



# Your Guide to PacificSource

Individual and Family Health Plans  
for Oregon Residents







# The Health Insurance You Need From the Company You'll Love to Work With

Having health insurance brings **peace of mind**. A solid health insurance plan makes it easy to get the preventive care that helps you stay well, protecting you from the high costs of unexpected medical expenses.

**At PacificSource, we make health insurance easy, putting you at the center of everything we do.**

- Our plans offer a range of premiums and deductibles so you can find the coverage that **fits you best**.
- We have **more than 46,300** providers across our networks to give you the maximum choice of doctors and other healthcare professionals.
- We're known for taking good care of people. Members can call our toll-free number to speak with a Customer Service Representative. **Real people** always answer the phone.
- We give you the tools to manage your coverage so you can get the information you need, **when and where you need it**.

**You'll find PacificSource plans are available wherever you shop.**

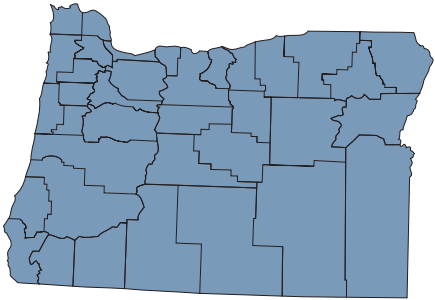
- Direct from us
- Through your health insurance agent
- Through Oregon's health insurance marketplace, Cover Oregon



# Explore Our Plans and Networks

PSN

### PSN Network Plans (Direct Only)



Available in all Oregon counties.

	PacificSource Direct	Cover Oregon
Balance Bronze PSN 6350	✓	PSN plans are only available direct.
Balance Silver PSN 2500	✓	
Value Bronze PSN 6250	✓	
Value Bronze PSN 3000	✓	
Value Silver PSN 3000	✓	
Standard Bronze PSN	✓	
Standard Silver PSN	✓	

### Network Highlights

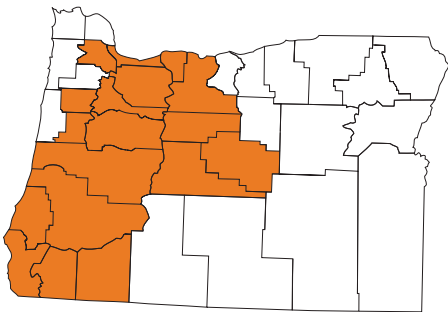
PSN (PacificSource Network) gives you the freedom to see any doctor, any time. PSN is available statewide.

- PPO plan — see any doctor, any time
- Highest level of benefits for choosing participating PSN providers
- Not available for plans offered through Cover Oregon

PSN

SmartHealth

### SmartHealth Network Plans



Benton Clackamas Coos Crook Curry Deschutes Douglas Hood River Jackson Jefferson Josephine Lane Linn Marion Multnomah Polk Wasco Washington

	PacificSource Direct	Cover Oregon
Balance Bronze 6350	✓	✓
Balance Silver 2500	✓	
Balance Silver 1500	✓	✓
Value Bronze 6250	✓	
Value Bronze 3000	✓	✓
Value Silver 3000	✓	
Value Silver 3600		✓
Standard Bronze	✓	✓
Standard Silver	✓	✓
Standard Gold		✓
Innovation Silver 1500		✓
Catastrophic*		✓

### Network Highlights

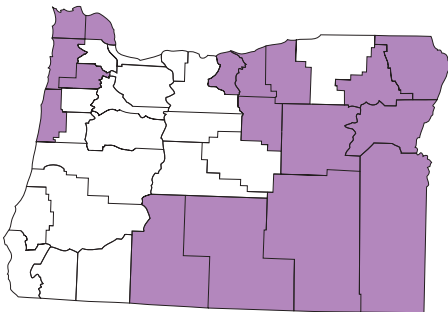
SmartHealth is a new kind of network that features two tiers of participating providers to give you more choice. You'll choose a primary care provider (PCP) from tier 1 who will partner with you to meet your health and wellness goals.

- Choice of top quality primary care doctors
- PCP provides referrals for specialty care
- Two tiers of participating providers to choose from
- Available directly from PacificSource and through Cover Oregon

SmartHealth

Prime

### Prime Network Plans (Cover Oregon Only)



Baker Clatsop Columbia Gilliam Grant Harney Klamath Lake Lincoln Malheur Morrow Sherman Tillamook Union Wallowa Wheeler Yamhill

	PacificSource Direct	Cover Oregon
Balance Bronze Prime 6350		✓
Balance Silver Prime 1500		✓
Value Bronze Prime 3000	Prime plans are only available through Cover Oregon.	✓
Value Silver Prime 3600		✓
Standard Bronze Prime		✓
Standard Silver Prime		✓
Standard Gold Prime		✓
Catastrophic Prime*		✓

### Network Highlights

Our Prime Network is only available for plans offered through Cover Oregon. You'll choose a primary care provider (PCP) who will partner with you to help you meet your health and wellness goals.

- Choice of top quality primary care doctors
- PCP provides referrals for specialty care
- Available only through Cover Oregon

Prime

## All Medical Plans Feature:

- Coverage of all Essential Health Benefits, including coverage for mental health, chemical dependency, and pediatric vision (pediatric dental is available as a separate plan)
- Benefits are on a calendar year basis
- Prescription drug coverage is included in all plans
- All covered services apply toward the annual out-of-pocket limit
- Naturopathy office visits are covered as any other office visit

## Balance Plans Feature:

- No-cost preventive care
- Co-pays on office visits (most providers) and many prescription drugs
- Deductible for most other services
- Some plans include acupuncture, chiropractic, and naturopathic care

## Value Plans Feature:

- No-cost preventive care
- All other services subject to the deductible
- Some plans eligible for pairing with a health savings account (HSA)

## Standard Plans Feature:

- No-cost preventive care
- Co-pays on office visits and prescription drugs (in some cases, subject to deductible)
- Deductible for most other services

## Innovation Plans (Cover Oregon only)

- Work with your doctor (PCP) as a team to manage your care and keep you healthy
- No-cost preventive care
- Lower co-pays (just \$15) for office visits for chronic health conditions (asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, and heart failure)
- Higher co-pays for some services, including advanced imaging, emergency room, hysterectomies, and orthopedic procedures

## \*Catastrophic Plans (Cover Oregon only)

- Only for those under age 30, or who meet federal income eligibility requirements and have a certificate of exemption through Cover Oregon
- No-cost preventive care
- Co-pays on the first three office visits and generic prescription drugs
- Deductible for most other services

# With PacificSource, You Also Get...

## Online Tools Available at PacificSource.com

### InTouch for Members

Through your secure website, InTouch, you can view your claims, status of preauthorizations, accumulated expenses toward your plan's deductible, and more, at your convenience.

You can also access our online health and wellness center through InTouch, which includes personalized wellness information and a variety of helpful, easy-to-use tools, including a health risk assessment.

### Participating Provider Directory

Take advantage of your plan's higher participating provider benefits. Find up-to-date participating provider information based on your location, network, or your doctor's name using this online directory.



## Pharmacy Coverage

All PacificSource plans feature pharmacy coverage, and wherever possible, generic drugs are used in place of name brands to help you save money.

You'll find drug list information and more about our preauthorization, step therapy, and exception processes online at PacificSource.com.

### Caremark® Prescription Discount Program

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

## Wellness and Health Management

These extra services are not insurance, but are offered in addition to your medical plan to help you take charge of your health. To learn more, visit the For Members section of our website, PacificSource.com.

### 24-Hour NurseLine

Have a question about your health? Not sure whether you need to see your doctor? Our nurse line gives you 24/7 access to professionals who can answer your health and wellness questions.

### Weight Management Programs

As a part of your PacificSource medical coverage, you can participate in a **Weight Watchers®** reimbursement program or receive discounts from **Jenny Craig®**.

### Gym Membership Discounts

Receive discounts from over 10,000 gyms and fitness centers, including big chains and local favorites.

### Condition Support

Our Condition Support Program offers you education and support if you have asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, or heart failure, or if you have a child with juvenile diabetes.

### Care Quality Program

Should you need more intensive medical services, we have a Utilization Management Program in place to make sure you receive appropriate, effective, and efficient medical care. Nurses are also available to assist you in ensuring you receive the right care at the right time.

### Tobacco Cessation

Our program includes one-on-one treatment sessions with a professional Quit Coach to help you quit tobacco use for good. You'll also receive a Quit Kit with nicotine replacement therapy supplies (nicotine gum or patches) to help keep you on track.

### Prenatal Program

Our Prenatal Care Program helps expectant mothers reduce their risk of premature birth. Participants receive educational materials and toll-free telephone access to a nurse consultant.

### Health and Wellness Education

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

### Travel Emergency Assistance Program

If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by **Assist America®** Global Emergency Services at no cost.

# Choosing a Plan to fit your needs

## 1 Choose a network.

Use the maps and county listings on page 4 to find the networks available where you live. If keeping your current doctor is important, check our provider directory at PacificSource.com to make sure they participate in the network you're considering.

## 2 Pick a plan.

You'll find an overview of plan types on page 5, and details on the plan summary pages within this guide beginning on the next page. Summaries of benefits and coverage are also available online at PacificSource.com.

## 3 Don't forget dental.

Our dental plans complement your medical coverage. If your coverage will include anyone through age 18, you'll need pediatric dental coverage (a federal requirement). We offer pediatric-only dental plans as well as dental plans for your whole family. See the dental section of this guide.

## 4 Review your premium rates.

Rates are based on your age, where you live, tobacco use, and the number of family members covered under your plan. You can look up medical and dental rate information online at PacificSource.com/get-quote-oregon.

## Tips for Choosing a Plan

Here are a few things to consider when choosing a plan to fit your needs:

### Your Budget

In addition to your monthly premium payment, be sure to plan for out-of-pocket expenses you may have. These can include deductibles and co-pays.

### The Services You Use

Think about the services you used in the past year. If you have an ongoing health issue or regularly take a prescription, you may want a plan with a lower deductible and co-pays.

### The Doctors and Clinics You Visit

Before choosing a network, you may want to check to see if your doctor is a participating provider. Visit PacificSource.com/find-a-provider.

## Questions? We're here to help.

**What is a PCP?** A primary care provider, or PCP, is a doctor who is authorized to coordinate all of your care needs, including helping you maintain your health and reach your wellness goals. SmartHealth and Prime plans require you to select a PCP.

**What are referrals?** Some plans require you to contact your PCP first for a referral before seeing another provider for certain services.

**Do I have to have vision and dental coverage?** Federal law requires vision and dental coverage for anyone through age 18. All PacificSource medical plans include pediatric vision coverage. Pediatric dental is available as a separate plan, or is included with our individual and family dental plans (see page 26) for plan information.

**What are Gold, Silver, and Bronze?** Plan names include the words "gold," "silver," or "bronze" to indicate the coverage "metal" level based on federal Affordable Care Act guidelines. These categories generally reflect your premium costs and the portion of your healthcare cost that you pay.

**What is Cover Oregon?** Cover Oregon is Oregon's health insurance marketplace. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you'll need to enroll through Cover Oregon. Contact a PacificSource Coverage Advisor for help choosing a plan, then enroll through Cover Oregon.

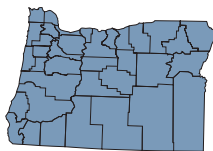


## Talk with a Coverage Advisor

at 855.330.2792 or by email at [reform@pacificsource.com](mailto:reform@pacificsource.com).



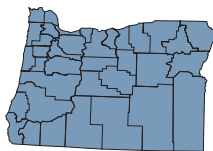
# PSN Balance and Value Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Balance		Value		
		Direct Only		Direct Only		
		Bronze 6350	Silver 2500	Bronze 6250	Bronze 3000	Silver 3000
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700	Deductible Individual / Family \$2,500 / \$5,000	Deductible Individual / Family \$6,250 / \$12,500	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,000 / \$6,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,250 / \$12,500	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$3,000 / \$6,000
Co-insurance	The amount you pay after your deductible is met.	0%	30%	0%	50%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	\$50 co-pay§	\$30 co-pay	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Generic drugs: \$10 co-pay Preferred brand name drugs: Deductible, then co-insurance	Generic drugs: \$10 co-pay Preferred brand name drugs: \$50 co-pay	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care. \$1,000 annual limit.	\$50 co-pay§	\$30 co-pay	Not covered	Not covered	Not covered
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		\$50 co-pay§	\$30 co-pay	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible, then co-insurance	Deductible	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$50 co-pay§ Hardware: Covered in full	Exam: \$30 co-pay Hardware: 30% co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance

# PSN Standard Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Standard	
		Direct Only	
		Bronze	Silver
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$5,000 / \$10,000	Deductible Individual / Family \$2,500 / \$5,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	50%	30%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	Primary care: Deductible, then \$60 co-pay Specialists: Deductible, then \$100 co-pay	Primary care: \$35 co-pay Specialists: \$70 co-pay
Office Procedures and Supplies		Deductible, then co-insurance	30%
Prescription Drugs		Generic drugs: Deductible, then \$20 co-pay Preferred brand name drugs: Deductible, then \$80 co-pay	Generic drugs: \$15 co-pay Preferred brand name drugs: \$50 co-pay
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Not covered	Not covered
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then \$120 co-pay	\$90 co-pay
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Covered in full	Covered in full

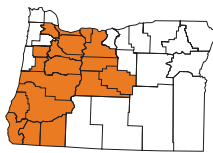
## Standard Plans Feature:

- No-cost preventive care
- Co-pays on office visits and prescription drugs after deductible
- Deductible for most other services





# SmartHealth Balance Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Balance		
		Direct and Cover Oregon	Direct Only	Direct and Cover Oregon
		Bronze 6350	Silver 2500	Silver 1500
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	<b>Deductible</b> Individual / Family Tier 1: \$6,350 / \$12,700 Tier 2: \$6,350 / \$12,700	<b>Deductible</b> Individual / Family Tier 1: \$2,500 / \$5,000 Tier 2: \$3,000 / \$6,000	<b>Deductible</b> Individual / Family Tier 1: \$1,500 / \$3,000 Tier 2: \$2,500 / \$5,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	<b>Tier 1 provider:</b> 30% <b>Tier 2 provider:</b> 40%	<b>Tier 1 provider:</b> 30% <b>Tier 2 provider:</b> 40%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	<b>Tier 1 provider:</b> \$50 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance	<b>Tier 1 provider:</b> \$30 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance	<b>Tier 1 provider:</b> \$50 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> Deductible, then co-insurance	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	\$50 co-pay (only available with direct plan)	\$30 co-pay	\$50 co-pay (only available with direct plan)
Emergency Room Visits		Deductible, then co-insurance <b>Tier 1 provider:</b> \$50 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance	Deductible, then co-insurance <b>Tier 1 provider:</b> \$30 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance	Deductible, then co-insurance <b>Tier 1 provider:</b> \$50 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	30% co-insurance
Ambulance Service				
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$50 co-pay Hardware: Covered in full	Exam: \$30 co-pay Hardware: 30% co-insurance	Exam: \$50 co-pay Hardware: 30% co-insurance

## Additional Savings through Cover Oregon for Eligible Consumers

Cover Oregon is the State of Oregon’s health insurance marketplace. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you’ll need to enroll through Cover Oregon.

Based on your income, you may also qualify for plans with even lower deductibles, out-of-pocket limits, co-pays, and cost shares than listed on this page. If you are eligible, these additional plan options will be presented to you through Cover Oregon.

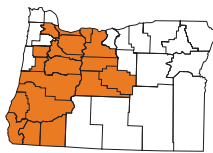
View our plans at [CoverOregon.com](https://CoverOregon.com).

## What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You’ll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You’ll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn’t in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You’ll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at [PacificSource.com/find-a-provider](https://PacificSource.com/find-a-provider).

Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$

# SmartHealth Value Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Value			
		Direct Only	Direct and Cover Oregon	Direct Only	Cover Oregon Only
		Bronze 6250	Bronze 3000	Silver 3000	Silver 3600
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	<b>Deductible</b> Individual / Family Tier 1: \$6,250 / \$12,500 Tier 2: \$6,250 / \$12,500	<b>Deductible</b> Individual / Family Tier 1: \$3,000 / \$6,000 Tier 2: \$6,350 / \$12,700	<b>Deductible</b> Individual / Family Tier 1: \$3,000 / \$6,000 Tier 2: \$6,000 / \$12,000	<b>Deductible</b> Individual / Family Tier 1: \$3,600 / \$7,200 Tier 2: \$4,000 / \$8,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	<b>Out-of-Pocket Limit</b> Individual / Family \$6,250 / \$12,500	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700	<b>Out-of-Pocket Limit</b> Individual / Family Tier 1: \$3,000 / \$6,000 Tier 2: \$6,000 / \$12,000	<b>Out-of-Pocket Limit</b> Individual / Family Tier 1: \$3,600 / \$7,200 Tier 2: \$4,000 / \$8,000
Co-insurance	The amount you pay after your deductible is met.	0%	<b>Tier 1 provider:</b> 50% <b>Tier 2 provider:</b> 0%	0%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then 50% co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Not covered	Not covered	Not covered	Not covered
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then 50% co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam, hardware: Deductible, then co-insurance	Exam, hardware: Deductible, then co-insurance	Exam, hardware: Deductible, then co-insurance	Exam, hardware: Deductible, then co-insurance

## Additional Savings through Cover Oregon for Eligible Consumers

Cover Oregon is the State of Oregon’s health insurance marketplace. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you’ll need to enroll through Cover Oregon.

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View our plans at [CoverOregon.com](https://CoverOregon.com).

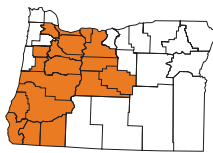
## What are two tier networks?

PacificSource is partnering with providers in a whole new way to give you more choice, ensure you receive the highest quality of care, and help you keep your costs as low as possible. Our SmartHealth network includes plans with two tiers of participating doctors. You’ll get the most value out of your SmartHealth plan when you see a tier 1 doctor. You’ll pay slightly more to see a tier 2 doctor. You can also see a doctor who isn’t in the SmartHealth network (nonparticipating), but your costs will be higher and some services may not be covered. You’ll need to choose a primary doctor (PCP) from tier 1. To check if your doctor is tier 1 or tier 2, visit our Provider Directory at [PacificSource.com/find-a-provider](https://PacificSource.com/find-a-provider).

Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$



# SmartHealth Standard Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Standard		
		Direct and Cover Oregon		Cover Oregon Only
		Bronze	Silver	Gold
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$5,000 / \$10,000	Deductible Individual / Family \$2,500 / \$5,000	Deductible Individual / Family \$1,300 / \$2,600
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	50%	30%	10%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	Primary care: Deductible, then \$60 co-pay, Specialists: Deductible, then \$100 co-pay	Primary care: \$35 co-pay Specialists: \$70 co-pay	Primary care:\$20 co-pay Specialists: \$40 co-pay
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		<b>Generic drugs:</b> Deductible, then \$20 co-pay <b>Preferred brand name drugs:</b> Deductible, then \$80 co-pay	<b>Generic drugs:</b> \$15 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$30 co-pay
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Not covered	Not covered	Not covered
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then \$120 co-pay	\$90 co-pay	\$20 co-pay
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Covered in full	Covered in full	Covered in full

## Additional Savings through Cover Oregon for Eligible Consumers

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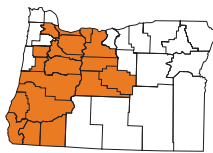
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Doctor/Facility		Your share
Tier 1	Participating	\$
Tier 2	Participating	\$\$
	Non-participating	\$\$\$

# Other SmartHealth Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Innovation	Catastrophic*
		Cover Oregon Only	Cover Oregon Only
		Silver 1500	Catastrophic
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	<b>Deductible</b> Individual / Family Tier 1: \$1,500 / \$3,000 Tier 2: \$3,000 / \$6,000	<b>Deductible</b> Individual / Family Tier 1: \$6,350 / \$12,700 Tier 2: \$6,350 / \$12,700
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700	<b>Out-of-Pocket Limit</b> Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	<b>Tier 1 provider:</b> 30% <b>Tier 2 provider:</b> 40%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	<b>Tier 1 provider:</b> Primary care: \$25 co-pay Specialists: \$50 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance	<b>Tier 1 provider:</b> \$50 co-pay\$ <b>Tier 2 provider:</b> Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> Deductible, then co-insurance
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Not covered	Not covered
Emergency Room Visits	ER co-pay waived if directly admitted to an inpatient facility.	\$500 co-pay, then co-insurance	Deductible, then co-insurance
Urgent Care		<b>Tier 1 provider:</b> \$25 co-pay <b>Tier 2 provider:</b> Deductible, then co-insurance 30% co-insurance	<b>Tier 1 provider:</b> \$50 co-pay\$ <b>Tier 2 provider:</b> Deductible, then co-insurance Deductible, then co-insurance
Ambulance Service			
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/ rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	\$500 co-pay, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$25 co-pay Hardware: 30% co-insurance	Exam: \$50 co-pay Hardware: Covered in full
Chronic Conditions	Asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, and heart failure.	<b>Tier 1 provider:</b> \$15 co-pay for first 4 visits per condition <b>Tier 2 provider:</b> Deductible, then co-insurance	N/A
Preference-sensitive Services	See next page for a description of these services.	\$500 co-pay, then co-insurance	N/A

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## What are two tier networks?

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Doctor/Facility	Your share
Tier 1 Participating	\$
Tier 2 Participating	\$\$
Non-participating	\$\$\$

## What are preference-sensitive services?

These services include:

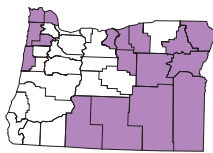
- Blepharoplasty
- Emergency room visits
- High-tech radiology (outpatient)
- Hysterectomy
- Orthopedic joint procedures (hip, knee, and shoulder)
- Spine surgery for pain
- Upper endoscopy (outpatient)
- Varicose vein procedures

## \*Catastrophic Plans (Cover Oregon only)

Catastrophic plans are only for those under age 30, or who meet federal income eligibility requirements and have a certificate of exemption through Cover Oregon.



# Prime Balance Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Balance	
		Cover Oregon Only	
		Bronze 6350	Silver 1500
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$6,350 / \$12,700	Deductible Individual / Family \$1,500 / \$3,000
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	0%	30%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	\$50 co-pay\$	\$50 co-pay
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Generic drugs: \$10 co-pay Preferred brand name drugs: Deductible, then co-insurance	Generic drugs: \$10 co-pay Preferred brand name drugs: \$50 co-pay
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Not covered	Not covered
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		\$50 co-pay\$	\$50 co-pay
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Exam: \$50 co-pay\$ Hardware: Covered in full	Exam: \$50 co-pay Hardware: 30% co-insurance

## Additional Savings through Cover Oregon for Eligible Consumers

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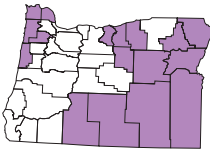
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# Prime Value Plans

This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are usually higher.

		Value	
		Cover Oregon Only	
		Bronze 3000	Silver 3600
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$3,000 / \$6,000	Deductible Individual / Family \$3,600 / \$7,200
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$3,600 / \$7,200
Co-insurance	The amount you pay after your deductible is met.	50%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	Deductible, then co-insurance	Deductible, then co-insurance
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		Deductible, then co-insurance	Deductible, then co-insurance
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Not covered	Not covered
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then co-insurance	Deductible, then co-insurance
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Deductible, then co-insurance	Deductible, then co-insurance



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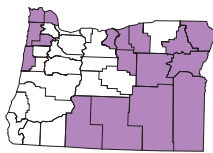
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# Prime Standard and Other Plans



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		Standard			Catastrophic*
		Cover Oregon Only			Cover Oregon Only
		Bronze	Silver	Gold	Catastrophic
Annual Deductible	The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	Deductible Individual / Family \$5,000 / \$10,000	Deductible Individual / Family \$2,500 / \$5,000	Deductible Individual / Family \$1,300 / \$2,600	Deductible Individual / Family \$6,350 / \$12,700
Out-of-Pocket Limit	The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700	Out-of-Pocket Limit Individual / Family \$6,350 / \$12,700
Co-insurance	The amount you pay after your deductible is met.	50%	30%	10%	0%
Preventive Care	Includes physicals, women’s health exams, immunizations, and well-baby exams.	Covered in full	Covered in full	Covered in full	Covered in full
Office and Specialist Visits	Includes visits to your doctor, nurse practitioner, gynecologist, pediatrician, internist, mental health, naturopath, and obstetrician.	Primary care: Deductible, then \$60 co-pay Specialists: Deductible, then \$100 co-pay	Primary care: \$35 co-pay Specialists: \$70 co-pay	Primary care: \$20 co-pay Specialists: \$40 co-pay	\$50 co-pay§
Office Procedures and Supplies		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Prescription Drugs		<b>Generic drugs:</b> Deductible, then \$20 co-pay <b>Preferred brand name drugs:</b> Deductible, then \$80 co-pay	<b>Generic drugs:</b> \$15 co-pay <b>Preferred brand name drugs:</b> \$50 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> \$30 co-pay	<b>Generic drugs:</b> \$10 co-pay <b>Preferred brand name drugs:</b> Deductible, then co-insurance
Alternative Care	Includes chiropractic, acupuncture, and naturopathic care.	Not covered	Not covered	Not covered	Not covered
Emergency Room Visits		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Urgent Care		Deductible, then \$120 co-pay	\$90 co-pay	\$20 co-pay	\$50 co-pay§
Ambulance Service		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Hospital Services and Surgery	Includes inpatient room and board, rehabilitative care, and skilled nursing care.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Outpatient Services	Includes hospital care and professional/rehabilitative services.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Diagnostic and Therapeutic Radiology and Lab	Includes basic X-ray.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Advanced Imaging	Includes PET, CT, MRA, and MRI.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Maternity Care	Includes prenatal office visits and delivery.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Medical Equipment	Includes prosthetics.	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Inpatient Mental Health Care and Residential Programs		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Transplant Services		Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance	Deductible, then co-insurance
Pediatric Vision	Through age 18. Once every calendar year, including exam and hardware.	Covered in full	Covered in full	Covered in full	Exam: \$50 co-pay§ Hardware: Covered in full

## Additional Savings through Cover Oregon for Eligible Consumers

Cover Oregon is the State of Oregon’s health insurance marketplace. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you’ll need to enroll through Cover Oregon.

Based on your income, you may qualify for plans with even lower deductibles and out-of-pocket costs than listed on this page. If you are eligible, these additional plan options will be presented to you through Cover Oregon.

View our plans at [CoverOregon.com](https://CoverOregon.com).

## \*Catastrophic Plans (Cover Oregon only)

Catastrophic plans are only for those under age 30, or who meet federal income eligibility requirements and have a certificate of exemption through Cover Oregon.

# Dental to Complement Your Medical Plan

## Plan and Provider Network Highlights

PacificSource dental coverage features the benefits you and your family need, savings through low out-of-pocket expense, and quality care from Dental Advantage Network dentists.

**Diagnostic and preventive care services are covered for all members.** Includes routine examinations, cleanings, x-rays, sealants, and space maintainers.

**Save out-of-pocket expense.** Your deductibles and co-insurance are low when you see a Dental Advantage Network dentist.

**Out-of-network provider coverage:** For Dental Advantage Network Plans, you may choose to see an out-of-network dentist (a dentist who is not a member of the Dental Advantage Network). Non-participating

provider co-pay, co-insurance, and deductible amounts are not shown and are higher in most instances. Deductibles apply, and we cover these services based on Dental Advantage Network usual, customary, and reasonable charges.

For the Dental Advantage Essentials Core plan, coverage only applies when you see an in-network provider.

**The Kids Dental Advantage 20/40/50/50 plan** (child only) offers dental coverage for children through age 18 for all classes of services, as well as medically necessary orthodontia.

## The Pediatric Coverage Requirement

Federal law requires vision and dental coverage for children through age 18. All PacificSource medical plans include pediatric vision coverage. However, pediatric dental is available as separate coverage.

Our Kids Dental Advantage plan provides the necessary pediatric coverage only for enrolled family members through age 18.

Our family dental plans, Dental Advantage and Dental Advantage Essentials Core, cover all enrolled family members.

## Dental Completes Your Health Coverage

Good dental care is an important part of your overall health and well-being.

If you need treatment, your coverage **helps you afford the necessary dental services.**

With PacificSource for both medical and dental coverage, you'll have the **convenience** of one source for claims information and questions about your coverage.

### Dental Advantage

#### Dental Advantage Network Plans

	PacificSource Direct	Cover Oregon
Dental Advantage 0/20/50/50	✓	
Kids Dental Advantage 20/40/50/50 (through age 18)	✓	✓

#### Network Highlights

Dental Advantage Network and their contracted network dentists encourage preventive care services to help you maintain your dental health and avoid severe problems.

- Providers available throughout Oregon
- Search our online directory at **PacificSource.com/find-a-provider** to locate a dentist near you

### Dental Advantage Essentials

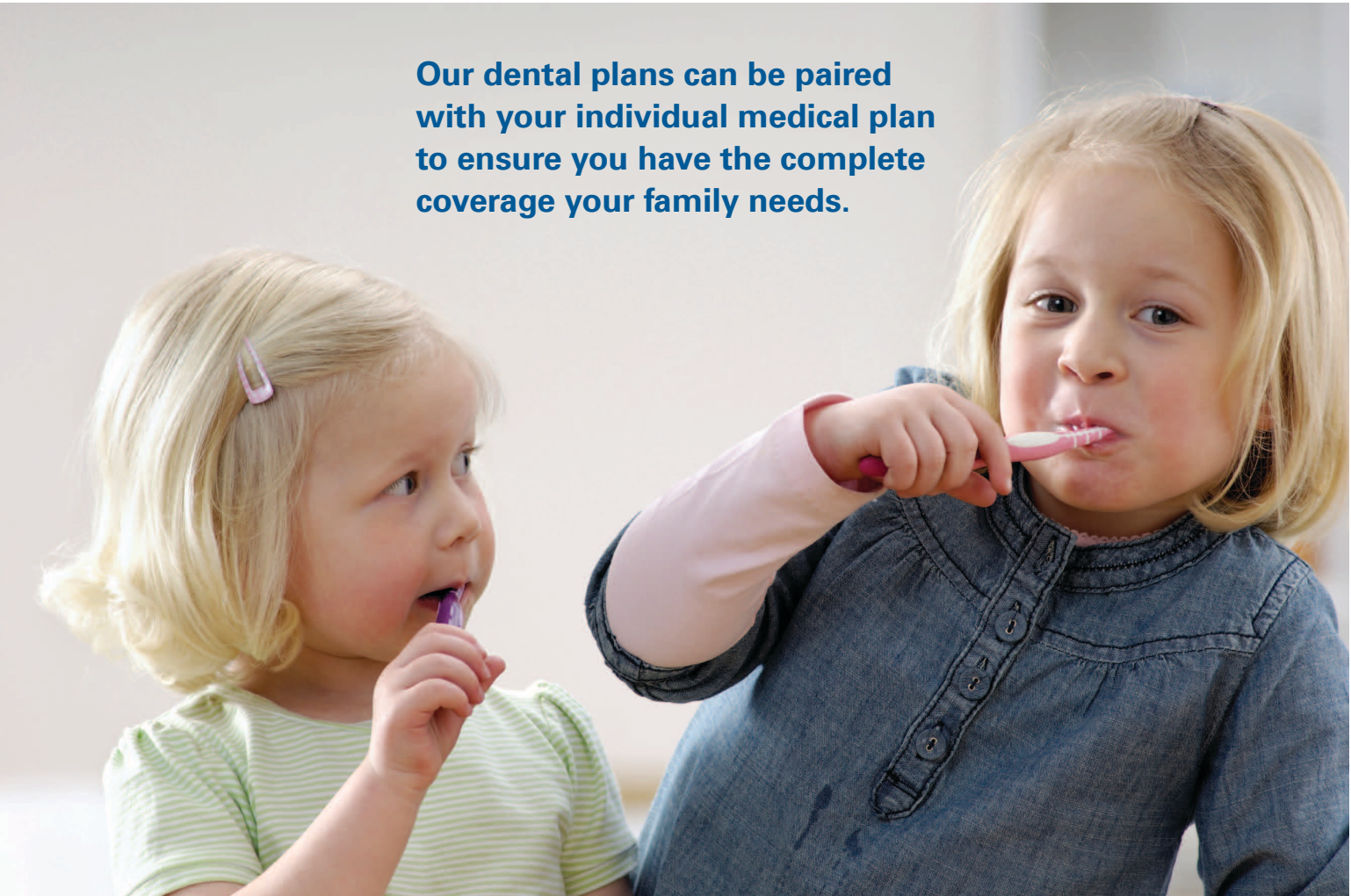
#### Dental Advantage Essentials Network Plan (Cover Oregon Only)

	PacificSource Direct	Cover Oregon
Dental Advantage Essentials Core	Through Cover Oregon only.	✓

#### Network Highlights

Dental Essentials dentists are also Dental Advantage Network providers.

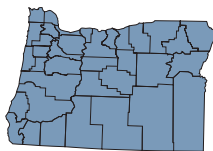
- Providers available in most Oregon counties
- Search our online directory at **PacificSource.com/find-a-provider** to locate a dentist near you
- No out-of-network coverage
- Cover Oregon only



Our dental plans can be paired with your individual medical plan to ensure you have the complete coverage your family needs.



# Dental Plans



This is an overview of **participating provider** co-pay, co-insurance, and deductible amounts only. The table below reflects the amounts **you pay**. Non-participating provider co-pay, co-insurance, and deductible amounts are not shown and are higher in most instances. For the Dental Advantage Essentials Core plan, *only* in-network providers are covered.

			Dental Advantage		Dental Advantage Essentials
			Direct Only	Direct and Cover Oregon	Cover Oregon Only
			0/20/50/50 Family Plan	Kids 20/40/50/50 Plan	Core Family Plan
Annual Maximum Benefit			\$1,000 per adult	No maximum	No maximum
Annual Deductible		The amount you pay each calendar year before the plan pays for covered services except those marked “not subject to deductible.”	No deductible	No deductible	No deductible
Out-of-Pocket Limit		The most you’ll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	\$1,000 per child	\$1,000 per child	\$1,000 per child
Co-insurance		The amount you pay after your deductible is met.	0-50%	20-50%	Co-pay varies with service
Class I: Diagnostic and Preventive Care	Routine Examinations	2 per calendar year	No charge - covered in full (no waiting period)	20% (no waiting period)	No charge - covered in full (no waiting period)
	Dental Cleanings (Prophylaxis or Periodontal Maintenance)	2 per calendar year			
	Full Mouth X-rays and/or Panorex	1 complete mouth series every 5 years			
	Bitewing X-rays	4 films in a 6-month period			
	Topical Fluoride	2 applications per calendar year through age 18			
	Sealants	1 application every 5 years to permanent molars and bicuspids through age 18			
	Space Maintainers	Covered through age 13			
Class II: Basic Services	Fillings	1 per surface per tooth every calendar year; reduced to amalgam restoration	20% (6-month waiting period; prior coverage is creditable)	40% (no waiting period)	No charge (no waiting period)
	Simple Extractions	Covered			No charge (no waiting period)
	Periodontal Scaling and Root Planing and/or Curettage	1 procedure every 24 months per quadrant for members through age 18, and 36 months per quadrant for members age 19 and older			\$150 co-pay per quadrant
	Full Mouth Debridement	1 procedure every 24 months through age 18; every 36 months for age 19 and older			No charge (no waiting period)
Class II: Complicated Services	Root Canal Therapy	1 per tooth every 3 years	50% (12-month waiting period; prior coverage is creditable)	50% (no waiting period)	Through age 18: \$200 co-pay Age 19 and older: not covered
	Oral Surgery	Covered; requires preauthorization			Through age 18: \$150 co-pay Age 19 and older: not covered
	Periodontal Surgery	Covered; requires preauthorization			Through age 18: \$150 or \$200 co-pay Age 19 and older: not covered
Class III: Major Treatments	Crowns	1 per tooth every 5 years through age 18; every 10 years for age 19 and older	50% (12-month waiting period; prior coverage is creditable)	50% (no waiting period)	Through age 18: \$200 co-pay Age 19 and older: not covered
	Prosthetic Devices (Bridges)	Replaced after 5 years through age 18; after 10 years for age 19 and older			Through age 18: \$200 co-pay per tooth Age 19 and older: not covered
	Cast Partial Denture, Full, Immediate, or Overdenture	Limited to cost of full or cast partial denture			\$150 co-pay per upper or lower denture (full denture coverage every 10 years)
	Fixed or Removable Cast Partials	During first 36 months of coverage, limited to replacement of tooth extracted or lost			Through age 18: \$150 co-pay Age 19 and older: not covered
	Dental Implant	Limited to once per lifetime per tooth space. Final crown and implant abutment over a single implant. Final implant-supported bridge abutment and implant abutment, or pontic. Alternate benefit per arch of conventional full/ partial denture for final implant-supported full/ partial denture prosthetic device.			Through age 18: \$200 co-pay Age 19 and older: not covered
Policy Provision	Missing Teeth Exclusion	A 36-month waiting period applies to treatment for teeth extracted prior to the policy effective date. Prior coverage is creditable.	Yes	Yes	No

## Additional Savings through Cover Oregon for Eligible Consumers

Cover Oregon is the State of Oregon’s health insurance marketplace. If you meet certain income requirements, you may have access to financial assistance to help you with the cost of your health insurance. To access financial assistance, you’ll need to enroll through Cover Oregon.

Note: For the Dental Advantage Essentials Core plan, *only* in-network providers are covered.

View our plans at [CoverOregon.com](https://CoverOregon.com).

*This page is a brief list of services and treatments most commonly asked about. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. You’re welcome to contact us if you have questions.*

# Other Things to Know

## Am I eligible?

You may apply for a PacificSource individual policy if you are an Oregon resident and you are not covered by Medicare or a group plan. You may also apply to include your legal spouse, domestic partner, and dependent children under the age of 26.

## When will my plan be effective?

Your policy can become effective on either the 1st or the 15th of the month following submission of your application.

## Who can I talk to if I have questions?

Your insurance agent can probably answer most of your questions. If you are not working with an agent, a coverage advisor can assist you.

Our Coverage Advisors are always happy to help. Just email us or give us a call:

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

Call toll-free: (855) 330-2792

If you have questions about Cover Oregon, visit [CoverOregon.com](http://CoverOregon.com), or contact:

Email: [info@coveroregon.com](mailto:info@coveroregon.com)

Call toll-free: (855) 268-3767

## What is not covered?

Below is a brief list of services and treatments most commonly asked about that are not covered under our plans. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. You're welcome to contact us if you have questions.

### Medical Plans:

- Court-ordered screenings or treatment programs
- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Custodial care
- Equipment used for nonmedical purposes
- Experimental or investigational procedures
- Family planning (except sterilization and contraceptive drugs and devices)
- Fitness club or gym memberships
- Genetic (DNA) testing
- Homeopathic treatment, medicines, or supplies
- Immunizations when recommended for or in anticipation of exposure through travel or work
- Infertility
- Marital/partner counseling
- Massage therapy
- Obesity or weight control
- Orthognathic surgery
- Physical examinations for participation in athletics, admission to school, or required by an employer
- Services or supplies for an admission to a hospital, skilled nursing facility, or specialized facility that began before coverage under the policy started
- Work-related illness or injury treatment (services typically covered by workers' compensation insurance)

### Dental Plans:

- Athletic activities
- Bone replacement grafts
- Cosmetic or reconstructive services and supplies (except as specifically provided for in the policy)
- Denture replacement due to loss, theft, or breakage
- Experimental or investigational procedures
- Fractures of the mandible
- Orthognathic surgery
- Orthodontic services (except as specifically provided for in the policy)
- Services covered by your medical plan
- Temporomandibular joint

# How to Enroll with PacificSource

## Enroll online:

### 1 Fill out an online enrollment application

Enroll online by visiting [PacificSource.com/oregon-insurance-plans](http://PacificSource.com/oregon-insurance-plans), then click on "Compare Plans and Enroll." Follow the on-screen instructions to complete and submit your application. That's it!

## Complete a paper application:

### 1 Fill out a printed enrollment application

Ask your agent for a printed application, or contact us.

### 2 Sign and date the application

If a spouse, domestic partner, or dependent over age 18 is also applying for coverage, they must sign and date the application, too.

### 3 Submit your application

If enrolling using a paper application, send a copy of your application to PacificSource.

Our fax number is (541) 225-3646.

Our email address is [individual@pacificsource.com](mailto:individual@pacificsource.com).

Our mailing address is:

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





**Contact us. We'll be happy to answer your questions.**

If you have questions about our individual and family health plans, you're always welcome to contact us at 855.330.2792 or by email at [reform@pacificsource.com](mailto:reform@pacificsource.com). A PacificSource Coverage Advisor will be happy to assist you.

PacificSource is an independent, not-for-profit community health plan that values partnership, service excellence, community, and personal relationships. Founded in 1933 in Eugene, Oregon, we deliver healthcare solutions to businesses and individuals throughout the Northwest. PacificSource covers more than 300,000 people with our group, individual, and Medicare health insurance plans.

For more information, visit [PacificSource.com](http://PacificSource.com).

Your privacy is important to us. Learn more about how we protect your personal information by viewing our privacy policy at [PacificSource.com/privacy.aspx](http://PacificSource.com/privacy.aspx)

