	70%	50%
Inpatient Rehabilitative Care	70%	50%
Skilled Nursing Facility Care	70%	50%
Outpatient Services		
Outpatient Hospital/Facility	70%	50%
Diagnostic & Therapeutic Radiology and Lab	70%	50%
CT/PET Scans, Cath Labs, and MRIs	70%	50%
Emergency Room Visits	70% after \$100 copay★	50% after \$100 copay★
Other Covered Services		
Prescription Drugs (no annual max)	50%●	Not covered
Physical Therapy	70%	50%
Allergy Injections	70%	50%
Ambulance Service	70%	50%
Durable Medical Equipment/Prosthetics	70%	50%
Home Health, Hospice, and Respite Care	70%	50%
Inpatient Mental Health Services	70%	50%
Transplant Services	70%	Lesser of 50% of billed amount or \$100,000

● Not subject to the annual deductible. ■ Scheduled benefit ★ Copayment waived if admitted into hospital. ❖ Payment to providers is based on the PacificSource fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating providers may not, which could result in out-of-pocket expense in addition to the percentage indicated. ✓ FHIAP eligible.

Elect Value Option

low-cost, catastrophic coverage



Elect Value Option Features

- **Annual deductibles of \$2,500, \$5,000, \$7,500, or \$10,000**
- **\$35 copayment for routine gynecological exams**
- **Most in-network services covered at 60% after the deductible**
- **In-network prescription drug coverage at 50% after the deductible**

You have options.

Why go without health insurance? With four deductibles to choose from, these low-cost plans give you peace of mind with basic health insurance. It's all about options.

Get peace of mind with this basic coverage, provided at a low monthly rate.

Elect Value Option

Maximum Lifetime Benefit	\$2 million	
Participating Provider Annual Deductible & Out-of-Pocket (OOP) Limit (Copayments and deductible apply to out-of-pocket limit, except for prescription drug expenses)	<i>Deductible (individual/family) Maximum (per person)</i> \$2,500/\$7,500 \$7,500 \$5,000/\$15,000 \$10,000 \$7,500/\$22,500 \$12,500 \$10,000/\$30,000 \$15,000	
Out-of-Pocket Limit, Nonparticipating Provider (Minus the amount of the plan's deductible)	\$10,000 per person (\$2,500 & \$5,000 deductible) \$20,000 per person (\$7,500 & \$10,000 deductible)	
Accident Benefit (accident-related covered expenses)	The first \$1,000 within 90 days is covered at 100%, deductible waived.	
	Participating Providers	Nonparticipating Providers ❖
Preventive Care		
Well Baby Care	Not covered	Not covered
Routine Physicals and Preventive Care Exams	Not covered	Not covered
Routine Gynecological Exams	100% after \$35 copay●	50% after \$35 copay●
Immunizations	Not covered	Not covered
Professional Services		
Office and Home Visits	60%	50%
Surgery	60%	50%
Chiropractic Manipulation	Not covered	Not covered
Acupuncture	Not covered	Not covered
Naturopathic Care	Not covered	Not covered
Urgent Care Center Visits	60%	50%
Maternity Care		
Practitioner Services	60%	50%
Hospital Stay	60%	50%
Hospital Services		
Inpatient Room and Board	60%	50%
Inpatient Rehabilitative Care	60%	50%
Skilled Nursing Facility Care	60%	50%
Outpatient Services		
Outpatient Hospital/Facility	60%	50%
Diagnostic & Therapeutic Radiology and Lab	60%	50%
CT/PET Scans, Cath Labs, and MRIs	60%	50%
Emergency Room Visits	60%	50%
Other Covered Services		
Prescription Drugs (no annual max)	50%	Not covered
Physical Therapy	60%	50%
Allergy Injections	60%	50%
Ambulance Service	60%	50%
Durable Medical Equipment/Prosthetics	60%	50%
Home Health, Hospice, and Respite Care	60%	50%
Inpatient Mental Health Services	60%	50%
Transplant Services	60%	Lesser of 50% of billed amount or \$100,000

●Not subject to the annual deductible.

❖Payment to providers is based on the PacificSource fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating providers may not, which could result in out-of-pocket expense in addition to the percentage indicated.

Elect FlexPerks

HSA-qualified high deductible health plan



FlexPerks Features

- **First-dollar accident benefit**
- **Includes preventive care and prescription drug coverage**
- **Annual deductibles from \$1,500 to \$5,000**

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. It's a smart health plan for empowered consumers like you.

Health Savings Accounts are combined with a qualified High Deductible Health Plan (HDHP), such as Elect FlexPerks, to offer a more affordable approach to healthcare. We're happy to recommend a local banking institution if you're interested in setting up an HSA. Just contact us at (866) 695-8684.

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

Elect FlexPerks (HSA-Qualified)

Maximum Lifetime Benefit	\$2 million	
Participating Provider Annual Deductible & Out-of-Pocket (OOP) Limit <small>(Copayments and deductible apply to out-of-pocket limit)</small>	<i>Deductible (individual/family) Maximum OOP (individual/family)</i> \$1,500/\$3,000 \$5,000/\$10,000 \$2,000/\$4,000 \$5,000/\$10,000 \$3,000/\$6,000 \$5,800/\$11,600 \$5,000/\$10,000 \$5,000/\$10,000	
Out-of-Pocket Limit, Nonparticipating Provider (Minus the amount of the plan's deductible)	\$10,000 per person	
Accident Benefit (accident-related covered expenses)	The first \$1,000 within 90 days is covered at 100%, deductible waived.	
	Participating Providers	Nonparticipating Providers ❖
Preventive Care		
Well Baby Care	70%○	50%●
Routine Physicals and Preventive Care Exams	70%○■	50%●■
Routine Gynecological Exams	70%○	50%●
Immunizations	70%○	50%●
Professional Services		
Office and Home Visits	70%◆	50%
Surgery	70%◆	50%
Chiropractic Manipulation	Not covered	Not covered
Acupuncture	Not covered	Not covered
Naturopathic Care	Not covered	Not covered
Urgent Care Center Visits	70%◆	50%
Maternity Care		
Practitioner Services	70%◆	50%
Hospital Stay	70%◆	50%
Hospital Services		
Inpatient Room and Board	70%◆	50%
Inpatient Rehabilitative Care	70%◆	50%
Skilled Nursing Facility Care	70%◆	50%
Outpatient Services		
Outpatient Hospital/Facility	70%◆	50%
Diagnostic & Therapeutic Radiology and Lab	70%◆	50%
CT/PET Scans, Cath Labs, and MRIs	70%◆	50%
Emergency Room Visits	70%◆	50%
Other Covered Services		
Prescription Drugs (no annual max)	50%◆	Not covered
Physical Therapy	70%◆	50%
Allergy Injections	70%◆	50%
Ambulance Service	70%◆	50%
Durable Medical Equipment/Prosthetics	70%◆	50%
Home Health, Hospice, and Respite Care	70%◆	50%
Inpatient Mental Health Services	70%◆	50%
Transplant Services	70%◆	Lesser of 50% of billed amount or \$100,000

● Not subject to the annual deductible, except on the Elect FP 5000 plan. ○ Not subject to annual deductible, except on the Elect FP 5000 plan. Preventive Care Services on the Elect FP 5000 plan are paid at 100% after deductible for participating providers ■ Scheduled benefit ◆ Covered at 100% under the Elect FP 5000 plan (after deductible). ❖ Payment to providers is based on the PacificSource fee allowance. While participating providers accept the fee allowance as payment in full, nonparticipating providers may not, which could result in out-of-pocket expense in addition to the percentage indicated.

Quality medical coverage, no matter where you travel.

It's comforting to know that if you need medical attention while you're away, we'll do our best to help you find a participating provider, simplify the paperwork, and possibly save you significant out-of-pocket expense.

Need medical care outside PacificSource's regular network area of Oregon, southwestern Washington, and western Idaho?

The First Health® Network includes more than 4,400 hospitals and 454,700 physicians and outpatient healthcare providers throughout the United States, the District of Columbia, and Puerto Rico. Across the country, 98 percent of the entire U.S. population has access to First Health physicians and network hospitals. You will receive your plan's participating provider benefits when you use First Health providers.

Have a medical emergency more than 100 miles from home?

Assist America is a global medical emergency assistance company that provides medical assistance when you are traveling 100 miles or more away from home or in a foreign country. With one simple phone call to Assist America, you can access proper medical care anywhere in the world.

Assist America's Operations Center is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, including nurses and doctors, to advise and assist quickly and professionally in a medical emergency.



If you decide to apply for Elect coverage...

Complete your application carefully. Be sure to fill out all sections of the application completely and truthfully. If misstatements are made or information about your health is omitted, PacificSource may void the policy or deny your claims. If your age is misstated, your benefits may be reduced.

Read your policy! If you purchase the PacificSource policy, read it carefully as soon as you receive it. Because it is an individual policy, you will have an opportunity to send it back and receive a premium refund within the 10-day free look period.

It is also important that you read and understand the following:

This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company.

PLEASE READ THE POLICY CAREFULLY!

Elect plan rates and benefits renew each year on January 1. Rates will remain in force for the entire calendar year unless the enrollee moves into a new age bracket. Individuals who decline coverage under a PacificSource group health plan to retain or obtain coverage under an individual health plan will be considered late enrollees if they seek enrollment in the PacificSource group plan at a later date. Late enrollees may be excluded from group health plan coverage for up to 12 months, or subjected to a 6-month pre-existing conditions provision.

Major medical expense coverage: Policies of this category are designated to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayments, coinsurance, or other limitations that may be set forth in the policy.

Benefits: For more details, see the summary of benefits on pages 7, 9, 11, and 13.

How to Apply

You're only a few steps away from a great health plan. We're here to help you take that next step. If you have any questions throughout the process, please feel free to contact our Individual Sales staff by phone at (541) 684-5442 or toll-free at (866) 695-8684, or by e-mail at individual@pacificsource.com.

Choose a plan and deductible.

Complete the entire application: Below are a few tips to make the process easier.

- Section 3—Applicant Information: Enter complete name, e-mail, date of birth, height, and weight for all applicants. If the application is for a minor only, use the minor's information as "applicant" (the name of the parent or guardian will only appear on the signature page).
- Section 5—Oregon Standard Health Statement: Clearly mark all questions either "yes" or "no." Applications for PacificSource Elect policies are health underwritten, and coverage is offered or declined based on health.
- EFT Authorization: Please include a voided check, if completing an electronic funds transfer (EFT) authorization.

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.

Return a copy of your application: Send a copy of your application to your insurance agent or directly to PacificSource if you do not have an agent.

Our fax number is (541) 684-5401.

Our mailing address is:

PacificSource Health Plans
Attn: Individual Department
PO Box 7068
Eugene OR 97401-0068

Make it simple—apply online!

Compare plans, view rates, apply, and pay your premium online! Visit our Web site at www.pacificsource.com and find the health plan that best fits your budget and needs in one easy location.

Not sure you've found the right plan?

Let our Individual Sales staff help you find the best plan for your needs and budget.

We're here to help you! Contact us by phone at (541) 684-5442 or toll-free at (866) 695-8684, or by e-mail at individual@pacificsource.com.

Just need to fill a coverage gap?

Consider a Short Term Medical plan.

Short Term Medical coverage from PacificSource is a great way for healthy people to find peace of mind as they make transitions in their lives. Applications are simple, and you can get affordable coverage from one to six months.

Short Term Medical at a Glance:

Deductible Options: \$500, \$1,000, \$2,000, or \$2,500

Length of coverage: You choose the length of your policy's coverage, from as short as 30 days to as long as six months (185 days). Your policy coverage can begin any day of the month.

Payment options: The premium payment can be based on either a daily rate or monthly rate, and convenient electronic funds transfer (EFT) payment is available.

Covered benefits include:

- Physician office visits
- Urgent care and emergency room

- Durable medical equipment
- Inpatient hospital care
- Outpatient surgery
- Home healthcare
- Prescription drugs—including a discount program

Note: *Pre-existing conditions and prescription medications for those conditions are excluded under our Short Term Medical plans. A pre-existing condition is any condition (mental or physical) for which a covered individual received medical advice, diagnosis, care, treatment, service, supply, or prescription drug during the 5-year period immediately preceding the policy effective date.*

For more information and an application, contact our Individual Department at (541) 684-5442 or toll-free at (866) 695-8684, or by e-mail at individual@pacificsource.com.

To apply, or for more information, visit us online at www.pacificsource.com. 15

Frequently Asked Questions

The following questions highlight important issues that frequently affect consumers. We hope this information helps you whether you are purchasing health insurance for the first time or replacing or adding to existing coverage.

Can my employer pay my premium?

No, we cannot accept premium for individual policies from employers.

Will you send me a bill?

Yes. You'll receive your first month's bill once you are offered coverage. After that, we will bill monthly, and premium is due on the first of each month.

We accept payment by electronic funds transfer (EFT). Automatically deduct your monthly premium from your checking or savings account. To sign up for this free service, return the EFT Authorization with your application and attach a voided check (for checking account transfers) or savings withdrawal slip (for savings account transfers). **Please note:** you must make the first payment by check.

What if I need medical care while I'm traveling or I relocate?

We contract with The First Health[®] Network, a nationwide healthcare provider network. When you are outside our service area, First Health providers' services will be paid at your plan's higher participating provider level. This means even if you relocate, your Elect policy can move with you. First Health's toll-free phone number is on your PacificSource ID card.

We also offer Assist America[®] global emergency services when you travel 100 miles or more from home. Services include medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, critical care monitoring, and when medically necessary, evacuation to a facility that can provide treatment.

Does the policy contain benefits or limitations for pregnancy?

Elect policies cover maternity care,

subject to the six-month exclusion period for pre-existing conditions. If you transfer directly from another policy, you can receive credit for your time under the previous policy (see next question).

If I replace my current policy with this one without a break in coverage, will my time under the previous policy count toward the exclusion periods under this policy?

If this policy replaces other comprehensive health coverage, you will receive credit toward any exclusion periods for the amount of time you were covered under the previous policy. You must have remained covered under the prior plan to within 63 days of the new policy's effective date to receive credit. The credit will then apply to this policy's exclusion periods for pre-existing conditions, specified conditions, and transplantation.

To receive prior coverage credit, please supply PacificSource with a Certificate of Creditable Coverage. If a Certificate is not available, you may provide the dates of your prior coverage, the policy or group number, the policyholder's name (the employer, if it was group coverage), and the names of all family members covered under the prior policy. We will then verify that information before granting credit.

If I have an existing health condition when this policy is issued, will that condition be covered on the policy's effective date?

No, pre-existing conditions are excluded from coverage for six months after the effective date of the policy. Sterilization, tonsillectomies, adenoidectomies, allergy and asthma

treatment, otitis media, and elective surgeries are also excluded from coverage during the first six months. However, if this policy replaces other health coverage, you can receive credit toward the exclusion periods (see the previous question).

Will my medical expenses during the current policy year be credited toward this policy's deductible?

You will receive deductible credit only if your current policy is also a PacificSource Elect plan and there is no break in coverage. Deductible credit is not given for expenses incurred under another insurer's policy, or expenses you paid yourself if you did not have previous coverage.

Are on-the-job injuries covered?

Yes. If you are self-employed and are not covered by workers' compensation, you are eligible for on-the-job health coverage at no extra cost.

Are mental health medications covered?

No, medications used primarily to treat mental health conditions are not covered.

Is counseling and other treatment for mental illness covered?

Inpatient treatment for mental health conditions is a covered expense. Outpatient counseling is not covered.

Is alcoholism and chemical dependency treatment covered?

No. However, for an additional monthly premium, we offer an endorsement that covers alcoholism treatment. Coverage is subject to underwriting approval.

Are oral contraceptives covered?

Yes. Oral contraceptives are covered on all Elect plans.

Please note: These questions are not intended to be part of the policy, and only the language of the actual policy is final and binding.

The Glossary

Health insurance language can be confusing. You can use this glossary of insurance-related words to help you better understand your policy's benefits.



Alternative care: Nontraditional care delivered by providers such as midwives, acupuncturists, naturopaths, massage therapists, and chiropractors.

Benefits: Your plan's covered services, *copayments*, or *deductibles*, as well as limitations and exclusions.

Case management: Case managers may monitor your care in order to reduce your healthcare costs while providing high-quality medical services.

Certificate of Creditable Coverage (COC): Under *HIPAA*, health insurance issuers must give you this certificate if you lose coverage under your employer-provided group health plan and under certain individual policies. The certificate documents your *creditable coverage*.

Coinsurance: The percentage of medical expenses for which you are responsible. For example, on an Elect Value Option plan, your coinsurance for office visits with *participating providers* is 40%.

Copayment: The fixed dollar amount for which you are responsible. For example, on an Elect Premiere plan, your copayment for office visits is \$25.

Creditable coverage: If you remain covered under a prior plan to within 63 days of a new policy's effective date, your prior plan is considered creditable. This credit is applied to the new policy's exclusion periods for specified and *pre-existing conditions*, and transplantation.

Deductible: The fixed dollar amount you must pay *out of pocket* toward covered expenses prior to PacificSource paying for certain services. For example, on an Elect Preferred plan with a \$500 deductible, you are responsible for the first \$500 of covered expenses each year before benefits that are "subject to the deductible" will be paid.

Dependents: Family members who are eligible for coverage on your plan.

Electronic Funds Transfer (EFT): Premium payments that are automatically

withdrawn from your bank account.

Exclusions: Conditions, treatments, situations, or classes of individuals not covered under your plan.

Health Insurance Portability and Accountability Act (HIPAA): Federal legislation designed to improve health coverage portability, reduce healthcare costs, and increase the security and privacy of your healthcare information.

Health Savings Account (HSA): A tax-sheltered savings account to be used with a qualified high *deductible* health plan, such as Elect FlexPerks, to pay for noncovered healthcare expenses.

Inpatient care: When you are admitted as a registered bed patient to a hospital, nursing home, or other medical or psychiatric institution, and you receive physician-directed care for at least 24 hours.

Medical emergency: An injury or sudden illness so severe that you would expect that failure to receive immediate medical attention would risk seriously damaging your health.

Medically necessary services: Services that are appropriate for, and are provided for, your medical condition. Services must be provided within standards of good medical practice, and not be primarily for your or your provider's convenience, in order to be covered.

Nonparticipating (nonpar) provider: A provider who is not part of the PacificSource *participating provider network*. Services for these providers are paid at a lower level than those from a *participating provider*.

Out-of-pocket (OOP) expenses: *Copayments*, *deductibles*, and medical expenses that are not covered by your plan. You will not pay more than the calendar year OOP limit for your policy, so long as you remain within the limitations of your policy.

Outpatient care: When you visit a clinic, emergency room, or health facility and receive healthcare without being admitted as an overnight patient.

Over-the-counter (OTC) drug or medicine: A drug or medicine that is sold lawfully without a prescription.

Participating (par) provider: A provider who is part of the PacificSource *participating provider network*. Services for these providers are paid at a higher level than those from a *nonparticipating provider*.

Preauthorization: Some services require prior approval to be covered. The current list of such services can be found on our Web site, www.pacificsource.com.

Pre-existing condition: A medical condition that existed before you were issued your current policy. Pre-existing conditions may have coverage limitations.

Premium: Rate that you pay monthly for your healthcare insurance.

Preventive care: Healthcare emphasizing early detection and intervention, such as routine physical exams, diagnostic tests (e.g., Pap tests), immunizations, etc.

Provider: A person licensed, certified, or otherwise authorized to administer medical or mental health services, including physicians, dentists, nurses, and pharmacists. This term also applies to other healthcare facilities or entities.

Provider network: A group of healthcare professionals that contract with PacificSource to set lower rates for covered services. You'll save money and eliminate paperwork by seeing these *participating providers*.

Wellness program: A program of health promotion and/or disease prevention.

Benefit Exclusions

The following exclusions are an overview of treatments, situations, and conditions that are not covered under Elect plans. Please refer to your PacificSource policy for a complete listing.

Cosmetic/reconstructive services and supplies:

Services, supplies, and drugs, primarily for cosmetic or reconstructive purposes and any complications as a result of non-covered cosmetic or reconstructive surgery are excluded. Cosmetic or reconstructive services and supplies are performed primarily to improve appearance and not to restore impaired function of the body, regardless of whether the area to be treated is normal or abnormal.

Elective surgery or procedures

for a condition that does not require immediate attention and for which a delay would not have a substantial likelihood of adversely affecting the health of the patient, including, but are not limited to, sterilization when not performed in conjunction with a newborn delivery, are excluded for six months following effective date.

Family planning: Services and supplies for family planning (except sterilization), artificial insemination, in vitro fertilization, diagnosis/treatment of infertility, frigidity, erectile dysfunction, or surgery to reverse voluntary sterilization are excluded.

Hearing aids: Fitting, provision, or replacement of hearing aids are excluded.

Immunizations: Immunizations recommended for, or in anticipation of, exposure through travel or work are not covered in any event.

Infertility: Services and supplies, diagnostic lab and x-ray studies, surgery, treatment, or prescriptions to diagnose, prevent, or cure infertility or to induce fertility (including Gamete and/or Zygote Interfallopian Transfer; i.e. GIFT or ZIFT) are excluded. However, medically necessary medication to preserve fertility during treatment with cytotoxic chemotherapy is covered. For purposes of this policy, infertility is defined as:

- Male: Low sperm counts or the inability to fertilize an egg.
- Female: The inability to conceive or carry a pregnancy to 12 weeks.

Massage, massage therapy, or neuromuscular re-education are excluded.

Mental health: Outpatient mental health treatment is not covered. Except for the initial diagnostic exam, PacificSource will not pay for services and supplies from a mental health or other healthcare provider for the following diagnoses and/or diagnostic categories: mental retardation, learning disorders, motor skills disorders, communication disorders, pervasive developmental disorders, disruptive behavior disorders, factitious disorders, sexual and gender identity disorders, impulse control disorders, paraphilias except for pedophilia, relational problems, caffeine or nicotine-related disorders, and the category of "additional conditions that may be a focus of clinical attention." This exclusion applies to developmental delays and disorders, learning disorders, sensory integration disorders, and conduct disorders.

The following treatment types are excluded: neurodevelopmental therapy, sensory integration training, biofeedback (except as specifically provided for under Covered Services), hypnotherapy, academic skills training, narcosynthesis, and social skills training. Recreation therapy is covered only as a part of mental health inpatient or residential admission.

The following are also excluded: court-mandated diversion and chemical dependency education classes; court-mandated psychological evaluations for child custody determinations; mental examinations for the purpose of legal rights adjudication; psychological testing and evaluations not provided as an adjunct to treatment or diagnosis of a mental disorder; voluntary support groups such as Alcoholics Anonymous; adolescent wilderness treatment programs; treatments or services for career counseling, personal growth, relaxation, stress management, parenting

skills, or family education; assertiveness training; image therapy; marathon group therapy; sensory movement group therapy; sensitivity training; and psychological evaluation for sexual dysfunction or inadequacy.

Otitis media surgery (inner or middle ear infection) is excluded for six months following effective date.

Screening tests: Services and supplies, including imaging and screening exams performed for the sole purpose of screening (including but not limited to total body CT imaging, CT colonography, and bone density testing) are excluded, except to the extent covered under the policy's preventive care benefits.

Sexual disorders: Services or supplies for the treatment of sexual dysfunction or inadequacy, as well as those related to sex change procedures, are excluded.

Sleep apnea, sleeping disorders, and sleep studies: Services or supplies for the treatment of sleep apnea or other sleeping disorders, including expense for sleep studies, are excluded.

Snoring: Services or supplies for the diagnosis or treatment of snoring and/or upper airway resistance disorders, including somnoplasty, are excluded.

Speech therapy: Therapy for developmental language disorders, phonological disorders, and learning disorders, as well as oral/facial motor therapy for strengthening and coordination of speech-producing musculature and structures, are excluded.

Temporomandibular joint (TMJ): Advice or treatment, including physical therapy and/or oromyofascial therapy, either directly or indirectly for temporomandibular joint dysfunction, myofascial pain, or any related appliances is excluded from coverage.

Tonsils or adenoids removal, with or without myringotomy, is excluded for six months following effective date.

Benefit Limitations

Your policy contains dollar limitations on specific benefits.



Benefit	Elect Premiere	Elect Preferred	Elect Value Option	Elect FlexPerks
Ambulance service	ground 300 miles/year; air \$6,000/year	ground 300 miles/year; air \$6,000/year	ground 300 miles/year; air \$6,000/year	ground 300 miles/year; air \$6,000/year
Cardiac rehabilitation (phase II)	\$1,000/lifetime	\$1,000/lifetime	\$1,000/lifetime	\$1,000/lifetime
Chiropractic manipulation	15 combined visits/year	12 visits/year	Not covered	Not covered
Acupuncture care		\$1,000/year combined	Not covered	Not covered
Naturopathic care			Not covered	Not covered
Dietary/nutritional counseling for anorexia or bulimia	5 visits/lifetime	5 visits/lifetime	5 visits/lifetime	5 visits/lifetime
Durable medical equipment	\$7,500/lifetime	\$7,500/lifetime	\$7,500/lifetime	\$7,500/lifetime
Flu vaccine	\$20/year	\$20/year	Not covered	\$20/year
Hospice or respite care	\$10,000/lifetime	\$10,000/lifetime	\$10,000/lifetime	\$10,000/lifetime
Mental health treatment (inpatient)	\$1,000/lifetime	\$1,000/lifetime	\$1,000/lifetime	\$1,000/lifetime
Physical therapy	20 visits/year	20 visits/year	20 visits/year	20 visits/year
Prescription drug expense	<i>Does not accumulate toward out-of-pocket limit</i>	<i>Does not accumulate toward out-of-pocket limit</i>	<i>Does not accumulate toward out-of-pocket limit</i>	Accumulates toward out-of-pocket limit
Pulmonary rehabilitation	\$1,000/lifetime	\$1,000/lifetime	\$1,000/lifetime	\$1,000/lifetime
Routine physical exams	Scheduled, based on age	Scheduled, based on age	Not covered	Scheduled, based on age
Speech therapy	\$1,000/year	\$1,000/year	\$1,000/year	\$1,000/year
Transplants	\$250,000/lifetime	\$250,000/lifetime	\$250,000/lifetime	\$250,000/lifetime
Transplants, travel/housing for recipient	\$5,000/transplant	\$5,000/transplant	\$5,000/transplant	\$5,000/transplant
Transplants, nonpar providers	\$100,000	\$100,000	\$100,000	\$100,000
Vision, routine exams (every two calendar years)	One exam	Not covered	Not covered	Not covered
Vision, hardware (every two calendar years)	\$200 for frames, lenses, contact lenses	Not covered	Not covered	Not covered
Well baby exams	9 exams in the first 24 months of life, including standard in-hospital exam at birth & related lab tests.	9 exams in the first 24 months of life, including standard in-hospital exam at birth & related lab tests.	Not covered	9 exams in the first 24 months of life, including standard in-hospital exam at birth & related lab tests.

Questions?

If you have questions about our Elect individual and family health plans, please contact your insurance agent or a PacificSource Individual Service Representative at (866) 695-8684 or by e-mail at individual@pacificsource.com.



PacificSource
HEALTH PLANS

PacificSource Health Plans is a not-for-profit company based in Springfield, Oregon, with local offices in Portland, Bend, Medford, and Boise, Idaho. Founded in 1933, we put our decades of experience to work providing our customers with affordable coverage and the best possible service. PacificSource covers more than 151,000 people with its group and individual health insurance plans. For more information, visit www.pacificsource.com.